SANE

We're people like you.

Final Report

Digital Navigation Project

21 March 2025

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Glossary[1]

Term	Meaning
Council for Connected Care	A multi-stakeholder advisory group established by the Australian Digital Health Agency to provide strategic guidance on improving healthcare interoperability. It aims to reduce fragmentation and increase information sharing across the Australian healthcare system.
Data domains	Logical groupings of related data within an information ecosystem. These domains serve as a framework for organising, managing, and governing data assets, enabling clear ownership and improved data quality.
Data librarian	Specialised data and information professional who consolidates and provides quality assurance of data across professions, service types, and community groups, and supports capability uplift.
Healthdirect Australia	Healthdirect Australia (Healthdirect) is a company limited by shares and is funded by the Australian Government, and all Australian state and territory governments as equal shareholders. Healthdirect provides all Australians with accessible, person-centred, and clinically reviewed health information and advice accessed via phone, video call, and online resources and tools.
Healthdirect Service Finder (Service Finder)	Service Finder is the consumer-facing interface of the NHSD (defined below). It provides consumers with up-to-date information about health services including location, contact details, opening hours, bulk-billing availability, and wheelchair accessibility. Users can see available appointments and book online where the service provider has linked their website or online booking system to the Service Finder.
Help seekers	This project has defined help seekers as (1) any person experiencing mental health concerns, (2) their support networks, including families, friends, and carers and (3) professionals supporting people with mental health concerns to find and access the care that is right for them.
HIE	Health Information Exchange (HIE) is a technology solution enabling the secure electronic sharing of patient health information among authorised healthcare providers, organisations, and consumers. It supports the timely and efficient transfer of clinical data across different healthcare settings, improving care coordination, consumer safety, and treatment outcomes.
HL7 FHIR	Health Level 7 Fast Healthcare Interoperability Resources are designed to enable health data to be quickly and efficiently exchanged, supporting interoperability.
IAR / IAR-DST	The Initial Assessment and Referral guidance and Decision Support Tool (IAR and IAR-DST) is a widely embedded tool to support clinicians making initial assessment of individuals to define a level of care based on their presentation across eight domains.
Interoperability	The ability to move information easily between people, organisations, and systems.
Matching and recommendation engine	Connects help seekers with appropriate support services by analysing their level and type of need, along with individual preferences. By considering experiences, symptoms, and preferences, it provides a personalised, user-centric way to be matched to available services.
MH NGOE NBEDS	The Mental Health Non-Government Organisation Establishments National Best Endeavours Data Set (MH NGOE NBEDS) is a standardised framework for collecting and reporting data from mental health-related non-government organisations in Australia. It covers organisations that receive government funding to provide services aimed at improving mental health and well-being for help seekers, families, and carers.
National Health Services Directory (NHSD)	The National Health Services Directory (NHSD) is a comprehensive national directory of health services and practitioners. It is funded by all governments of Australia and managed by Healthdirect Australia. It provides nationally consistent, reliable, and easily accessible information about health and related services to enable consumers to make appropriate choices when seeking healthcare services. The NHSD provides a user-friendly interface for consumer-facing navigation tools i.e. Healthdirect Service Finder.
Navigation tools	Digital or physical resources that help consumers navigate a system or set of services, for example, Healthdirect's Service Finder and Symptom Checker.
Provider Connect Australia	Provider Connect is an Australian Digital Health Agency initiative that allows healthcare providers to update their business information in a single source, to improve accuracy and reduce duplication.
SNOMED-CT	A comprehensive, international healthcare terminology system consisting of a large 'dictionary' of clinical terms with unique machine-readable codes, designed to capture data within electronic health records.
Symptom Checker	An online tool delivered by Healthdirect that allows Australians to enter their health information, symptoms, and risk factors to receive recommendations for appropriate healthcare, including what actions to take (self-care, see a doctor, go to a hospital, or emergency services), where to go for care (local services relevant to symptoms), and additional information about symptoms and possible causes.
Widget	A widget is a self-contained, interactive tool or feature that can be embedded on websites to provide specific functionality, such as search or navigation, without requiring users to leave the platform.

[1] A full glossary is available in Appendix A.

Executive Summary

The mental health system in Australia is unsustainable and is not meeting the needs of all help seekers. The consequences are significant – most help seekers have a poor experience and outcomes due to delays in finding and accessing appropriate care. Help seekers need to navigate a confusing, and at times traumatising system, likening this experience to a 'google loop of despair'. While there has been significant investment across the mental health system, the experience and outcomes have not improved for help seekers, and this is particularly acute for priority populations.

To address these challenges the Australian Department of Health and Aged Care (the Department) commissioned SANE, in partnership with Nous Group (Nous) and 14 consortium partners to deliver a sector led approach to identify solutions. The digital solutions recommended in this report respond to the needs of all help seekers, include integrated service directories and warm referral mechanisms, and will reduce fragmentation across the several systems that deliver mental health services. The Digital Navigation Project is a direct response to the complex challenges outlined in the Productivity Commission Inquiry and 'Better Access' review, which highlighted that the mental health system in Australia is unsustainable and not supporting help seekers to find and access care.

Extensive consultation with the sector and help seekers with lived experience has informed the project's understanding of the key challenges to addressing the navigation issue. Findings include:

- there are multiple systems that deliver mental health services which are not connected and lack coordination

- there is a lack of diversity and clarity in care pathways between the multiple systems delivering mental health services, limiting access to appropriate and timely support

- that proliferation of navigation tools and directories has added to the complexity of finding and accessing care in the system

- key information to inform choice such as cost, availability and eligibility and exclusion criteria is not easy to find or search

- there is a lack of visibility of local– and community–delivered supports that are critical to effective service provision

- the mental health system is disconnected from broader digital health, interoperability, and warm referral initiatives underway, further limiting connection and transfer of information.

Importantly this project found that leveraging the multiple existing brands that communicate effectively to different audiences and demographics is an important factor for success in solving the navigation challenge, and no single brand can effectively reach all audiences.

The Digital Navigation Project has developed four recommendations that collectively address national gaps and coordinate the multiple systems that deliver mental health support. The recommendations in this report leverage the National Healthcare Interoperability Plan to embed mental health in the broader digital health transformation.

The proposed solution does not seek to create a new brand that competes with established brands as this would add to the proliferation of duplicative tools, directories, and supports that are limited in reach and scope.

Recommendation 1 is a consumer– and clinician–facing search, matching and recommendation tool deployed everywhere people trust, to direct people to the supports that are appropriate for their needs and provide end–to–end support across the care journey.

Recommendation 2 is a federated national mental health directory and information solution. This includes the standardisation of mental health taxonomies and data collection methods and the enhancement of the National Health Services Directory (NHSD).

Recommendation 3 enables warm referral and information sharing through interoperability. This significantly improves the experience for help seekers who will need to tell their story fewer times and have an easier experience booking and managing services.

Recommendation 4 is Mental Health Connected Care Governance. This connects all parts of the mental health system through mental health representation in the Council for Connected Care which oversees the current Interoperability Plan.

Implementing the four recommendations will require a phased five-year workplan. Release one will prioritise quick wins to enhance support for help seekers in the short-term. Release two will prioritise connecting information, data, and infrastructure for long-term improvements.

