The ACT Mental Health and Wellbeing Framework 2015-2025.
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Acknowledgements
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Foreword
To be inserted.
The Framework at a glance

<table>
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<th>Vision</th>
<th>All people of the Australian Capital Territory (ACT) are supported to develop and maintain optimal mental health and wellbeing.</th>
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<tbody>
<tr>
<td>Goals</td>
<td>Build awareness, resilience and capacity to enhance mental health and wellbeing in the ACT community.</td>
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<td>Ensure that all Canberrans have equitable access to timely mental health treatment and support services.</td>
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<td>Make a sustained reduction in the rate of mental illness, suicide and self-harm in the ACT over time.</td>
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<td>Objectives</td>
<td>Enhance the social and economic health of the Territory to promote mental health and wellbeing.</td>
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<td>Increase community knowledge of strategies to enhance mental health and where to seek help.</td>
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<td>Increase training and support for those working in mental health and emergency services.</td>
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<td>Intervene early in episode for people experiencing mental ill-health.</td>
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<td>Enhance services to groups within the community at increased risk of developing mental ill-health.</td>
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<td>Improve access to assessment and treatment for those showing signs of mental ill-health.</td>
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Glossary

**Mental Health**
Mental health is not simply the absence of mental illness. Mental health refers to the capacity of individuals and groups to interact with one another and their environment in ways that promote subjective wellbeing, optimal development and use of mental abilities and the achievement of individual and collective goals consistent with justice.

The World Health Organization (WHO) defines mental health as:

...a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

**Mental ill-health**
Mental ill-health can encompass a spectrum of issues that interfere with a person’s cognitive, emotional or social abilities. Mental ill-health is a broad term that includes ‘mental disorders’, ‘mental illness’, ‘mental health problems’, ‘suicide’ and ‘self-harm’. Mental ill health tends to be episodic with people having periods of better and worse functioning.

**Mental illness or disorder**
A ‘mental illness or disorder’ is a diagnosable condition that significantly interferes with an individual’s cognitive, emotional or social abilities. Mental disorders are of different types and degrees of severity. Some of the major mental disorders perceived to be public health issues are depression, anxiety, substance use disorders and psychosis.

**Mental health problem**
A ‘mental health problem’ also interferes with a person’s cognitive, emotional or social abilities, but may not reach the criteria for a diagnosable mental illness. Mental health problems are more common mental complaints and include the mental ill-health temporarily experienced as a reaction to life stressors, such as loss of a job or depression or anxiety associated with significant illness. Mental health problems are less severe and of shorter duration than mental disorders, but may develop into mental disorders.

**Suicide**
Suicide is the act of purposely ending one’s life.

**Self-harm**
Self-harm is the deliberate damage of body tissue, often in response to psychosocial distress, without the intent to die, sometimes also called self-injury, non-suicidal self-injury or self-inflicted injuries. For some research suicidal behaviour that does not result in death is included in measurements of self-harm.
Purpose of the Framework

*The ACT Mental Health and Wellbeing Framework 2015-2025* (The Framework) aims to provide a coordinated whole-of-government and whole-of-community approach to enhancing mental health and wellbeing and reducing suicide and self-harm in the ACT. This broad approach seeks to align existing community resources and to provide a clear direction for future activities.

The Framework is relevant to all ACT Government Directorates. It addresses a broad range of factors such as housing, level of physical activity, transport options, utilisation of green space and other issues that are not usually regarded as ‘health’ issues but are important social determinants of health. The Framework is also relevant to community sector organisations and will allow organisations and directorates to align their efforts to meet the Framework’s objectives through their funding arrangements.

Each ACT Government Directorate will develop and commit to a response to the Framework through their strategic planning or business plans. It is hoped that each Directorate will also include the activities of the community organisations that they fund. All funding decisions will be addressed in Directorate plans rather than in this Framework.

Policy context


The Framework aligns with both Commonwealth and other Territory policies on mental health and suicide prevention. These include:

- The *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000*;
- *Fourth National Mental Health Plan, 2009-2014*;
- *Living is For Everyone: A framework for prevention of suicide in Australia* (2007) (LIFE Framework);
- *The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*;
- *The Hidden Toll: Suicide in Australia*;
- *Commonwealth response to The Hidden Toll: Suicide in Australia Report of the Senate Community Affairs Reference Committee*;
- *National Disability Strategy 2010-2020*;
- *ACT Mental Health Services Plan 2015-2020 (in development)*;
- *ACT Children and Young People Commitment (in development)*;
- *ACT Alcohol and Other Drug and Mental Health Comorbidity Strategy 2012-2014*; and
- *ACT Aboriginal and Torres Strait Islander Wellbeing Plan (in development)*.
Why invest in mental wellbeing and suicide prevention?
Mental illness is common and affects around one in five Australians every year\textsuperscript{14}. As such approximately 76,400 Canberrans will be experience a mental illness each year. On average 33 Canberrans die by completing suicide each year\textsuperscript{15}. In addition many friends, family members and colleagues are indirectly affected by mental illness, suicide and self-harm. Poor mental health negatively impacts on the individual, family, community and economy. It can cause distress and lead to isolation, and then discrimination, of those affected. There are compelling reasons to invest in mental health and wellbeing and to reduce the risk factors associated with mental illness, suicide and self-harm.

Mental health promotion and mental ill-health prevention can significantly reduce the economic impact of mental illness, suicide and self-harm\textsuperscript{16, 17}. Research indicates that:

- The total cost of suicidal behaviour (both directly and indirectly) to the Australian economy has been assessed as being $17.5 billion per year\textsuperscript{18}.
- The annual cost of mental illness in Australia has been estimated at $20 billion. In 2003, mental disorders were identified as the leading cause of healthy years of life lost due to disability\textsuperscript{19}.
- Investing in promotion, prevention and early intervention makes economic sense. A study examining the cost-benefit analysis of 15 promotion, prevention or early interventions found that the return on investment for every $1 expended was between $0.3 and $83.7 with an average return of $17.7\textsuperscript{20}.
- ‘Treatment interventions alone cannot significantly reduce the enormous personal, social and financial burdens associated with mental health problems and mental illnesses’\textsuperscript{3}.

Combining mental health and wellbeing promotion with suicide prevention
Traditionally in Australia there have been separate policies addressing suicide prevention\textsuperscript{4} and mental health promotion, prevention and early intervention\textsuperscript{3}. This is also true for the ACT\textsuperscript{5, 6}. Despite this historical separation, there is significant overlap of determinants for mental health, suicide and self-harm. It makes sense for there to be a combined approach. Any action that promotes wellness for one also promotes wellness for the others.

<table>
<thead>
<tr>
<th>Overlapping social determinants</th>
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<tr>
<td>Social Factors</td>
<td>level of economic security; understanding of mental health and suicide prevention; and social connectedness</td>
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<tr>
<td>Family Factors</td>
<td>relationship stability; childhood support; and family history of mental health</td>
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<tr>
<td>Individual Factors</td>
<td>hopefulness; emotional stability; and physical wellbeing</td>
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</table>

Figure 1: Overlapping social determinants of mental health promotion, and mental illness prevention

In addition to overlapping social determinants, there are well established connections between suicide, self-harm and mental illness. A 2013 meta-analysis of international psychological autopsy studies showed that up to 60% of completed suicides were by a person with mental illness\textsuperscript{21}. Other meta-analyses with a focus on western countries tend to show a greater correlation between diagnosable mental illness and suicide, usually over 90\%\textsuperscript{22}. It is also well established that many mental illnesses; particularly depression, bipolar disorder, schizophrenia, anorexia nervosa and
borderline personality disorder, carry with them a significantly increased risk of suicide and self-harm.\textsuperscript{23}

Considering that the common factors between promotion, prevention and early intervention are greater than the differences, the ACT Government has elected to combine the strategies to promote mental health and wellbeing and to prevent suicidal and self-harming behaviour. The combined approach allows a more efficient use of resources. However, it is acknowledged that there are some areas of difference and the Framework also supports specific interventions where different approaches are required.

**Areas for action**

The promotion of mental health is ideally a whole of community priority and involves:

- improving mental health literacy
- reducing stigma attached to mental illness, suicide and self-harm
- promoting physical and emotional safety at school, at home and at work
- promoting healthy behaviours such as being socially connected and having a healthy lifestyle

Mental illness and suicidal or self-harming behaviour can affect anyone in the community. However, research indicates that there are some groups that are at increased risk of harm. The groups at increased risk are marginalised people with less access to social resources than the general population.

