Analysis of Unmet Need for Psychosocial Support

Consultation Plan

Issued by: Psychosocial Project Group, as part of its work under the National Mental Health and Suicide Prevention Agreement

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Contents

Introduction	
Background	3
Scope	3
Purpose	4
Objectives	4
Principles of Communication and Engagement	4
Stakeholder Engagement Guide	4
Key Stakeholder Groups	4
Considerations for engaging people from diverse backgrounds	9
Communication Channels	10
Key Messaging	
Stakeholder Engagement Mechanisms	10
Appendix 1: Parameters for the analysis	14
Definition	14
Target cohort	14
In-scope services	14
Appendix 2: Key stakeholders nominated by each jurisdiction	15
Commonwealth	15
New South Wales	17
Victoria	
Queensland	19
Western Australia	21
South Australia	
Tasmania	23
Australian Capital Territory	24
Northern Territory	

Introduction

The <u>Psychosocial Project Group</u> (PPG) has been established to support the implementation of the National Mental Health and Suicide Prevention Agreement (<u>National Agreement</u>). The initial focus of this time limited group is to conduct an analysis of unmet need for psychosocial services outside the National Disability Insurance Scheme (NDIS). More information about the PPG, including its remit and membership, is available in its <u>Terms of Reference</u>. <u>Project updates</u> about the analysis work are available to keep stakeholders informed.

The Australian Government Department of Health and Aged Care (the Department) commissioned Health Policy Analysis (HPA), on behalf of the PPG, to quantify the level of unmet need for psychosocial supports outside the NDIS – supported by the University of Queensland.

The project is to be conducted between June 2023 and March 2024.

Background

Responsibility for provision of psychosocial supports is shared between the states and territories and the Commonwealth (through the NDIS and other community-based programs). The <u>Productivity Commission's Inquiry into Mental Health</u> found that psychosocial supports outside the NDIS are fragmented, complex and administratively burdensome. It also identified a significant gap in services with around 154,000 people with severe mental illness unable to access support (at an estimated cost of an additional \$610 million per year to address). The Inquiry also recommended that one level of government should be solely responsible for providing psychosocial supports outside the NDIS to reduce gaps and overlaps in service provision.

The National Agreement commits all parties to undertaking a further analysis of unmet demand for psychosocial supports outside of the NDIS, to inform future arrangements for these supports. Following completion of the unmet demand analysis, the Commonwealth, states and territories have committed to working together to develop and agree future psychosocial support arrangements (including roles and responsibilities) for people who are not supported through the NDIS.

Scope

This analysis project includes estimating the need for, compared to current availability of, psychosocial supports outside of the NDIS – across Commonwealth and state/territory funded programs.

This analysis project will not, however, be examining models of psychosocial support to re-design the system. Reform and re-design options for psychosocial supports will be the next phase of work. There will be opportunities for stakeholders to contribute to the next phase of re-design work in due course. Findings of the unmet need analysis and development of future reform will need to be considered in the context of the <u>Independent Review of the NDIS</u>.

Specifically, this analysis will include:

- agreeing a common definition and target cohort for psychosocial support;
- estimating demand for psychosocial supports by assessing need in the community; and
- mapping of currently available psychosocial support services, including considering accessibility of existing services.

The Commonwealth, states and territories have all committed to share appropriate and relevant data to support this analysis.

The parameters for this analysis have been agreed by the PPG and are set out in Appendix 1.

Purpose

The PPG are committed to ensuring all key stakeholders are engaged throughout the duration of the project. The Consultation Plan (the Plan) is an overarching guide outlining the strategic approach to effective and timely communication and engagement with key stakeholders, for the analysis of unmet psychosocial need – particularly on the technical methodology, and iterations of the analysis findings. The Plan will be aligned to the project phases and key deliverables as set out by HPA.

The Plan does not outline stakeholder consultation and engagement activities pertaining to the next phase of work to examine reform and re-design options for psychosocial supports.

Objectives

The objectives of the plan are to:

- Guide engagement with stakeholders;
- Establish the most appropriate forums to consult with stakeholders;
- Clarify which stakeholders need to be engaged and informed at each phase of the project;
- Ensure stakeholders feel appropriately informed and consulted; and
- Enable project outcomes to be delivered.

