2025-2030 ACT MENTAL HEALTH AND SUICIDE PREVENTION REGIONAL PLAN: THE FRAMEWORK

ACT Government

phn ACT
An Australian Government Initiative

Capital Health Network
Partnering for better health

ACKNOWLEDGEMENTS

Acknowledgement of Country

The ACT Government and Capital Health Network acknowledge the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region. We acknowledge and thank them for the ongoing contribution they make to the life of this city and this region, and pay respects to their continuing culture and their Elders, past and present.

Recognition of Lived Experience

The ACT Government and Capital Health Network recognise the individual and collective experience of those with lived or living experience of mental ill-health and suicide, and the experience of their carers, families, and supporters. We value and respect the generous and vital contributions of those who share their unique perspectives to help us shape an effective and connected primary healthcare system that supports better outcomes for all.

"Sunrise to Sunset" by Sarah Richards

A NOTE ON LANGUAGE

We recognise that people with experiences of mental ill-health or suicide have different preferences regarding the terms with which they identify and how they describe their experiences. The language in the Regional Plan: The Framework reflects the common terms in use by the sector and community at the time of its development and publication. This may not represent the language preferences of all, nor align with future perspectives on certain topics. Where possible, terms have been defined (see Appendix B: Glossary) to ensure that their intended meaning and interpretation can be carried through the life of the document.

We also recognise the distinction between improving mental health and preventing suicide. Suicide and suicidality arise from an interaction between social and individual factors and while effective mental health care is key to suicide prevention, addressing suicide solely from an individual mental health perspective is often inadequate. While the Regional Plan: The Framework commonly refers to mental health and suicide prevention together, their individual distinctions are recognised and will be considered in the ACT Government's Mental Health Services Plan and the Capital Health Network's Action, Implementation and Monitoring Plan.

Accessibility

If English is not your first language and you need the Translating and Interpreting Service (TIS), please call 13 14 50 or visit https://www.tisnational.gov.au/

Support

Readers should be aware that this Regional Plan contains information about mental ill-health and suicide that may be distressing. Please consider reaching out to one of the below online and telephone support services if needed.

- Lifeline – 13 11 14
- Suicide Call Back Service – 1300 659 467
- Kids Helpline – 1800 551 800
- 13YARN – 13 92 76
- Medicare Mental Health – 1800 595 212
- Access Mental Health – 1800 629 354

Contributors

The ACT Health and Community Services Directorate and Capital Health Network are the lead authors of the Regional Plan: The Framework. Additional support and oversight were provided by the Development and Implementation (D&I) Committee and the Lived Experience Reference Group (LERG). Further information about these groups is available in Appendix A: Governance Committees. Membership of the D&I Committee included:

- ACT Justice and Community Safety Directorate
- ACT Education Directorate
- ACT City and Environment Directorate
- Canberra Health Services
- Mental Health Community Coalition ACT
- ACT Mental Health Consumer Network
- Carers ACT - Mental Health Carers Voice
- Youth Coalition of the ACT
- Local General Practitioner representative
- Consumer and carer lived experience representatives (LERG co-chairs)

We thank all parties who have contributed to the development of the Regional Plan: The Framework, including those who shared their lived and living experience to help inform and guide its direction.

Suggested citation

Capital Health Network, ACT Government. 2025-2030 ACT Mental Health and Suicide Prevention Regional Plan: the Framework. Canberra: Capital Health Network; 2025

Contact

For more information regarding this document, please contact Capital Health Network or the ACT Health and Community Services Directorate.

TABLE OF CONTENTS

Acknowledgements 2
Forewords 6
Ministerial Foreword 6
Capital Health Network Foreword 7
Lived Experience Statement 8
Introduction 9
What is the Regional Plan? 9
The Framework 10
Implementation of the Regional Plan 11
What has informed the Framework? 12
National and local guidance 12
Mental health and suicide in the ACT 14
The ACT mental health and suicide prevention systems 15
The previous Regional Plan 17
How was the Framework developed? 18
The Framework 19
Vision and Values 20
Vision 20
Values 20
A note about people and communities 21
Focus Areas 22
Promotion and Prevention 22
System Improvement 26
Enablers 30
What are the next steps for the Regional Plan? 31
Governance and implementation 31
Monitoring 32
Appendix A: Governance Committees 33
Appendix B: Glossary 34
Appendix C: References 39

FOREWORDS

Ministerial Foreword

The ACT Government is committed to fostering a resilient, inclusive and connected community. Good mental health and effective suicide prevention are essential to individual wellbeing - they are foundational to the strength and sustainability of our community.

Canberrans continue to navigate complex and evolving challenges across all stages of life. The 2025-2030 ACT Mental Health and Suicide Prevention Regional Plan: The Framework represents a powerful opportunity to unite around a shared vision, values and priorities for mental health and wellbeing.

The ACT Government is proud to collaborate closely with Capital Health Network, our co-commissioner of mental health and suicide prevention services. This collaboration reflects our commitment to integrated and person-centred care.

The development of the Regional Plan: The Framework has been guided by the insights and expertise of the Development and Implementation Committee, Lived Experience Reference Group, community members, and representatives from across government. It acknowledges the critical influence of social determinants on mental health outcomes and aligns with our approach to working together to improve the lives of all Canberrans.

The ACT Government's Mental Health Services Plan will build on the insights captured in the Regional Plan: The Framework, alongside ongoing feedback and reflection, to continue our efforts in shaping a mental health system that is responsive, inclusive and accessible.

Rachel Stephen-Smith
ACT Minister for Mental Health

Capital Health Network Foreword

Achieving better mental health and suicide prevention outcomes for everyone requires coordinated, comprehensive and effective responses.

I'm therefore pleased that the 2025-2030 ACT Mental Health & Suicide Prevention Regional Plan: The Framework has been developed by the ACT Government and Capital Health Network, with expert guidance from our governance committees. Knowledgeable consumers and carers in our Lived Experience Reference Group and key sector stakeholders in our Development and Implementation Committee worked together to ensure that the Framework was informed by local priorities and can support the wellbeing of Canberrans.

The Framework identifies specific areas of community need and opportunities to address these needs, in a coordinated and systemic manner. It provides the strategic direction for the ACT Government and CHN, ACT's Primary Health Network, to work together to achieve improved mental health and suicide prevention in the ACT and region.

This Framework builds off the previous Regional Plan (2019-2024) and is informed by the National Mental Health and Suicide Prevention Agreement and the Bilateral Agreement between the ACT and Commonwealth Governments.

Now this Framework has been completed, the next step is the development of the Action, Implementation and Monitoring Plan, which will guide change and enable further collaboration over the next 5 years. I'm pleased that we're taking a critical whole-of-system and whole-of-community approach to improving mental health and suicide prevention outcomes in the ACT.

Stacy Leavens
Capital Health Network CEO

Lived Experience Statement

The Lived Experience Reference Group has welcomed the opportunity to contribute to the Framework. As carers and consumers, we have shared our perspectives openly and honestly, drawing on our own specific experiences. We recognise that no single account can represent the full diversity of lived experience in our community, and we acknowledge that the experiences of others may differ in significant ways.