Implementation of the four recommendations will require strong governance that spans lived experience, sector leadership, digital, data, and clinical domains. Healthdirect is the recommended delivery partner for the digital and data recommendations given their extensive capabilities in delivering consumer navigation services on a national scale, as well as their alignment with the Interoperability Plan and stewardship of the National Health Services Directory. Co-design and ongoing sector led change management will also be essential, as will providing avenues for community-controlled processes that contribute to the delivery of the navigation tool and the directory solution.

The recommendations presented in this report will achieve benefits for help seekers, clinicians, care navigators, and improve the long-term sustainability of the health system. Help seekers will experience a significantly improved navigation experience, with better quality information available where they are looking and trust, in a format that is intuitive to interact with. Care navigators and providers will be provided with better visibility of care pathways and services at the ends of those pathways and be provided higher quality and more consistent information about what help seekers are looking for.

Mental health services will benefit from increased appropriate referrals, stronger connections with adjacent supports, and the ability to better manage capacity and resource planning. Overall, these recommendations will optimise system efficiency and support streamlined funding, reduce overreliance on specific pathways, and offer a comprehensive approach for supporting service navigation.

1 Project overview

1.1 Background and context

The government are committed to addressing long standing issues with access to mental health supports

Help seekers face significant challenges in accessing mental health support. These challenges are well-established and highlighted in the Productivity Commission's Inquiry into Mental Health (2020) and the Evaluation of the Better Access Initiative (2022). Both reports reinforce the need for a person-centred mental health system that delivers timely and appropriate support. Other key strategies this project responds to and aligns with are outlined in Figure 1 below.

Figure 1 | Key strategies and frameworks this project aligns to

RECOMMENDATIONS 39 & 60	RECOMMENDATIONS 10 & 15	RECOMMENDATIONS 1, 3 & 6
Victorian Royal Commission into Mental Health *Works towards a consistent minimum digital functionality across all service delivery providers and improved access to regional and rural Victorians.*	**Productivity Commission's Inquiry into Mental health** *Develops a digital mental health solution that is co-designed with consumers and clinicians and seeks to integrate existing portals and websites.*	**National Suicide Prevention Adviser's Final Advice** *Promotes collaboration between all levels of government to achieve a consistent approach and data sharing.*
PILLAR 1	ACTION AREA 1	STANDARD 2
Fifth National Mental Health and Suicide Prevention Plan *Supports the progress of transformation of digital support and working towards a single platform.*	**National Digital Mental Health Framework** *Designs a comprehensive, national mental health platform that facilitates more consistent assessment, triage and referral of consumers.*	**National Safety and Quality Digital Mental Health Standards** *Design a platform informed by diverse service users and providers engagement to ensure usability and accessibility.*
WELLBEING THEME 1 (HEALTH)	ALL 5 PRIORITY AREAS	ALL 4 HEALTH SYSTEM OUTCOMES
Measuring What Matters Framework *Improves equitable access to health care through improved and accessible service navigation for all cohorts.*	**National Healthcare Interoperability Plan 2023-2028** *Outlines a vision and strategy to achieve a more connected healthcare system in Australia.*	**Australian Digital Health Agency's National Digital Health Strategy** *Seeks to ensure that health and wellbeing services are digitally connected, person-centred and are inclusive and data-driven.*

The Australian Government is making significant investments to reform mental health systems in Australia. Several national initiatives are underway to address system, navigation, and referral challenges when seeking mental health support. Key investments include:

- $34.2 million over four years (2021-22 Federal Budget) to enhance the Initial Assessment and Referral Tool (IAR) in primary care and community mental health settings.[2]

- $8.7 million extension for digital mental health services in the 2023-24 Federal Budget, including maintenance for the Head to Health website (now the Medicare Mental Health website) while government

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[2] Australian Government Department of Health and Aged Care. 2021-22 Portfolio Budget Statements – Department of Health. https://www.health.gov.au/sites/default/files/documents/2021/05/budget-2021-22-portfolio-budget-statements-budget-2021-22-health-portfolio-budget-statements.pdf, 24.
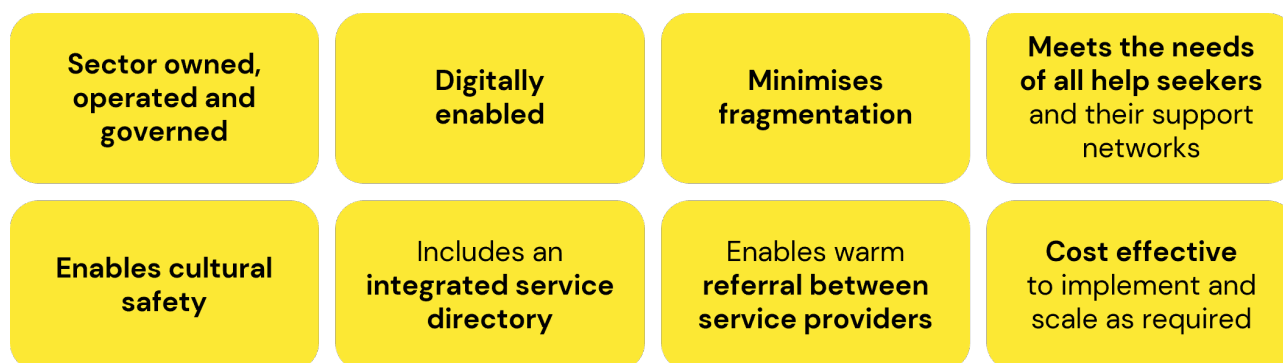
worked with the mental health sector to design and implement a sector-led approach for the future of the website.[3]

- $8.9 million over three years (2023-24 Mid-Year Economic and Fiscal Outlook) to modernise digital mental health service system navigation and referrals,[4] with the Department of Health and Aged Care (the Department) commissioning the Digital Navigation Project as part of this broader investment.
- $361 million over four years (2024-25 Budget) to expand the range of free mental health services,[5] including the launch of a new national early intervention service (NEIS) to support people with lower intensity mental health needs and prevent escalation.

This project was commissioned to develop a national digital navigation solution to improve access to support for mental health needs

The Digital Navigation Project was established to develop sector owned, operated, and governed digital solutions that make it easier for all help seekers to find and access the care that is right for them. The Department commissioned SANE in collaboration and partnership with Nous Group (Nous) and a consortium of 14 sector organisations to deliver digital solutions aligned with the Department's eight guiding principles (Figure 2).

Figure 2 | Department's guiding statements for the Digital Navigation Project

Sector owned, operated and governed	**Digitally enabled**	**Minimises fragmentation**	**Meets the needs of all help seekers** and their support networks
Enables cultural safety	Includes an **integrated service directory**	Enables warm **referral between service providers**	**Cost effective** to implement and scale as required

This project builds on current and previous investments across mental health and broader health, including investments in:

- the Medicare Mental Health website (formerly Head to Health)
- Provider Connect
- the National Health Services Directory
- the National Healthcare Interoperability Plan.

The national digital navigation solution aims to better connect existing structures, as well as improve linkages between disparate systems and services at a national level, to deliver a more integrated approach to supporting help seekers.

The recommendations outlined in this report will be critical enablers for supporting and maximising the value of government investment and initiatives in mental health, including the National Early Intervention Service (NEIS), IAR, and Medicare Mental Health initiatives including the Medicare Mental Health Phone Service, Centres, and Kids services.