Principles of Communication and Engagement

The approach including determining who, how and when to consult will be guided by the following principles:

- 1. The voices of stakeholders most directly impacted by the future service system changes are central to the process;
- 2. Individuals with lived experience are engaged in a safe and trauma-sensitive manner;
- Ensuring the cultural safety of all stakeholders with particular emphasis on the experiences and needs of First Nations peoples; and people from Ethnically, Culturally and Linguistically Diverse (EcaLD) backgrounds; and
- 4. Stakeholders consulted represent a diversity of experience and expertise.

To ensure diverse needs are being met, the PPG have further expanded on considerations that will be addressed in the Stakeholder Engagement Guide.

Stakeholder Engagement Guide

Key Stakeholder Groups

Key stakeholders of the project include:

- Project owners/funders and users of the results of the analysis.
- Technical groups that can provide insights into the analytical design and estimation of unmet need for psychosocial supports and validate the results.
- Groups contributing data to the project.
- People/groups affected by how the results of the analysis are used, including representatives
 of:
 - o current and potential recipients of psychosocial supports
 - o providers of psychosocial support services
 - commissioners of psychosocial support services
 - o clinical sector and other related workforce.

Table 1 outlines the indicative key stakeholder groups that the project will consult via jurisdictionalbased interviews and national workshops, which are outlined in Table 3: Consultation mechanisms, focus and timings. Each jurisdiction (Commonwealth, State and Territory), via the PPG, has identified key local stakeholders in their jurisdiction for the project (see Table 1 and <u>Appendix 2</u>). This list is not exhaustive and can be expanded on at any time.

Stakeholder group	Key Stakeholders			
Project	Australian Government Department of Health and Aged Care State and Territory governments			
owners/funders				
Technical advice	 University of Queensland University of Canberra Australian Institute of Health and Wel National Mental Health Commission 	fare		
Data contributors Commissioners of psychosocial supports	 Austratian Government Department of Social Services 			
	Primary Health Networks, including PHN	Co-operative		
	State and Territory relevant Authorities			
	Australian Capital Territory	Northern Territory		
	ACT Health Directorate	NT Health – Mental Health, Alcohol and Other Drugs Branch		
	New South Wales	Queensland		
	NSW Ministry of Health	Queensland Mental Health		
	 Mental Health Commission of NSW NSW local health districts and specialty health networks via the NSW Ministry of Health Department of Communities and Justice 	 Commission (data contributors) Queensland Health Hospital and Health Services Queensland Health Mental Health, Alcohol and Other Drugs, Strategy and Planning Branch Department of Health – Queensland 		
	 South Australia Department for Health and Wellbeing -Mental Health Commissioner, Provider Commissioning and Performance, Office of the Chief Psychiatrist and Mental Health Strategy and Planning SA Department of Human Services (DHS) SA Local Health Networks Drug and Alcohol Services 	 Tasmania Department of Health Tasmania business units Department of Premier and Cabinet (Community and Disability Services) 		
	VictoriaMental Health and Wellbeing Division DH Vic.	 Western Australia Mental Health Commission Western Australia Department of 		

 Table 1: Indicative key stakeholder groups to be consulted during the project

Stakeholder group	Key Stakeholders	
Representatives	 Health Services coordinated Early Intervention Psychosocial Support Response (EIPSR) Youth Outreach Recovery Supports (YORS) Other Vic Gov psychosocial supports National Mental Health Consumers ar 	 Health Department of Communities Western Australia WA Department of Education md Carers Forum (via Mental Health
of psychosocial support consumers	 Australia) Mental Health Carers Australia Lived Experience Australia Lived Experience Group (under Menta Officials) Australian Capital Territory ACT Disability & Aged Care 	al Health and Suicide Prevention Senior Northern Territory • NT Mental Health Coalition (peak
	 ACT Disability & Aged Care Advocacy Service ACT Mental Health Consumer Network Advocacy for Inclusion Carers ACT Council on the Ageing (COTA) – ACT Ethnic Disability ACT Health Care Consumers' Association of the ACT Public Advocate Women with Disabilities ACT Women's Health Matters 	 NT Mental Health Coalition (peak body for community managed mental health services) Top End Mental Health Consumers Organisation (TEMHCO) / Mental Illness Fellowship NT (MIFANT) Carers NT Sabrina's Reach for Life Top End Association for Mental Health Mental Health Association of Central Australia Northern Territory Lived Experience Network
	 New South Wales BEING – Mental Health Consumers NSW Mental Health Carers NSW South Australia Lived Experience Leadership and Advocacy Network SA Mental Health Carers for Change Carers SA Office of the Chief Psychiatrist – 	 Queensland Mental Health Lived Experience Peak Queensland Queensland Alliance for Mental Health Tasmania Mental Health Families and Friends Tasmania – carer representatives Mental Health Lived Experience Tasmania – consumer representatives. Advocacy Tasmania
	 Lived Experience Advisory Group Victoria Victorian Mental Illness Awareness Council (VMIAC), Peak for Consumers – mental health Tandem, Peak for Carers – mental health 	 Council of the Ageing Tasmania (COTA) Youth Network of Tasmania Carers Tasmania Western Australia Consumers of Mental Health Western Australia (CoMHWA)

