



# Policy directions

## 2.1 The rights and responsibilities of people with mental health problems and mental illness

**The rights and responsibilities of people with mental health problems and mental illness will be acknowledged and respected. Services must be provided in accordance with agreed national and international obligations.**

All Australians, including those with mental health problems and mental illness, have a right to participate meaningfully in individual and community life without discrimination, stigma or exclusion. All Australians should be able to access contemporary and relevant literature, information and advocacy services to ensure that they understand and are free to exercise these rights and responsibilities without prejudice.

People with mental health problems and mental illness should be able to access a necessary range of mental and general health services, disability services, and services offering vocational rehabilitation, housing and supported accommodation, and respite care. They should be able to expect that workers with whom they come into contact will uphold their rights and deliver fair and proper standards of care and service provision. In turn, they have a responsibility to work together with these services towards their recovery and to respect the rights, well-being and safety of other people working in or using these services.

People with mental health problems and mental illness have rights and responsibilities to be informed about and involved in decisions about their own individual treatment. They also have the right to contribute to the formulation of mental health legislation and policy, and to the design, implementation and evaluation of mental health services at national, state/territory and local levels to ensure that services comprehensively meet their needs, including from a cultural perspective. Mental health legislation should include recognition of these rights and the conditions that apply when decision-making is delegated. Mental health legislation should be underpinned by consistent principles that support, wherever possible, people moving between jurisdictions.

People with mental health problems and mental illness are vulnerable to human rights violations in the community and in a variety of services due to stigma, discrimination and the absence of legal protection. Media reporting and public education should seek to lessen rather than add to stigma. People's rights to meaningful community participation and to consent to or refuse treatment should be protected and dignity, privacy and respect safeguarded. Individual rights should be balanced against the rights of carers, families and the wider community.

Every attempt should be made to provide services in a way that is culturally safe. The special rights of Indigenous Australians must be respected and there should be no tolerance of discrimination or racism in service environments.

## 2.2 Mental health promotion

**Mental health promotion activities will support destigmatisation and assist Australians to become emotionally resilient, cope with negative experiences and participate in their communities.**

Mental health promotion aims to maximise the ability of children, youth, adults and older people to realise their potential, cope with normal stresses of life, and participate meaningfully in their communities. It also seeks to increase awareness and understanding of mental health problems and mental illness, reduce stigma and discrimination, and encourage help-seeking behaviour where this is needed.

At an individual level, mental health promotion focuses on increasing emotional resilience and reducing vulnerability to mental health problems through the development of personal skills and self esteem which lead to an increased capacity to cope with life transitions and stresses. At a community level, it seeks to build healthy environments (e.g. schools, workplaces), and to foster inclusive and supportive social networks. At a structural level it is concerned with ensuring that public policies address mental health and well-being by, for example, promoting equity and inclusion and reducing discrimination through responsible media commentary.

Successful mental health promotion ideally combines an approach that involves many different government agencies and community organisations to deliver coordinated programs at the individual, community and system levels. Much of the effort in mental health promotion needs to occur beyond the healthcare system, in sectors that impact on the daily lives of individuals and communities to support the development of resilience and maintenance of mental well-being. These include housing, education, employment, welfare and justice. In the health sector, mental health promotion should be incorporated into the activities of general health promotion units. Mental health services should also adopt a recovery-oriented approach and deliver services in a respectful and non-judgemental manner.

Mainstream mental health promotion activities have received considerable attention in recent times, with, for example, destigmatisation campaigns being targeted at whole communities. These efforts are important and should be consolidated, expanded and complemented by promotional activities that target specific population groups.

## 2.3 Preventing mental health problems and mental illness, and reducing suicide risk

**The proportion of Australians with mental health problems, mental illness and at risk of suicide will be reduced.**

There are multiple risk factors for mental health problems and mental illness. Some risk factors may act as immediate precursors to mental health problems and mental illness. These include bereavement, relationship breakdown, removal from family and social supports, being in a carer role, unemployment and other major life events. Others are longer term and include biological predisposition and adverse childhood events, including deprivation and abuse. Some risk factors are linked to the individual, such as drug and alcohol use and physical health problems. Others occur at a community level and include social exclusion, discrimination and bullying. Certain life stages render individuals particularly vulnerable (e.g. childhood, adolescence and old age). Some population groups, such as Aboriginal and Torres Strait Islander peoples, and people who are homeless, unemployed, newly-arrived or refugees, are recognised as being at heightened risk and should therefore receive particular attention.

