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Capital Health Network
Partnering for better health

CAPITAL HEALTH NETWORK (ACT PHN) 2024- Mental Health & Suicide Prevention Outcomes Framework 2025-2030

The Prowse Project / 2025

Introduction

In a system as complex and essential as mental health and suicide prevention, clarity matters. The Capital Health Network (CHN) Outcomes Framework is a tool to bring that clarity, providing a structured and shared understanding of what we aim to achieve, how we will measure success, and how we will improve together over time.

This Framework does not stand alone. It is the result of sustained efforts across policy, service delivery, and lived experience. It draws from the National Mental Health and Suicide Prevention Agreement, regional data, and, most importantly, community voice. The Framework has been purposefully aligned to the CHN's Strategic Plan, the 2025-2030 ACT Mental Health and Suicide Prevention Regional Plan, and the ACT Mental Health and Suicide Prevention Bilateral Schedule to ensure measurable progress and system impact. The outcomes link across CHN's four Strategic Priorities: commissioning, capacity building, coordination, and organisational excellence. The use of shared metrics, governance reforms, and continuous improvement initiatives further reinforce CHN's pursuit of organisational excellence.

At its core, the Outcomes Framework is about alignment: aligning commissioning intent with community needs, aligning funding with outcomes that matter, and aligning sector-wide efforts toward a healthier, more connected Canberra.

The purpose of this Framework is threefold:

1. **Clarity** – It defines the changes we expect to see from our collective work, such as reduced suicide rates, improved access to services, and stronger integration across systems.
2. **Accountability** – It sets measurable indicators to track progress and guide funding decisions without increasing the reporting burden on our partners.
3. **Improvement** – It provides a feedback loop to refine service design, better utilise data, and promote shared learning across the region.

Our intention is to embed a culture of outcomes thinking into all aspects of the commissioning lifecycle. This means investing in services that don't just do the work, they also make a difference. It also means working in partnership to ensure that consumers, carers, and the broader ACT community experience a mental health system that is person-centred, culturally safe, and responsive to the full human experience.

As we move into the next phase of implementation, the Outcomes Framework will guide CHN and our stakeholders that together deliver on our vision.

This document represents not just a set of goals, but a shared commitment to achieving them.

Our Vision

People in the ACT experience a mental health and suicide prevention system that is compassionate, coordinated, and culturally safe, where care is accessible early, support continues across the whole person and their circumstances, and services are delivered by a connected workforce and continually improved through shared responsibility, respectful data, and lived experience insight.

OUTCOME 1:

People move smoothly through the mental health system with services that communicate, coordinate, and share responsibility, so care feels connected, not fragmented.

Key Findings Summary (Current State – 2025)
Integration across mental health services in the ACT remains fragmented, with significant gaps in coordination, data sharing, and accountability. Consumers and carers are often forced to navigate complex, siloed systems alone, repeating their stories, managing referrals, and holding fractured care teams together. While there is strong stakeholder consensus that integration is essential for better outcomes, past efforts have faltered due to power imbalances, inconsistent implementation, and system-driven rather than person-centred approaches. Despite digital infrastructure and secure messaging tools existing, they remain underutilised or incompatible, underscoring the urgent need for practical, co-designed solutions that promote shared care, streamlined care pathways, and compassionate continuity.

Our Why:
If we integrate care across primary, secondary, and tertiary mental health services,
then I won't have to repeat my story over and over again,
I'll get the help I need without falling through the cracks,
and I'll feel supported no matter where I enter the system,
because everyone involved in my care is on the same page.

Action	CHN's role	Outputs	Impact	Buy-in score
From 2026, CHN will facilitate formalised integration discussions biannually, involving at least 6 key CHN mental health, psychosocial, and/or AOD commissioned service providers. From 2028, CHN will explore opportunities to expand these	***Collaborate*** CHN is well placed to convene providers, build shared understanding, and track action points. This action should be progressed in	2 x formal collaborative discussions held each year. Shared learnings and action points published after each event.	Coordinated, better integrated systems supporting consumers and carers	HIGH Most commissioned partners welcomed this.

