

**NMHP PI 6 – Proportion of primary and secondary schools with mental health literacy component included in curriculum.**

**PRIORITY AREA 2: PREVENTION AND EARLY INTERVENTION.**

This indicator has been split into two parts.

**NMHP PI 6a Secondary schools.**

<b>Status.</b>		● ● ●
Rationale.	Evidence suggests that mental health literacy programs in schools enhances resilience in young people, promotes early detection and intervention, whilst decreasing stigma. Substantial investment has been made in Australia to implement school-based mental health literacy programs.	
Description.	Proportion of secondary schools using MindMatters within their curriculum.	
Data source.	Principals Australia survey of MindMatters.	
Baseline year.	2010.	
Frequency of data availability.	Periodic.	
Indicator type.	Output.	
Future developments.	Scheduling of a further survey in the life of the Fourth Plan to be resolved.	
Development timeframes.	-	
<b>Target.</b>		○ ● ○
Target.	-	
Rationale.	-	
Level of evidence.	-	
Output.	-	
Development.	Further work will be required to identify a meaningful target for this indicator, based on Australian and internationally comparable data.	

### NMHP PI 6b Primary schools.

#### Status.



Rationale. Evidence suggests that mental health literacy programs in schools enhances resilience in young people, promotes early detection and intervention, whilst decreasing stigma. Substantial investment has been made in Australia to implement school-based mental health literacy programs.

Description. Proportion of primary schools using KidsMatter or an equivalent mental health literacy program in their curriculum.

Data source. -

Baseline year. -

Frequency of data availability. -

Indicator type. -

Future developments. The Department of Health and Ageing is currently negotiating with Principals Australia to conduct a 2011 survey of mental health literacy programs used in Australian primary schools.

Development timeframes. 2011.

#### Target.

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Target. -

Rationale. -

Level of evidence. -

Output. -

Development. Following determination of indicator specifications, further work will be required to identify a meaningful target for this indicator, based on Australian and internationally comparable data.

**NMHP PI 7 – Rates of contact with primary mental health care by children and young people.**

<b>PRIORITY AREA 2: PREVENTION AND EARLY INTERVENTION.</b>	
<b>Status.</b>	
Rationale.	Early identification and intervention of mental illness results in better outcomes, however young people have low rates of help seeking for mental health problems.
Description.	Proportion of the population <25 years who have contact with primary mental health care services subsidised through the Medicare Benefits Schedule.
Data source.	Medicare Benefits Schedule administrative data.
Baseline year.	2008–2009.
Frequency of data availability.	Annually.
Indicator type.	Output.
Future developments.	It is acknowledged that primary mental health care for children and young people extends beyond MBS-subsidised services, and that other providers should be included in estimates for this indicator, including community health centres, school counsellors and health nurses, and university and TAFE counselling services. Lack of available data relating to the mental health activity of these service streams prevents their inclusion. Additionally, a component of the work carried out by state and territory specialised public mental health services can be construed as primary mental health care but this cannot be reliably differentiated from other service provision.
Development timeframes.	2011.
<b>Target.</b>	
Target.	-
Rationale.	
Level of evidence.	-
Output.	-
Development.	A two-stage approach is being adopted for this indicator, initially using MBS data to provide a baseline and establishing a 'general improvement' target. Enquiries have been initiated to inform further discussion on a target utilising a population approach.

**NMHP PI 8 – Rates of use of licit and illicit drugs that contribute to mental illness in young people.**

**PRIORITY AREA 2: PREVENTION AND EARLY INTERVENTION.**

**Status.**



Rationale.	Evidence suggests that high rates of substance use and abuse in young people contributes to the onset of, and poor recovery from, mental illness.
Description.	Proportion of the population aged 14 or over that use specific licit and illicit drugs in the preceding 12 months.
Data source.	National Drug Strategy Household Survey.
Baseline year.	2007.
Frequency of data availability.	Triennially.
Indicator type.	Outcome.
Future developments.	Nil.
Development timeframes.	Not applicable.