Mental health problems and mental illness, in turn, are risk factors for suicide. Other clinical indicators, such as a previous history of self-harm, are also recognised as being associated with a heightened risk of suicide. The risk factors for suicide are complex, and the interactions between them are poorly understood. An array of social factors such as poverty and recent stressful life events may also elevate the risk of suicide, particularly when combined with underlying vulnerabilities. Certain population groups are recognised as being at particularly high risk, including young males, Aboriginal and Torres Strait Islander peoples, people living in rural areas and prisoners.

There are multiple protective factors that moderate the effect of risk factors and minimise the likelihood that individuals will experience mental health problems, mental illness or engage in suicidal behaviour. Like risk factors, protective factors can be short term or long term, rest with the individual or their community, and vary across the lifespan. They can include factors like robust self esteem, emotional resilience and strong social networks.

Prevention involves understanding and minimising factors which heighten risk and enhancing factors which improve resistance to mental health problems, mental illness and suicide. Universal prevention efforts target whole communities, with the aim of

promoting resilience in individuals or positively impacting on some aspect of the social environment. Selective interventions target people who are not yet displaying mental health problems or mental illness or engaging in suicidal behaviours, but who exhibit risk factors that predispose them to do so in the future.

To change risk and protective factors at individual and community levels requires coordinated, sustained efforts across multiple sectors. For example, the education sector might join with the mental health sector to deliver resilience programs in primary and secondary schools.

## 2.4 Early intervention

**People with an emerging mental health problem or mental illness will be identified and treated as early as possible in the initial phase and any subsequent episode, to minimise the severity and duration of the condition and to reduce its broader impacts.**

Early intervention can reduce the impact of mental health problems and mental illness through interventions for:

- identified at-risk populations
- people experiencing a mental health problem or mental illness for the first time
- people who are experiencing early indications of a relapse or recurrence of illness.

Mental health problems and mental illness often first appear in adolescence or early adulthood, and can seriously disrupt school, work and family relationships. This can have immediate and potentially long-term negative personal and social outcomes, such as substance abuse and behavioural problems. Complex mental health problems can also appear in childhood and infancy and can impact on early development and long-term mental health and well-being. Older Australians can also experience specific problems associated with late onset of mental illness. Within all age groups, some people may experience a single episode whereas others will have recurrences throughout their lives. Each episode may have economic and social repercussions, jeopardising education, job and housing security and disrupting relationships.

Successful early identification and intervention requires clear access pathways and a coordinated approach which is suited to individual life stages and situations and takes into account the impact of environmental and social factors on mental health and well-being. Early intervention involves a range of health and other sectors, carers, advocates and families, and requires appropriate services accessible by well-supported referral pathways.

Aboriginal and Torres Strait Islander communities are often characterised by high numbers of children and adolescents, fewer adults and still fewer elders. Innovative, culturally respectful approaches to early intervention are required in these communities.

In the mental health sector, specially-targeted early intervention programs can address underlying difficulties for children and young people with emerging mental health problems. They can also reduce negative impacts for those who are at risk of developing mental illness or who are recovering from a first episode of illness. In addition, they can avert crises for people at risk of relapse by mobilising support when warning signs appear. Where relapse does occur, early intervention programs can minimise the impact of the episode by offering a rapid treatment response.

Workers in sectors outside mental health also have an important role in early intervention because they are often well-placed to observe changes in an individual's behaviour or demeanour and intervene in these settings. For example, a maternal and child health worker may identify behavioural problems in an infant presenting for a routine check; a teacher may notice that a student has become withdrawn; an employer may see that a worker is not coping with his or her usual tasks; or a volunteer serving meals in a homeless persons' shelter may become aware of the changes in a person who comes to the shelter. Families, carers and workers in relevant sectors must be given appropriate support and be equipped with the core knowledge, competencies and resources necessary to detect and respond appropriately to early signs of mental illness.

## 2.5 Access to the right care at the right time

**People with mental health problems and mental illness will have timely access to high quality, coordinated care appropriate to their condition and circumstances, provided by the most appropriate services.**

For people with mental health problems and mental illness to have access to the right care at the right time, a range of inter-connected clinical and community service options should be available. These services should be responsive to the needs of people with mental health problems and mental illness when they arise, and they should promote positive outcomes and facilitate sustained recovery. These services will include primary care, acute care and community support services and may be provided by public and/or private sector services. There should be an adequate and appropriate workforce to provide the range of services required.

