|  |
| --- |
| **National Mental Health and Suicide Prevention Evaluation Sharing Guidelines** |

|  |  |
| --- | --- |
| **FINAL** | April 2024 |

Contents

[1. Background 2](#_Toc1557297264)

[1.1 National Mental Health and Suicide Prevention Agreement 2022 2](#_Toc2002253971)

[1.1.1 How the Sharing Guidelines were developed 2](#_Toc800682992)

[2. Guidance on sharing evaluations 3](#_Toc1433631214)

[2.1 Safe sharing 3](#_Toc475225873)

[2.1.1 Formats for sharing 4](#_Toc870029456)

[2.2 Sharing with different stakeholders 5](#_Toc1827363010)

[2.2.1 Sharing evaluations between and within governments 5](#_Toc1487891525)

[2.2.2 Sharing evaluations with participants 5](#_Toc99961167)

[2.2.3 Public reporting of evaluation findings 6](#_Toc1398305218)

# Background

## National Mental Health and Suicide Prevention Agreement 2022

The National Mental Health and Suicide Prevention Agreement 2022 (National Agreement) sets out shared intentions of Commonwealth, state, and territory governments to work together to:

* improve the mental health of all Australians
* reduce the rate of suicide towards zero
* improve the Australian mental health and suicide prevention system.

Under the National Agreement, governments have committed to measure and report on their activities and the outcomes of these. Governments agreed to develop a **National Evaluation Framework** (the Framework), and **National Evaluation Sharing Guidelines** (the Sharing Guidelines - this document).

### How the Sharing Guidelines were developed

The Mental Health and Suicide Prevention Senior Officials (MHSPSO) established an Evaluation Project Group to guide the development of the National Evaluation Framework.

ARTD Consultants – with academic partners (Myfanwy Maple and Sarah Wayland), linked data specialists (Taylor Fry), an Indigenous Consultant (Tom Brideson), and a network of lived and living experience team members – was selected to draft the Framework and Sharing Guidelines.

In August and September, the team reviewed existing evaluations and evaluation guidance from the Commonwealth, state, and territory governments, and consulted with stakeholders to ensure that the documents developed would build on good practice and help overcome any concerns with evaluation. Key stakeholder groups were consulted:

* representatives from the Australian Government, and state and territory governments
* Primary Health Networks
* lived experience and priority population representative groups
* Mental Health Commissions
* service providers
* peak bodies, and mental health and suicide prevention organisations
* researchers and evaluators
* data custodians.

# Guidance on sharing evaluations

Sharing evaluation[[1]](#footnote-2) methods and findings will help to build learnings across a community of people who work to prevent suicide and improve the mental health and wellbeing of Australians. Sharing reinforces an evaluation culture and contributes to the evidence base for Australian initiatives, services, and programs.

There is a commitment from the parties who have signed the National Agreement to share evaluation findings between governments and, where appropriate, with service providers, commissioning organisations, and the public. These parties have also made a commitment to facilitate the sharing and publication of evaluation findings according to the guidelines agreed by Health Senior Officials.

This document is intended to guide decision-making for sharing of evaluations in line with best practice. Ultimately, decisions about sharing sit with the funder and/or commissioning organisation, generally governments. This document provides guidance for future evaluations only, it is not intended to apply retrospectively to completed evaluations.

The National Mental Health Commission provides a national progress report on the National Agreement as part of the reporting proposal approved by the MHSPSO. To complete this work, the National Mental Health Commission may require the Commonwealth and states and territories to report on findings from evaluations and/or provide evaluation summaries.

## Safe sharing

There are potential risks to sharing information that need to be managed. The Five Safes framework provides guidance on assessing and managing disclosure risk that is appropriate to the intended data use. This framework has been adopted by the Australian Bureau of Statistics (ABS); several other Australian Government agencies; and national statistical organisations, such as the Office for National Statistics (UK), and Stats New Zealand.

The Five Safes framework takes a multi-dimensional approach to managing disclosure risk. Each ‘Safe’ refers to an independent but related aspect of disclosure risk. The table below identifies how the framework could be adapted for managing any risk of sharing evaluations.

Table 1: Adapted Five SAFES guidance

| Framework elements | Risk assessment | Risk mitigation |
| --- | --- | --- |
| Safe people | Can the user be trusted to use the evaluation outputs in an appropriate manner? | Those with whom the evaluation is shared are informed on how to use evaluation outputs safely and ethically. |
| Safe projects | Is this use of the evaluation outputs appropriate, lawful, ethical, and sensible? | Evaluation outputs are approved to be shared for the public good, for a valid purpose, and have no capacity to be used for regulatory or compliance purposes. |
| Safe settings | Does the sharing of evaluation outputs in this context prevent unauthorised use or mistakes? | Evaluation outputs (and in particular data) are held in secure environments that prevent unauthorised use. |
| Safe data | Does the data itself contain sufficient information to allow confidentiality to be breached (for example, potential for individuals or communities to be identified)? | Data is treated to protect any confidentiality concerns (i.e., remove direct identifiers, control for statistical disclosure). |
| Safe outputs | Is the confidentiality maintained for the outputs of the management regime? | The evaluation outputs are screened and approved outputs that are non-disclosive. Consideration may be required as to risk of perverse incentives such as pressure to create more positive outcome findings. |

