

Discussion Paper 4B: National and State Mental Health Background & Policy

Some Mental Health Background & Statistics

1. Mental Health is a national health priority area. It has been for the past two decades. It is a condition Australia governments have chosen for focused attention because it contributes significantly to the burden of illness in the Australian community.¹
2. Queensland has historically had low spending on mental health services. In 1992-1993, Queensland ranked sixth among the other States and Territories. By 2007-2008, it was second last, and by 2010-2011 it ranked sixth, again, among other States and Territories, though its per capita spend had increased from previous years.² Of course, the spending trend data does not tell us what is actually delivered in terms of the volume and quality of services and the outcomes they achieve.³
3. Approximately 20% of the Queensland population are affected by mental illness in any one year and 2.5% of the population have a severe mental health illness.⁴
4. Youth are particularly vulnerable. In 2008, a Commonwealth Parliamentary Committee noted the following:
 - a) *“That the age group from early teens through to early twenties had the highest incidence of mental illness of all age cohorts and the lowest rate of access to services. The traditional health service paediatric-adult divide was seen as inappropriate for mental health services, with many young people either falling*

¹ Queensland Health 2013, *Health system priorities for Queensland 2013-2014*, Brisbane: Queensland Government [QHD.004.003.3074].

² Department of Health and Ageing 2013, *National mental health report 2013: tracking progress of mental health reform in Australia, 1993-2011*, Canberra: Commonwealth of Australia. Available from: <<http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-n-report13-toc>> (p 124). [12 February 2016].

³ Department of Health and Ageing 2013, *National mental health report 2013: tracking progress of mental health reform in Australia, 1993-2011*, Canberra: Commonwealth of Australia. Available from: <<http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-n-report13-toc>> (p 40). [12 February 2016].

⁴ Queensland Health 2012, *Response to possible parliamentary question: mental health planning and services* (prepared for Parliamentary sittings 14-18 February 2012). [QHD.008.009.0718].

through the gaps in the transition between target groups, or finding themselves in inappropriate service settings.”⁵

b) *“Despite the efforts that have been made to provide youth mental health services through initiatives such as headspace, evidence to the committee indicates that mental health services for young people remain an area of shortfall. Most apparent, in the evidence provided to the committee, are deficiencies in in-patient services for this age group.”⁶*

5. Against that background, the National Mental Health Commission noted that mental health is often unable to retain even the funds it is allocated: *“Experience backed up by published audit findings confirm that publicly committed funds do not always stay in mental health services and are too often siphoned off at the end of the financial year to meet overspends in other service areas. The risk of this occurring will be heightened as budget pressures mount.”⁷*

National Mental Health Strategy

6. Since 1992, the policy, planning and delivery of mental health services in Queensland and other States and Territories has been informed by the *National Mental Health Strategy* (NMHS). The NMHS has been agreed to by all Governments and has guided the process of national mental health reform in Australia.⁸

7. The NMHS comprises a number of documents which include: *The National Mental Health Policy* (1992, revised in 2008);⁹ *National Mental Health Plans* (now up to the

⁵ Commonwealth of Australia 2008, *Senate Standing Committee on Community Affairs: towards recovery: mental health services in Australia*, Canberra: Commonwealth of Australia. Available from: <http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Completed_inquiries/2008-10/mental_health/report/index> (p 159). [12 February 2016].

⁶ Commonwealth of Australia 2008, *Senate Standing Committee on Community Affairs: towards recovery: mental health services in Australia*, Canberra: Commonwealth of Australia. Available from: <http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Completed_inquiries/2008-10/mental_health/report/index> (p 163). [12 February 2016].

⁷ National Mental Health Commission 2012, *A contributing life: the 2012 national report card on mental health and suicide prevention*, Sydney: NHMC. Available from: <<http://www.mentalhealthcommission.gov.au/our-reports/our-national-report-cards/2012-report-card.aspx>>. [12 February 2016].

⁸ Department of Health 2014, *National mental strategy*. Available from: <<http://www.health.gov.au/internet/main/publishing.nsf/content/mental-strat>>. [12 February 2016].

⁹ Department of Health 2009, *National mental health policy 2008*, Canberra: Commonwealth of Australia. Available from: <<http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-n-pol08>>. [12 February 2016].