roundtables to broader ACT-based providers across primary, community, and acute mental health care.	partnership with ACT Government and Mental Health Community Coalition ACT.			
Each year, CHN will facilitate development of agreements/MOUs between primary and tertiary mental health providers to support warm handovers and shared care planning.	***Collaborate*** CHN can broker and facilitate agreements, but relevant services ultimately need to formalise these agreements. Success relies on multi-party ownership.	Number of new agreements, formalised partnerships in place.	Consumers experience clearer care pathways and more reliable follow-up support	HIGH Most commissioned partners welcomed this.
By 2028, CHN will commission new and existing programs to focus on integration across primary, secondary and tertiary care, including considerations for joint referral pathways and collaborative case conferencing. Where possible, CHN will explore opportunities for co-commissioning with ACT Government to support integrated care.	***Lead*** As a commissioning authority, CHN can explore opportunities in areas of shared service delivery.	Monitoring of Mental Health and Suicide Prevention Regional Plan.	Consumers experience more seamless care, including through hospital and community services	HIGH Identified as an opportunity for the Regional Plan.
From 2026, CHN will embed shared care protocols in newly commissioned mental health service contracts, specifying coordination responsibilities between service levels.	***Lead*** This sits directly within CHN's commissioning responsibility and can be requested through service agreements.	Administrative execution of shared care arrangements	Consumers experience fewer care gaps and improved communication between providers	MEDIUM To be designed in partnership with commissioned partners.
By 2028, CHN will support streamlined and culturally safe	***Collaborate***	Referral tracking data	First Nations consumers and families are more	MEDIUM

pathways to enable First Nations people to access culturally appropriate mental health and suicide prevention services and aftercare services, including via mainstream and community-controlled platforms. This includes referral tracking and follow-up protocols developed in partnership with Aboriginal and Torres Strait Islander stakeholders.	CHN to be a partner, not a lead, and to follow community governance and preferences for service models.	Percentage of successful warm handovers AIHW: "Indigenous health outcomes"	likely to engage in care they trust, grounded in cultural safety, continuity, and community control, and experience safe referral transitions.	Leadership by community-controlled organisations preferred – CHN to partner.

Monitoring & Evaluation

How will we measure success?	Dataset	Systemic Indicator Description
Number of formalised partnerships and formalised discussions.	**Post event surveys, partnership documentation, meeting actions**	Tracks formal collaboration opportunities and agreements. Growing numbers suggest systemic buy-in to cross-service accountability.
Consumer experience of service handoffs	**Patient Reported Experience Measures (PREMs), AIHW patient experience**	Measures whether care feels seamless to the person. Positive shifts show integration is not just administrative but real for consumers.
Data on shared protocols in service contracts	**CHN contracts**	Internal leverage point. Systemic change evident when consistent expectations exist across providers.

How will we measure success?	Dataset	Systemic Indicator Description
Lived experience journey mapping reports	**CHN internal reports, qualitative evaluation**	Key to measuring how real-world pathways improve over time and where pain points persist.
Consumer outcomes	**Patient Reported Outcome Measures (PROMs), CHN commissioned service data collection (case studies, good news stories)**	Measures whether consumers experience smoother transitions and fewer repetitions of their story, and if this has a positive impact on their mental health outcomes

Outcome 2:

Everyone can access mental health care that feels safe, respectful, and responsive to who they are, where they're from, what they've lived through, and what matters to them.

Key Findings Summary (Current State – 2025)
Access to culturally safe, trauma-informed, and person-centred care in the ACT remains inconsistent and often depends on the service, location, or individual staff member rather than being a system-wide standard. While there is strong support for inclusive care, many mainstream services still treat cultural safety as an optional add-on rather than a core responsibility. Marginalised groups, particularly CALD, LGBTQIA+, and First Nations communities, continue to face barriers to trust, safety, and choice. Stakeholders are calling for a fundamental shift, away from tokenistic training and towards deep cultural accountability, embedded lived experience leadership, and universal service standards that respect autonomy, reduce harm, and uphold dignity.

Our Why?
If services are culturally safe, trauma-informed, and person-centred,
then I will feel respected, understood, and supported to seek care early and stay engaged,
without fear of being judged, retraumatised, or turned away.

