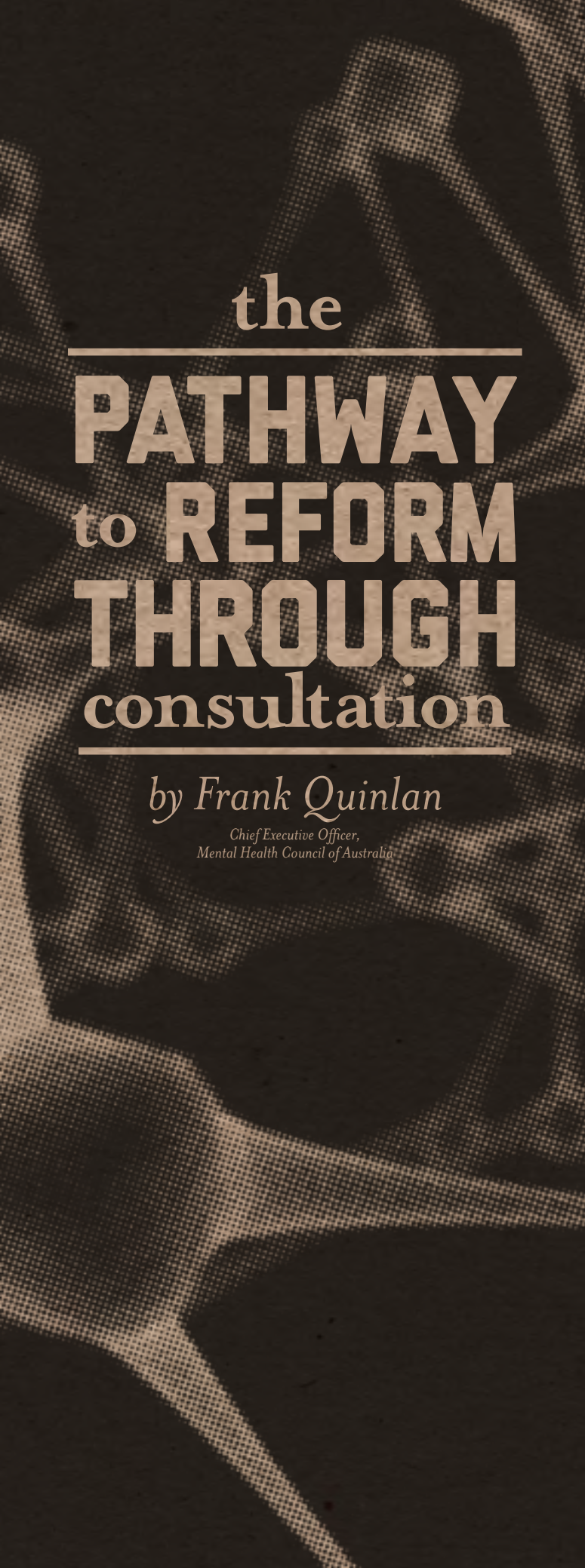


**ESTABLISHMENT  
+ MEASUREMENT**  
*of National Targets*



the

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# PATHWAY

to REFORM

# THROUGH

consultation

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by Frank Quinlan

*Chief Executive Officer,  
Mental Health Council of Australia*

For a long time, the mental health sector in Australia has required meaningful and substantial reform, driven by the basic principle that Australians should have the same access to quality care for mental ill-health as for other health problems. While steps have been taken along this pathway, the need for comprehensive reform remains pressing. Too many people who experience mental illness do not receive the services they need, when they need them.

Governments across the country now broadly embrace the need for mental health reform, with many creating portfolios, and even cabinet positions, for this important recognition. But for many of those who experience mental illness, the pace of change is too slow.

So this experience begs the question: 'How can we shape the reform process and how will we measure if reform has been effective?'

The answer to this question forms the basis of a major task the Mental Health Council of Australia (MHCA) has set itself. For many of our members and friends, reform is welcome news, but only if it results in a tangible improvement in the everyday lives of people living with a mental illness, and the people who care for them.

The MHCA, its members and friends have been active in the creation of measurable targets for mental health reform, and indicators that show us that reform has had an impact.

Early on, when reform for the mental health sector was outlined in the Draft Ten Year Road Map, we identified the need to create targets and indicators, and began a carefully designed consultative process to build and advocate for this important plank in successful change.