Our role in this process has been to provide advice and insight, based on many years of closely navigating the mental health pathways within the ACT, not to make specific changes to the content. There were mixed views amongst our lived experience participants regarding the anticipated reach and impact of the Regional Plan: The Framework, particularly concerning the difficulty of measuring outcomes and monitoring the implementation. The advice we have offered has been considered at the discretion of the Regional Plan: The Framework's authors, alongside other sources of evidence and expertise. Recognition of the value of our lived experience input has been consistently expressed, and we believe this dignity and respect strengthens the Framework and provides positive insights.

Looking forward, we hope that greater consideration and support is given to non-clinical services alongside the necessary clinical services, and that attention is paid to what matters most to people in supporting their own life, health and wellbeing. Besides the focus on prevention, increased outreach to the larger community on early intervention is essential as we look ahead. Effective resources to collect, share and use information in ways that are meaningful to people and services are also necessary. The ACT's relatively small population and geographic area make it uniquely placed to deliver these improvements.

We appreciate the opportunity to contribute and hope that our input as carers and consumers adds valuable context to the broader work. This Framework has the potential to reach a wide audience and be a valuable resource to many. As it is a complex document, we recommend that accessible versions be made available to the general community to increase opportunities for meaningful lived experience and community participation.

Lived Experience Reference Group

INTRODUCTION

What is the Regional Plan?

The 2025-2030 ACT Mental Health and Suicide Prevention Regional Plan (the Regional Plan) provides the strategic direction for the ACT Government and the ACT's Primary Health Network (PHN) to work together to improve mental health and suicide prevention in the Australian Capital Territory (ACT) and region. It identifies specific areas of community need and provides guidance on how to address them. The Regional Plan: The Framework takes a whole-of-system and whole-of-community approach to change, acknowledging that all parts of mental health and suicide prevention influence each other and that achieving better outcomes for everyone requires coordinated, comprehensive, and effective responses. The Regional Plan comprises two parts: the Framework (this document), and the upcoming Action, Implementation, and Monitoring Plan (AIM Plan). It will also inform the development of the ACT Government's Mental Health Services Plan.

The Framework

The Framework is the first and foundational part of the Regional Plan. It outlines the current mental health and suicide prevention system in the ACT and defines the overarching Vision and Values. The Framework also identifies three broad Focus Areas, with each Focus Area including several Opportunities for Improvement that will guide development of the ACT Government's Mental Health Services Plan and a PHN-led Action, Implementation and Monitoring Plan (AIM Plan) as well as provide direction for future change.

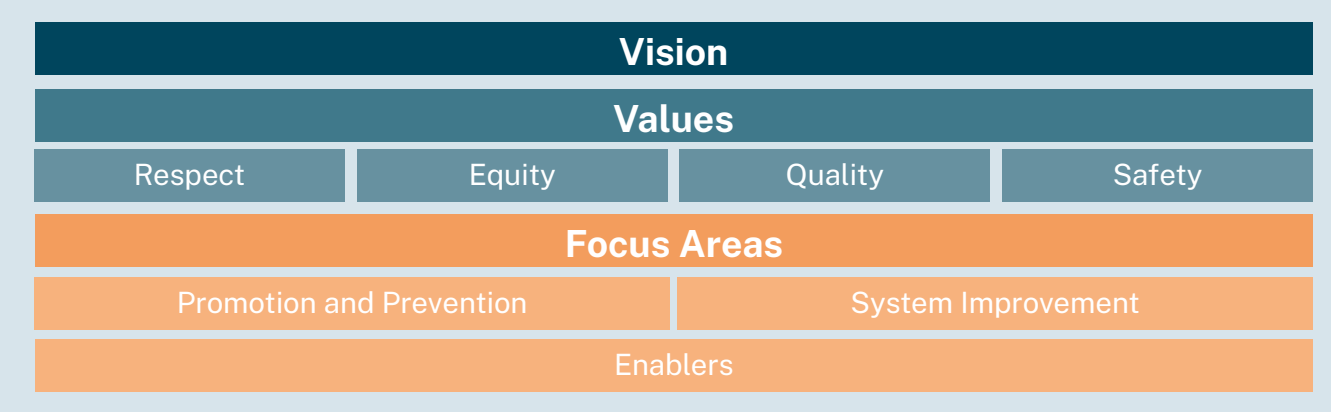


Figure 1: Structure of the Framework

Implementation of the Regional Plan

The Framework will inform the development of two subsequent documents – the PHN-led AIM Plan and the ACT Government's Mental Health Services Plan. These plans will guide actions, drive evidence-based service development, and enable further collaboration with key stakeholders and local communities to address the gaps and opportunities identified in the Framework. The AIM Plan is the second part of the Regional Plan. It will include a selection of specific actions across the three Focus Areas that can be meaningfully implemented during the 5-year life of the Regional Plan. Implementation will also occur through the ACT Government's Mental Health Services Plan.

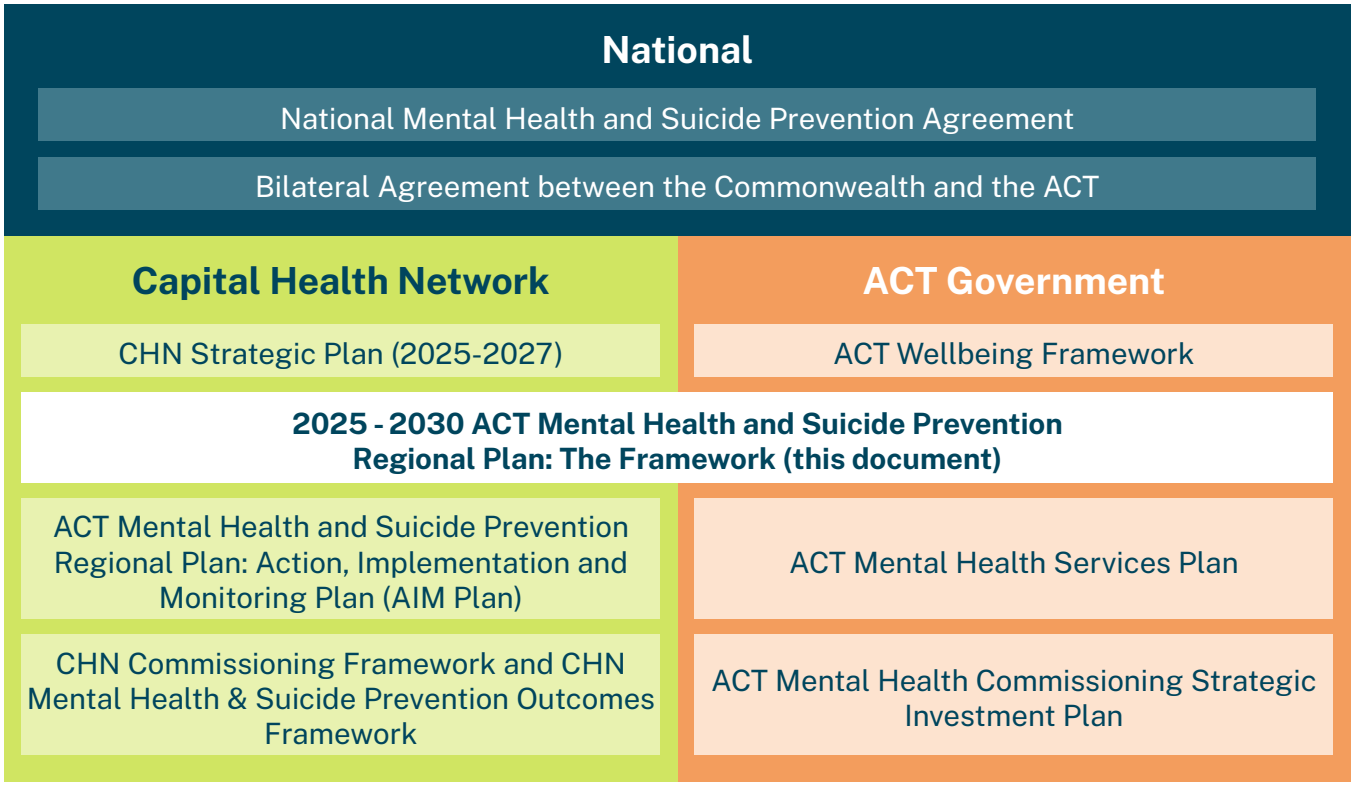


Figure 2: The Framework in relation to other relevant National, ACT Government, and ACT PHN activities, including the subsequent AIM Plan and the ACT Mental Health Services Plan

WHAT HAS INFORMED THE FRAMEWORK?