Stakeholder group	Key Stakeholders			
Providers of psychosocial supports	Non-Government Organisations, including workforce representatives of service delivery Community Controlled Organisations Australian Psychosocial Alliance			
	 Australian Capital Territory Community Assistance and Support Program (CASP) 	 Northern Territory Mission Australia Mental Health Association of Central Australia (MHACA) TeamHEALTH Anglicare NT Salvation Army / Danila Dilba Health Service Catholic Care NT TEMHCO MIFANT Sunrise Health Miwatj Health 		
	 New South Wales NSW Mental Health Community Living Program providers 	Queensland • NGO Mental Health Community Support Service providers (see <u>Appendix 2</u> – Queensland, for full listing)		
	South Australia State funded NGO psychosocial providers include: Neami MIND Life Without Barriers Uniting SA Skylight Centacare Uniting Communities Helping Hand Catherine House Clubhouse SA GROW	 Tasmania Primary Health Tasmania (PHT) Tasmanian Aboriginal Centre Migrant Resource Centre Tasmania Homes Tas CSOs delivering psychosocial support (funded State and Commonwealth) 		
Psychosocial sector peak	Victoria (7 key providers) Mind Australia Wellways Australia EACH Cohealth ACSO Neami National Uniting Vic Tas Community Mental Health Australia (inclue Montal Health Australia	-		
sector peak bodies	Mental Health Australia (including membe Mental Illness Fellowship of Australia (incl			

Stakeholder group	Key Stakeholders			
	Australian Capital Territory	Northern Territory		
	Mental Health Community Coalition ACT (MHCC ACT)	 NT Mental Health Coalition (NTMHC) 		
		 MIFANT Association of Alcohol and Other Drug Agencies NT (AADANT; NT AOD Peak body) 		
		Integrated Disability ActionNT Shelter		
	New South Wales	Queensland		
	 NSW Mental Health Coordinating Council (MHCC) 	Queensland Alliance for Mental Health (QAMH)		
	South Australia	Tasmania		
	Mental Health Coalition of SA	Mental Health Council of Tasmania		
	(MHCSA)	Alcohol, Tobacco and Other Drugs Council Tasmania		
	Victoria	Western Australia		
	Mental Health Victoria	Western Australian Association for Mental Health (WAAMH)		
Priority	First Nations:			
populations peak bodies	National Aboriginal Community Controlled Health Organisation (NACCHO)			
	 Gayaa Dhuwi – National Peak body for Aboriginal and Torres Strait Islander Social and Emotional Wellbeing, Mental Health and Suicide Prevention 			
	 Black Dog Institute Aboriginal and Torres Strait Islander Lived Experience Network 			
	eCALD:			
	 The Forum of Australian Services for Survivors of Torture and Trauma (FASSTT) 			
	 Mental Health Australia's Embrace Multicultural Mental Health Project (CALD Lived Experience group) 			
	LGBTIQA+:			
	LGBTQ+ Health Australia			
	Australian Capital Territory	Northern Territory		
	A Gender Agenda	Aboriginal Medical Services Alliance Northern Territory (AMSANT)		
		The multicultural society of the Northern Territory.		
	New South Wales	Queensland		
	 Aboriginal Health and Medical Research Council (AH&MRC) 	Queensland Aboriginal and Islander Health Council		
	South Australia	Tasmania		
	Aboriginal Health Council of SA	Working it Out – LGBTIQA+		
	 KWY- Aboriginal Corp/Family Safety Incompro Cultural Services for Aboriginal People 	Tasmanian Aboriginal Health Centre		
	 Multicultural Community Council of SA 			
	SA Rainbow Advocacy Alliance			