The creation and ownership of targets and indicators for mental health reform are a national issue - something that the whole community should be part of. Governments can create the impetus for change, but can only take us so far. Government forums like the Council of Australian Governments (COAG) often struggle with developing meaningful targets and indicators because of competing political and financial interests. Politicians face elections every few years, and public servants must act in the service of politicians within these short-term political cycles. This timeframe can, and does, affect their ability to develop long-term solutions. That is a negative feature of our modern democracy; however, it offers an opportunity for those outside of the political cycle to take a front seat in the development of long-term change.

The MHCA is dedicated to realising reform and sees its role as working closely with its membership, consumers and carers, and the broader community sector, to build the case for measuring the effectiveness of change.

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## MENTAL HEALTH REFORM MUST MAKE LIFE BETTER, SENSIBLE, MEASURABLE AND MEANINGFUL FOR THOSE WHO DEAL WITH MENTAL ILLNESS EVERY DAY.

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**Frank Quinlan**

*Chief Executive Officer, Mental Health Council of Australia*

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### The case

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The first report card from the National Mental Health Commission highlighted the notion of a 'contributing life', for those experiencing mental illness and those who care for them. This is not simply focusing on the absence or management of symptoms, but allowing people to contribute to the society's story; a whole-of-life, whole-of-community approach. The catch phrase they used (for good reason) is 'thriving, not just surviving'.

This notion of 'thriving not just surviving' was our starting point when the MHCA began to explore the creation of targets and indicators that would be identified by the community, be of the community and could be delivered and measured within the community.

The MHCA represents a very broad range of stakeholders, and is well-placed to facilitate the conversation that would establish a defined set of targets and indicators that could be advocated to governments through COAG.

Governments need leadership from the community. At the MHCA's first Council of Non-Government Organisations on Mental Health (CONGO) in 2012, a gathering of experts from the mental health and related sectors agreed that the gathering of data,

and ensuing identification of targets and indicators, was something that could, and should, be driven from outside of government. The motivation for this was to ensure the sector was ready to assist COAG to set targets that have meaning in the community.

Reflecting on the Draft Ten Year Road Map for Mental Health and Suicide Prevention, it was recognised that while the map was aspirational and contained a hopeful vision for the future, it missed the mark regarding meaningful and measurable goals, the very stuff that is needed to effect true change in people's lives.

Together, with the sector, the MHCA wrote an open letter to COAG, outlining the gaps in the road map, outlining the value that targets and indicators have for meaningful reform. To COAG's credit, they recognised the gap, and reached out to the sector for help. They responded by setting up a Ministerial Advisory Group, consulting immediately with an Expert Reference Group including the MHCA to seek advice on the way forward. The MHCA and the National Mental Health Commission recognised that only through a robust and vigorous consultation process could we identify targets and indicators that would work for the sector and the broader community.

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### The consultation

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Supported by the National Mental Health Commission, the MHCA undertook a three-staged consultation, gathering data and opinion from a range of stakeholders, both within the mental health sector and the broader community.

The first stage involved rolling state and territory consultation forums. Meetings were held across the country where people could begin identifying targets and indicators that were meaningful to them, and to the places in which they lived. This allowed for community input from people within their own environment, close to their homes and local services, and with a focus on the everyday issues they faced within their communities.

Following this, and using the data gathered at these consultations, a workshop was held with the National Consumer and Carer Forum, representing the very people that reform would impact the most. This workshop allowed for refinement of the targets and indicators identified at the state and territory consultations. In addition, this Forum explored the lived experience of people directly affected by the reform processes. The Forum was able to define outcomes that would have a meaningful impact on the lives of people with lived experience, and those who cared for them. This part of the process gave our initial targets and indicators a human face.

Finally, stage three involved the re-convening of CONGO, where representatives of the community sector joined MHCA members to review and refine the range and potential of indicators and targets identified through the process. The CONGO developed a defined set of targets and indicators based around early intervention, life expectancy, workforce participation, education and contribution in addition to the important issues of suicide prevention, stigma reduction and closing the gap.

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### The future

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These targets and indicators are the stepping stone to positive change. By providing guidance to governments, based on the advice of those who live and work in mental health, the MHCA is confident that lasting, positive change can occur.

Mental health reform must make life better, sensible, measurable and meaningful for those who deal with mental illness every day.

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