National and local guidance

The Framework was informed by a range of agreements, strategies and policies.
The Framework has been developed allowing for flexibility to consider and respond to new and emerging drivers over its lifespan. This allows the ACT mental health and suicide prevention systems to align with both local and national priorities, improving sustainability.

Joint regional planning and commissioning

refers to organisations working together to commission services, to make the best use of limited resources and achieve better outcomes for the local community.

A key driver of the Regional Plan is the **National Mental Health and Suicide Prevention Agreement** (the National Agreement). The National Agreement aims to deliver a comprehensive, coordinated, and consumer-focused mental health and suicide prevention system with joint accountability across all State, Territory, and Commonwealth governments. The **ACT Bilateral Agreement on Mental Health and Suicide Prevention** (the Bilateral Agreement) sits under the National Agreement. The Bilateral Agreement commits to local activities, workforce support, and improving coordination of services through **joint regional planning and commissioning.** This includes updating and implementing ongoing regional planning between the ACT Government and CHN.

ACT	■ ACT Wellbeing Framework ■ ACT Health Services Plan 2022-2030 ■ ACT Health Workforce Strategy 2023-2032 ■ ACT Mental Health Workforce Strategy ■ ACT Aboriginal and Torres Strait Islander Agreement 2019-2028 ■ Disability Health Strategy 2024-2033 ■ ACT Carers Strategy 2018-2028
National	■ The Fifth National Mental Health and Suicide Prevention Plan ■ National Principles for Regional Planning and Commissioning of mental health and suicide prevention services ■ Vision 2030 for Mental Health and Suicide Prevention in Australia ■ National Suicide Prevention Strategy 2025-2035 ■ National Carer Strategy 2024-2034 ■ National Children's Mental Health and Wellbeing Framework ■ National Disaster Mental Health and Wellbeing Framework ■ National Agreement on Closing the Gap ■ National Aboriginal and Torres Strait Islander Suicide Prevention Strategy ■ National Lived Experience (Peer) Workforce Development Guidelines 2023 ■ National Principles for Child Safe Organisations ■ National Mental Health and Suicide Prevention Evaluation Framework

Table 1: A selection of the guiding documents that informed the Framework

Mental health and suicide in the ACT

25.5% of adults in the ACT have experienced a mental illness in the previous 12 months[1]

45.7% of adults in the ACT have experienced a mental illness in their lifetime[1]

In 2022, the ACT had **11.7** deaths by suicide per 100,000 population[2]

An estimated **16.1%** of ACT residents have experienced suicidal thoughts in their lifetime[1]

2% of ACT residents identify as Aboriginal or Torres Strait Islander[3]

29.9% of Indigenous Australian ACT residents report high levels of psychological distress[4]

22.5% of ACT residents were born in a non-English speaking country[6]

13.7% of ACT residents are aged 65 or over[3]

23% of adult ACT residents with a disability report high levels of psychological distress[8]

82.5% of LGBTQA+ adults in the ACT report experiencing suicidal ideation at some point in their life[7]

12% of ACT residents report being a carer for someone else[3]

23% of ACT carers are experiencing high levels of psychological distress[9]

31.6% of ACT residents are aged 24 or under

20.6% of these residents aged 5-17 and...

43.2% aged 18-24 reported having a diagnosed mental health condition[5]

*Please note that data reflecting the LGBTQA+ community is limited and does not include statistics from people born with variations in sex characteristics. All efforts have been made to ensure the data presented here is accurate and represents local needs. Further information and sources are available in Appendix C: References.

The ACT mental health and suicide prevention systems

The ACT mental health and suicide prevention systems help people from across the local community, as well as those from surrounding regions. In accessing services, people might draw support from many others who contribute to these systems. This could include carers, families or other supporters, wider community groups, those with lived, living and peer experience and expertise, and a range of mental health and suicide prevention volunteers, workers and professionals.

Figure 3: Elements of the mental health and suicide prevention systems

Stepped care recognises that a range of services may be necessary to provide personalised support, and avoids a 'one size fits all' model by identifying the right care at different points in time and to match different needs.

Services come in many forms, including those based in community, residential, or hospital and inpatient settings. Some other supports might not provide direct care, such as advocacy services, promotion and prevention initiatives, and administrative and planning activities. Within this, services operate along a **'stepped care'** continuum, which aims to match a person's support needs to a level of interventional intensity.[10]

Funding for the ACT mental health and suicide prevention systems is provided by the Australian Government and the ACT Government. This is supplemented by charitable or philanthropic sources and direct consumer payment. Services are delivered by a range of providers, including Canberra Health Services (CHS), non-government and community-managed organisations, Aboriginal Community Controlled Health Organisations, peak bodies and advocacy groups, general practitioners, other private medical and nurse practitioners, allied health professionals, and other wellbeing, mental health, and suicide prevention volunteers, workers and professionals.

Commissioning of community mental health services in the ACT is led by Capital Health Network (CHN) and the ACT Government, who partnered to develop the Regional Plan: The Framework. CHN is the ACT's PHN and works to address local needs by collaborating with community members and sector stakeholders to improve health outcomes. The ACT Government also supports mental health and suicide prevention services to ensure that Canberrans can find accessible and free support when needed. The ACT Government manages the public health and hospital system through CHS. In addition, mental health and suicide prevention activities in the ACT are bound by key legislation and requirements, as listed below.

- Mental Health Act 2015 (ACT)
- Human Rights Act 2004 (ACT)
- Health Records (Privacy and Access) Act 1997
- Mental Health (Secure Facilities) Act 2016 (ACT)
- Carers Recognition Act 2021 (ACT)
- Disability Inclusion Act 2024 (ACT)
- Multiculturalism Act 2023 (ACT)
- Children and Young People Act 2008 (ACT)
- Relevant National Safety and Quality Standards (Commonwealth)
- Commonwealth Child Safe Framework (Commonwealth)
- National Redress Scheme (Commonwealth)
- Multicultural Access and Equity Policy (Commonwealth)

Table 2: Relevant legislation and requirements

The previous Regional Plan

The 2025-2030 Regional Plan: The Framework builds on the ACT Regional Mental Health and Suicide Prevention Plan 2019-2024, which was developed in partnership between CHN, the ACT Government, and ACT mental health peak organisations. The 2019-2024 Plan provided strategic direction for Territory-wide mental health service planning and aimed to drive improvement across programs, services, and systems that influence mental health outcomes.