Stakeholder group	Key Stakeholders		
	Victoria	Western Australia	
	 Victorian Aboriginal Community Controlled Health Organisation. 	 Aboriginal Health Council of Western Australia 	
	 Ethnic Communities' Council of Victoria (ECCV) 		
	 Commissioner for LGBTIQ+ Communities (Department of Families, Fairness and Housing) 		
Clinical sector and other related workforce	Representation from relevant clinical services and other related workforce, such as allied health professionals and peer workforce, in each jurisdiction.		

Considerations for engaging people from diverse backgrounds

Priority populations will be engaged through people with lived and/or living experience, including consumers and families, carers and kin, and/or advocacy groups representing First Nations; eCaLD; and LGBTQIA+ groups. The PPG recognises the importance of ensuring safe, respectful, appropriate and meaningful engagement with all stakeholders. In order to create an environment that allows meaningful engagement, we must acknowledge and understand that the diverse backgrounds and experiences of people may present some barriers to participation. The Plan intends to ensure people are supported to engage effectively.

Table 2 identifies a number of potential barriers to participation and enablers in relation to supporting effective participation from people with lived experience and/or from priority population backgrounds. These will be drawn on to guide the conduct of engagement and consultation activities for the project.

Barrier	Enabler
Language	Use <u>easy read</u> that will enable all participants to contribute their knowledge and expertise.
	• Avoid using acronyms, clinical or professional terms, and provide briefings in advance for terms that cannot be avoided.
	Provide Translating and Interpreting services where appropriate.
	• Use a balanced mix of printed matter / presentations (written, with / without images) along with verbal communication as too much written content could be a burden or a barrier for some participants.
Feeling intimidated	• Addressing the power imbalance by providing opportunities for participants to exert influence over decisions that affect them, using welcoming locations and avoiding those that are 'institutional' or connected with health service delivery, and avoiding bureaucratic processes.
	Consider dynamics to ensure participants have equal and supported opportunities to contribute.
	• Communicate using a range of formats. E.g. Oral communication, online, in-person and written in easy read.
Needing support	• Facilitate connection with support participants may need during or after an engagement activity, e.g. offer pre-briefing, provide peer support during engagements and connect with participants afterwards.
	• Wherever possible provide peer support that takes into consideration the individual's priority populations background (e.g. Is the main client group a person with disability).

Table 2: Potential barriers and enablers to participation from people with lived experience and/or from priority populations

Barrier	Enabler
Feeling unsafe	• Work with appropriate lived and/or living experience leaders and facilitators to create safe spaces, which could include providing quieter or break-out areas to reflect, support to access help.
	Ensuring that peer support is structured into the engagement process.
Emotionally triggering content	 Provide warnings before engagement and pre- and post-briefings by engagement leaders along with processes to discreetly offer support during the engagement. Provide contact details in writing and verbally for peer and mental health supports.
Cultural competence	Relevant support mechanisms are in place to ensure consultation is conducted in a culturally competent manner.

Communication Channels

Communications will be open and transparent, timely, accessible and tailored to key stakeholder groups. All communications will:

- use language that reduces stigma, discrimination and prejudice
- use plain English to optimise disability and ECaLD engagement

The publicly accessible Psychosocial Project webpage (available at <u>health.gov.au/committees-and-groups/psychosocial-project-group</u>), hosted on the Australian Government Department of Health and Aged Care website, will be used to:

- share key messaging
- provide information on how to engage with the project.

Key Messaging

Key messaging is developed and approved by the PPG to provide consistent communication across all channels. <u>Key messaging</u> is published on the PPG webpage to provide updates on the analysis and seek to address enquiries from key stakeholders that may arise.

Additional secondary messaging may be required to tailor information for identified key stakeholder groups. The PPG will liaise to consider questions and concerns raised by the stakeholders to ensure communication is tailored to the identified needs and consistent with key messaging.