**Aboriginal and Torres Strait Islander People** are around twice as likely to die by suicide as the general population and are more than twice as likely to be treated in hospital for self-harm.\textsuperscript{9} Aboriginal and Torres Strait Islander People also experience high or very high levels of psychological distress at around 2.5 times the rate of the general population.\textsuperscript{24}

**People who abuse alcohol or other drugs** are at increased risk of suicide and mental illness, substance abuse is present in between 25 – 55% of deaths by suicide. Between 2.5 and 3.5% of people with alcohol dependence will die by suicide and around 72% will have comorbid depression at the time of death.\textsuperscript{25}

**Asylum Seekers and refugees** are by definition seeking to escape some sort of persecution and in many cases have been subject to significant trauma. Studies in different countries show varying rates of illness. Depression, anxiety and PTSD have been seen in between 7-75%, 7-58% and 1.6-82% of cases respectively.\textsuperscript{26} Beyond the trauma they have already experienced, refugees placed in detention experience further deterioration in their mental health. Detainees in Australia have been reported to have levels of depression, anxiety and PTSD as high as 86%, 77% and 50% respectively.\textsuperscript{27}

**Carers** are almost twice as likely to experience depression as the general population.\textsuperscript{28} People bereaved by the suicide of a partner or ex-partner (often carers) are up to 21.69 times more likely to die by suicide in the 2 years following the bereavement.\textsuperscript{29}

**Children in care** are just under 4 times more likely to experience mental health problems than children in the general population.\textsuperscript{30}

**People with chronic illness or disability** are generally regarded as being at increased risk of suicide. The level of increased risk however depends upon the type and severity of the condition.\textsuperscript{31}
People from culturally and linguistically diverse communities appear to be at similar levels of risk to the general population for developing mental illness, aside from psychotic illness which is around twice as likely in first and second generation immigrants\textsuperscript{32}. Suicide rates for people from culturally and linguistically diverse communities are generally consistent with the suicide rates of the country of origin in the first generation, increase somewhat in the second generation and reflect the suicide rate of the host country from then on\textsuperscript{33}.

People with an intellectual disability experience mental illness at around twice the rate of the general population\textsuperscript{34, 35}.

Lesbian, gay, bisexual, transgender and intersex people experience poor mental health. Lesbian, Gay and Bisexual people experience anxiety and depression at around 3 times the rate of the general population and transgender people at around 5 times the rate of the general population. Up to 50% of transgender people will attempt suicide at some point in their lives. Same sex attracted people attempt suicide at up to 14 times the rate of the general population\textsuperscript{36}.

Men account for around 75\% of all deaths by suicide\textsuperscript{37}. Men are also over twice as likely to be dependent on alcohol as women and are diagnosed with antisocial personality disorder at over four times the rate of women\textsuperscript{38}.

People with mental illness are at significantly increased risk of suicide, the level of risk varies by diagnosis. The mental illness most commonly associated with suicide is depression, people with depression are around 6 times as likely to die by suicide as members of the general population\textsuperscript{39}.

Older people (75+) experience around 3 times the suicide risk of young people (15-24)\textsuperscript{40}.

Prisoners experience significantly more mental ill-health than the general population. On release 46\% of prisoners report they have ever been advised by a health professional that they have a mental health problem\textsuperscript{41}. This compares to 13.6\% in the general population\textsuperscript{42}. Prisoners also experience higher rates of self-harming and suicidal behaviour than the general population. Around 16\% of prisoners report having ever deliberately harming themselves\textsuperscript{41}.

Problem gamblers are at significantly increased risk for mental illness. Over half of problem gamblers have a substance abuse disorder, around a quarter have depression and over a third have an anxiety disorder\textsuperscript{43}.

Women experience significant gender based violence. This exposure to traumatic experiences impacts negatively on mental health. Women experience depression at around twice the rate of men and one in three survivors of rape will experience PTSD\textsuperscript{38}. Women are also disproportionately impacted by self-harm and non-fatal suicidal behaviour. Women account for 63\% of hospital contacts for self-harming behaviour\textsuperscript{44}.

Young people (15-24) in Australia are more likely to die by suicide than by any other cause\textsuperscript{45}. The peak age for self-harm in Australia is between 20-24 with 24\% of females and 18\% of males reporting ever self harming\textsuperscript{46}.

Individual strategies to address these and other groups will be contained in the directorate plans that address the Framework.
**Person in Environment**

The Framework takes a person in environment perspective on mental health and illness. This perspective acknowledges that an illness or a behaviour (e.g., schizophrenia or self-harm) while being situated in an individual is caused not only by individual pathology but by a range of social and environmental factors. The Framework acknowledges that while there is a need for individual treatment, there is also a need for social and environmental changes in order to address these drivers of mental ill-health.

**Twin continuum of mental health and mental illness**

Mental health and mental illness are often thought about as being opposite ends of a single continuum, but this is not always the case. It is possible to have good mental health while being diagnosed with a serious mental illness; for example, a person with depression who sees a psychologist, manages their illness well and continues to function well at work and at home. It is also possible to have poor mental health in the absence of a mental illness – for example, a person who is suicidal following the breakup of a relationship.