*Fourth National Mental Health Plan*¹⁰ with the fifth plan to be developed), and is underpinned by a *Mental Health Statement of Rights and Responsibilities* (1992, revised in 2012).¹¹

8. The *National Mental Health Policy* describes the broad aims, vision and objectives of the mental health system in Australia while the *National Mental Health Plans* further the aims of the *National Mental Health Policy* by listing actions to make progress towards the aims and objectives of the policy.

Deinstitutionalisation or “mainstreaming” of acute inpatient care in stand-alone psychiatric hospitals into general hospitals

9. The *First National Mental Health Policy* (1992) and the *First National Health Plan* (1993-1998) focussed on deinstitutionalisation/“mainstreaming” of stand-alone acute inpatient psychiatric mental health hospitals into general hospitals. It also included an expansion of the role of community based health services to improve integration of and access to services and thus improve the continuity of care.
10. However, the *National Mental Health Policy 1992* acknowledged that long-term inpatient care would be required for some consumers:

*“...too much resource emphasis is currently given to separate psychiatric hospitals. In some cases it may be both possible and desirable to close them and replace them with a mix of general hospitals, residential, community treatment and community supported services. However, a small number of people, whose disorder is severe, unremitting and disabling, will continue to require care in separate inpatient psychiatric facilities and these facilities will need to be maintained or upgraded to meet acceptable standards.”*¹²

¹⁰ Department of Health 2009, *Fourth national mental health plan – An agenda for collaborative government action in mental health 2009-2014*, Canberra: Commonwealth of Australia. Available from: <<http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-f-plan09>>. [12 February 2016].

¹¹ Department of Health 2012, *Mental health statement of rights and responsibilities 2012*, Canberra: Commonwealth of Australia. Available from: <<http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-m-rights2>>. [12 February 2016].

¹² Australian Health Ministers 1992, *National mental health policy*, Canberra: Australian Government Publishing Service, p. 3, cited in Senate Select Committee on Mental Health 2006, *A national approach to mental health — from crisis to community: first report*, Canberra: Parliament of Australia. p. 192. Available from: <http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Former_Committees/mentalhealth/report/index>. [12 February 2016].

11. In 2006, the Commonwealth Senate Select Committee on Mental Health provided a report: ‘*A national approach to mental health – from crisis to community*’. On the issue of deinstitutionalisation the Committee observed that:

“...there is a general sense that mainstreaming and community care have not kept up with the pace of deinstitutionalisation. There are widespread problems with adequate accommodation, quality of care in the new settings, and perhaps most clearly of all, problems for people in gaining access to care in the new environment. In this environment, it is not surprising that the current policy direction is sometimes called into question.”¹³

Queensland’s Ten Year Mental Health Strategy for Queensland 1996

12. In 1997, Queensland released its *Ten Year Mental Health Strategy for Queensland 1996* (TYMHSQ).
13. The TYMHSQ remained the key strategic document for general mental health reform in Queensland until 2003.¹⁴
14. The TYMHSQ provided key directions for structural change of mental health facilities, including the “relocation of inpatient beds from the large psychiatric institutions to regional and rural centres, the expansion of community mental health services, and the restructure of the public mental health” in Queensland.¹⁵
15. Importantly, the TYMHSQ acknowledged that the NMHS and state mental health planning processes had identified children and young people as a special needs group requiring specific strategies to ensure appropriate mental health services.

¹³ Commonwealth of Australia 2006, *Select committee on mental health: a national approach to mental health – from crisis to community (first report)*, Canberra: Commonwealth of Australia. Available from: <http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Former_Committees/mentalhealth/report/index>. (p 185). [12 February 2016].

¹⁴ Queensland Government (nd), *Mental Health Service in Queensland 2005*. Available from: <http://www.aph.gov.au/~media/wopapub/senate/committee/mentalhealth_cte/submissions/sub377_pdf.ashx> (p 6). [12 February 2016].

¹⁵ Queensland Government (nd), *Mental Health Service in Queensland 2005*. Available from: <http://www.aph.gov.au/~media/wopapub/senate/committee/mentalhealth_cte/submissions/sub377_pdf.ashx> (p 6). [12 February 2016].