Stakeholder Engagement Mechanisms

Input from a wide range of stakeholders will be required to test the methodology and ensure the data/information, including how it is presented, reflects local experiences and service availability. The key phase of the project is compiling the various service provision data sources (identified through initial consultation), mapping and aligning those services with the <u>National Mental Health</u> <u>Service Planning Framework</u> (NMHSPF). Consultation during the data analysis process will provide an opportunity for HPA to present, refine interpretation and validate results of the analysis of service provision data, and test an early prototype of a data visualisation tool (interactive maps enabling geospatial analysis, to allow users to visualise the data in defined geographic areas by layering and/or filtering by different characteristics (e.g. severity of illness, age etc.).

These consultations will be led by HPA, and conducted through:

- a series of jurisdictional interviews and workshops (state/territory and Commonwealth data custodians/program managers, and state/territory-specific key stakeholders)
- National Workshop (national key stakeholders including technical advisors).

HPA will work with the PPG on the most appropriate format of consultations and invitation lists.

Table 3 provides an overview of the consultation mechanisms, focus and timings.

Table 4 outlines the consultation planning undertaken for this project.

To further support and guide this work, the PPG has Lived Experience representation and will collaborate with the Lived Experience Group established as part of the governance structures for the National Agreement, as the responsible body for providing lived experience perspectives as part of the National Agreement. The Lived Experience Group will provide a supplementary mechanism by which to integrate the views of consumers and carers, family and kin into the project.

Additionally, to ensure the analysis is relevant to First Nations people, the Commonwealth will also be undertaking supplementary engagement activities with NACCHO and Aboriginal Community Controlled Health Organisations and possibly other First Nations organisations at key points throughout the project.

Consultation mechanism	Focus	Indicative timing
HPA-led: Interviews and workshops in each jurisdiction	Methodology To obtain an understanding and interpret data from relevant custodians and develop the methods of analysis. Two rounds of consultation (interviews) were undertaken with jurisdictional health authorities, Commonwealth departments and agencies regarding the psychosocial support services they deliver, manage, and or commission.	<i>Completed:</i> July to August 2023
	 Refined analysis To obtain feedback from state/territory-specific key stakeholders on the refined analysis on draft estimates of need and service provision in the state/territory, and an early data visualisation tool. Key purpose will be to: provide an overview of the analysis test interpretation and validate results of the analysis of local service provision data discuss assumptions used and face validity of local service provision data, and identify any required sensitivity analysis demonstrate an early data visualisation tool and seek feedback on design and functionality. Prior to the jurisdictional stakeholder workshops, initial technical consultations will be undertaken with data custodians/program managers from state/territory health authorities to seek their feedback on the above, in addition to identification of any data gaps and possible strategies to address those gaps. Similar initial technical consultations will also be undertaken with data custodians/program managers of relevant Commonwealth programs. 	Mid-late February 2024
HPA-led: National- level workshops	Methodology For national key stakeholders to consider the draft methodological roadmap for how the technical aspects of the analysis are proposed to be undertaken – including key steps, assumptions, and data sources. In addition, technical advisors were separately interviewed/consulted on an as-needed basis.	<i>Completed:</i> Held on 18 August 2023 Key outcomes have been <u>published</u> .

Table 3: Consultatio	ו mechanisms,	focus and	timings
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Consultation mechanism	Focus	Indicative timing
	 Final analysis To obtain feedback from national key stakeholders on the final analysis: updated state/territory extracts of draft estimates of need and service provision, and initial prototype of data visualisation tool that incorporates feedback from jurisdictional consultations. Key purpose will be to: provide an overview of the analysis present examples of state/territory draft extracts of need and service provision estimates discuss limitations and common issues raised in jurisdictional workshops demonstrate an early data visualisation tool In addition, technical advisors will be separately interviewed/consulted on an as-needed basis. 	Mid-late March 2024

Table 4: Consultation planning work undertaken

Outcome	Activity	Communication strategy/method	Responsibility	Consult with (Stakeholder)	Timeframe	Status
Membership and proposed format agreed	Collate information submitted by jurisdiction	Email	WA	PPG Members	December 2022	Complete
Email address supplied	Develop and distribute proposed stakeholder membership list to PPG members	Email	Each Jurisdiction	PPG Members	February 2023	Complete
Key messaging agreed and distributed	Key messaging approved and distributed to PPG identified key stakeholders	Email	WA	PPG Members Mental Health and Suicide Prevention Senior Officials (to approve messaging)	March 2023	Complete
Agreement on key messaging approval and frequency of communiques to and hosting options	Approval from PPG to provide key messaging to stakeholders	Email/web page hosting	PPG	Stakeholder group	April 2023	Complete
Stakeholders are engaged and informed regarding project commencement	Key messaging distributed	Email / hosting page	WA to draft communication for group approval	Key Stakeholders (as per list)	July 2023	Complete
PPG webpage established	New webpage established to provide information about the PPG and Project Updates/Key Messaging	Webpage	Department	PPG Members / PPG Co-Chairs	18 August 2023	Complete
Consultation Plan developed and approved by PPG	Consultation Plan developed	Via consultation plan	WA	PPG and HPA	February 2024	Complete