Often mental illness and poor mental health come hand in hand. That said, regardless of the degree of illness, it is still possible to enhance mental health by improving the social determinants of health.

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Two continuum model adapted from Canadian Population Health Initiative
**Risk Factors**

Risk factors are conditions or variables associated with a lower likelihood of positive outcomes and a higher likelihood of negative or socially undesirable outcomes. In the context of mental health, risk factors increase the likelihood that a disorder will develop and can exacerbate the burden of existing disorder. The presence of risk factors in a person’s life reduce personal resilience and make it more difficult to return to good health when experiencing adverse life events.

Potential risk factors include:

- Premature birth
- Socio-economic disadvantage
- Low educational achievement
- Poor parental bonding
- Family violence or disharmony
- Social isolation
- A history of deliberate self-harm
- Discrimination
- Experiences of bullying
- Experiences of harassment
- Experiences of abuse / trauma
- Legal problems
- Imprisonment
- Previous suicide attempts

**Protective factors**

Protective factors protect individuals, giving them greater resilience to ‘bounce back’ when faced with adversity. Protective factors enhance the likelihood of positive outcomes and lessen the likelihood of negative consequences after exposure to risk[^49]. These factors give people resilience and moderate the impact of symptoms on wellbeing. Protective factors can be strengthened by programs and activities that promote mental health and wellbeing and prevent mental illness.[^50] ^[51]. The presence of protective factors can significantly reduce the overall impact of mental ill health.

Protective factors include:

- Economic security
- Strong parental bonding
- Strong social connections
- The presence of a significant other person in an individual’s life
- Functional family communication patterns
- Self-efficacy
- Educational achievement
- A spiritual or religious belief
- Non-stigmatised community attitudes to mental health
- Personal resilience and problem-solving skills
Promotion, Prevention and Early Intervention

There is a considerable degree of overlap in the concepts of promotion, prevention and early intervention. The key difference is in the aim of the intervention.

<table>
<thead>
<tr>
<th>Aims of promotion, prevention and early intervention</th>
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<tbody>
<tr>
<td>Promotion</td>
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<tr>
<td>Strengthen wellbeing and resilience</td>
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<tr>
<td>Prevention</td>
</tr>
<tr>
<td>Avoid or reduce the negative effects of mental ill health</td>
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<tr>
<td>Early Intervention</td>
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<tr>
<td>Address the effects of mental ill-health as early in the process as possible</td>
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The same intervention may be viewed as falling into two, or even three, of these categories. For example, a perinatal mental health screening, information and referral service would fulfill the criteria for promotion and prevention. The service is promoting good mental health as it provides information and decreases stigma around mental illness in the perinatal period. The service is also preventing mental ill-health by improving the family’s overall mental health which also reduces the risk of the child developing a mental illness.

Promoting mental health and wellbeing

The promotion of mental health and wellbeing seeks to enhance social, emotional and mental wellbeing, and therefore quality of life. Initiatives can target entire populations, selected groups or individuals and can occur in any setting. Mental health promotion is applicable to all people, including those currently experiencing or recovering from a diagnosed mental illness.

The Ottawa Charter for Health Promotion defines mental health promotion as ‘the process of enabling people to increase control over, and to improve, their health’. Mental health promotion comprises:

Any action to maximise mental wellness in a population or for individuals through managing environmental conditions for those who are currently well, those at risk and those experiencing illness. Promotion is a process of enhancing the coping abilities of individuals, families and the wider community by providing power through knowledge, resources and skills.

The Ottawa Charter for Health Promotion provides a summary of the range of health related strategies which are applicable in a mental health context:

1. **Building healthy public policy** – e.g. stigma reduction, social inclusion, human rights, access to transport, crime prevention.
2. **Creating supportive environments** – e.g. anti-bullying programs in schools and workplaces, strengthening families, mentoring and peer support for young people, supported accommodation, peer support for people with mental illness, supporting people with mental illness to return to school or the workforce.
3. **Strengthening communities to take action** – e.g. community based suicide prevention, support during times of economic turn down, consumer-led initiatives and consumer advocacy.
4. **Developing personal skills** – e.g. life skills training, mental health and illness literacy, parenting skills, management of emotions, workplace training.
5. **Reorienting services** to a promotion and prevention approach – e.g. services that promote recovery and respond in a timely, age appropriate and culturally appropriate way.
Preventing mental ill-health

Prevention interventions focus on enhancing protective factors and reducing risk factors associated with mental ill-health. These protective and risk factors occur within the context of everyday life. They are found in perinatal influences, family relationships and the home, schools and workplaces, interpersonal relationships, sports, art and recreation activities, media influences, social and cultural activities, the physical health of individuals, and the physical, social and economic health of communities.