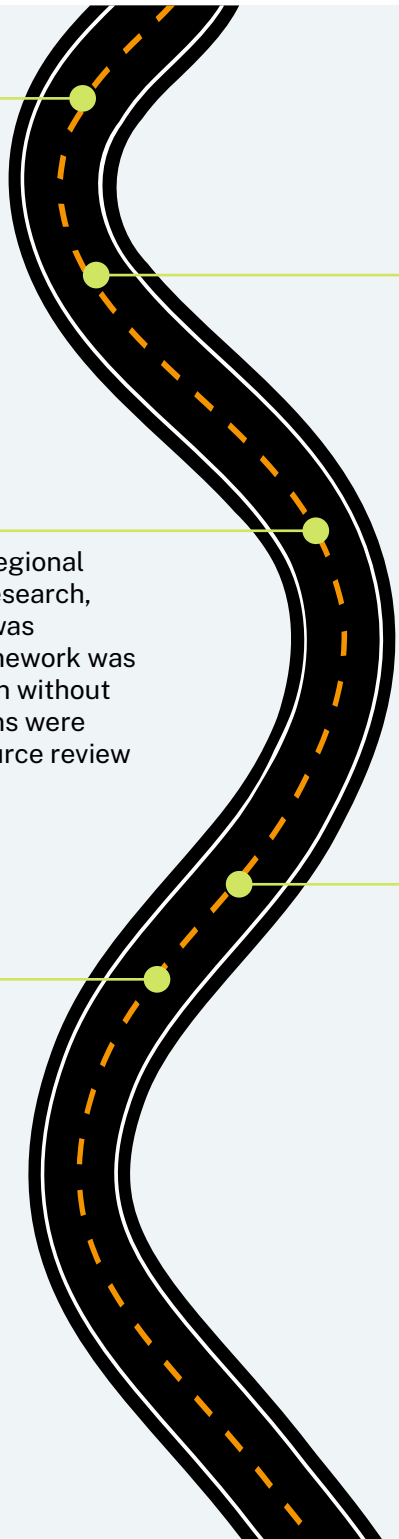
In 2025, the ACT Government and CHN undertook the ACT Regional Mental Health and Suicide Prevention Plan 2019-2024 Reflective Review (the Reflective Review) to ensure that the new Regional Plan builds on existing work and continues to address areas of ongoing need. Informed by stakeholder feedback, the Reflective Review highlighted how the 2019-2024 Regional Plan supported local activities and identified several key learning areas that could be addressed in the development of the 2025-2030 Regional Plan: The Framework. The lessons learnt include:

- quickly and effectively responding to system changes
- prioritising core system enablers
- improving accessibility of the Regional Plan
- embedding suicide prevention throughout the Regional Plan.

For an extended overview of the Reflective Review's 'lessons learnt', please see the Supplementary Documentation.

HOW WAS THE FRAMEWORK DEVELOPED?

Stages of development



Planning and scoping

Development of the Framework commenced in 2024. Early work involved close collaboration between CHN and the ACT Health and Community Services Directorate (HCSD, formerly the ACT Health Directorate) to define the scope and identify key stakeholders.

Information gathering

Following a review of the 2019-2024 Regional Plan, a large-scale review of existing research, policy, reports, consultation, and data was undertaken. This ensured that the Framework was informed by a wide range of information without repeating prior work. Early consultations were held based on the findings of this resource review and the previous Regional Plan.

Engagement and validation

The final stage of developing the Framework involved further consultation to test out early findings against the perspectives and experiences of the sector and community. Feedback and input from this stage was then incorporated into the final Framework. This will also be used to inform future actions and implementation under the Regional Plan.

Establishing governance and oversight

Early planning also involved establishing oversight groups to provide expert insight and shape key priorities. Two groups were created in mid-2024: the Development and Implementation (D&I) Committee, comprising key local stakeholders, and the Lived Experience Reference Group, a peer-led group of consumers and carers.

See Appendix A: Governance Committees for more information.

Drafting and development

Development of the Framework was led by CHN and ACT HCSD, with the support of our governance committees. Building on the learnings from the resource review and early consultation, the Vision and Values were defined. Focus Areas and opportunities for improvement were then developed based on the issues and needs that were raised.

THE FRAMEWORK

VISION AND VALUES

Vision

"People and communities trust and are supported by compassionate, safe and respectful systems, with a shared commitment to mental health and suicide prevention, that respond to the whole picture of their unique experiences, needs and goals."

Values

The Regional Plan's Values underpin the design and future implementation of the Regional Plan. These four Values outline key standards that the mental health and suicide prevention systems must work towards in order to realise the Regional Plan's Vision, and aim to foster continuous development and improvement.

Respect

Everyone is treated with respect and compassion at all times, including in the community, while supporting others, and when accessing services. People are included as partners in their own care to the extent that they choose. They can express and be heard about their experiences, needs and goals, and their cultural values and practices are recognised and celebrated.

Equity

Everyone is able to access the mental health and suicide prevention supports that are right for them. The system can respond to unique individual experiences, needs, and goals, and actively works to address systemic and social barriers at all levels that might impact mental health outcomes. Flexibility is embedded to ensure that individual, service, and system-level changes can be adapted to and outcomes prioritised.

Quality

Everyone is supported in a way that is timely, appropriate, accessible, and high-standard, including when using services, interacting with systems, and in the wider policy, planning and governance environment. All parts of the system are held accountable for their shared responsibilities. This is achieved through robust structures and mechanisms, clear goals and metrics for reporting and evaluation, and community representation and engagement.

Safety

Everyone is safe when they engage with mental health and suicide prevention systems and services. Physical, emotional, psychological, and spiritual safety is embedded in all care environments and for all people. This includes safety for service users, their carers and supporters, those providing services, teams engaging in policy and reform work, and the broader community.

A note about people and communities

To achieve the Vision and Values, everyone's voice needs to be heard. This requires genuine partnerships across governments, organisations, practitioners, communities, and individuals. This includes centring lived and living experience in decision-making to create a system that meets community needs.

Experiences of mental ill-health and suicide affect people from all walks of life, each with their own characteristics, skills, needs, and priorities. However, these experiences of mental ill-health and suicide do not present in the same way across the entire community. These differences reflect the enduring impacts of embedded inequities and historical and ongoing harms.

In mental health and suicide prevention, there are many priority populations, social determinants and risk factors that are relevant to mental health and wellbeing outcomes. Demographics, community needs, and social contexts also shift over time. Many influences on mental ill-health and suicide are intersectional, with different experiences having complex and interacting effects.

For these reasons, the Framework focuses on population-level priorities for reform and is not structured by specific priority groups. By addressing universal challenges, the Framework aims to create a more equitable, responsive, and inclusive system that supports the diverse needs of all communities.

FOCUS AREAS

The Regional Plan's Focus Areas are the key priorities in mental health and suicide prevention that have been identified as directions for change. The Focus Areas provide a foundation for implementing the Regional Plan's Vision and Values over its lifespan. These Focus Areas are Promotion and Prevention, System Improvement, and Enablers. Each Focus Area includes a number of broad, long-term opportunities for improvement, which provide further direction for change.

Promotion and Prevention

Promotion and prevention efforts recognise that mental health is influenced by a range of individual, social, environmental, and structural factors. They acknowledge that distress, mental ill-health and suicidality do not arise in isolation but are shaped by broader determinants. This area of focus aims to support the unique and changing wellbeing needs of people and communities throughout their daily lives by promoting positive mental health and preventing increases in mental ill-health. Promotion and prevention includes activities both within and outside of the mental health and suicide prevention systems.