**Target.**



Target.	A target is not appropriate for this indicator.
Rationale.	This indicator provides important contextual information and is considered a global indicator. Advice from the National Drug and Alcohol Research Centre suggests that, similar to other prevalence indicators, any change cannot be directly attributed to a single action.
Level of evidence.	-
Output.	-
Development.	-

## NMHP PI 9 – Rates of suicide in the community.

### PRIORITY AREA 2: PREVENTION AND EARLY INTERVENTION.

#### Status.



Rationale.	Suicide is a leading cause of death among the general population, and people with mental illness are at even greater risk. Suicide rates are a commonly used global indicator of community mental health.
Description.	Proportion of the population for whom suicide was the cause of death.
Data source.	Australian Bureau of Statistics (ABS) Causes of Death.
Baseline year.	2005–2010 (aggregate five year reference period).
Frequency of data availability.	Annually.
Indicator type.	Outcome.
Future developments.	Nil.
Development timeframes.	Not applicable.
<b>Target.</b>	
Target.	-
Rationale.	-
Level of evidence.	-
Output.	-
Development.	The advice of the Australian Suicide Prevention Advisory Council is being sought to inform if setting a target is feasible.



**NMHP PI 10 – Proportion of front-line workers within given sectors who have been exposed to relevant education and training.**

**PRIORITY AREA 2: PREVENTION AND EARLY INTERVENTION.**

**Status.** ○ ○ ●

Rationale. Supporting front line workers in education, emergency, health and human services sectors to recognise mental illness, know how to react, and where to seek further help will improve early intervention and better outcomes for people with mental illness, their carers and families.

Description. -

Data source. -

Baseline year. -

Frequency of data availability. -

Indicator type. -

Future developments. There are currently no readily available data sources to populate this indicator. Work to identify a method to collect comparable, national data is being progressed with the relevant sectors.

Development timeframes. -

**Target.** ..

Target. -

Rationale. -

Level of evidence. -

Output. -

Development. Following determination of indicator specifications, further work will be required to identify a meaningful target for this indicator, based on Australian and internationally comparable data.

**NMHP PI 11 – Rates of understanding of mental health problems and mental illness in the community.**

**PRIORITY AREA 2: PREVENTION AND EARLY INTERVENTION.**

**Status.** ○ ● ○

Rationale. Better understanding of mental illness by the community reduces stigma and discrimination, increases social inclusion and supports earlier identification and intervention, leading to better outcomes for consumers, and their carers and families.

Description. -

Data source. -

Baseline year. -

Frequency of data availability. -

Indicator type. Outcome.

Future developments. National surveys of mental health literacy and stigma have been conducted in Australia in 1995, 2003–2004 and 2006. Using Department of Health and Ageing funding, work is underway to implement a further national survey in 2011 that will allow comparison to previous results.

Development timeframes. 2011.

**Target.** ..

Target. -

Rationale. -

Level of evidence. -

Output. -

Development. Following determination of indicator specifications, further work will be required to identify a meaningful target for this indicator, based on Australian and internationally comparable data.

## NMHP PI 12 – Prevalence of mental illness.

### PRIORITY AREA 2: PREVENTION AND EARLY INTERVENTION.

#### Status.



Rationale.	Prevalence rates provide a global indication of the mental health of Australians.
Description.	Percentage of the population who meet the criteria for a diagnosis of a mental illness in the past 12 month.
Data source.	National Survey of Mental Health and Wellbeing (NSMHWB).
Baseline year.	2007.
Frequency of data availability.	Ten-yearly.
Indicator type.	Outcome.
Future developments.	Analysis of other household surveys that rely on self reported mental illness will be undertaken to establish if a reliable comparison can be made to report interim data in subsequent years. The NSMHWB focuses on high-prevalence disorders and does not include severe mental illnesses such as schizophrenia, and is based on assessment of mental illness against independent diagnostic criteria.
Development timeframes.	-

#### Target.



Target.	A target is not appropriate for this indicator.
Rationale.	Targets are not considered appropriate for prevalence rates, as there is little empirical evidence available to reliably estimate the level of change that could be achieved if all actions of the Fourth Plan were fully implemented.  There is not expected to be a second data collection within the life of the Fourth Plan to monitor change.
Level of evidence.	-
Output.	-
Development.	-