Prevention interventions can operate at three levels:

1. **Universal prevention interventions** aim to improve the mental health and wellbeing of the whole community, e.g. increasing social connectedness.

2. **Selective prevention interventions** aim to improve the mental health and wellbeing of individuals and groups who have been identified as being at higher risk and may include the provision of parenting programs during the peri- and ante-natal period.

3. **Indicated prevention interventions** aim to improve the mental health and wellbeing of individuals who are identified as having minimal but detectable signs of mental disorder and may include programs for children showing signs of behavioural problems.

Prevention interventions can occur at three stages of illness:

1. **Primary prevention** occurs prior to the development of mental ill-health and acts to prevent the onset or development of mental ill-health.

2. **Secondary prevention** occurs in the initial stages of mental ill-health and seeks to reduce the severity or duration of the mental ill-health.

3. **Tertiary prevention** occurs following an episode of mental ill-health and seeks to reduce the impact of the episode and prevent reoccurrence.

**Early intervention**

Early intervention activities focus on individuals and aim to prevent the progression of mental ill-health to a diagnosable disorder and should a disorder develop, to reduce the impact (shorten the duration and reduce the potential damage to wellbeing).

Early intervention can occur:

- **early in the life span** – e.g. perinatal mental health care, provision of parenting programs; school based mental wellbeing program.
- **early in the development of a mental health problem or mental illness** – e.g. early assessment and treatment; or
- **early in an episode of illness** – e.g. when an individual is showing the early warning signs or has recently relapsed.
Ten Objectives

The 10 objectives of the Framework set the focus for action for the ACT for 2015 – 2025.

The measures against the objectives are intended to be broad indicators of factors driving mental health in the ACT. The measures are not intended to directly reflect the impact of ACT Government initiatives.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure(s)</th>
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| Enhance the social and economic health of the Territory to promote mental health and wellbeing. | • Perceived safety  
• Homelessness  
• Disposable income  
• Poverty  
• Unemployment  
• School retention rate  
• Educational attainment  
• Contact with friends and family  
• Attendance at cultural events  
• Violence |
| Enhance the physical health of the Territory to promote mental health and wellbeing. | • Participation in physical recreation  
• Self-rated health status  
• Childhood obesity  
• Substance abuse |
| Increase community knowledge of strategies to enhance mental health and where to seek help. | • Awareness of ACT Suicide prevention campaign  
• Uptake of school mental health programs  
• School suicide postvention plans |
| Increase gatekeeper awareness of the need for early detection and availability of treatment in promoting optimal mental health. | • Mental health training to non-clinical staff |
| Increase training and support for those working in mental health and emergency services. | • ACT Mental Health Training  
• Mental Health training in the Australian Federal Police |
| Enhance early life interventions to promote mental wellbeing for children and families. | • Perinatal depression  
• ACT Government spending on perinatal mental health and wellbeing |
| Enhance early interventions to people showing initial signs of mental ill-health. | • Suicide  
• Self-harm  
• Mental Illness  
• Psychological distress |
| Intervene early in episode for people experiencing mental ill-health. | • Contact with service in week prior to admission |
| Enhance services to groups within the community at increased risk of developing mental ill-health. | • Total spending on personal and social support |
| Improve access to assessment and treatment for those showing signs of mental ill-health. | • Follow up after discharge  
• Readmission  
• Psychiatric beds  
• Funding to community based services  
• Peer workforce |

**Measures for the Framework are still being developed.**

A workshop to improve / source further measures for the Framework will be held shortly.

Suggestions for measures should be from existing data that is specific to the ACT, regularly updated and in the public domain.

To facilitate regular updates of this information it is important that measures come from existing sources.
Enhance the social and economic health of the Territory to promote mental health and wellbeing

Description of indicators

- Perceived safety
- Homelessness
- Disposable income
- Poverty
- Unemployment
- School retention rate
- Educational attainment
- Contact with friends and family
- Attendance at cultural events
- Violence

Why is this important?

Access to economic resources is an important factor in improving population mental health and wellbeing. A report by the WHO found that mental health problems were more common among lower socio-economic status groups. Possible explanations this include experiences of disempowerment and violence, stigma, marginalisation, hopelessness, helplessness, income insecurity and reduced access to health services for physical health problems, which in turn may increase risk for mental ill-health\(^5^3\).