What did we hear about Promotion and Prevention?

- The social and environmental circumstances of people's lives can significantly influence mental ill-health and suicidality. This includes financial strain, employment instability, access to education, housing status, co-occurring conditions, and the impacts of climate change.
- The mental health system is heavily clinical and treatment-oriented, with limited investment in promotion and prevention. Greater emphasis is needed on proactive and community-based mental health and wellbeing supports to reduce reliance on crisis responses.
- Suicide and suicidality are influenced by many complex factors, and are not always associated with mental ill-health. Suicide prevention efforts need to be integrated across all life settings, including schools, workplaces, and community environments. Embedding suicide prevention in everyday settings can help normalise conversations about wellbeing, enable early identification of distress, and facilitate access to timely support before crises escalate.
- Social isolation and loneliness are key risk factors for distress, poor mental health and suicide. As such, it is important to consider them at both individual, group, and whole-of-community levels as part of preventing distress.
- Mental health support and suicide prevention activities are not only delivered by health professionals and people working within services and systems. The role of informal care and day-to-day support is integral to mental health and suicide prevention, and the functional burden and wellbeing impacts are often overlooked.
- Community-wide education and stigma-reduction efforts are needed to reduce shame, increase confidence in taking action, and encourage help-seeking.

Opportunities for improvement

Addressing social, cultural, and economic determinants of mental ill-health and suicide

Many factors and experiences, such as housing, employment, education, financial security, contact with the justice system, trauma, and social and cultural environments, can influence people's mental health and wellbeing. Addressing risk factors and supporting protective factors associated with mental ill-health and suicide through partnerships, collaboration, advocacy and prioritisation can contribute positively to the overall mental health and wellbeing of people and the community.

Pathways for action might include participating in wider policy and governance work to ensure mental health and suicide prevention are accounted for, undertaking localised community-building initiatives, and supporting health practitioners to consider these social, cultural, and economic determinants in their work.

Embedding suicide prevention across systems and communities

Suicide prevention is a shared priority across all systems, communities, and people. Those in distress or experiencing suicidality may not access support through the mental health system or suicide prevention services, but often make contact with other services and touchpoints within the community. Community-led initiatives and cross-sector partnerships, including primary care, are essential to embedding suicide prevention within regular living and working environments.

Pathways for action might include establishing suicide prevention partnerships with stakeholders outside health and community services, advocating for consideration of suicide within the activities of other sectors, and increasing opportunities for those with lived experience of suicide to share their experiences and knowledge with community members.

Increasing mental health and suicide awareness and literacy across the community

Building understanding of mental health and suicide is important to ensure people and communities know how to recognise early signs of distress, how to access appropriate supports, and how to support others. Everyone has a role to play in mental health and suicide prevention, and this role can be supported by strengthening protective factors, facilitating community-wide capability building, and reducing stigma through targeted and responsive awareness and literacy activities.

Pathways for action might include providing targeted educational activities for specific communities, developing resources that build skills, and collaborating with other sectors to improve understanding of mental health and suicide in new contexts and environments.

System Improvement

System improvement focuses on supporting people experiencing mental ill-health and suicidality through access to timely, appropriate, coordinated, and high-quality care. This reform involves building on existing strengths while prioritising continuous improvement through system-wide capacity and capability building, coordinating care, and centring people and the community in all activities. It includes genuine collaboration between funders and system planners to establish a mental health system that is tailored to the ACT and able to integrate mental health care and suicide prevention across all levels.

What did we hear about System Improvement?

- People experience many practical barriers to accessing services. These can include complex referral processes, lack of coordination, physical accessibility issues, restrictive eligibility criteria, high costs, and long wait times.
- Negative service experiences, such as being turned away, not being believed, or receiving poor care, can increase distress and discourage people from seeking help again. Building trust in services is key. This can be done through regular evaluation, feedback, and continuous improvement.
- Structural inequities and service gaps affect some groups more than others. These include Aboriginal and Torres Strait Islander people, culturally and linguistically diverse communities, LGBTIQA+ people, people with disabilities, children and young people, and those experiencing financial hardship. Services must be culturally responsive, accessible, and trauma-informed if they are to meet distinct needs and earn trust.
- Systems and services are often unclear and hard to navigate. This makes it difficult for people to find help, especially for those in distress or with complex needs. Clearer communication and effective system linkages can help people feel heard and know what support is available.
- Many people feel disempowered and excluded from decisions about their care. Communication and care planning need to centre the consumer, as well as their carers and supporters. Consumers should be respected as experts in their own experiences and involved as equal partners in their own care.
- The mental health and suicide prevention workforce faces many challenges. These can lead to burnout, disrupted care, and loss of skilled staff. Supporting the wellbeing, skills, and roles of the mental health and suicide prevention workforce is essential, including clinical, non-clinical, and peer supports.

Opportunities for improvement

Providing early intervention services and supports

Mental health and suicide outcomes can be improved by accessing support at earlier stages. Intervening early and rapidly using responsive, community-centred approaches and through local, welcoming settings can shift the trajectory of distress and reduce demand for more intensive care.

Early intervention

refers to support provided to a person who is experiencing early symptoms of mental ill-health or illness. It aims to prevent or reduce the progress of a mental illness.

Pathways for action might include developing simplified processes for accessing support from educational and workplace environments, upskilling parents and guardians, and embedding proactive engagement with people and communities at risk of poor health outcomes.

Enhancing access to care and supporting navigation across the system

People seeking help need to be able to find and easily access the right care and supports when they are needed. The process of seeking help can be daunting and complex, including for carers and other supporters, and could be improved by expanding navigation services, embedding 'no wrong door' approaches, reducing waiting periods and criteria that limit access, and providing varied and comprehensive types of care across systems.

Pathways for action might include increasing the visibility of existing service navigation supports, embedding accessibility as a key principle of service planning and evaluation, and building system connections through partnership arrangements and other collaborative mechanisms.

Delivering person-centred, individualised, trauma-informed, and rights-based care

Achieving positive, consistent and widespread mental health and suicide prevention outcomes requires prioritising the person and their unique circumstances in all support settings. Person-centred care means more than tailoring support to individual needs. It also means upholding dignity, respecting people as experts in their own experiences, embedding human rights, and enabling meaningful choice where possible. The ACT mental health and suicide prevention system must shift further towards strengths-based approaches that promote autonomy and value lived and living experience.

Person-centred care

treats each person respectfully as an individual human being, and not just as a condition to be treated.

Pathways for action might include facilitating collaborative care activities, increasing awareness of healthcare rights and advocacy pathways, and ensure lived experience representation is present at leadership and governance levels.

Embedding quality, safety and compassion into every level of care

The consistent delivery of timely, high-quality, trauma-informed and values-based mental health and suicide prevention supports should be a core function of all parts of the system, regardless of where or when a person enters and engages with services. It requires understanding that safety and quality can look different for every person, and meeting those needs through a culture of compassion and a commitment to continuous improvement and adaptability.

Pathways for action might include developing system-wide frameworks for consumer and carer engagement and participation, analysing specific areas of capability in providing culturally safe care, and supporting lived experience voices to guide the design of performance and monitoring standards.