Action	CHN's role	Outputs	Impact	Buy-in score
CHN will support delivery of minimum ten cultural safety training workshops and/or trauma-informed care workshops for service providers in collaboration with peak bodies between 2025-2030.	***Collaborate*** CHN enables and supports training via partnerships with training organisations.	Number of workshops delivered. Number of participants trained. Pre- and post-workshop surveys indicating participant confidence and awareness changes.	Consumers experience safer, more respectful, trauma-informed and culturally responsive care, regardless of provider or setting.	HIGH Consider how completing this training cross-sector will add value.

By 2027, CHN will require all commissioned services to complete an annual audit and action plan against relevant standards, such as cultural safety, trauma-informed care, and child safety.	***Lead*** CHN can include this as a requirement in contracts and support services with tools and training.	Relevant audits included in contracts. Percentage of commissioned services completing audits and submitting improvement plans annually. By 2030 levels of attainment are implemented.	Consumers see accountability and continuous improvement embedded in service culture, resulting in more inclusive and less harmful experiences.	LOW Ensure there is flexibility for commissioned partners to guide the audit process as appropriate.

Monitoring & Evaluation

How will we measure success?	Dataset	Systemic Indicator Description
Completion of cultural safety and trauma-informed practice audits	**CHN contracts, internal reporting**	Presence of audits indicates organisational commitment. Embedding this norm signals shift from training to accountability.
Commissioned providers complying with relevant National Standards	**Audit reports and action plans**	Continuous advancement in annual audits indicating progress towards required Standards.
Participant feedback from training	**CHN workshop/training data**	Pre/post self-assessment confidence and knowledge shows skill growth, while wide uptake signals cultural safety embedded in professional norms.
ACT Wellbeing Framework – Feeling Safe & Respected	**ACT Wellbeing Framework: Open Data Portal**	Trends in these domains indicate broader shifts in trust and accessibility in services for priority populations.

Outcome 3:

People are supported early, before distress becomes crisis, through timely, accessible, and proactive care that promotes long-term wellbeing and prevents avoidable harm.

Key Findings Summary (Current State – 2025)

Early intervention in the ACT mental health system often arrives too late, with many people only receiving support once they are already in crisis or on long GP waitlists. Stakeholders strongly advocate for a shift toward proactive, community-based models that meet people earlier in their journey, particularly young people, families, and those experiencing life transitions. Current pathways are heavily reliant on clinical settings, with limited public understanding of available alternatives. There is a clear opportunity for CHN to drive a system-wide rebalancing toward upstream prevention, collaborative health promotion, and accessible, culturally safe supports embedded in everyday environments.

Our Why?

If support is available early, before things get overwhelming,
then I can stay well, avoid crisis, and live the life I choose,
not one shaped by emergency rooms or waiting lists.

Action	CHN's role	Outputs	Impact	Buy-in score
By 2028, CHN will co-design and deliver regional mental health awareness activities in partnership with ACT Government, peak bodies, and other stakeholders. This campaign will aim to increase community and provider knowledge of upstream supports, strengthen referral relationships, and simplify access pathways.	***Collaborate*** This will only be successful with broad stakeholder buy-in.	Initially campaign analytics including reach, click through and referrals. AIHW: Trends in MH Expenditure in ACT **Changes in expenditure*	Consumers will better understand where and how to access early mental health support, and will receive better referrals, leading to earlier intervention and reduced reliance on crisis care.	HIGH All stakeholders acknowledged this issue and were receptive to a whole of community response, if led by ACT Government.

		ABS: Study of Mental Health & Wellbeing **Reduced Suicide & Self-Harm Rates* **Decreased Mental Health-related ED Presentations*		
CHN will provide access to training for primary care staff on recognising early signs of psychological distress.	***Lead*** CHN has a well-established process of delivering training and education to primary care staff.	Percentage of staff trained Evaluation of training outcomes	Consumers will have their needs recognised and addressed earlier, through engagement with primary care and/or their general practitioners.	HIGH Supported by commissioned partners and stakeholders.