The term social exclusion encompasses a wide range of social and economic factors that reduce people’s ability to participate in society and include factors such as poverty, homelessness, lack of education and unemployment\(^5^4\). Social exclusion has profound negative impacts on mental health and wellbeing and can result in low self-esteem, poor social relationships, isolation, depression and self-harm among other outcomes\(^5^5\).

Reducing levels of community violence promotes mental wellbeing and is a protective factor against mental illness. Studies show that individuals who are exposed to and/or experience violence have a greater risk of developing mental ill-health\(^5^6\)\(^5^7\).
Where is the Territory presently?

Perceived safety
- Proportion of people who feel safe at home at night: ACT 90.3% / Australia 87.5%
- Proportion of people who feel unsafe at home at night: ACT 2.4% / Australia 5.3%

Homelessness
- Homelessness (rate per 10,000 residents): ACT 50, Australia 48.9.

Disposable income
- Average weekly household disposable income: ACT $1,144, Australia $918.

Poverty
- People living below the poverty line (%): ACT 5.8%, Australia 11.8%

Unemployment
- 12 Month average unemployment rate (%) as of April 2014: ACT 3.8%, Australia 5.8%

School retention rate
- School retention rate from years 7 – 12 (%): ACT 91.6%, Australia 81.6%

Educational attainment
- Highest level of education completed, degree of higher (%): ACT 38.5%, Australia 24.7%
- Highest level of education completed, year 9 or less (%): ACT 4.2%, Australia 7.3%

Contact with friends and family
- Weekly face-to-face contact with family / friends outside of home (%): ACT 76.7%, Australia 79%

Attendance at cultural events
- Attendance for at least one cultural event in the last year (%): ACT 93%, Australia 85.8%

Violence
- People physically assaulted in last year (%): ACT 2.6%, Australia 2.7%
- People sexual assaulted in last year (%): ACT 0.2%, Australia 0.2%
Enhance the physical health of the Territory to promote mental health and wellbeing

Description of indicators

- Participation in physical recreation
- Self-rated health status
- Childhood obesity
- Substance abuse

Why is this important?

Good physical health, including good nutrition can assist in both preventing and treating mental ill-health. A number of studies have found that physical exercise can be effective in preventing and treating depression and anxiety.\(^{69-72}\).

There is a growing body of evidence indicating that nutrition impacts on mood and general wellbeing and that good nutrition can contribute to the prevention and management of specific mental health problems. Conversely, the use of recreational drugs, including tobacco, and high rates of alcohol consumption negatively impact on mental wellbeing.\(^{73}\).

Taking a holistic approach that combines both physical and mental health is an important preventative strategy.

Where is the Territory presently?

Participation in physical recreation

- At least one occasion of participation in physical recreation in last year (%): ACT 80.3%, Australia 65%.\(^{74}\)

Self-rated health status

- Health status self rated as very good or excellent (%): ACT 60.2%, Australia 55.6%.\(^{75-76}\)

Childhood obesity

- Children overweight or obese (%): ACT 26.3%, Australia 24.6%.\(^{77-78}\)

Substance abuse

- Risky use of alcohol in people aged 14+ (%): ACT 19.5%, Australia 20.1%
- Use of illicit drugs in last year in people aged 12+ (%): ACT 13.9%, Australia 14.7%.\(^{79}\).
Increase community knowledge of strategies to enhance mental health and where to seek help

Description of indicators

- Awareness of ACT Suicide prevention campaign
- Uptake of school mental health programs
- School suicide postvention plans

Why is this important?

Many people experiencing mental ill-health and over half of people who attempt suicide do not seek professional help[80]. Family, friends and bystanders are often the first point of contact. Therefore, increasing community mental health literacy, knowledge of risk and protective factors, and how to support individuals who may be at risk is beneficial for individual’s gaining the knowledge and those they interact with, because greater knowledge allows individuals to understand when they or somebody they care for requires care and also reduces stigma associated with mental ill-health[81].

Increasing understanding of mental health and the determinants of mental health allows individuals to make better informed choices and implement changes to better support their own mental health.

Knowledge about mental health and suicide and self-harm prevention strategies can be gained from a variety of settings, including population media campaigns, education programs through schools, such as MindMatters and via social media.

Where is the Territory presently?