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[3] Australian Government Department of Health and Aged Care. Budget 2023-24 Laying the groundwork for mental health and suicide prevention system reform. https://www.health.gov.au/sites/default/files/2023-05/laying-the-groundwork-for-mental-health-and-suicide-prevention-system-reform-budget-2023-24_0.pdf, 3.

[4] Commonwealth of Australia. Mid-year Economic and Fiscal Outlook 2023-24. https://archive.budget.gov.au/2023-24/myefo/download/myefo2023-24.pdf, 262.

[5] Ministers Department of Health and Aged Care. 2024. Budget 2024-25: Cheaper medicines, new Medicare Urgent Care Clinics and more free mental health services in a stronger Medicare. https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/budget-2024-25-cheaper-medicines-new-medicare-urgent-care-clinics-and-more-free-mental-health-services-in-a-stronger-medicare.

1.2 Approach to this project

This project has been shaped by lived experience, experts, and leaders across mental health systems

The perspectives of lived experience and sector expertise have driven the approach and insights in this project. This has been achieved through embedding lived experience representation across the project team, including the Project Lead Rachel Green, and through engagement with service providers, lived experience, peak bodies, and direct engagement with help seekers.

A core consortium of diverse mental health organisations led the project (shown in Figure 3), with broader input from key stakeholders across the mental health sector through ongoing engagement and collaboration. This approach was critical for generating sector buy-in for the solutions and recommendations outlined in this report. The full list of organisations engaged throughout the project is available in Appendix J.

Participatory design methods, such as surveys and engagements with help seekers, service providers, peak bodies, and lived experience bodies informed understanding of diverse help seeker and priority population needs, experiences, and priorities. The project team mapped common and diverse needs across help seeker groups, which informed the development of help seeker principles (outlined in Appendix F), and the design of the target help seeker experience.

Figure 3 | Consortium partners

This project took an intersectional approach to identifying the needs and experiences of help seekers

The design of any mental health system navigation solution must be grounded in the real experience of help seekers, their needs, ways of finding and accessing mental health care, and barriers they face in doing so. Solutions must also acknowledge the intersectional nature of help seeker needs, which is not the current way the system approaches help seeking (as outlined further in this report), through the Better Access Evaluation and Productivity Commission's Inquiry into Mental Health. 'Help seekers' were defined in three ways through this project:

- Any person experiencing mental health concerns, ranging from those who know exactly what they need to first-time help seekers.

- Support networks, including families, friends, and carers.

- Professionals supporting people with mental health concerns to find and access the care that is right for them, ranging from General Practitioners (GPs), mental health professionals, teachers, workplace human resources, providers, etc.

The project applied a socioecological framework to understand the needs of help seekers. This approach recognises that variables at many levels, including systems and structures, influence help seeker needs, experiences, behaviours, and outcomes. Figure 4 illustrates the framework applied to this work.

Figure 4 | A Socioecological framework for understanding help seeker needs

This project identified several priority populations aligned to the socioecological framework, including:

- Aboriginal and Torres Strait Islander peoples
- LGBTQIA+SB people
- culturally and linguistically diverse people, especially refugees and recent migrants who face additional barriers when navigating
- children, younger people, parents, and carers
- older people
- regional and remote communities
- people with lower socioeconomic status

- people in custody
- people with low to moderate severity needs
- people with moderate to high severity needs
- people at higher risk of trauma
- people with specific conditions e.g. eating disorders
- people with complex and intersecting needs, including people with neurodiversity and/or a disability.

A summary of help seeker needs and the needs of priority populations was provided to the Department as part of the Initial Report delivered in November 2024 (see Appendix C). Help seeker needs are also discussed in Appendix B, and the specific needs of Aboriginal and Torres Strait Islander help seekers in Appendix D.

A whole-of-system view of mental health supports framed the problem and key initiatives for this work, to connect with, and build on

This project sought to understand all the supports that exist to help people navigate the system, how they connect, and what system-level barriers prevent people from finding and accessing the support they need. With this view, the project explored:

- The way that information flows between systems, including information about services, providers, and help seekers.

- The way that resources are allocated across the system, including where the majority of funding and investment is directed, and what parts of the system are under-supported.

- The way that system planning and integration is carried out.

This approach ensured that insights and recommendations addressed core system navigation challenges, without viewing mental health in a silo, or neglecting other support systems help seekers engage with when finding and accessing care for mental health.

The project developed solutions through mapping the digital environment and understanding key national digital capabilities and infrastructure

To understand the digital environment, the project team mapped the existing infrastructure and layers of support that enable help seekers to find, and access, mental health information and support services. This covered looking at where help seekers go initially, the services they interact with to understand what is out there, how they determine what service is appropriate for them and trustworthy, and how they keep track of their journey. Subject matter experts, including the Australian Digital Health Agency (ADHA) and Healthdirect provided input to the project approach, key considerations, and advised on the key platforms and initiatives currently in place that should be leveraged for implementation of the digital navigation solution.

Broad engagement with sector, help seekers, and subject matter experts has been critical to the development and support of insights outlined in this report

The project engaged broadly with help seekers, government, and the mental health sector to build the evidence base for recommendations and test the feasibility of proposed solutions. Along with a literature review of over 200 documents, the project has consulted with over 1,500 help seekers, carers, and front-line workers via a survey, as well as ~300 sector leaders and subject matter experts through town halls, focus groups, and consultations. Those consulted spans help seekers and carers; prominent mental health organisations – including lived experience and Aboriginal and Torres Strait Islander-led; key digital platforms; representatives from all jurisdictions; and several Australian Government agencies. The diverse inputs have created a robust evidence base for digital solution options.

The four recommendations were formally presented to the 13 sector organisations in the project consortium, and 21 other prominent sector players via a governance meeting (see Appendix J). The project has consulted state and territory governments, government representatives at the Department of Health and Aged Care, ADHA, and Healthdirect. All agencies and organisations engaged as part of this project are supportive of the recommendations and provided in-principle endorsement. The project has ongoing engagement with the sector through the consortium and feedback has been incorporated into the detail of recommendations.

This project was delivered in a six-month time frame and evolved to respond to the changing context

This project was delivered during a period of significant change across mental health systems. This resulted in condensed timeframes for delivery, and necessitated an adapted approach to respond to the ongoing evolution of the external environment. Despite these challenges, the project team conducted over 131 consultations from June 2024 to February 2025 and worked to refine findings and recommendations to respond to the evolving policy reform and funding context.

Key considerations included the concurrent announcement of the National Early Intervention Service (NEIS)[6] and the transition of the remaining Head to Health services into Medicare Mental Health Services under the new Medicare Mental Health program. The approach changed to accommodate this changing context, which will be important to consider during the implementation of the recommendations outlined in this report. These considerations are outlined further in the Recommendations in Section 3 and Implementation Plan in Section 4.

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[6] The NEIS project is closely linked to Digital Navigation and was developed concurrently via a separate project.

Figure 5 | Infographic of project activities and timeframe

The project has had ongoing input from a wide range of voices including representatives with lived experience and a deep understanding of diverse help seeker cohorts.