Queensland's First Child and Youth Mental Health Policy

16. Reflecting the approach of the NMHS and the TYMHS, in 1996 Queensland published its first child and adolescent mental health policy: *Future Directions for Child and Youth Mental Health Services (Child and Youth Future Directions policy)*.^{16,17}
17. The *Child and Youth Future Directions policy* recognised that children and youth present different patterns and types of mental health problems and disorders and required special consideration of their developmental context and legal status. It also estimated that three to five per cent of children and young people under 19 years of age suffer severe disturbance and functional impairment. It is this group, a proportion of whom are likely to be involved in other service systems, whose clinical needs require the intervention of specialist mental health services.¹⁸
18. Outcomes of “mainstreaming” and integration of mental health services, required under the *Child and Youth Future Directions policy* had had limitations.¹⁹ Though it had helped overcome some silos in the division of services, in other parts of the State resourcing and establishing all services locally proved difficult.²⁰
19. A reconsideration of policy and service delivery occurred and was reflected in the next iteration of child and youth mental health policy in Queensland a decade later in the making of the *Child and Youth Mental Health Plan of 2006- 2011 (CYMHP 2006-2011)*.²¹

Child and Youth Mental Health Plan of 2006-2011

20. The development of the *CYMHP 2006-2011* was the result of a comprehensive planning process undertaken in the context of the development of the more general and whole-of-government *Queensland Plan for Mental Health 2007-2017 (QPMH)*.

¹⁶ It introduced for the first time the acronym Child and Youth Mental Health Services (CYMHS).

¹⁷ Queensland Government 1996, *Future directions for child and youth mental health services: Queensland mental health policy statement*, Brisbane: Queensland Government. [DET.005.002.3661].

¹⁸ Queensland Government 1996, *Future directions for child and youth mental health services: Queensland mental health policy statement*, Brisbane: Queensland Government. (p 2) [DET.005.002.3661].

¹⁹ Gahan K and Kijas J, 2014, *The mental welfare of Children: history of child and adolescent mental health services in Queensland* (p 180), Brisbane, UQ Press.

²⁰ Gahan K and Kijas J, 2014, *The mental welfare of Children: history of child and adolescent mental health services in Queensland* (p 180), Brisbane, UQ Press.

²¹ Queensland Health 2007, *Child and youth mental health plan 2006-2011*. [DTZ.001.400.0011].

21. The *CYMHP 2006-2011* was predicated upon the NMHS and the TYMHS.
22. A specialist group from the Child and Youth Mental Health Sector was formed alongside a number of other subgroups to develop reports on different specialist areas of mental health. The specialist child and youth mental health group provided advice and recommendations which are outlined in *Child and Youth Mental Health Plan of 2006*.
23. It provided a comprehensive plan which aimed to make a real difference to the mental health of children and young people and their families through identifying the investment required in initiatives that either expanded the components of CYMHS that were “working effectively, in a limited context”, or comprised “*evidence-based innovations to fill the gaps where it has been identified that consumers do not currently receive the service necessary to promote recovery. Each component of the enhanced system is dependent on the others.*”²²
24. There were four new areas of major emphasis in the *CYMHP 2006-2011*. These four emphasis included:
 - developing the child and youth mental health workforce;
 - developing a continuum of services to match the varied clinical needs among which consumers can transition as their needs change;
 - developing a state-wide system of care for children, young people and families, with sufficient resources in individual Districts to provide general mental health services, proactively supported by centres of specialist expertise at area and state levels;
 - Continue to build partnerships and collaborative practices between CYMHS and other agencies and the private sector to ensure a holistic response to mental health needs.²³

²² Queensland Health 2007, *Child and youth mental health plan 2006-2011*. (p 7). [DTZ.001.400.0011].

²³ Queensland Health 2007. *Child and youth mental health plan 2006-2011*. [DTZ.001.400.0011].