Awareness of ACT Suicide prevention campaign

- Awareness of Let’s Talk campaign: from ACT General Health Survey to be retrieved

Uptake of school mental health programs

- % of ACT schools engaged in KidsMatter / MindMatters: From MindMatters / KidsMatter to be retrieved

School suicide postvention plans

- % of ACT Government schools with suicide postvention plans in place: to be provided by ACT Education and Training Directorate.
Increase gatekeeper awareness of the need for early detection and availability of treatment in promoting optimal mental health

Description of indicators

- Mental health training to non-clinical staff

Why is this important?

Gatekeeper training has been identified as an effective strategy to prevent suicide\(^8^2\). A systematic review of gatekeeper training for suicide prevention found that gatekeeper training positively affects the knowledge, skills, and attitudes of trainees regarding suicide prevention. Increasing the number of people in the community who have the confidence to support somebody who is experiencing mental distress or who may be feeling suicidal is one mechanism to reduce the distress caused by mental illness, suicide and self-harm\(^8^3\). This type of training teaches gatekeepers to identify and refer people at high risk for suicide or other mental health crisis. Potential gatekeepers include health care professionals and others who interact with people in their normal day to day environments, such as clergy, recreation staff, police, coaches and teachers.

Where is the Territory presently?

Mental health training to non-clinical staff

- Number of mental health awareness / training sessions delivered by OzHelp – to be retrieved

- Uptake of Mental Health Guru – currently being trialled in ACT Health – to be retrieved
Increase training and support for those working in mental health and emergency services

Description of indicators

- ACT Mental Health Training
- Mental Health training in the Australian Federal Police

Why is this important?

Mental health clinicians and emergency service providers (e.g., Ambulance, Police and Fire and Rescue staff) are often the initial point of contact for people experiencing mental ill-health. These situations are difficult and often traumatic. It is important for first responders to be equipped to recognise and respond to the emotional, cognitive, behavioural, and physiological needs of clients. In addition to responding to the needs of the client, first responders often have to respond to the needs of family members, witnesses, and bystanders.

Without appropriate training, support, and debriefing, people working in these areas are at greater risk of developing mental health problems themselves, such as anxiety, depression, and post-traumatic stress disorder. Therefore, formal structures of training, support, and debriefing are required.

Where is the Territory presently?

ACT Mental Health Training

- Mental Health ACT mandatory training completed – to be retrieved from Capabiliti

Mental Health training in the Australian Federal Police

- Mental Health training within the AFP – to be retrieved from AFP
Enhance early life interventions to promote mental wellbeing for children and families

Description of indicators

- Perinatal depression
- ACT Government spending on perinatal mental health and wellbeing
- Child Protection Involvement

Why is this important?

Programs that enhance protective factors and reduce risk early in life, through access to maternal supports, parenting programs and early education programs are powerful prevention strategies especially for those of lower socioeconomic status. For example, home visiting programs during the post-natal period have been demonstrated to show improvements in mental health outcomes for mothers and newborns and to facilitate improvement of parenting skills and mother-child interaction. These programs positively influence child health priorities such as child behaviour, language and literacy. Perinatal mental health programs effect a positive influence on parental mental health and minimise the likelihood of child abuse.

Where is the Territory presently?

Perinatal depression

- New mother’s experiencing perinatal depression (%); ACT 12.4%, Australia 10%.

Perinatal mental health and wellbeing

- [Measure to be sourced]

Child Protection Involvement

- [Measure to be sources]
Enhance early interventions to people showing initial signs of mental ill-health

Description of indicators

- Suicide
- Self-harm
- Mental illness
- Psychological distress

Why is this important?

Depression and anxiety are the most prevalent mental health problems in Australia. Early intervention for people showing the initial signs of mental ill-health can reduce the resulting disability and distress and reduce the length of time that the individual may experience mental illness.

Early intervention looks beyond the alleviation of symptoms, to assess the broader social determinants of the individual’s mental health status to identify risk factors such as inadequate housing, relationship problems and education and employment difficulties which may impact on the individual’s mental wellbeing.

There are strong links between repeated episodes of self-harm and future suicide. Intervening early to address the underlying problems leading to self-harm and teaching individuals alternate skills to manage distress can reduce future incidence of self-harm and suicide.

Early intervention is highly cost effective, in that it can reduce the long-term costs associated with treating illness.

Where is the Territory presently?

Suicide

- Standardised death rate (per 100,000 people) by suicide: ACT 9.1, Australia 10.8.

Self-harm

- Age standardised rate (per 100,000) of hospital presentations for intentional self-harm: ACT 97, Australia 120.

Mental Illness

- People experiencing an affective disorder (%): ACT 11.6%, Australia 9.7%
- People experiencing an anxiety disorder (%): ACT 4.4%, Australia 3.8%

Psychological distress

- People experiencing high or very high psychological distress(%): ACT 9.2%, Australia 10.8%
Intervene early in episode for people experiencing mental ill-health

Description of indicators

- Contact with service in week prior to admission

Why is this important?