The primary care sector is a linchpin in mental health care delivery. For many people with mental health problems and mental illness, their first point of contact will be with a general practitioner. During the past decade, considerable attention has been paid as to how to equip general practitioners with better skills and knowledge to detect,

diagnose and manage mental health problems. General practitioners and other primary care workers have been supported by the development of collaborative, multi-disciplinary models of care, new referral options and opportunities for secondary consultation. There will be further refinement to ensure appropriate targeting and use of evidence-based best-practice treatment approaches. Increased access to mental health nurses will complement these developments.

Beyond primary care, consideration must be given to the best way to configure the specialist mental health sector to guarantee that it is responsive to the needs of people with mental illness. Public sector expenditure on mental health services should be accounted for and reported on publicly and be structured to work in a more coordinated way, across Commonwealth, state and territory and private services and sectors. At the area/regional level, the full range of mental health services should be provided by integrated programs, ensuring a balanced and responsive mix of community and inpatient services. The important role played by private providers of inpatient and community mental health services is recognised. Community treatment should be the treatment of choice wherever appropriate, but inpatient care must be available when required. Core community services should include, but not be limited to, crisis assessment and emergency intervention, acute treatment and continuing care, as well as community-based residential support. Core inpatient services should include both acute and non-acute components. Non-acute bed-based services should be community based wherever possible and promote maximum independence and autonomy consistent with safety and physical well-being.

The integration of community and inpatient public sector mental health services has been a focus of the National Mental Health Strategy since its inception in 1992, and much progress has been made in this regard. However, integration now needs to go further and cross clinical and non-clinical, primary and tertiary sectors in order to maintain and strengthen the appropriate mix of services.

Specialist mental health services, both public and private should be part of the mainstream health system, supported by strong linkages between physical and mental health units and common accreditation expectations. Private sector services, including private hospital services, are a crucial part of the network of mental health services. Private psychiatrists, psychologists and other allied mental health providers are integral to Australia's mental health system. Access to private providers has been enhanced through reform of the Medicare Benefits Schedule. Public and private providers should be accessible to all geographic areas. Coordination of care between state or territory and Commonwealth health systems are also important. The benefits of linking mental health services into the wider health system include:

- reducing stigma associated with mental health problems and mental illness
- improving the quality of mental health services
- increasing the potential for early detection and intervention

- enhancing equity of access to other health services for people with mental health problems and mental illness
- providing mental health services that are close to and respectful of people's family, community and cultural networks.

Mental health services in the criminal justice system, including police, the courts and the correctional system, are an essential component of the broader mental health service system. Prisoners have high rates of mental health problems and mental illness, and often their presentations are complex and characterised by multiple comorbidities. They may be particularly vulnerable early in their sentences and on release, and their symptoms may be exacerbated by stressors such as isolation, containment in a controlled environment, removal from their families and exposure to violence. Appropriate services should be available to identify and respond to the mental health needs of people who come into contact with the criminal justice system. For some, this will involve diversionary programs; for others it will involve services provided during and after their incarceration. These services may include clinical treatment to ameliorate symptoms of mental illness and support programs designed to prepare and support the individual in their return to the community.

Across all sectors further work is required to enhance access to and the quality of care. Better linkage and coordination is needed between clinical services within the health sector to ensure that the person is not 'lost' at critical transition points. These points include:

- discharge from hospital
- the period following presentation to hospital emergency departments
- on referral from public mental health services to general practitioners
- on referral between public and private mental health specialists.

Many people with mental health problems and mental illness have needs for care that extend beyond clinical treatment. Particularly for those with complex needs or severe mental illness, access to clinical care needs to be complemented by access to a range of supported accommodation options, stable housing, and community support services focussed on employment, income support, education and social and family support. When one or more of these is not met, the person's recovery and their capacity to live in the community are jeopardised. These services should be readily accessible and should not discriminate on the basis of mental health status. They should also be of high quality, and should be coordinated in partnership with clinical care.

Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse populations with mental health problems and mental illness require particular consideration in terms of clinical and community services. Services should be both culturally safe and respectful and in this context Aboriginal and Torres Strait Islander specific services, including community-controlled services, are of particular importance.

The role of the non-government mental health sector has expanded significantly over the past decade. The sector has become an important and integral part of the network of services for people with mental health problems and mental illness. The non-government sector provides crucial support to individuals, as well as to carers and families. Non-government sector services include psychiatric disability support services, advocacy services, peer support services, consumer-operated services, and programs addressing areas such as living skills, vocational training, accommodation support and respite care. In some instances, the non-government sector also provides clinical services.