2000+ Stakeholders engaged	**131** Total consults	**1300+** Help seekers	**287** Carers	**239** Professionals and front-line workers

40 sector organisations and service providers	**36** peak and advocacy bodies	**30** state, territory, common-wealth, PHN stakeholders	**18** research and academic institutions

In-person sector town hall: 60 representatives across NGOs, peaks, government, PHNs and lived experience bodies

Sector governance workshop with 21 senior executives from major mental health organisations

Departmental showcase with 150+ attendees

National Indigenous Health Leadership Alliance workshop

Virtual sector town hall: 137 attendees

Gayaa Dhuwi roundtable

◆ Deliverables

Project commencement	**Initial findings report**	**Interim report recommendations**	**Help seeker engagement findings**	**Final report**

JUNE   JULY   AUGUST   SEPTEMBER   OCTOBER   NOVEMBER   DECEMBER   JANUARY   FEBRUARY   MARCH

ACTIVITY TIMELINE

Consortium engagement

1. Desktop literature review
2. Sector leader consults
3. Digital and enabling environment engagement
4. Engagements with all states and territories
5. Aboriginal and Torres Strait Islander engagements
6. Engagement with Australian and international academic experts
7. Help seeker survey
8. Focus groups
9. Priority population engagements

DETAIL

1. Reviewed over 200 journal articles, consultation papers, grey literature, including government strategies and published technology roadmaps.

2. Conducted consultations with key national sector organisations delivering national mental health services.

3. Ongoing engagement with key technology providers and agencies including ADHA and Healthdirect to develop, validate and estimate costs of high-level solution designs.

4. Consulted representatives from all jurisdictions, including close engagement with NSW and SA Mental Health Commission.

5. 15 consults with Aboriginal and Torres Strait Islander organisations, including two workshops with over 15 participants hosted by the National Indigenous Health Leadership Alliance and Gayaa Dhuwi (Proud Spirit) Australia.

6. Consulted Australian and global experts to understand to previous initiatives and test proposed solutions.

7. 1300+ survey responses from consumers and carers.200+ survey responses from professionals and frontline workers.

8. Spoke to more than 40 consumers and carers located across all states and territories through 7 focus groups.

9. LGBTQ+ specific focus groups facilitated by LGBTIQ+ Health Australia. Eating disorder specific focus group facilitated by Butterfly Foundation. Workshop with LGBTIQ+ Health Australia CEOs. Workshop with EMBRACE Multicultural Mental Health stakeholder group – 15+ participants.

2 The case for change

Most people who experience mental health issues cannot access the help they need, because the system is so challenging to access and navigate. This results in poor mental health outcomes, an over-reliance on acute care, and an unsustainable system. The recent proliferation of digital tools that poorly connect to local navigation solutions has only contributed to fragmentation, complexity, and confusion. In addition, mental health has not been a focus in broader digital health initiatives and interoperability strategies, limiting digital maturity uplift of mental health service providers, and the efficient transfer of information important to creating an end-to-end experience for help seekers.

The mental health system will continue to be more fragmented, complex, and difficult to navigate unless there is concerted effort to unify and streamline the multiple systems that deliver mental health supports. By connecting individuals with the right type of support from the wide range of available services, an effective navigation solution can meet the needs of all help seekers, reduce the burden on the current system, and support the Australian Government's reform agenda.[7]

There is an opportunity to rationalise and coordinate key national enablers such as the Interoperability Plan, the National Health Services Directory, Provider Connect Australia and Health Information Exchange, to support equitable access to the full suite of mental health supports that exist. This will help to achieve a more efficient mental health system that seamlessly integrates with the broader healthcare system and digital health transformation.

Provider Connect Australia is an Australian Digital Health Agency initiative that allows healthcare provider organisations to update their business information in a single source, improving accuracy and reducing duplication. It enables providers to maintain a single master copy of practitioner and service details and automatically send updates to all connected business partners.

The challenge of navigating the mental health system is a longstanding issue, highlighted in the Productivity Commission's 2020 Inquiry Report. There have been many attempts to address the report's recommendation to link consumers with the services they need by '…making the system easier to navigate'.[8]

This section provides an overview of the case for change, including:

- the barriers help seekers face to find and access mental health care

- the underlying system challenges contributing to these barriers

- the impacts of these challenges at the help seeker, service, and broader system level

- the opportunity for effective digital navigation solutions to address these challenges and support broader Australian Government reforms.

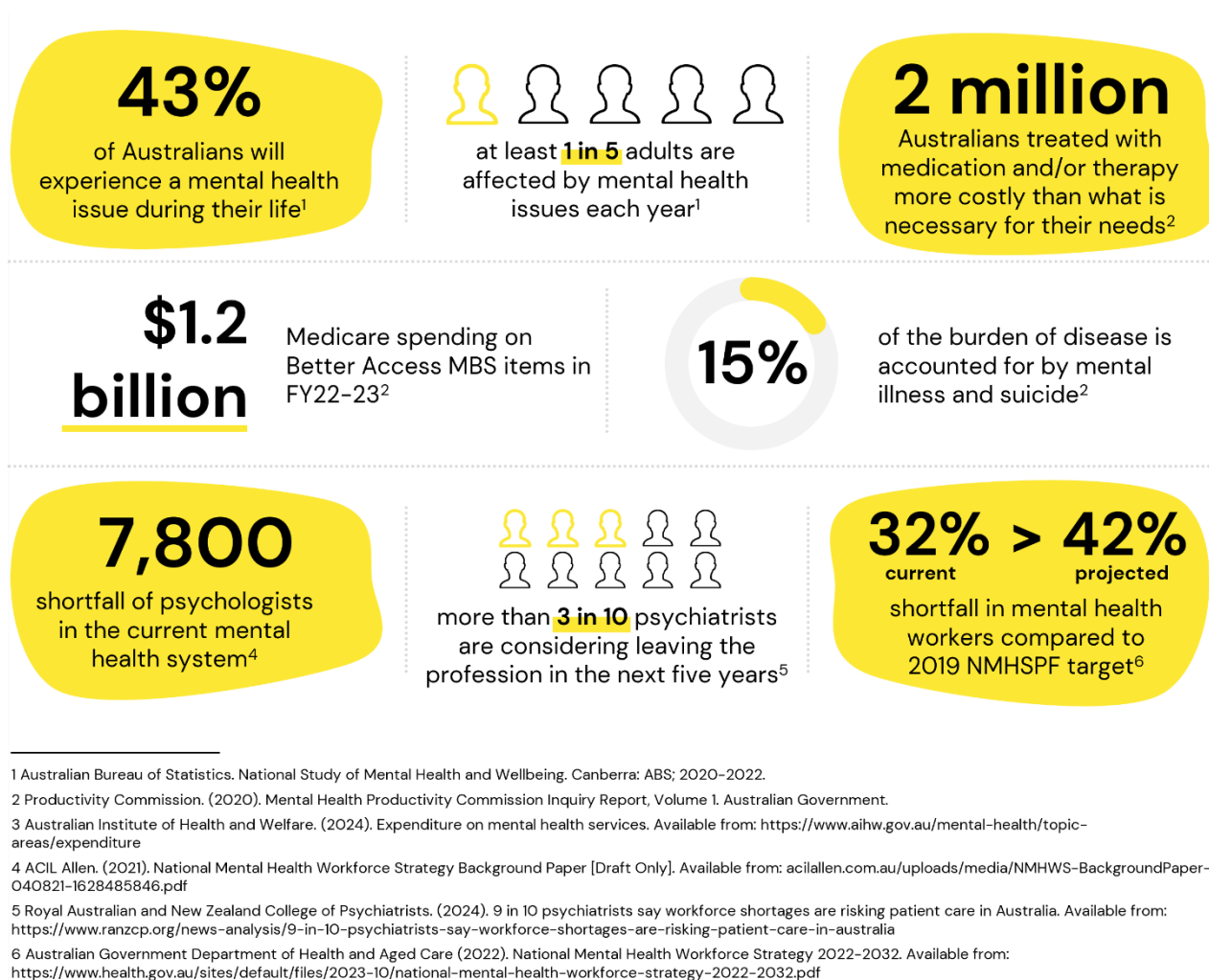## 2.1 What is the problem for help seekers?