Strengthening and supporting the workforce

A sustainable, capable, supported, and diverse workforce is foundational to delivering efficient, safe, and responsive mental health care. Part of this requires recognising and investing in the significant contributions made by peer and lived experience workforces, as well as the Aboriginal and Torres Strait Islander social and emotional wellbeing and mental health workforce.

Pathways for action might include providing development opportunities to address specific local training needs, embedding peer and lived experience career pathways, and ensuring workforce wellbeing is considered in all system planning activities.

Enablers

Enablers are building blocks that can assist a system to better support mental health and suicide prevention outcomes in the community and support the system to operate and facilitate continuous improvement. These Enablers include the tools (e.g., data, technology) and practices (e.g., leadership, communication) that create an environment for progressing the other two Focus Areas – Promotion and Prevention, and System Improvement.

What did we hear about Enablers?

- Communication, collaboration, and information-sharing needs to be strengthened across all aspects of the system. This includes collaboration between services, across government, with community partners, and across the broader community.
- Uncertain funding, short funding cycles, inefficient funding arrangements, non-renewal of pilot programs, and competitive commissioning processes have major impacts on service providers, service users, and the workforce. These issues can fragment the service system and limit opportunities for innovation.
- Lived experiences need to be included more in system and service planning, design, and delivery to ensure that services are aligned to the needs of those who use them.
- Greater accountability is needed across all levels of the mental health and suicide prevention systems. This includes increasing community participation and leadership to ensure decisions reflect community needs.
- The mental health and suicide prevention systems need to provide opportunities for innovative problem-solving and exploring new ideas to address complex system challenges. Authorising environments supported by strong governance structures are required to strengthen innovation and create meaningful and positive change.
- There are many evolving influences on mental health and wellbeing. These demographic shifts, emerging political, social, and economic priorities, and other changes need to be adapted to at a system level. This needs to be supported through research, forward planning, and embedded system flexibility.

Opportunities for improvement

Communication and collaboration

Consistent and effective engagement both within the mental health and suicide prevention systems and with other systems is essential for providing coordinated, connected and integrated care. This extends to ensuring everyone can access the supports they need through tailored and responsive communication and collaboration with consumers, carers, and the wider community.

Pathways for action might include finding opportunities for greater cross-agency collaboration, co-location, establishing stronger referral processes across parts of the system, and leveraging lived experience and peer expertise to communicate more effectively with communities.

Resources, funding and time

Delivering high-quality, effective, accessible, and appropriate mental health and suicide prevention services relies on the availability of dedicated resources including workforce and appropriate tools to support shared objectives across the system. It is important to consider how these resources impact consumers, carers, communities, and providers, through areas such as service development cycles, service mapping, resource distribution, funding efficiencies, and collaborative system planning activities.

Pathways for action might include aligning service development and funding cycles, exploring models that utilise flexible or shared funding, and addressing structural drivers such as short contracts and administrative burdens.

Data and information

Knowledge is an essential part of informing, guiding, and improving mental health and suicide prevention in the ACT. While quantitative data is part of this, the Regional Plan recognises the essential contributions made by qualitative data and other information sources, including lived experience and expertise. It is also important to account for emerging gaps or trends and the significant practical demands created by data and information. This includes considering how we can support and embed processes and use data effectively to monitor progress and support change.

Pathways for action might include aligning data collection requirements, creating frameworks for the use of service feedback, and embedding lived experience voices throughout regional planning activities.

Governance and leadership

System change needs to be supported by robust and well-informed structures and processes. This includes recognising the role of active and adaptive leadership across individuals, groups, and organisations in amplifying diverse voices, supporting communities, ensuring fair decision-making, and taking action to address key priorities. Clear and effective governance is also key to managing risks, promoting change, and ensuring transparency and accountability.

Governance

refers to the rules, relationships, systems, mechanisms, and processes by which an organisation or other body operates and is held to account.

Pathways for action might include strengthening formal governance arrangements, providing new leadership opportunities, and supporting innovation through expanded risk management processes.

Technology and digital services

It is important to consider current technological and digital tools and their influence on mental health and suicide prevention systems, including how various services and platforms can be leveraged to make connections, complement existing supports, embed accountability, and deliver better outcomes. The system also needs to consider ongoing technological growth and development, including individual choice and control over digital systems, accessibility needs, sustainability, and other potential opportunities and risks.

Pathways for action might include increasing service access with technological supports, utilising digital tools and platforms for system oversight, and establishing shared regional guidelines for consumer consent to and participation in digital systems.

WHAT ARE THE NEXT STEPS FOR THE REGIONAL PLAN?

While the Framework identifies broad opportunities for improving mental health and suicide prevention in the ACT, achieving meaningful change across all Focus Areas will be an ongoing pursuit. As such, the next steps will be to develop the Action, Implementation and Monitoring (AIM) Plan and the ACT Government's Mental Health Services Plan. These plans will guide actions, drive evidence-based service development, and enable further collaboration with local communities to address the gaps and opportunities identified in the Framework.

The AIM Plan is the second part of the Regional Plan (noting implementation will also occur through the ACT Government's Mental Health Services Plan). It will include a selection of specific actions across the three Focus Areas and their Opportunities for Improvement that can be meaningfully implemented during the five-year lifespan of the Plan. Development of the AIM Plan will incorporate community perspectives and build on opportunities identified in the Framework to create a meaningful set of specific, pragmatic, and measurable actions that align with the Regional Plan's Focus Areas.

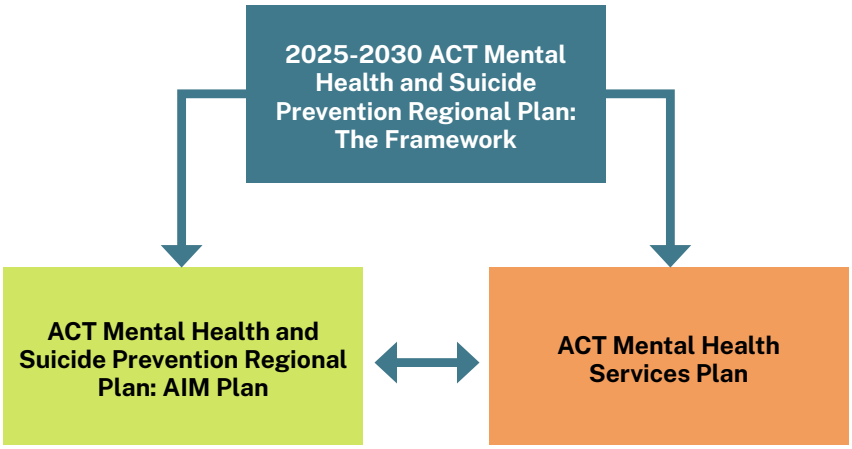


Figure 4: Relationship between The Framework and subsequent plans

The AIM Plan is expected to be delivered in 2026. In addition to this Framework, the AIM Plan will be informed by existing strategic documents that support CHN's mental health and suicide prevention activities, including CHN's Strategic Plan (2025-2027) and the CHN Mental Health and Suicide Prevention Outcomes Framework.

The ACT Government is committed to progressing a co-designed, consumer-centred public Mental Health Services Plan, aimed at improving integration and care pathways across the service system. This will include addressing pathways between alcohol and other drugs services and mental health, suicide prevention and postvention, primary health and

physical healthcare services. It will also investigate options to expand public mental health services for people with intellectual disability, including children and young people.