Monitoring & Evaluation

How will we measure success?	**Dataset**	**Systemic Indicator Description**
Campaign reach, referral uplift	**Digital analytics**, **AIHW ED presentation data**, **ABS Mental Health Survey**	Fewer crisis ED presentations, increased early touchpoints = system pivot to upstream response.
ACT Wellbeing – Psychological Distress, Early Support	**ACT Wellbeing Framework**, **AIHW mental health reports**	Movement in distress rates or early support access suggests structural shift in when and how support is provided.
Participant feedback from training	**Post-training data**	Pre/post self-assessment confidence and knowledge shows skill growth in identifying early signs of distress

Outcome 4:

People are supported as whole human beings through connected systems that work together across health, housing, justice, education, and community, recognising that mental health is shaped by more than a diagnosis.

Key Findings Summary (Current State – 2025)

There is strong agreement that social determinants, such as housing, income, education, and justice, are core to mental health outcomes, yet ACT systems remain highly medicalised and reactive. While community and sector appetite for collaboration are high, stakeholders express mixed views on CHN's role, urging it to act as a connector and enabler, not the sole driver. Past collaboration efforts have faltered due to short-term funding, lack of shared accountability, and absence of formal governance. The infrastructure for cross-sector alignment exists, but it needs to be formalised, resourced, and embedded in repeatable models that endure beyond individual programs or partnerships.

Our Why?

If my mental health support is connected to help with my physical health, housing, money, school, the justice system, or other parts of my life,
then I won't be left alone to solve everything,
I'll feel supported across all parts of my life.

Action	CHN's role	Outputs	Impact	Buy-in score
CHN will support and participate in cross-sector collaboration with housing, justice, education, and community services across all relevant existing working groups and collaborative initiatives, strengthening shared governance and aligning priorities.	***Collaborate*** CHN can collaborate and share leadership responsibilities where relevant.	Report on sector participation and collective progress toward integrated mental health outcomes.	Consumers will experience more joined-up support across life domains (e.g. housing, legal, education), reducing fragmentation and improving overall wellbeing.	MEDIUM Be clear regarding how diversity enables outcomes.
By 2027, CHN will include a social determinants impact statement in	***Lead*** CHN can set these expectations in	Proportion of tenders with social	Consumers' broader life needs (e.g. housing, financial stress, trauma)	MEDIUM Commissioned providers value clear

100% of new mental health commissioning proposals.	procurement documentation.	determinants of health impact sections.	are more likely to be recognised and supported as part of their mental health care	expectations and guidance but need support to meaningfully embed social determinants
CHN will explore opportunities to partner with key stakeholders, such as the Canberra Collective, to identify shared priorities in mental health and the social determinants of health, including potential for joint data analysis, community consultation, and co-investment.	***Collaborate*** CHN can take the lead on synthesis and dissemination, with partner data and insights.	Collaborative partnerships established Sector engagement Development of partnership roadmap	Consumers benefit from stronger, better-aligned investment in mental health and wellbeing supports that address both clinical and social needs.	MEDIUM The philanthropic and community sector is highly engaged but expects shared value and influence, not just consultation. CHN must approach as a partner, not funder.
CHN will embed social determinants screening tools into 80% of commissioned mental health intake processes by 2030.	***Lead*** CHN can request and support implementation via commissioning	Percentage of services using social determinants screening Proportion of clients screened	Consumers' broader needs (e.g. housing, income, safety) will be identified earlier and addressed alongside mental health care, improving holistic wellbeing.	MEDIUM Work in partnership with commissioned partners on social determinants

Monitoring & Evaluation

How will we measure success?	**Dataset**	**Systemic Indicator Description**
% tenders with social determinants impact sections	**CHN procurement policy**	When social determinants are embedded in procurement, cross-sector accountability becomes systemic.

How will we measure success?	Dataset	Systemic Indicator Description
Cross-sector participation	**CHN working group membership records**	Indicates real integration beyond health – if enduring, reflects systemic coordination and shared responsibility.
Interagency planning progress	**Regional Plan implementation reporting**	Tracks evolution from siloed to unified mental health and wellbeing ecosystem.
Social determinants screening uptake	**PMHC-MDS**	Early identification of social risk and referral to supports demonstrates movement toward integrated, holistic care.

Outcome 5

Everyone accessing mental health support is met by a compassionate, well-equipped, and culturally responsive workforce that is supported to thrive and stay.