Help seekers are unable to find and access the support they need because the system is not built to be navigable

The complexity of the current system makes finding and accessing appropriate support extremely difficult. For help seekers, this is resulting in poorer mental health outcomes, an increasing reliance on the most visible options which are skewed towards acute care, and a costly, unsustainable system with severe workforce implications. Figure 6 overleaf shows the magnitude of this problem and its far-reaching impacts.

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[7] Workforce shortages highlighted in Figure 6 are also contributing to the burden on the current system, and better navigation solutions will not resolve the ongoing need to address this through other mental health reform activities.
[8] Productivity Commission. (2020). *Mental Health Productivity Commission Inquiry Report Volume 1.* Australian Government, 74.

Figure 6 | The current state of mental health in Australia

43%
of Australians will experience a mental health issue during their life[1]

at least **1 in 5** adults are affected by mental health issues each year[1]

2 million
Australians treated with medication and/or therapy more costly than what is necessary for their needs[2]

$1.2 billion
Medicare spending on Better Access MBS items in FY22-23[2]

15%
of the burden of disease is accounted for by mental illness and suicide[2]

7,800
shortfall of psychologists in the current mental health system[4]

more than **3 in 10** psychiatrists are considering leaving the profession in the next five years[5]

32% > 42%
current   projected
shortfall in mental health workers compared to 2019 NMHSPF target[6]

1 Australian Bureau of Statistics. National Study of Mental Health and Wellbeing. Canberra: ABS; 2020-2022.

2 Productivity Commission. (2020). Mental Health Productivity Commission Inquiry Report, Volume 1. Australian Government.

3 Australian Institute of Health and Welfare. (2024). Expenditure on mental health services. Available from: https://www.aihw.gov.au/mental-health/topic-areas/expenditure

4 ACIL Allen. (2021). National Mental Health Workforce Strategy Background Paper [Draft Only]. Available from: acilallen.com.au/uploads/media/NMHWS-BackgroundPaper-040821-1628485846.pdf

5 Royal Australian and New Zealand College of Psychiatrists. (2024). 9 in 10 psychiatrists say workforce shortages are risking patient care in Australia. Available from: https://www.ranzcp.org/news-analysis/9-in-10-psychiatrists-say-workforce-shortages-are-risking-patient-care-in-australia

6 Australian Government Department of Health and Aged Care (2022). National Mental Health Workforce Strategy 2022-2032. Available from: https://www.health.gov.au/sites/default/files/2023-10/national-mental-health-workforce-strategy-2022-2032.pdf

Help seekers face many challenges on their journey to find and access mental health care. The barriers to help seeking have been well-documented in the literature and include prohibitive costs, wait times, limited availability, and geographic barriers. To build on this evidence base, this project identified key pain points on the journey to find and access support (see Appendix B for further detail):

- the confusion to know what is out there that might help, how it will help, and the quality of the service
- the lack of well-established pathways and coordination between the multiple systems that deliver mental health support
- the lack of choice and control over where you get help, what matters most to you, and privacy and anonymity across the journey.

The help seeker survey conducted as part of this project supported these findings and raised additional navigation challenges, specifically:

- not knowing where to begin when looking for mental health care as a result of not understanding the system and how it works (10 per cent of respondents)
- difficulty in finding professionals who support specific needs and provide reliable recommendations and referrals (15 per cent of respondents)
- a lack of helpful resources and options when seeking care as a result of broader system issues, such as workforce shortages, limited funding for services (11 per cent of respondents).

In addition to these challenges, a key project finding is that current digital navigation supports are primarily designed to serve first time help seekers, with poor support for the significant majority of help seekers who already know what they are looking for but need help to find it (67 per cent of survey respondents).

These widespread challenges disproportionately impact people with intersecting and complex needs

People with intersecting and complex needs often require a range of services to address their specific circumstances. The current mental health system makes it impossible to easily find and access suitable supports for those at the intersection of various needs or with comorbidities, resulting in lower rates of access despite greater levels of need. For example, 50 per cent of refugees in Australia experience post-traumatic stress disorder but less than one-fifth access help.[9] Although Aboriginal and Torres Strait Islander peoples experience psychological distress at double the rate of non-Indigenous Australians, less than one-third receive mental health care compared to more than half of their non-Indigenous counterparts.[10]

The help seeker survey found that priority populations were also more likely to report the experience of finding and accessing care as somewhat, or very difficult. While 46 per cent of the general help-seeking population reported difficulties in finding support, this figure was 55 per cent for help seekers requiring financial and/or housing support and 59 per cent for LGBTQIA+SB help seekers. These challenges were even more pronounced among help seekers that experience greater levels of digital exclusion, such as rural and remote communities and Aboriginal and Torres Strait Islander communities (with a digital inclusion gap of 7.5 compared with non-Indigenous people).[11]

2.2 Why is it so hard to find and access mental health supports?

The multiple systems that deliver mental health services are not interconnected and lack co-ordination

There are multiple systems that deliver mental health services, and these are not well connected to each other. This creates fragmentation and complexity across the Australian mental health system as a whole, with different parts supporting help seekers in different ways. Figure 7 below illustrates the several systems that make up the 'mental health system', consisting of many useful but siloed supports, which makes it difficult for help seekers to move between services and find the care that is right for them.

Figure 7 | There are many systems that deliver mental health services

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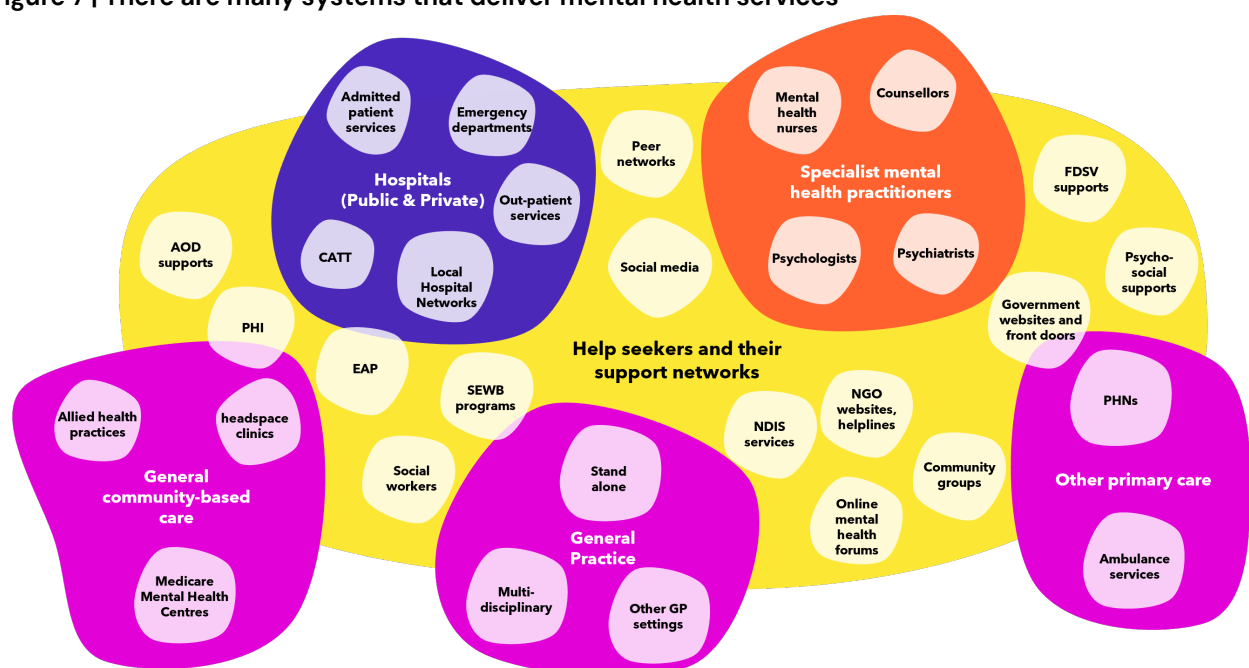
[9] Tomasi, Ana-Marija, Slewa-Younan, S, Narchal, R, Rioseco, P. (2022). *Understanding the mental health and help-seeking behaviours of refugees.* Australian Institute of Family Studies.