25. The *CYMHP 2006-2011* identified that it was “*necessary to invest significant new resources in a comprehensive system of mental health care.*”²⁴
26. The plan proposed a “*hub and spoke*” model for some treatment options to sustainably support safe, quality health services in regional, rural and remote areas of the state. The plan was to establish Townsville as a major northern hub to complement the two existing tertiary centres of child and youth mental health expertise — the Royal Children’s Hospital and Mater CYMHS. The Gold Coast and Sunshine Coast areas were identified as major population centres with potential for development as additional hubs in future plans.²⁵
27. Importantly, in the context of the Commission’s terms of reference, the *CYMHP 2006–2011* indicates that the Barrett Adolescent Centre (BAC) was, in 2007, still very much a priority to “*ensure an appropriate continuum of treatment options*” for adolescents at the top end of the spectrum who could not be effectively treated in other settings.²⁶
28. The policy identified the following drivers for prioritising the redevelopment of the BAC:
 - a) acute and community services had “*developed the capacity to treat mental health issues at the less severe end of the spectrum*”, enabling the BAC to develop the “*expertise to work with young people whose issues are extremely complex and multi-determined and who cannot be treated effectively in community or acute settings*”;
 - b) it was the only facility providing extended inpatient care for adolescents with severe and complex mental health issues;
 - c) the waiting list for the BAC was growing, demonstrating the demand for the service.
29. In this context the plan intended to redevelop the BAC as an 18-bed specialist inpatient unit, with provision for an additional eight day patients. Two beds would be designated as “*swing*” beds able to be used as a High Dependency Unit to provide a more contained

²⁴ Queensland Health 2007, *Child and youth mental health plan 2006-2011*. (p 7). [DTZ.001.400.0011].

²⁵ Queensland Health 2007, *Child and youth mental health plan 2006-2011*. (p 9). [DTZ.001.400.0011].

²⁶ Queensland Health 2007, *Child and youth mental health plan 2006-2011*. (p 9). [DTZ.001.400.0011].

environment if needed. The redevelopment was to include physical capacity for an additional two beds “*as needed*”; and a 2-bedroom independent living unit as a step-down option to facilitate transition from the inpatient setting to a less-restrictive community-based setting. The plan also envisaged providing separate accommodation, in partnership with an NGO, for families and adolescents attending the day program from a distance.²⁷

30. There appears to be no successor to the *CYMHP 2006-2011*.

Development of the Queensland Plan for Mental Health 2007-2017 (QPMH)

31. Consistent with the requirements of the NMHS and to build on the progress of the TYMHSQ, the *Queensland Plan for Mental Health (QPMH)* was developed by the Mental Health Alcohol and Other Drugs Branch (MHAODB) in conjunction with stakeholders in around 2006.²⁸ It was also publically supported by the RANZ College of Psychiatrists, Queensland Nurses Union and the Australian College of Nurses Unions.²⁹

32. The QPMH is a blueprint for reform aimed at building a service system capable of responding to the existing and future needs of people with a mental illness, their families and carers. The plan identified 5 priority areas for reform:

- Mental health promotion, prevention and early intervention
- Integrating and improving care system
- Community participation
- Care coordination

²⁷ Queensland Health 2007, *Child and youth mental health plan 2006-2011*. (pages 33–34). [DTZ.001.400.0011].

²⁸ Queensland Health 2008, *Queensland Plan for Mental Health 2007-2017*. Brisbane, Queensland Government. Available from: <https://www.health.qld.gov.au/publications/clinical-practice/guidelines-procedures/clinical-staff/mental-health/reports/08132_qpfmh07.pdf> [12 February 2016].

²⁹ Queensland Health 2012, *Response to possible parliamentary question prepared for parliamentary sittings 14–16 February 2012*. [QHD.008.009.0718@0722].

Queensland Health 2008, *Queensland Plan for Mental Health 2007–2017 progress report (Attachment 5)*.

[QHD.005.008.6012]. This document was provided by the Queensland Health Department during discovery. The Commission has not yet identified the document this reference is an attachment to (Cabinet Submission).

- Workforce, information, quality and safety.³⁰
33. The work undertaken by specialist groups such as the Child and Youth Mental Health Sector to develop the *Child and Youth Mental Health Plan 2006-2011* fed into the planning process for the QPMH.
 34. Under this whole-of-government plan, Queensland Health led implementation for 3 of the 5 priorities, while the Department of Communities led the remaining two priorities.
 35. As part of the QPMH, responsibility for non-specialist community mental health services delivered under contract by the non-government sector was transferred from Queensland Health to Disability Services Queensland (within the Department of Communities, Child Safety and Disability Services).
 36. Approval of the costings of the QPMH was required before the QPMH could be formally endorsed.
 37. For the 2007-2008 State Budget, \$528.8 million was committed over four years to support the implementation of the first stage of the QPMH (2007-2011). An additional \$88.63 million was allocated over four years in the 2008-2009 State Budget.³¹
 38. There was no specific mention of BAC or The Park in the QPMH itself. There was, however, a commitment to spend \$121.55 million to upgrade or redevelop another 130 beds to meet contemporary standards and to “expand the range of acute and extended treatment beds by providing 140 new beds and to upgrade existing services to meet contemporary standards.”^{32,33}
 39. Capital works projects planned included:

³⁰ Queensland Health 2008. *Queensland Plan for Mental Health 2007-2017*. Brisbane, Queensland Government. Available from: <https://www.health.qld.gov.au/publications/clinical-practice/guidelines-procedures/clinical-staff/mental-health/reports/08132_qpfmh07.pdf> [12 February 2016].