In order to respond effectively to the varying requirements of people with mental health problems and mental illness, there is a need to develop ways of fostering partnerships and improving linkages between services provided within and across the primary care sector, the public and private specialist mental health sectors, the non-government mental health sector, and other sectors outside health. Innovative approaches to improving continuity of care should be explored. A more integrated approach across sectors, with partnerships between housing, employment, education, youth affairs, police, community and disability services, corrective services, and alcohol and drug services will be particularly important. Existing approaches have been expanded under the COAG *National Action Plan on Mental Health 2006–2011*, to ensure that clinical providers and community workers collaborate to meet the treatment and support needs of people with complex mental health problems. Such improved linkages are designed to encourage different elements of the system to work together so that individuals with mental health problems and mental illness can access care in a seamless fashion, irrespective of who is providing or funding that care.

## 2.6 Participation and inclusion

**People with mental health problems and mental illness have the same rights as other Australians to full social, political and economic participation in their communities.**

Improved mental health outcomes will increase our human capital through greater productivity and active participation in social and community roles. Community participation (e.g. employment) can have a significant positive mental health impact, such that people with mental health problems and mental illness should be supported to engage in all aspects of society.

There are clear benefits to be gained from an approach that involves government and community partnerships that include but extend beyond mental health. In addition to the examples of housing, employment and criminal justice, other sectors have an important role to play. These sectors include, but are not limited to, education and training, family and community services, immigration and citizenship, Indigenous affairs,



defence and veterans' affairs, child and youth affairs, ageing, police, human rights and anti-discrimination, and disability. Such an approach requires strategic, coordinated efforts across sectors.

It is the responsibility of all sectors to promote positive reforms that facilitate participation and inclusion. For example, the provision of appropriate housing and support for individuals with mental health problems and mental illness is widely recognised as enhancing effectiveness of treatment and maintenance of positive outcomes, and decreasing community resistance to deinstitutionalisation. People with mental health problems and mental illness are over-represented among homeless populations, and among those seeking rental assistance and accommodation support. They often experience discrimination in housing, and their housing preferences typically do not match the options most commonly made available to them. Multi-faceted coordinated accommodation programs that encompass a range of public and private housing options may redress this imbalance.

Employers should ensure equitable participation in work for people with mental health problems and mental illness who are currently disproportionately represented among unemployed groups, and consequently among those on low incomes. Unemployment and low socio-economic status are identified risk factors for mental illness, and mental health problems can sometimes lead to unemployment and/or a downturn in social mobility. Other social factors, such as discrimination and stigma, may further contribute to disadvantage. A coordinated range of strategies to promote social inclusion is required to correct the current situation.

The criminal justice sector also has a role in ensuring that people with mental health problems and mental illness can participate in and contribute to the community. At present, people with mental health problems and mental illness are over-represented in the criminal justice system, and some, such as Aboriginal and Torres Strait Islander people, experience double disadvantage. People with a mental illness who are arrested for minor offences are four times more likely to be jailed for these offences than their counterparts with no mental illness. Offenders with a mental illness have a higher likelihood of being remanded in custody than non-mentally ill offenders, and spend longer in custody awaiting sentencing. Prisoners have higher rates of mental health problems and mental illness than the general population, and those with mental illness who spend time in jail face additional stigma when they return to the community.

Suitable programs are necessary to divert people with mental health problems and mental illness from criminal courts and from custody when appropriate. Care and support are also required pre and post release to support reintegration into the community in a manner that allows them to fulfil satisfying roles and social inclusion. For those who have experienced prolonged incarceration, or high levels of recidivism, comprehensive cross-sectoral approaches are most likely to minimise the risk of relapse and recidivism.

Homelessness is a common consequence of untreated severe mental illness. Severe mental illness is often accompanied by personal disorganisation and episodes of acute care, resulting in loss of rental accommodation, or leaving the family home due to conflict arising from behaviour associated with the mental illness. Unstable housing arrangements also contribute to deterioration of mental health. Appropriate clinically supported short-term and long-stay accommodation options for people with severe or ongoing disability caused by mental illness should be developed, enabling early intervention at points of crisis and instability and preventing avoidable homelessness. In addition, multi-faceted coordinated accommodation programs that encompass a range of public and private housing options may further enhance consumer outcomes.