[10] Australian Institute of Health and Welfare & National Indigenous Australians Agency. (2023). *Measure 3.10 Access to mental health services, Aboriginal and Torres Strait Islander Health Performance Framework website.* Retrieved from https://www.indigenoushpf.gov.au/measures/3-10

[11] Australian Digital Inclusion Index. (2023). 'Key findings and next steps'. Available from: https://www.digitalinclusionindex.org.au/key-findings

There is a lack of diverse care pathways that connect the multiple systems delivering mental health services together, limiting access to appropriate supports

Across the system, services do not readily connect to the broader spectrum of supports that exist but follow specific referral pathways, often determined by their funding structures, for example, the Better Access pathway from GP to psychologist. This is also evidenced by state and territory digital front doors, which often only link to state-funded services. While there is a range of existing services outside of these care pathways, there are no effective means to direct help seekers to other supports. This is part of a broader problem of current care pathways' disproportionate focus on clinical supports over broader support options, and lack of embedded navigation supports - creating significant barriers to accessing care in different parts of the system.

In addition, the broader system is not designed to facilitate multi-option and concurrent service pathways, with an overreliance on linear models that start from the GP and escalate to higher-intensity clinical support. This model fails to accommodate the diverse and dynamic needs of help seekers, limiting their choice and flexibility to access the most appropriate and effective supports across their care journey.

The proliferation of navigation tools has added to the complexity of finding and accessing care in the system

Across the several systems that deliver mental health services depicted in Figure 7, there has been a significant increase in navigation tools and resources aiming to support help seekers. The number of digital mental health navigation tools in Australia has increased tenfold over the last five years, reaching a total of 102 in 2024.[12] However, the proliferation of tools makes it more difficult for help seekers to find and access care, as tools add inconsistent information to an already oversaturated information environment and are built on limited care pathways. The key challenges with existing tools that limit their effectiveness in solving system navigation problems are as follows:

- Tools often solve for a specific need or set of services belonging to one part of the system. This sends help seekers in circles, driving the 'google loop of despair'.

- The information in existing tools and captured in mental health service directories has large service data gaps, particularly across local and community supports.

- The co-design of navigation tools involving all types of help seekers, care navigators, and healthcare professionals is extremely challenging. Most tools have had insufficient co-design and engagement with all the different parts of the mental health system in the design of governance and delivery. The result of this is limited uptake of new tools, as help seekers engage with different platforms and parts of the system based on their specific needs, preferences and contexts.[13] For successful tools that have been developed through co-design processes, they often only serve a smaller population group (for example, InsideOut Tools for eating disorders).

- Minimal investment in marketing and promotion and awareness strategies to promote existing tools has contributed to limited uptake and awareness of available resources that can provide support.

In addition to these challenges, artificial intelligence (AI) and overseas commercial entrants such as BetterHelp and Talkspace also risk adding to the fragmented and ineffective information environment by introducing their own sets of information and supports that do not integrate with existing resources and systems.

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[12] Woods, C. E., Furst, M. A., Dissanayake, M., Koerner, J., de Miquel, C., Lukersmith, S., Rosenberg, S., & Salvador-Carulla, L. (2024). Mental Health Care Navigation Tools in Australia: Infoveillance Study. *JMIR public health and surveillance*, 10, e60079. https://doi.org/10.2196/60079

[13] This is evidenced by the low usage rates of Head to Health (now Medicare Mental Health), which struggled to compete with the reach of known, trusted and specialist brands in mental health.

The mental health system is disconnected from broader digital health, interoperability, and warm referral initiatives underway, further limiting connection and transfer of information

There are several initiatives government is advancing to create a more digitally connected healthcare system. The Australian Government has invested in a National Healthcare Interoperability Plan (the Plan) that defines the foundation, vision, and enablers for better system navigation, governed by a newly-established Council for Connected Care. A core component of the Plan is Health Information Exchange (HIE), a technology solution enabling electronic sharing of patient information with healthcare professionals and organisations, to link systems that do not have existing connection points.[14]

Government has also introduced a roadmap under the Plan, involving the development of national data standards. Concurrently, however, the mental health sector has continued to progress its own initiatives, and with a lack of mental health representation in key governance initiatives, mental health use cases have not been prioritised in national activities and roadmaps. This has meant that digital solutions and tools within mental health have fallen behind those in the broader digital health system, reinforcing siloes and limiting timely access to appropriate care.

The lower levels of digital maturity across the mental health system are widespread. This is evidenced by the following key examples:

1. Psychologists' uptake of My Health Record (34 per cent), which is significantly lower than that of GPs (99 per cent) and other healthcare professionals.[15] Underpinning this issue is the current operating model of psychologists in the system – most have their own stand-alone practices that are constantly at capacity, resulting in a lack of incentives to uplift digital maturity and support interoperability.

2. Low uptake of the Australian Commission for Safety and Quality in Health Care's accreditation for digital mental health services within community organisations and non-government organisations (NGOs). Since the introduction of the accreditation in 2023, only 24 organisations have had their services accredited, demonstrating the lack of co-ordination on digital standards across the several systems that deliver mental health support (see Appendix I for the full list of accredited organisations).

3. Over reliance on phonelines among many of the services that deliver mental health supports, with a lack of cohesive omni-channel supports particularly to find and access services. This does not align with how most people seek help, especially young people and those not in crisis, who often go to people they trust, online search engines, mental health websites and forums, social media, and GPs.

The lower levels of digital maturity across the Australian mental health system demonstrated in the examples above highlight that mental health is far behind the broader digital healthcare transformation.

2.3 What are the impacts?

Help seekers feel frustrated, confused, and disempowered to find and access the support they need

The impacts of system fragmentation and complexity are directly felt by help seekers as they experience frustration and confusion when looking for mental health support. The help seeker survey found that almost 50 per cent of all help seekers find it somewhat, or very difficult, to find and access appropriate care in the system.

"There isn't a simple straightforward resource to rely upon or refer to, and our system is broken. People fall through the cracks too easily."