The ACT Mental Health Services Plan is expected to be delivered by late 2026. The Mental Health Services Plan will be informed by health system scenario modelling guided by this Framework as well as the ACT Government's broader commissioning approach, including the Strategic Investment Plan for Mental Health Commissioning.

Governance and implementation

Ongoing governance and implementation of the Regional Plan will be driven and overseen by the D&I Committee. During the Implementation Phase, the D&I Committee will support and monitor progress, ensure stakeholder consultation continues to inform ongoing work, and identify and communicate potential risks or issues.

Monitoring

Two progress updates will be produced and published across the lifespan of the Regional Plan, as identified in Table 3. These updates will enable CHN and ACT Government to respond to emerging needs, system changes, or identified priorities, as well as cataloguing key achievements and supporting future governance. In addition, opportunities for ongoing discussions with the community will be explored as a forum to share results and allow for feedback on progress. Specific monitoring will be defined as part of the AIM Plan and ACT Government's Mental Health Services Plan.

Output	Purpose
Mid-Point Progress Update	■ Provide an update on progress against the Focus Areas. ■ Discuss any major changes or emerging influences in systems or communities that may be impacting identified priorities since the release of the Regional Plan. ■ Respond to existing progress and emerging needs or priorities to ensure relevance of the Regional Plan through the remainder of its lifespan.
Review and Reflection Closing Report	■ Highlight the role of the Regional Plan in the ACT mental health and suicide prevention system over its lifespan. ■ Document major activities supported by the Regional Plan, including key successes and limitations or challenges. ■ Identify ongoing work and key future directions, with respect to contemporary priorities, organisational and funding requirements, sector states, and community needs.

Table 3: Schedule of progress updates

APPENDIX A: GOVERNANCE COMMITTEES

Development & Implementation (D&I) Committee membership

The Development and Implementation (D&I) Committee was created in July 2024, and its membership comprised key stakeholders relevant to mental health and suicide prevention activities. The D&I Committee performed a governance and oversight role, providing expert local and system insights to shape key priorities and support the creation of the Regional Plan: The Framework. Membership of the D&I Committee included:

- Capital Health Network (co-chair)
- ACT Health and Community Services Directorate (co-chair)
- ACT Justice and Community Safety Directorate
- ACT Education Directorate
- ACT City and Environment Directorate
- Canberra Health Services
- Mental Health Community Coalition ACT
- ACT Mental Health Consumer Network
- Carers ACT - Mental Health Carers Voice
- Youth Coalition of the ACT
- Local General Practitioner representative
- Consumer and carer lived experience representatives (LERG co-chairs)

Lived Experience Reference Group (LERG) membership

The development of the Regional Plan: The Framework was also supported by a Lived Experience Reference Group, a peer-led group who provided valuable advice and contributions to ensure the Regional Plan would be guided by lived experience and relevant to the wider community. Membership of the LERG comprised five consumer lived experience representatives, and five carer lived experience representatives, including consumer and carer co-chairs.

APPENDIX B: GLOSSARY

Term	Definition
Aboriginal Community Controlled Health Organisation (ACCHO)	A community-led and-operated primary healthcare service that provides comprehensive, culturally informed care for Aboriginal and Torres Strait Islander people. These services address not only physical health but also the social, emotional, and cultural wellbeing of people, families, and communities, aiming to support healthier, happier lives. [11]
Carer	Someone who provides personal care, support and assistance to another person who needs it, because that other individual has a disability, medical condition, experiences mental ill-health and/or suicidality, or is frail and aged. A carer might be a family member (including chosen family), friend, neighbour, or another close community member, but does not include those providing supports required by an employment, education or volunteering role. [12]
Consumer	A person who is using, has used, or may use mental health services. While typically used to refer to people experiencing mental ill-health, it can also include carers who are accessing services as part of providing support to another person. [13]
Early intervention	The process of providing specialist intervention and support to a person who is experiencing or demonstrating any early symptoms of mental ill-health or illness. It aims to prevent or reduce the progress of a mental illness and improve long-term mental and physical health, community participation and socioeconomic outcomes. Early intervention practice varies and is often defined as providing support early in 'life, illness, or episode.' [14]
Governance	The rules, relationships, systems, mechanisms, and processes by which an organisation or other body operates and is held to account, and through which its objectives are monitored and achieved. [15]
Intersectionality	The recognition that people's lives are shaped by their identities, relationships and social factors, and how these combine to create intersecting forms of privilege and oppression depending on a person's context and existing power structures. When used as a lens for understanding the relationships between identity and power, it can help to identify hidden structural barriers and support an understanding of how individual experiences differ. [16]
Joint regional planning and commissioning	The ways in which organisations work together to commission services, to make the best use of limited resources to avoid duplication of effort and achieve better outcomes for the local community. Regional planning and commissioning aims to drive better outcomes for communities by improving system integration and coordination; addressing gaps, duplication and fragmentation in services; and [leveraging] evidence-based decision making to inform future policy and planning strategies. [17]

Term	Definition
Lived and living experience	Refers to the personal perspectives on, and experiences of, being a consumer or carer, and how this becomes awareness and knowledge that can be communicated to others. Lived experience covers people's core experiences around mental ill-health, suicidality, service use, and recovery that may have occurred in the past or may be ongoing. As a term, it also acknowledges that real experiences give people a unique form of expertise. [18]
Mental health	A state of wellbeing in which an individual realises their own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to their community. [19]
Mental ill-health	An umbrella term used to describe both mental health concerns or challenges and mental illness. [20] For the purposes of this Regional Plan, this umbrella term includes mental illnesses and the broader range of experiences and symptoms that indicate someone is not in a state of mental health. It acknowledges that diagnostic frameworks alone may not adequately reflect the complexity and diversity of individual experiences, and that an over-reliance on clinical criteria can limit the capacity of systems to deliver timely, preventative, and person-centred support.
Mental illness	A condition that seriously impairs, either temporarily or permanently, the mental functioning of a person and is characterised by the presence of any one or more of the following: delusions, hallucinations, serious disorder of thought form, a severe disturbance of mood, or sustained or repeated irrational behaviour.[21]
Peer work/worker	A volunteer, worker, or professional role with unique subject matter expertise developed from their personal lived experience of mental ill-health and/or suicidality, or their experience as a carer for someone experiencing mental ill-health and/or suicidality. Both consumer and carer peer workers use their knowledge to provide support and advocacy to people experiencing mental health challenges and their carers, and can be a key conduit between these individuals and the services they use. [22] **Note: This term may also refer to supports (including mental health support) provided on the basis of other shared characteristics, experiences, or community memberships, such as LGBTIQA+ peer work, youth peer work, or alcohol and other drug peer work.*
Person-centred care	An approach to health care that treats each person respectfully as an individual human being, and not just as a condition to be treated. It involves seeking out and understanding what is important to the person, their families, carers, and support people, fostering trust and establishing mutual respect. It also means working together to share decisions and plan care. [23]
Place-based	An approach to mental health service planning that targets the specific circumstances of a place, region, geographic area, or local community. Place-based approaches are community-led and build on local strengths to respond to a complex social problem that impacts a particular community, often in a unique way. [24]