Key Findings Summary (Current State – 2025)

The ACT is facing a significant mental health workforce crisis, with ongoing shortages, burnout, and limited pathways for peer workers, Aboriginal and Torres Strait Islander staff, and multidisciplinary teams. Stakeholders stress that training alone won't fix the problem, sustainable, supported roles and culturally safe environments are essential. There's also a lack of coordinated planning to map current gaps and model future needs, especially in regional and community-based services. While CHN's influence is acknowledged as partial, it is expected to play a leadership role in commissioning culturally competent, trauma-informed, and co-designed workforce models that are fit for purpose and built to last.

Our Why?

If the people supporting me are well-trained, culturally aware, and supported in their roles,
then I'll feel safe, understood, and able to trust the care I receive,
no matter where I enter the system.

Action	CHN's role	Outputs	Impact	Buy-in score
By 2030, CHN will participate in joint workforce planning together with key stakeholders in alignment with the ACT Mental Health Workforce Strategy.	***Collaborate*** CHN is well-placed to collect cross-sector data and identify gaps in commissioned services.	AIHW: Health Workforce statistics ACT Wellbeing Indicators: Lifelong Learning, Adult participation in education and training	Consumers benefit from a more responsive and better distributed workforce, with fewer service gaps, improved access, and shorter wait times across programs.	HIGH Strong appetite across the sector for joined-up workforce planning, particularly to address burnout and regional shortages.
CHN will advocate for the importance of a lived experience peer workforce pathway for the ACT by 2030, and will	***Collaborate*** CHN cannot deliver training but can co-	AIHW: Peer workforce participation data	Consumers are more likely to receive support from people with lived	MEDIUM Stakeholders support the role of peer workers

explore opportunities for establishing peer workforce support opportunities and networks.	create systems and advocate.	ACT Wellbeing Indicators: Work and Employment, Job satisfaction	experience, supporting peer-led support and recovery and increasing feelings of safety, validation, and trust.	but want co-design, supervision pathways, and sustainable funding.

Monitoring & Evaluation

How will we measure success?	**Dataset**	**Systemic Indicator Description**
Peer workforce development	**AIHW: Mental Health Peer Workforce Data**	Growth in peer work reflects lived experience inclusion as systemic workforce strategy.
Workforce needs alignment	**ACT Plan Workforce Focus Area**, **AIHW workforce stats**, **ACT Wellbeing: Job Satisfaction**	Used to identify and address gaps. Movement here reflects responsive and evolving workforce planning.

Outcome 6:

Mental health care is continuously improved through respectful data sharing and meaningful monitoring that strengthens coordination, reduces burden, and ensures people feel seen, not systemised. Services listen to feedback and use it to improve care, so people know their voices matter.

Key Findings Summary (Current State – 2025)

Data systems in the ACT mental health sector are often fragmented, retrospective, and duplicative, prioritising compliance over learning. Stakeholders agree that data must be relevant, real-time, and respectful, with stronger use of patient-reported outcomes, lived experience insights, and cultural accountability. Indigenous Data Sovereignty remains a critical gap, and concerns about privacy, AI, and data overload highlight the need for ethical, user-friendly tools. There is strong support for CHN to lead improvements in data literacy, harmonised reporting, and outcome-focused dashboards, so long as they empower action, not just audit.

Our Why?

If my care team shares the right information at the right time,
then I won't have to repeat my story, my care will feel connected,
my services will listen to my feedback and keep improving,
and I'll trust that the system is working for me, not making me do all the work.

Action	CHN's role	Outputs	Impact	Buy-in score
Ensure all commissioned services are using a standardised and validated outcome measure (e.g., K10, RAS-DS) by 2026, and that these measures are co-reviewed with consumers.	***Lead*** CHN can standardise across services.	Tool adoption rate; alignment to AIHW: "Mental Health Services in Australia" indicators Client-reported recovery progress	Consumers experience more consistent, meaningful care with measurable progress and shared language across providers. Consumers have a clear sense of their recovery journey, with support that adapts to their	HIGH Services support the shift to consistent and standardised use of evidence-based measures with consumer buy-in. Note services will require support and guidance on implementation and