## 2.7 Carers

**The crucial role of carers in prevention, early intervention, treatment and recovery will be acknowledged and respected and provided with appropriate support to enable them to fulfil their role.**

Many people with mental health problems and mental illness receive care and support from carers who can be spouses, parents, other relatives or friends. Children and young people are often placed in this role. Carers play a crucial and often unacknowledged role in enabling people with mental health problems and mental illness to live and participate meaningfully in the community. Some carers also act as advocates, working with people with mental health problems and mental illness, their families and friends to achieve recovery goals, to influence policy and practice, and to bring about positive societal change.

Carers require acknowledgement and respect for the role they play. To perform their role effectively, carers must be able to access relevant information and services, whenever necessary. Carers also need to be able to access information regarding the treatment, on-going care and rehabilitation of the person for whom they are caring. This requires:

- balancing the rights of carers with the rights of people with mental health problems and mental illness
- clear definitions of responsibilities and entitlements
- articulated lines of communication and legalised agreements regarding disclosure
- information sharing.

Like people with mental health problems and mental illness, carers have an integral role to play in service planning, delivery and evaluation. Carers require education and training to undertake these activities and need to be able to access workers trained in the appropriate use of their expertise. Services must increase workers' responsiveness to carers, and improve communication between these groups.

Being a carer can result in significant emotional, social and economic burden. Carers have their own needs, and are known to be at risk of experiencing depression, anxiety and stress. Carers' needs must be recognised and their health and well-being safeguarded. This should occur through access to information, resources and support programs, and, where necessary, to crisis assistance and respite care services.

The importance of extended family and community systems for Aboriginal and Torres Strait Islander peoples has implications for the way in which the role of carer is viewed. The needs of Aboriginal and Torres Strait Islander carers have traditionally not been well represented by carer organisations, and alternative ways of understanding and meeting these needs may be necessary.

## 2.8 Workforce

**The supply and distribution of appropriately trained workers in the mental health sector and other relevant sectors will be adequate to meet the needs of people with mental health problems and mental illness.**

Mental health should be a career of choice. Mental health services require a workforce that is enthusiastic and well supported. The workplace should be one where the environmental and organisational culture promotes a positive and inclusive culture. There should be access to high quality education and training opportunities to enable the development of a flexible and competency based workforce. There should be greater effort to promote the benefits of working in this sector.

Workforce issues have been recognised as a challenge since the inception of the original *National Mental Health Policy*. Despite continued effort and expansion, the recruitment and retention of clinical and non-clinical workers to mental health services remains an area of concern. The supply and distribution of professionals in the relevant service sectors underpins the effectiveness of the broad approach in addressing the mental health of Australians. These professionals need to be adequately trained to provide high quality services.

There should be sufficient numbers of providers to meet community needs across public, private and non-government sectors. This includes psychiatrists, general practitioners, psychologists, mental health nurses, social workers, occupational therapists and Aboriginal and Torres Strait Islander mental health workers, as well as consumer and carer consultants, and recovery and peer support workers.

Recruitment and retention of professionals depends on there being opportunities to work in safe environments with adequate amenity, systemic supports, and also on there being satisfactory incentives and rewards (e.g. satisfactory levels of remuneration, appropriate career development opportunities, prospects for promotion) to ensure job satisfaction. Ongoing efforts are needed to address the maldistribution of these professionals, which typically manifests itself in insufficient numbers in rural and remote areas and in areas of low socio-economic status. Consideration should be given to the mix of skills within and across professional groups, and how best to match expertise with the needs of individuals seeking care. Flexible models of workforce development and new definitions of workforce competency should be developed and implemented.

Funding arrangements for services, models of care, population distributions as well as training opportunities, all need to be considered when addressing the problems of distribution of mental health professionals.

Consistent, appropriate training of the mental health workforce throughout Australia is a necessary component to address issues of supply and distribution. Suitable undergraduate, postgraduate and other education and training opportunities should be available to attract and retain sufficient numbers of qualified workers. Continuing education options should also be provided. Such training should equip the existing and future mental health workforce to provide high quality care that promotes prevention, early intervention and recovery, and is sensitive to cultural and linguistic diversity and the rights of the individual. Clearly, some curricula should be discipline-specific, whereas other training content might be generalised across disciplines. Aboriginal and Torres Strait Islander mental health workers and peer support workers are emerging as new components of the workforce, and should be supported in this context to reach their full potential. Adequate staffing of services to meet the needs of people with mental health problems and mental illness, regardless of where they live, remains a challenge.