Appendix 1: Parameters for the analysis

Definition

Psychosocial supports are non-clinical and recovery-oriented services, delivered in the community and tailored to individual needs, which support people experiencing mental illness to live independently and safely in the community.

Target cohort

People aged 12-65 years (split into 12-24 and 25-65 cohorts) with mental illness and associated psychosocial impairment impacting on functional capacity. The analysis should include a detailed analysis of unmet need amongst people with severe mental illness, and a high-level analysis of unmet need amongst people with moderate mental illness. The definition of severe and moderate will align with what is used in the National Mental Health Service Planning Framework (for consistency with the Productivity Commission's Inquiry into Mental Health). If possible, the analysis should also examine the need for psychosocial supports in those over 65 years of age.

In-scope services

The consultant will be asked to consider the question of in-scope services, in consultation with the PPG. A preliminary list is provided as a guide:

- daily living skills (e.g. support to keep healthy);
- support to obtain and maintain housing;
- support to identify client needs for other services (such as NDIS, Alcohol and other Drug (AOD), clinical care etc.), connect with and maintain engagement with these services;
- support to socialise and build and maintain relationships (e.g. to engage with and be part of the community); and
- support to engage (and maintain engagement) with appropriate education (including vocational skills and employment opportunities) and employment opportunities.

Appendix 2: Key stakeholders nominated by each jurisdiction

Commonwealth

Stakeholder groups	Commonwealth: Key stakeholders
Technical advice	 University of Queensland University of Canberra Australian Institute of Health and Welfare National Mental Health Commission
Data contributors Commissioners of psychosocial supports	 Commonwealth departments and agencies, including: Australian Government Department of Health and Aged Care Australian Government Department of Social Services Australian Government Department of Education Australian Government Department of Employment and Workplace Relations Australian Government Department of Veterans' Affairs National Disability Insurance Agency National Indigenous Australians Agency Primary Health Networks, including PHN Co-operative
Representatives of psychosocial support consumers	 National Mental Health Consumers and Carers Forum (via Mental Health Australia) Mental Health Carers Australia Lived Experience Australia Lived Experience Group (under Mental Health and Suicide Prevention Senior Officials – part of governance structure for National Agreement)
Providers of psychosocial supports	Non-Government Organisations, including workforce representatives of service delivery Community Controlled Organisations Australian Psychosocial Alliance
Psychosocial sector peak bodies	Community Mental Health Australia (including member associates) Mental Health Australia (including member associates) Mental Illness Fellowship of Australia (including member associates)
Priority populations peak bodies	 First Nations: National Aboriginal Community Controlled Health Organisation (NACCHO) Gayaa Dhuwi – National Peak body for Aboriginal and Torres Strait Islander Social and Emotional Wellbeing, Mental Health and Suicide Prevention Black Dog Institute Aboriginal and Torres Strait Islander Lived Experience Network eCALD: The Forum of Australian Services for Survivors of Torture and Trauma (FASSTT) Mental Health Australia's Embrace Multicultural Mental Health Project (CALD Lived Experience group) LGBTIQA+:
	Network eCALD: • The Forum of Australian Services for Survivors of Torture and Trauma (FASSTT) • Mental Health Australia's Embrace Multicultural Mental Health Project Lived Experience group)

Stakeholder groups	Commonwealth: Key stakeholders
Clinical sector/other related workforce	Representation from relevant clinical services and other related workforce such as allied health professionals and peer workforce.