			goals and progress. They feel heard and involved in care.	adoption across diverse services.
Implement a robust Indigenous Data Sovereignty Framework with underlying policies and procedures by 2030.	***Lead*** This is an essential component of data governance.	Framework has been implemented and includes a review process.	First Nations consumers experience culturally respectful data practices and greater trust in how their information is used and governed.	HIGH CHN will adopt best practice aligned to community-led governance.
By 2027, all commissioned mental health services consistently submit standardised quarterly data through a centralised digital reporting portal, enabling coordinated analysis, service improvement, and system-wide insights.	***Lead*** CHN manages the commissioning contracts and reporting requirements.	Compliance rate with data submissions; ACT Wellbeing: "System Responsiveness"	Consumers benefit from more responsive and improved services based on real-time insights and less duplication.	MEDIUM Commissioned partners generally support this but seek streamlined processes to reduce reporting burden
From 2027, CHN will formally monitor, evaluate and report on commissioned services, not independently but for their collective impact against this outcome's framework. **Noting working towards this item may engage manual collective reporting to assist in developing system wide outcomes.*	***Lead*** CHN manages the commissioning contracts and reporting requirements.	Full data mapping of existing reporting models. Completion of annual review of contracts against Outcomes Framework.	Consumers see clearer accountability across services, more targeted improvements, and less system fragmentation.	HIGH Emphasise reduced duplication, less administrative burden, and shared value
CHN will deliver an annual workshop to support commissioned partners with data use and reporting.	***Enable*** CHN supports capability development, not directly delivering services.	Number of workshops delivered Feedback surveys on data confidence	Consumers benefit indirectly from better-informed services that use data to improve	MEDIUM Stakeholders welcome capacity-building but want workshops to be practical.

			care quality and reduce inefficiencies.	
All commissioned services report annually on at least one case study of success that is co-developed with a consumer	***Enable*** CHN supports human-centred metrics design.	Percentage of services using co-designed metrics ACT Wellbeing Framework: "Community Voice"	Consumers see themselves represented in system improvements and are recognised as experts in shaping what success looks like.	LOW but high value. Some services may view this as an additional reporting burden, but many agree it adds powerful qualitative insight that can shape system learning

Monitoring & Evaluation

How will we measure success?	**Dataset**	**Systemic Indicator Description**
Recovery tools used and reviewed with client	**PMHC-MDS**, **service-level audits**	Reflects shift to person-centred, measurable, and continuous care practices.
Evidence based outcome tool adoption (e.g., K10, RAS-DS)	**PMHC-MDS**, **AIHW indicators**	Widespread adoption signals shift from compliance to outcomes orientation.
Indigenous Data Sovereignty framework	**To be developed by CHN**	Framework adoption indicates ethical shift in governance and data empowerment for First Nations communities.
% of case studies co-designed	**ACT Wellbeing: Community Voice**, internal partner reports	A move from top-down reporting to lived-experience-informed impact evaluation.

Evaluation Data Map

Creating a connected, person-centred mental health system for the ACT community.

This Evaluation Data Map provides a structured guide for monitoring the implementation and impact of the *CHN Mental Health and Suicide Prevention Outcomes Framework*. It aligns each outcome area with available data sources, including national, regional, and locally commissioned datasets, to support a cohesive, evidence-informed approach to evaluation.

The purpose of this map is to:

- Identify appropriate data sources for tracking progress against each outcome;
- Clarify existing access points within CHN's data environment and partnerships;
- Promote shared measurement across services and sectors; and
- Enable meaningful performance reporting that reflects both consumer impact and system improvement.

Each outcome is mapped against primary and secondary datasets, with example indicators and evaluation considerations based on data availability. This tool is intended to support CHN staff, partner organisations, and evaluators to embed consistent monitoring, inform quality improvement, and guide strategic decision-making over time.

This data map focuses on measures that can be tracked using existing public, commissioned, or easily accessible datasets. It does not include every possible measure in the Outcomes Framework but prioritises those that are practical to monitor now. Additional or aspirational measures may be developed as data access and system integration improve.