Adapted from the ‘Five Safes’ – [Data Privacy at the UK Office for National Statistics](https://blog.ons.gov.uk/2017/01/27/the-five-safes-data-privacy-at-ons/)

More resources about the Five Safes framework can be found at:

* [Australian Institute of Health and Welfare](https://www.aihw.gov.au/about-our-data/data-governance/the-five-safes-framework)
* [Australian Bureau of Statistics](https://www.abs.gov.au/about/data-services/data-confidentiality-guide/five-safes-framework)
* [UK Data Services](https://ukdataservice.ac.uk/help/secure-lab/what-is-the-five-safes-framework/)

### Formats for sharing

Consideration needs to be given to formats for sharing, as appropriate to the audience and context, including:

* full reports
* summary reports
* presentations
* media stories
* journal articles.

In many situations, a range of formats will be needed to support knowledge sharing and implementation. Where public access is intended, the use of retrieval portals to facilitate access to documents may be considered. Conversely, when documents are not intended for wide sharing, this may be indicated through using watermarks such as ‘confidential’ and more private sharing formats and methods.

## Sharing with different stakeholders

### Sharing evaluations between and within governments

In the spirit of the National Agreement, in principle all evaluations should be shared between and within governments unless there are specific reasons for these not to be shared. This facilitates transparency and accountability of governments. Sharing of evaluations, and the timing of sharing, will need to be considered within the legislative, regulatory and policy contexts of jurisdictions.

Sharing of evaluations within governments can help to ensure learnings about similar types of programs are considered across jurisdictions.

When evaluation findings are sensitive, it is still important to share evaluation findings between and within governments, however the timing and format of sharing may require additional consideration. Examples of sensitive evaluation findings include: implementation did not occur as intended; the provider breached contractual obligations; outcomes were not as expected.

Particularly in situations where evaluations focus on a small community that might be identifiable, or the program is longstanding or high-profile, it may be more appropriate for a summary rather than the full report to be shared. In some cases, it may be advisable to delay sharing so that the report can be accompanied by commentary from government, which, for example, lays out a plan for improvement or a course correction in service provision.

Forums and methods for sharing could build on existing structures established for safe data sharing between governments. Sharing between governments could also be facilitated through communities of practice.

### Sharing evaluations with participants

It is good practice to share the findings of an evaluation with participants (AES, 2013). The *National Statement on Ethical Conduct in Human Research* (NHMRC, 2023, p.16) recommends that outcomes ‘should be made accessible to research participants in a way that is timely and clear’. In Aboriginal communities, it is not only good practice but a requirement of ethical evaluation to share findings[[2]](#footnote-3).

Wider dissemination of results to ‘permit scrutiny and contribute to public knowledge’ is consistent with the ethical principle of integrity (NHMRC, 2023, p.16).

It should be clear to participants at the start of the evaluation whether the intention is to share the full report or key findings. A commitment should be made to share key findings with participants, or at least to provide an explanation if this is not possible.

When findings are shared with participants, consideration needs to be given to accessible formats, such as concise summaries and recommendations, plain English versions of reports, public presentations, video or audio recordings, and the use of infographics.

It may be appropriate to produce versions of reports tailored to different participant groups – for example, in the primary languages of communities involved in the evaluation, or Auslan translations for people who are Deaf or hard of hearing.

### Public reporting of evaluation findings

Public reporting of evaluation findings helps to enhance accountability and transparency. It also assists to build the evidence base for mental health and suicide prevention initiatives, by ensuring these are available to future evaluations, evaluators, researchers, program designers, and policymakers.

There may be circumstances where it is not in the public interest to share evaluations, for example, if the findings are particularly sensitive. In these cases:

* Decision-making about public sharing of evaluations should be done in consultation with the communities affected, as they will have a view on risk of identifiability and other concerns.
* In some instances, government ministers may not approve the sharing of evaluations. In these circumstances, consideration might be given as to what, if any, information about an evaluation can be shared. For example, it may be possible to share a high-level summary of findings to help governments make evidence-based decisions about their own programs, and to allow the community to understand evidence for different programs.
* It may be desirable to provide an explanation for the decision not to share, and to review this decision in the future if the original circumstances no longer apply.

Governments should also consider the establishment of a repository for sharing evaluation findings and insights to ensure they are accessible to stakeholders.

Where there is a commitment to sharing evaluations, governments should review, over time, whether any perverse incentives (such as pressure for more positive evaluations) are emerging.

The Framework provides a template for sharing information in those circumstances where the sharing of full reports may not be possible. It also provides guidance on how shared reports may be used for evaluation meta-analysis.

1. Evaluation is a process that can be used to assess, systematically and transparently, the merit or worth of a program. [↑](#footnote-ref-2)
2. Aboriginal Health & Medical Research Council of NSW (2023). *NSW Aboriginal Health Ethics Guidelines: Key Principles*. Sydney: AH&MRC Ethics Unit [↑](#footnote-ref-3)