New South Wales

Stakeholder	NSW: Key stakeholders
groups	
Data contributors Commissioners of psychosocial supports	 New South Wales NSW Ministry of Health Mental Health Commission of NSW NSW local health districts and specialty health networks via the NSW Ministry of Health Department of Communities and Justice
Representatives of psychosocial support consumers	 New South Wales BEING – Mental Health Consumers NSW Mental Health Carers NSW
Providers of psychosocial supports	New South WalesNSW Mental Health Community Living Program providers
Psychosocial sector peak bodies	New South WalesNSW Mental Health Coordinating Council (MHCC)
Priority populations peak bodies	New South WalesAboriginal Health and Medical Research Council (AH&MRC)
Clinical sector/other related workforce	Representation from relevant clinical services and other related workforce

Victoria

Stakeholder groups	Vic: Key stakeholders
Data contributors Commissioners of psychosocial supports	 Victoria Mental Health and Wellbeing Division DH Vic. Health Services coordinated Early Intervention Psychosocial Support Response (EIPSR) – Youth Outreach Recovery Supports (YORS) Other Vic Gov psychosocial supports
Representatives of psychosocial support consumers	 Victoria Victorian Mental Illness Awareness Council (VMIAC), Peak for Consumers – mental health Tandem, Peak for Carers – mental health
Providers of psychosocial supports	Victoria (7 key providers) Mind Australia Wellways Australia EACH Cohealth ACSO Neami National Uniting Vic Tas
Psychosocial sector peak bodies	Victoria Mental Health Victoria
Priority populations peak bodies	 Victoria Victorian Aboriginal Community Controlled Health Organisation. Ethnic Communities' Council of Victoria (ECCV) Commissioner for LGBTIQ+ Communities (Department of Families, Fairness and Housing)
Clinical sector/other related workforce	Representation from relevant clinical services and other related workforce

Queensland

Stakeholder	QLD: Key stakeholders
groups	
Data contributors Commissioners of psychosocial supports	 Queensland Queensland Mental Health Commission (data contributors) Queensland Health Hospital and Health Services Queensland Health Mental Health, Alcohol and Other Drugs, Strategy and Planning Branch Department of Health – Queensland commissioner
Representatives of psychosocial support consumers	 Queensland Mental Health Lived Experience Peak Queensland Queensland Alliance for Mental Health
Providers of psychosocial supports	Queensland NGO Mental Health Community Support Service providers include: ARAFMI The Richmond Fellowship of Queensland GROW Ipswich and West Moreton Clubhouse Association Eating Disorders Queensland Stepping Stone Clubhouse The Brook Recovery Empowerment and Development Centre Canefields Clubhouse Beenleigh Bridges Health & Community Care Selectability Open Minds Momentum Mental Health Anglicare Central Queensland Wesley Mission Queensland Stride Mental Health Footprints Phoenix Place Flourish Luther Services Community Lifestyle Support Naemi Upbeat Arts STEPS YellowBridge Mind Australia Junction Clubhouse Peach Tree EACH Impact Community Services

Stakeholder groups	QLD: Key stakeholders
	World Wellness GroupWhite Cloud FoundationPANDA.
Psychosocial sector peak bodies	QueenslandQueensland Alliance for Mental Health (QAMH)
Priority populations peak bodies	QueenslandQueensland Aboriginal and Islander Health Council
Clinical sector/other related workforce	Representation from relevant clinical services and other related workforce

Western Australia

Stakeholder groups	WA: Key stakeholders
Data contributors Commissioners of psychosocial supports	 Western Australia Mental Health Commission Western Australia Department of Health Department of Communities Western Australia WA Department of Education
Representatives of psychosocial support consumers	 Western Australia Consumers of Mental Health Western Australia (CoMHWA)
Providers of psychosocial supports	 Western Australia Mental Health Commission funded service providers Western Australia Primary Health Alliance – Psychosocial Support Services
Psychosocial sector peak bodies	Western AustraliaWestern Australian Association for Mental Health (WAAMH)
Priority populations peak bodies	Western AustraliaAboriginal Health Council of Western Australia
Clinical sector/other related workforce	Representation from relevant clinical services and other related workforce