Similar principles apply outside the mental health sector. There have been recent efforts to increase the skills of general practitioners, and the knowledge and awareness of mental health issues in other professions such as teachers, paramedics and police. These staff should receive appropriate training which equips them with a basic understanding of mental health problems and mental illness, and ensures that they have the skills necessary to meet the needs of people with mental health problems and mental illness as they apply in their sector. Such training should also provide them with information about the interface between their particular sector and the specialist mental health sector, and prepare them for coordinating care and support across sectors. These staff should also have access to the specialist mental health sector for referral, support and advice, when necessary.

## 2.9 Quality and outcomes

**Across all sectors, services provided to people with mental health problems and mental illness should be monitored and evaluated to ensure that they are of high quality and achieving positive outcomes.**

People with mental health problems and mental illness should receive high quality mental health and social services. Clearly articulated quality frameworks that ensure that the appropriate information is available and that this information is used to guide decision-making about service development and delivery should be in place across all sectors. These quality frameworks should set out comprehensive processes for gathering and feeding back information to continuously improve service performance, including articulating lines of responsibility and accountability.

Mental health and other services should be geared to achieving positive outcomes for individuals and their families. These outcomes might be defined in different ways, and could include reductions in symptomatology and improvements in quality of life, as well as positive perceptions of care. In order to achieve these outcomes, services will need to meet agreed standards, and ensure that their staff have the knowledge and skills to deliver evidence-based best practice. In addition, they should consult people with mental health problems and mental illness and their carers as to what constitutes a high quality service and promotes recovery.

Continued efforts to improve the monitoring of service quality must be encouraged. The importance of listening and responding to the consumer and carer experience to inform service development should be recognised. Quality assurance programs, benchmarking activities and independent accreditation initiatives should be fostered, both locally and nationally to improve accountability. Professional bodies and individual providers should have a role in developing and implementing these efforts, as should people with mental health problems and mental illness and their carers.

In the mental health sector, explicit measures should be developed to assess service quality and track progress against desired outcomes. The development and implementation of National Standards for Services, and National Practice Standards for the workforce support quality improvement, and should apply across all mental health services. In other sectors, too, the extent to which quality services are being provided to people with mental health problems and mental illness should be examined critically. Higher level outcomes should also be assessed, both as they relate to the delivery of high quality services, as well as to the aim of achieving outcomes such as employment and general health equity.

Supplementary outcome measures need to be developed and implemented to capture issues for particular groups, such as the broader view of social and emotional well-being held by Aboriginal and Torres Strait Islander peoples. Additional indicators of quality may also need to be developed to reflect specific issues such as the cultural respectfulness of services.

## 2.10 Building and using the evidence base

**Rigorous research and evaluation efforts generate new knowledge about mental health problems and mental illness that can reduce the impact of these conditions.**

Achieving optimal individual outcomes for people with mental health problems and mental illness depends on a strong evidence base. However, scientific knowledge about mental health and mental illness has traditionally lagged behind that of other areas of health. Greater understanding of the incidence and prevalence of mental health problems and mental illness is required, as is improved understanding of the varying courses of specific conditions. More information is also needed about the risk and protective factors for mental health problems and mental illness, and the causal pathways by which these factors might operate. Evaluative evidence on the effectiveness and cost-effectiveness of different interventions across all mental health services is a priority, particularly given the expanded emphasis on innovative, inter-sectoral models of care.

Gathering evidence of this type requires that greater priority be given to innovative mental health research in a range of fields, including the biomedical, psychological and social sciences, program evaluation and health economics. At present, there is limited evidence as to how best to tailor assessment and treatment for specific populations, including Aboriginal and Torres Strait Islander peoples and people from culturally diverse backgrounds.

Research should focus on enhancing the capacity of the mental health sector to address gaps and improve service delivery through synthesis, dissemination and utilisation of new knowledge. Existing evidence should be assembled, and gaps in the evidence should receive particular research and evaluation attention. A variety of stakeholders, including people with mental illness and their carers, should be involved in research and evaluation activities.

There should be ongoing dialogue between researchers, decision-makers, service providers and other stakeholders to ensure that research is designed, conducted and disseminated in a manner that will have maximum impact on mental health policy and service development and implementation. As knowledge builds and a cohesive evidence base develops, information should be disseminated in a manner that is most likely to influence individual outcomes for people with mental health problems and mental illness. The management, design and governance of services should be directed to reinforce uptake of evidence-based service provision.