Additional Evaluation Considerations

- **ACT Wellbeing Framework:** Use to supplement population-level wellbeing indicators (e.g. safety, connection, resilience) especially where clinical data is not enough.
- **AIHW**: Consider annual data-on-request for suicide rates, mental health trends, or specific indicators not in PMHC-MDS.
- **HealthStats ACT**: Useful for long-term trend monitoring, but not suitable for real-time evaluation due to outdated cycles.
- **Coroner Data**: Not publicly available but critical for evaluating aftercare, postvention, and missed opportunities. Seek formal access.

Outcome Area	Primary Data Sources	Secondary Data Sources	Indicators / Measures	Notes on Access and Usage
1. Improved Integration Across Services	PMHC-MDS	AIHW, ACT Wellbeing Framework	- Number of shared care plans - Referral completion rates - Consumer-reported coordination scores	PMHC data tracks service episodes, but integrated referral metrics may require custom collection. ACT Wellbeing Framework may support cross-sector indicators.
2. Culturally Safe, Trauma-Informed, Person-Centred Care	PMHC-MDS	AIHW, HealthStats, ACTWF	- Uptake by priority populations - Self-reported experience of safety and inclusion - Workforce cultural competency metrics	PMHC-MDS includes Indigenous status but disaggregated cultural safety indicators may require tailored surveys.
3. Early Intervention and Prevention	PMHC-MDS	ACT Wellbeing Framework, AIHW	- Time from first symptoms to first service - Referrals from schools or primary care - Uptake of youth prevention programs	Strong links to ACT Wellbeing Framework (health, education). Need stronger early help-seeking indicators across community programs.
4. Whole-of-Person Care	PMHC-MDS, AIHW	ACT Wellbeing Framework	- Rates of comorbidity addressed in care plans	Requires service-level tracking of social and physical needs; ACT Wellbeing Framework has relevant domains (housing, income).

Outcome Area	Primary Data Sources	Secondary Data Sources	Indicators / Measures	Notes on Access and Usage
			- Co-location of services - EQOL or functioning scores	
5. Skilled, Sustainable Workforce	PMHC-MDS (practitioner data)	Workforce Surveys (CHN/internal)	- Training hours completed - Burnout or satisfaction surveys - Staff retention and role clarity metrics	PMHC has limited workforce detail. CHN can lead annual workforce survey and track CPD via partner data.
6. Robust Data Sharing and Performance Monitoring	PMHC-MDS, CHN Systems	AIHW (Data Linkage), ACT Health, ACT Wellbeing Framework	- Number of services participating in data sharing - Frequency of performance dashboard use - Stakeholder trust in shared measurement	Use PMHC PowerBI integration as baseline. Future: ACT Health integration and AIHW data linkage needed.

Monitoring and Review Cycle

To ensure the Outcomes Framework remains responsive, relevant, and impactful, Capital Health Network (CHN) will apply a structured monitoring and review cycle aligned with strategic planning and commissioning activities.

Review Timeline:

Year	Review Type	Purpose	Led By
Annually	Annual Monitoring Report	Track progress against key indicators and actions.	Internal
Late-2027	Mid-Term Outcomes Review	Assess implementation progress, refresh actions, and address emerging needs.	CHN in collaboration with partners and lived experience representatives
Late-2030	Final Impact Review	Evaluate full impact of the framework, inform next strategic phase.	Independent evaluation team supported by CHN

Approach:

- Progress will be reported against the Evaluation Data Map, with results shared internally and through summary updates to stakeholders.
- CHN will engage sector partners, consumers, and carers in each review stage through co-design and feedback forums.
- Where relevant, reviews will also consider changes in policy, service landscape, and lived experience feedback to adapt future priorities.

This cycle embeds continuous improvement and ensures shared accountability across the system.

Conclusion

The CHN Outcomes Framework sets a clear, shared direction for how we measure success, not just in services delivered, but in lives improved. It reflects our commitment to person-centred, culturally safe, and system-connected care that responds to the complexity of mental health and suicide prevention. This framework does not exist in isolation. It is embedded in CHN's commissioning priorities, aligned to national and territory strategies, and built through meaningful engagement with partners, providers, and people with lived experience.

Our success will depend on collective action, measured not only by outputs but by the extent to which people feel safe, supported, and understood in every encounter. As we implement and iterate this framework, we remain committed to continuous learning, transparent reporting, and shared accountability. Together, we can move from fragmented systems to connected care, and from reactive services to proactive wellbeing.