Term	Definition
Primary Health Network (PHN)	Independent organisations funded by the Australian Department of Health and Aged Care, who are responsible for identifying and addressing primary health needs in their region through strategic planning, commissioning services, supporting general practices and other health care providers, and supporting the integration of local health care services. [25]
Social determinants of mental health	The set of structural conditions to which people are exposed across the life course, from conception to death, which affect individual mental health outcomes, and contribute to mental health disparities within and between populations. Social determinants of mental health include a range of economic, environmental and occupational factors, such as income, employment, housing, childhood adversity, living conditions, and access to healthcare. [26]
Stepped care	An evidence-based, staged system comprising a hierarchy of interventions, from the least to the most intensive, matched to the person's needs. Within a stepped care approach, people will be supported to transition up to higher intensity services and down to lower intensity services as their needs change. [10]
Stigma	Negative or unfair beliefs, attitudes or stereotypes that might be held about mental ill-health, suicidality, and/or their symptoms, as well as those who experience mental ill-health or suicidality. Stigma can impact self-esteem, make it more difficult to seek help, or cause people to be treated differently because of their experiences. [27]
Trauma-informed care/practice	An approach to health and human services delivery that acknowledges the prevalence of trauma throughout society, including in the lives of people who access services. Trauma-informed care is aware of, sensitive, and responsive to the dynamics and impacts of trauma, takes a strengths-based perspective, and emphasises physical, psychological and emotional safety for service providers, consumers, and carers. [28]

APPENDIX C: REFERENCES

1. Australian Bureau of Statistics. National Study of Mental Health and Wellbeing. 2023. Available at: https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release

2. Australian Institute of Health and Welfare. Annual suicide deaths over time by states and territories. *Suicide & self-harm monitoring.* 2025. Available at: https://www.aihw.gov.au/suicide-self-harm-monitoring/geography/states-territories/annual-deaths-over-time

   **The ACT Government notes that the 2023 rate of deaths by suicide per 100,000 population has been used elsewhere in public ACT reporting. However, this is based on preliminary data and may change in future releases. To support data quality and longevity of the Framework, this document has elected to use the preliminary revised 2022 rate of deaths by suicide per 100,000 population.*

3. Australian Bureau of Statistics. 2021 Australian Capital Territory, Census All persons QuickStats. 2021. Available at: https://www.abs.gov.au/census/find-census-data/quickstats/2021/8

4. National Indigenous Australians Agency. Aboriginal and Torres Strait Islander Health Performance Framework - 1.18 Social and emotional wellbeing. 2023. Available at: https://www.indigenoushpf.gov.au/measures/1-18-social-and-emotional-wellbeing/data

5. ACT Health Directorate. 2021 ACT General Health Survey Statistical Report. 2023. Available at: https://www.act.gov.au/open/epidemiology-publications/2021-act-general-health-survey-statistical-report

6. Capital Health Network. CHN Multicultural Health Needs Assessment. 2024. Available at: https://www.chnact.org.au/wp-content/uploads/2025/02/FINAL-V2-2024-Multicultural-health-needs-assessment.pdf

7. Hinton JDX, Lim G, Amos N, Anderson J, Bourne A. LGBTQA+ Mental Health and Suicidality: Australian Capital Territory Briefing Paper. *La Trobe University.* 2025. Available at: https://opal.latrobe.edu.au/articles/report/LGBTQA_Mental_Health_and_Suicidality_Queensland_Briefing_Paper/26241743?file=54343190

8. Australian Institute of Health and Welfare. High psychological distress. *Australia's Disability Strategy 2021-2031: Outcomes Framework.* 2022. Available at: https://www.aihw.gov.au/australias-disability-strategy/outcomes/health-and-wellbeing/high-psychological-distress

9. Centre for Change Governance and NATSEM, University of Canberra. Caring for Others and Yourself: The 2021 Carer Wellbeing Survey. *Carers Australia.* 2021. Available at: https://www.carersaustralia.com.au/wp-content/uploads/2021/10/211011_Carer-Wellbeing-Survey_Final.pdf

10. Australian Government Department of Health. PHN Primary Mental Health Care Flexible Funding Pool Programme Guidance. 2019. Available at: https://www.health.gov.au/resources/publications/primary-health-networks-phn-primary-mental-health-care-guidance-stepped-care?language=e

11. National Aboriginal Community Controlled Health Organisation. Aboriginal Community Controlled Health Organisations (ACCHOs). *NACCHO.* 2025. Available at: https://www.naccho.org.au/aboriginal-community-controlled-health/

12. *Carer Recognition Act 2010* (Cth) s 5

13. Australian Commission on Safety and Quality in Health Care. *Partnering with Consumers: A guide for consumers.* Sydney: ACSQHC; 2023.

14. Victorian Government Department of Health. Early intervention in mental illness. November 2021. Available at: https://www.health.vic.gov.au/prevention-and-promotion/early-intervention-in-mental-illness

15. Governance Institute of Australia. What is governance? *Governance Institute of Australia.* 2025. Available at: https://www.governanceinstitute.com.au/resources/what-is-governance/

16. United Nations Entity for Gender Equality and the Empowerment of Women (UN Women). Intersectionality resource guide and toolkit. 2021. Available at: https://www.unwomen.org/en/digital-library/publications/2022/01/intersectionality-resource-guide-and-toolkit

17. Commonwealth of Australia. The National Mental Health and Suicide Prevention Agreement. *Federal Financial Relations.* 2022. Available at: https://federalfinancialrelations.gov.au/agreements/mental-health-suicide-prevention-agreement

18. Australian Government National Mental Health Commission. Mental Health Safety and Quality Engagement Guide. *National Mental Health Commission.* 2023. Available at: https://www.mentalhealthcommission.gov.au/lived-experience/consumer-and-carers/safety-and-quality-engagement-guidelines/mental-health-safety-and-quality-engagement-guide

19. World Health Organisation. Mental Health. *The Global Health Observatory.* 2025. Available at: https://www.who.int/data/gho/data/themes/theme-details/GHO/mental-health

20. Everymind. Understanding mental ill-health. Everymind. 2025. Available at: https://everymind.org.au/understanding-mental-health/mental-health/what-is-mental-illness

21. Mental Health Act 2015 (ACT) ch 2 s 10

22. Australian Government Department of Health and Aged Care. Primary Health Networks (PHN) mental health care guidance - Peer workforce role in mental health and suicide prevention. 2019. Available at: https://www.health.gov.au/resources/publications/primary-health-networks-phn-mental-health-care-guidance-peer-workforce-role-in-mental-health-and-suicide-prevention?language=en

23. Australian Commission on Safety and Quality in Health Care. Person-centred care. *ACSQHC*. 2025. Available at: https://www.safetyandquality.gov.au/our-work/partnering-consumers/person-centred-care

24. Victorian Government. Place-based approaches: A guide for the Victorian Public Service. 2023. Available at: https://www.vic.gov.au/place-based-approaches-guide-victorian-public-service

25. Australian Government Department of Health. Primary Health Networks (PHN) Program Performance and Quality Framework. 2018. Available at: https://www.health.gov.au/resources/publications/primary-health-networks-phn-performance-and-quality-framework?language=en

26. Kirkbride JB, Anglin DM, Colman I, et al. The social determinants of mental health and disorder: evidence, prevention and recommendations. *World Psychiatry.* January 2024;23(1):58-90.

27. Healthdirect Australia. Mental illness stigma. *healthdirect.* 2023. Available at: https://www.healthdirect.gov.au/mental-illness-stigma

28. Henderson C, Everett M, Isobel S. Trauma-Informed Care and Practice Toolkit (TIPCOT). *Mental Health Coordinating Council. 2018.* Available at: https://mhcc.org.au/resource/ticpot-stage-1-2-3/