– Help seeker survey respondent

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[14] Digital Health. (2025). 'Health Information Exchange (HIE)'. Available from: https://www.digitalhealth.gov.au/healthcare-providers/initiatives-and-programs/digital-health-standards/digital-health-standards-guidelines/get-started/5-standards-for-systems-and-technologies/health-information-exchange-hie
[15] Digital Health. (2024). 'My Health Record Statistics and Insights December 2024'. Available from: https://www.digitalhealth.gov.au/sites/default/files/documents/my-health-record-statistics-december-2024.pdf

Vulnerable and marginalised populations with intersectional needs find it even harder

System challenges impact vulnerable populations and those with more complex needs to an even greater extent, due to the stark increase in difficulty finding care that caters to intersecting, co-occurring, and/or adjacent needs alongside mental health, such as domestic and family violence, alcohol and other drugs, and housing.

Focus group participants at the intersection of multiple needs shared the challenge of accessing the right care based on what was most important to them, their level need, and service preferences.

One participant emphasised the challenge of accessing support for mental health while managing multiple concurrent needs that cannot be supported due to the siloed nature of the system.

"When I needed mental health and AOD support, I was homeless at the time, so being homeless and then not being able to access support for AOD and mental health in an area that was suitable and not having somewhere stable to go back to after an appointment made the whole experience really hard."

– Help seeker focus group participant

"You can be in situations where you might be offered mental health support, but the other factors in your life that span housing or finances – the real fundamental stuff – means that those are so front of mind, the mental health support isn't doing much at that point."

– Help seeker focus group participant

There is an increasing burden on the well-known, more visible pathways, including Better Access and acute care

The siloed nature of the system reinforces reliance on specific care pathways while limiting awareness of, and access to, alternatives. This places strain on the most visible pathways, namely Better Access and acute care. The dependence on these pathways is exacerbated by the majority of tools, resources and websites that direct help seekers to GPs as the default first point of contact and to emergency departments in crisis – both of which are experiencing significant demand pressures.

GPs, in turn, primarily refer mental health patients to the MBS-funded Better Access pathway, as it is a well-established and clinically safe route for mental health care. This is evidenced by the help seeker survey, which found that 67 per cent of respondents visit a GP at some point in their journey and 44 per cent see a psychologist. The concentration of demand within a limited number of services puts significant strain on system and workforce capacity, reflected by the current 32 per cent shortfall in mental health workers projected to increase to 42 per cent by 2030.[16]

The new National Early Intervention Service (NEIS) aims to reduce this burden through access to a low-intensity therapeutic support without requiring a referral. However, without appropriate navigation solutions, the NEIS will be less visible to help seekers and not solve the problem of overburdened pathways.

The system is unsustainable without further intervention in supporting people to find and access care

The increasing reliance on a narrow set of pathways has led to significant government expenditure to address demand pressures. In 2022-23, Medicare spending on Better Access MBS items reached $1.2 billion.[17] Despite this investment, the initiative remains unable to meet the growing demand for mental health services.

The final report of the Better Access evaluation found the program's current form does not effectively support people with complex needs and has not been effective at connecting help seekers to the right support appropriate for their level of need. For example, the evaluation found that a significant proportion of people with lower intensity needs are prescribed medications and/or higher intensity support, where lower intensity support would be sufficient and more appropriate.

This has created bottlenecks in the system, through increased demand for medications and higher intensity support that outweighs supply, which limits service capacity for people with complex and persistent mental

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[16] Australian Government Department of Health and Aged Care (2022). *National Mental Health Workforce Strategy 2022-2032.* Available from: https://www.health.gov.au/sites/default/files/2023-10/national-mental-health-workforce-strategy-2022-2032.pdf
[17] Australian Institute of Health and Welfare. (2024). 'Expenditure on mental health services': https://www.aihw.gov.au/mental-health/topic-areas/expenditure

health needs.[18] This highlights the need to establish diverse care pathways that are accessible to help seekers and healthcare professionals and appropriately consider various and intersecting needs.

2.4 What is the opportunity?

There is an opportunity to better co-ordinate the multiple systems that deliver mental health services

A key enabler that existing initiatives have not addressed is sector buy-in and co-ordination, to align the multiple systems that deliver mental health care on a national scale. The broad consultation conducted as part of the Digital Navigation Project has brought together the key systems across mental health, from major mental health NGOs, government agencies, relevant peaks and colleges (RANZP and RACGP), public health networks (PHNs), community-controlled and local/community-based service providers, and state/territory mental health branches and commissions. This has laid the groundwork for coordination and collaboration between the several systems help seekers and professionals engage with when looking for, and accessing, mental health support; by initiating participation and buy-in of these systems in the design and delivery of a national navigation solution.

There is an opportunity to support and better enable concurrent investments in mental health service navigation and delivery, including the IAR, NHSD, and Medicare Mental Health Phone Service

To address the problems and impacts described above, solutions cannot add to the existing complexity and fragmentation but must seek to rationalise and co-ordinate key national initiatives, such as the IAR, NHSD, and Medicare Mental Health Phone Service. These and other existing initiatives include components of an effective navigation solution but have failed to bring these together in a way that is scalable for mental health. These critical components include a consistent taxonomy for mental health supports, standardised data collection, and holistic care pathways. Embedding these elements in a solution will deliver value in the short-term while also ensuring approaches are future proof and contribute to a long-term holistic solution compatible with national digital health initiatives.

The broad digital health agenda is progressing rapidly and there are efficiencies that can be realised by aligning to national infrastructure and capabilities. These include leveraging and connecting to governance of the Australian Digital Health Agency's (ADHA) Interoperability Plan – the Council for Connected Care. This will support coordination and integration with national enablers such as Health Information Exchange (HIE), Provider Connect, healthcare identifiers, and data and interoperability standards.

There is an opportunity to give people the right navigation support, dependent on their needs

An effective navigation solution can leverage all supports that exist to provide help seekers with a range of services and care options based on their needs. These needs are diverse, often intersecting, and cannot be serviced by a single navigation pathway – this has limited the effectiveness of past initiatives to address system navigation challenges. By embedding considered navigation pathways with a consistent approach, a national navigation solution can ensure help seekers are supported with a range of options based on their need. The over-arching navigation pathways to effectively support the diversity of needs of all help seekers are depicted in Figure 8 below.

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[18] Australian Government Department of Health. (2020). *Evaluation of the Better Access Initiative: Final Report*. Available from: https://www.health.gov.au/better-access-final-report