Intervening early in an episode of mental ill-health provides opportunities to reduce the severity and duration of the period of illness as well as reducing the level of disability and distress caused by the illness.

Assisting consumers with a previous history of mental ill-health to develop relapse prevention plans that identify their early warning signs and known strategies that assist in managing periods of mental ill-health may prevent the progression of symptoms. If symptoms of illness can be identified early, additional supports such as psycho-education and increased psycho-social support can be provided alongside assertive treatment and this may prevent the need for inpatient treatment.

Where is the Territory presently?

Contact with service in week prior to admission

- Rate of contact in week prior to admission – MHAGIC data to be retrieved
Enhance services to groups within the community at increased risk of developing mental ill-health

Description of indicators

- Total spending on personal and social support

Why is this important?

There is strong evidence that some population groups are at higher risk of developing mental ill-health because they experience additional stresses, discrimination and stigma. These include: Aboriginal and Torres Strait Islanders, those from culturally and linguistically diverse backgrounds, people who identify as gay, lesbian, bisexual, transgendered or intersex, people with an existing mental illness, victims of violence, those who have been incarcerated, people who are homeless, children of parents who have a mental illness and people with a substance use disorder. For example, The National Survey of Mental Health and Wellbeing 2007\(^{14}\), found that 62% of those who had a drug misuse problem reported a comorbid mental illness in the 12 months prior to the survey. Providing targeted, culturally appropriate promotion and prevention programs for these population groups can reduce the development of mental ill-health. Providing targeted intervention services early in the development of a disorder is similarly beneficial.

Where is the Territory presently?

Total spending on personal and social support

- Spending on personal and social support per head of population: ACT $579, Australia $411\(^{97,98}\).
Improve access to assessment and treatment for those showing signs of mental ill-health

Description of indicators

- Follow up after discharge
- Readmission
- Psychiatric beds
- Funding to community based services
- Peer workforce

Why is this important?

Early assessment of individuals showing signs of mental ill-health allows for access to timely and appropriate treatment, whether community based or inpatient care. The provision of timely and appropriate treatment has the capacity to reduce the disability and distress caused by mental ill-health and to reduce the length of time that the individual experiences illness.

The risk of suicide is greatest in the period immediately following discharge from hospital. Rigorous discharge planning, including consideration of factors such as housing and social supports along with assertive follow-up in the days and weeks following admission to hospital can significantly reduce this risk and the need for further inpatient care.\textsuperscript{99,100,101}

Where is the Territory presently?

Follow up after discharge

- Rate of follow-up within 7 days after discharge – MHAGIC data to be retrieved

Readmission

- Rate of readmission within 28 days – MHAGIC data to be retrieved

Psychiatric beds

- Number of psychiatric beds per 100,000 population: ACT 40.6, Australia 40.7\textsuperscript{102}.

Funding to community based services

- Proportion of funding directed to community based services (%): ACT 74.4%, Australia 54.2%\textsuperscript{102}.

Peer workforce

- [Measure to be sources]
Governance
As the lead agency ACT Health will hold primary responsibility for the management and evaluation of the Framework. ACT Health will work with a Framework Oversight Group (FOG) to ensure that the framework objectives are met. The FOG will draw from members of the community, representatives of ACT community organisations and ACT Government officers. ACT Health will report periodically to the Director General ACT Health, the Minister for Health and the Legislative Assembly.

Implementation
The Framework is a strategic document and rather than prescribing particular strategies seeks to inform and influence the policies, programs and initiatives of ACT Government Directorates and the community organisations that they fund. Each Directorate is responsible to incorporate the objectives of the framework into their business plans.

Evaluation
ACT Health will prepare a report outlining progress in enhancing mental health and wellbeing and reducing the rate of suicide and self-harm to the Legislative Assembly every two years. The measures listed against the objectives of this framework will form the basis of the report.

Due to the complexity of determinants of mental health and illness and suicide and self-harm it is not possible to attribute changes in measures directly to outcomes contained in the Framework. It must be acknowledged that there are determinants beyond the control of the ACT and Australian Governments that will impact on the outcomes achieved.

In addition to ACT Health reporting against the Framework’s outcome measures every two years, each directorate will report outputs against their commitment’s in their annual reports.

References

7 Commonwealth Department of Health and Aged Care 2000, National Action Plan for Promotion, Prevention and Early Intervention for Mental Health, Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, Canberra.


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