³¹ Queensland Health 2008. *Queensland Plan for Mental Health 2007-2017*. Brisbane, Queensland Government. Available from: <https://www.health.qld.gov.au/publications/clinical-practice/guidelines-procedures/clinical-staff/mental-health/reports/08132_qpfmh07.pdf> [12 February 2016].

³² Queensland Health 2008. *Queensland Plan for Mental Health 2007-2017*. Brisbane, Queensland Government. Available from: <https://www.health.qld.gov.au/publications/clinical-practice/guidelines-procedures/clinical-staff/mental-health/reports/08132_qpfmh07.pdf> (p 18). [12 February 2016].

³³ Queensland Government 2007, *Queensland State Budget 2007—08: budget highlights*, Brisbane: Queensland Government, p 9. Available at: <<https://www.treasury.qld.gov.au/publications-resources/state-budget/2007-08/budget-papers/documents/budget-highlights-2007-08.pdf>>. [8 February 2016].

- development of a new 15 bed adolescent extended care unit to replace the Barrett Adolescent Centre; and
 - redevelopment of services currently at the Park - to provide 20 new extended treatment beds for forensic patients;
 - Development of 4 new community units, one In the West Moreton South Burnett Health Service District, one In the Princess Alexandra Hospital Health Service District and two in the Southside Health Service District;
 - Building of 9 additional high secure beds incorporating a 5 bed high dependency unit at the Park.³⁴
40. The QPMH was endorsed by Cabinet in February 2008 and was launched in June 2008.
41. Its companion document, the *‘Supporting Recovery: Mental Health Community Services Plan 2011-2017’* was released in 2011 and was to guide development of Queensland’s non-Government mental health community sector in Queensland. These plans were whole-of-government plans to provide a blueprint for the reform and expansion of both public and community-based mental health services across Queensland.
42. In October 2011, the Four Year Report on progress in implementing the QPMH was released. It reported that:

“More than \$148 million has been allocated towards 17 capital works projects, to deliver 277 new or upgraded inpatient beds for acute and extended stay treatment. This will result in a net increase of 146 new beds across Queensland. Four of these projects have been completed, with 79 per cent of work for additional new inpatient beds to be completed by June 2012. By July 2012, ten of the 17 Capital works projects will be completed. In light of constraints experienced by some projects,

³⁴ Queensland Health 2007, *Outline of the 2007-08 State Budget Outcomes for Mental Health*. [QHD.004.009.5791].

alternative construction methods were to be applied to ensure that the capital projects were accelerated.”³⁵

Subsequent National Health Policies and National Plans

43. In 2008 a revised *National Mental Health Policy 2008* was released.³⁶
44. A key policy direction under the *National Mental Health Policy 2008* was that: “...*people with mental health problems and mental health illness will have timely access to high quality, coordinated care appropriate to their condition and circumstances, provided by the most appropriate services.*”³⁷
45. Specifically, the 2008 policy states:

“Beyond primary care, consideration must be given to the best way to configure the specialist mental health sector to guarantee that it is responsive to the needs of people with mental illness... At the area/regional level, the full range of mental health services should be provided by integrated programs, ensuring a balanced and responsive mix of community and inpatient services... Community treatment should be the treatment of choice wherever appropriate, but inpatient care must be available when required... Core inpatient services should include both acute and non-acute components. Non-acute bed-based services should be community based wherever possible and promote maximum independence and autonomy consistent with safety and physical well-being.”³⁸
46. In December 2009, the *Fourth National Mental Health Plan* contained specified priorities for collaborative government action across five priority areas: 1) social inclusion and recovery; 2) prevention and early intervention; 3) service access, coordination and continuity of care; 4) quality improvement and innovation and 4) accountability.³⁹ The

³⁵ Queensland Health 2011, *Queensland plan for mental health 2007-2017: Four year report*, Brisbane: Queensland Government. Available from: <<https://www.health.qld.gov.au/publications/clinical-practice/guidelines-procedures/clinical-staff/mental-health/reports/qpmh-2007-17.pdf>> (p 6). [12 February 2016].