South Australia

Stakeholder	SA: Key stakeholders
groups	South Australia
Data contributors Commissioners of psychosocial supports	 Department for Health and Wellbeing (DHW) – Mental Health Commissioner, Provider Commissioning and Performance and Office of the Chief Psychiatrist (OCP) SA Department of Human Services (DHS) SA Local Health Networks Drug and Alcohol Services
Representatives of psychosocial support consumers	South Australia Lived Experience Leadership and Advocacy Network SA Mental Health Carers for Change Carers SA Office of the Chief Psychiatrist – Lived Experience Advisory Group
Providers of psychosocial supports	South Australia State funded NGO psychosocial providers include: Neami MIND Life Without Barriers Uniting SA Skylight Centacare Uniting Communities Helping Hand Community Living Options Catherine House Clubhouse SA GROW
Psychosocial sector peak bodies	South AustraliaMental Health Coalition of SA (MHCSA)
Priority populations peak bodies	 South Australia Aboriginal Health Council of SA KWY- Aboriginal Corp/Family Safety Incompro Cultural Services for Aboriginal People Multicultural Community Council of SA SA Rainbow Advocacy Alliance
Clinical sector/other related workforce	Representation from relevant clinical services and other related workforce

Tasmania

Stakeholder groups	Tas: Key stakeholders
Data contributors Commissioners of psychosocial supports	 Tasmania Department of Health Tasmania business units Department of Premier and Cabinet (Community and Disability Services)
Representatives of psychosocial support consumers	 Tasmania Mental Health Families and Friends Tasmania – carer representatives Mental Health Lived Experience Tasmania – consumer representatives Advocacy Tasmania Council of the Ageing Tasmania (COTA) Youth Network of Tasmania Carers Tasmania
Providers of psychosocial supports	 Tasmania Primary Health Tasmania (PHT) Tasmanian Aboriginal Centre Migrant Resource Centre Tasmania Homes Tas CSOs delivering psychosocial support (funded State and Commonwealth)
Psychosocial sector peak bodies	TasmaniaMental Health Council of TasmaniaAlcohol, Tobacco and Other Drugs Council Tasmania
Priority populations peak bodies	 Tasmania Working it Out – LGBTIQA+ Tasmanian Aboriginal Centre
Clinical sector/other related workforce	Representation from relevant clinical services and other related workforce

Australian Capital Territory

Stakeholder groups	ACT: Key stakeholders
Data contributors	State and Territory relevant Authorities
Commissioners of psychosocial supports	Australian Capital TerritoryACT Health Directorate
Representatives of psychosocial support consumers	 Australian Capital Territory ACT Disability & Aged Care Advocacy Service ACT Mental Health Consumer Network Advocacy for Inclusion Carers ACT Council on the Ageing (COTA) – ACT Ethnic Disability ACT Health Care Consumers' Association of the ACT Public Advocate Women with Disabilities ACT Women's Health Matters
Providers of psychosocial supports	Australian Capital TerritoryCommunity Assistance and Support Program (CASP)
Psychosocial sector peak bodies	Australian Capital TerritoryMental Health Community Coalition ACT (MHCC ACT)
Priority populations peak bodies	Australian Capital TerritoryA Gender Agenda
Clinical sector/other related workforce	Representation from relevant clinical services and other related workforce

Northern Territory

Stakeholder groups	NT: Key stakeholders
Data contributors	Northern Territory
Commissioners of psychosocial supports	 NT Health – Mental Health, Alcohol and Other Drugs Branch
Representatives	Northern Territory
of psychosocial support	 NT Mental Health Coalition (peak body for community managed mental health services)
consumers	 Top End Mental Health Consumers Organisation (TEMHCO) / Mental Illness Fellowship NT (MIFANT)
	Carers NT
	Sabrina's Reach for Life
	Top End Association for Mental Health
	Mental Health Association of Central Australia
	Northern Territory Lived Experience Network
Providers of	Northern Territory
psychosocial supports	Mission Australia
3000013	Mental Health Association of Central Australia (MHACA)
	TeamHEALTH
	Anglicare NT Converting Amount (Describe Dilles the office Amount of the office Amou
	 Salvation Army / Danila Dilba Health Service Catholic Care NT
	Catholic Care NI TEMHCO
	MIFANT
	Sunrise Health
	Miwatj Health
	Northern Territory
Psychosocial sector peak	NT Mental Health Coalition (NTMHC)
bodies	MIFANT
	 Association of Alcohol and Other Drug Agencies NT (AADANT; NT AOD Peak
	body)
	Integrated Disability Action
	NT Shelter
Priority	Northern Territory
populations peak	Aboriginal Medical Services Alliance Northern Territory (AMSANT)
bodies	The multicultural society of the Northern Territory.
Clinical sector/other related workforce	Representation from relevant clinical services and other related workforce