³⁶ Department of Health 2009, *National mental health policy 2008*. Canberra, Commonwealth of Australia. Available from: <<http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-n-pol08>>. [12 February 2016].

³⁷ Department of Health 2009, *National mental health policy 2008*. Canberra, Commonwealth of Australia. Available from: <<http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-n-pol08>>. (p 16). [12 February 2016].

³⁸ Department of Health 2009, *National mental health policy 2008*, Canberra: Commonwealth of Australia. Available from: <<http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-n-pol08>>. (p 17). [12 February 2016].

³⁹ Department of Health 2009, *Fourth national mental health plan – An agenda for collaborative government action in mental health 2009-2014*, Canberra: Commonwealth of Australia. Available from: <<http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-f-plan09>>. [12 February 2016].

Implementation Strategy identified 34 reform actions in order to achieve the policy priority areas.⁴⁰

47. One of the Fourth Plan action items under *priority 3: service access, coordination and continuity of care*, was the development of the National Mental Health Service Planning Framework (NMHSPF) that was to establish targets for the mix and level of the full range of mental health services.

National Mental Health Service Planning Framework

48. In 2010, the Commonwealth Government funded a project led by NSW in partnership with Queensland to develop the National Mental Health Service Planning Framework (NMHSPF). The proposed outcome of the project was to develop a population based planning model (tool) for mental health planning and investment for both inpatient and community environments. It was to be a 2 year national project (2011-2013).
49. The first phase of this project was concluded in late 2013 and an estimator tool was shared with each jurisdiction to be used as the basis for "field testing" at a jurisdictional level to determine its strengths and weaknesses in a real environment. This testing version of tool was made available to States in October 2013 to inform State mental health planning.
50. It was noted in the 2015 investigations undertaken by a Senate Committee to inquire into and report on *Health policy, Administration and Expenditure* that the draft NMHSPF was still under development,⁴¹ was in a testing phase and was not currently being used as a planning model. Further, it was not expected to be completed until mid-2016. More work is required on the design of the framework.
51. Once the NMHSPF is finalised in 2016, it must be endorsed by the States and Territories for it to be a national product under the NMHS.

⁴⁰ Department of Health 2009, *Fourth national mental health plan – An agenda for collaborative government action in mental health 2009-2014: Implementation Strategy*, Canberra: Commonwealth of Australia. Available from: <[https://www.health.gov.au/internet/main/publishing.nsf/Content/BFB6F9291DDF491DCA257D9A0018FF1D/\\$File/impl.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/BFB6F9291DDF491DCA257D9A0018FF1D/$File/impl.pdf)>. [12 February 2016].

⁴¹ Commonwealth of Australia 2015, *Select Committee on Health – Mental health: a consensus for action (fourth interim report)*, Canberra: Commonwealth of Australia. Available from: <http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Health/Health/Fourth_Interim_Report>. (p 51). [12 February 2016].

52. As part of the development of the *Fifth National Mental Health Plan*, the Commonwealth has convened a series of experts to review the draft NMHSPF to update it to take into account errors that had been identified and to make changes based on advice from jurisdictions who had used the tool as the basis of their planning. This work is due to be completed in 2016.

National framework for recovery-oriented mental health services

53. On 12 July 2013, the *National framework for recovery-oriented mental health services* was endorsed by the Australian Health Ministers Advisory Council (AHMAC).⁴² Its purpose was to promote a recovery orientated culture in all mental health services.
54. The concept of “recovery” in the treatment of mental health is both a process and an outcome and is essential for promoting hope, wellbeing, and a valued sense of self-determination for people with mental illness.
55. The concept of recovery has been an emerging paradigm since the early 2000 in Queensland and has significant implications for people with a mental illness, carers, families and service providers.
56. Mental health services were to be re-oriented towards a ‘recovery framework’ in Queensland as early as 2005.

⁴² Commonwealth of Australia 2013, *A national framework for recovery-oriented mental health services: guide for practitioners and providers*, Canberra: Commonwealth of Australia. Available from: <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-recovgde>. [12 February 2016].