Figure 8 | A solution must direct people to a wide range of supports based on needs
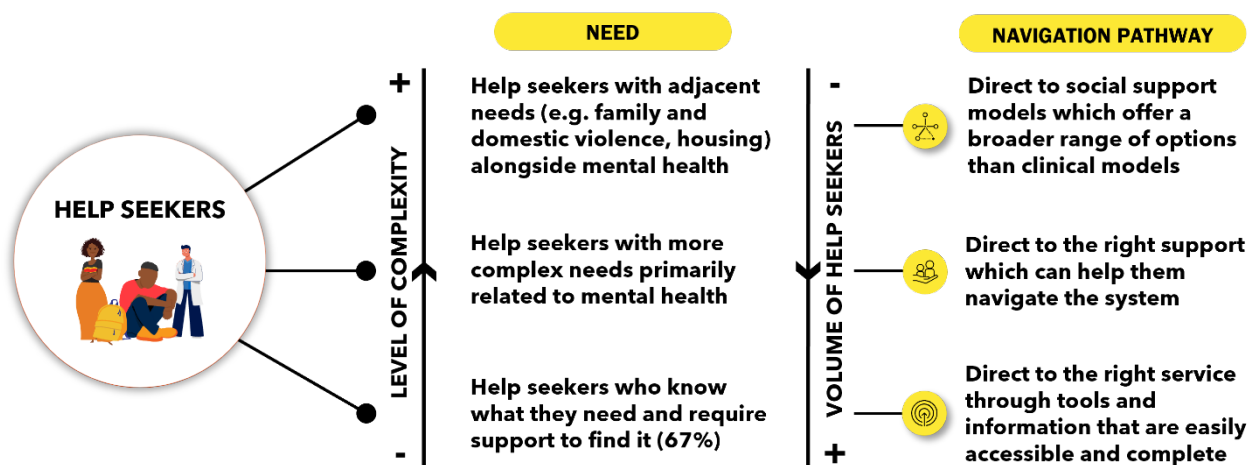
The navigation pathways (outlined in Figure 8 above) play a key role in supporting help seekers to access the right services aligned to their needs,[19] leveraging stepped models of care, as well as considering type of need, and other factors that may impact what is important (e.g. regional or remote, language, identification LGBTQIA+, or Aboriginal or Torres Strait Islander heritage). By guiding individuals to appropriate levels and types of support, these pathways can prevent unnecessary escalation to higher-intensity clinical services and address the unsustainable volume of people seeking high intensity services that are not appropriate for their needs.

Navigation pathways will be a critical enabler for directing help seekers to the National Early Intervention Service (NEIS),[20] a platform delivering low-intensity mental health support. As the NEIS will be a new service for low-risk users, with no embedded navigation support, the NEIS must be supported by a national navigation solution that directs people to the right support based on their type and level of need.

There is an opportunity to better leverage local- and community-delivered supports that are critical to effective service provision

A national, coordinated navigation solution can significantly enhance the visibility and accessibility of local and community services that cater to diverse help seeker needs. For many help seekers, the most valuable supports they receive are delivered by local or community providers. These include supports such as Social and Emotional Wellbeing programs for Aboriginal and Torres Strait Islander help seekers, peer networks for priority populations, the Medicare Mental Health Phone Service delivered by PHNs to connect help seekers with services in their region (primarily Medicare Mental Health Centres), and state-based navigation services including digital front doors.

In the current system, help seekers cannot easily find these services as service data is located in various disconnected places or not captured at all. In addition to this, local services often do not have the marketing and promotion budget, or maturity of larger national services, making them less visible to help seekers. A coordinated national solution that effectively collects and consolidates service data for local and community-delivered supports can address this critical gap and surface the information help seekers and professionals need in the places they are looking and trust.

This approach acknowledges the range of different places help seekers trust and intuitively search for support (e.g., via GPs, phonelines, social media, websites, and online forums). Importantly, this approach does not replace local service delivery or centralise all supports but effectively captures the critical data help seekers are looking for and makes it visible to all help seekers and healthcare professionals.

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[19] This approach acknowledges that help seeker needs are not linear and often change over time, and so one help seeker may be supported by multiple navigation pathways across their journey depending on their needs at various points.
[20] Once it comes online from 1 January 2026.

There is an opportunity to align initiatives in the mental health systems to activities happening in the broader digital health space, through the interoperability plan

There is an excellent opportunity to align with existing initiatives aiming to improve mental health outcomes and interoperability, supporting the Australian Government's reform agenda. This will reduce duplication of mutually beneficial and aligned activity, as well as consider the value of existing initiatives as part of digital navigation solutions. There are a range of initiatives that have received significant government investment and are dependent on better digital navigation to improve their reach and delivery; and support better outcomes for their target cohorts. These initiatives and their dependencies on digital navigation are outlined in Figure 9 below.

Figure 9 | Existing initiatives and their interdependencies with digital navigation

DIGITAL NAVIGATION IS AN ENABLER FOR, OR RELATED TO, MANY OTHER INITIATIVES

IAR	Head to Health website	PHN initiatives, incl. Medicare Mental Health Phone Service	Sector initiatives	State/territory initiatives	Better Access Initiative	NEIS
$34.2m* over four years[1]	**$11.6m*[2]** in 2021-22[2]	**$136.4m*** over four years[3]	**Various funding sources**	**Funded by jurisdiction**	**$1.2b*** on Better Access MBS items in 2022-23[4]	**$588.5m*** over eight years[5]
Clinician-facing level of need assessment tool aligned to a stepped care model	Initial investment in the Head to Health website (now Medicare Mental Health): the Australian Government's national mental health platform	Region-specific directories and mental health services Delivery of the Head to Health phoneline	A range of digital initiatives for specific audiences, e.g. Lifeline directory, eheadspace	Digital initiatives including directories, electronic medical records, clinician portals, booking apps	The most common pathway to receive clinical mental health support	Digital low-intensity mental health service that does not require referral (coming online 1 January 2026)

CRITICAL DEPENDENCIES WITH DIGITAL NAVIGATION

Requires digital navigation to connect to directories and consider types of need and individual circumstance	Requires digital navigation to surface the new brand to help seekers who may not be aware of the website	Requires digital navigation to connect help seekers to other supports if they are not eligible for support within that PHN	Requires digital navigation to connect to other parts of the mental health system and address gaps in information	Requires digital navigation to support upkeep of information and service data	Requires digital navigation to redirect demand and ensure only suitable help seekers are directed to Better Access	Requires digital navigation to surface the up-coming service that is not widely known and does not embed navigation support

*AUSTRALIAN GOVERNMENT COMMITTED FUNDING

1 Australian Government Department of Health and Aged Care. 2021–22 Portfolio Budget Statements – Department of Health. https://www.health.gov.au/sites/default/files/documents/2021/05/budget-2021-22-portfolio-budget-statements-budget-2021-22-health-portfolio-budget-statements.pdf, 24.

2 Australian Government Department of Health and Aged Care. 2021–22 Budget Communication Pack. https://www.health.gov.au/sites/default/files/2024-05/budget-2024-25-stakeholder-pack.pdf, 9.

3 Figures provided by the Australian Government Department of Health and Aged Care. Budget 2021-22: Generational change and record investment in the health of Australians. https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/budget-2021-22-generational-change-and-record-investment-in-the-health-of-australians.

4 Australian Institute of Health and Welfare. (2024). 'Expenditure on mental health services'. https://www.aihw.gov.au/mental-health/topic-areas/expenditure

5 Australian Government Department of Health and Aged Care. Australian Government response to the *Better Access* evaluation. https://www.health.gov.au/sites/default/files/2024-08/australian-government-response-to-the-better-access-evaluation.pdf, 13.

3   Digital Navigation Project Recommendations

Navigating the mental health system is a significant challenge and numerous initiatives from governments and the sector have attempted to solve the problem. There has not, however, been any national, system-wide, solution that addresses the root causes of fragmentation. An effective solution must consolidate and streamline the multiple systems involved in providing mental health supports. It must also leverage the National Healthcare Interoperability Plan to embed mental health in the broader digital health transformation.

This needs to be a national solution because siloed initiatives, designed for different parts of the system, or at a local level, will only reinforce fragmentation and exacerbate the current problem. While previous attempts have failed, the recommendations that collectively make up the Digital Navigation Project's proposed solution will be successful, as they have been developed with input and buy-in from help seekers, the mental health sector, and all parts of the system that deliver mental health supports.

This section provides an overview of the project's four key recommendations that form this national solution and how they collectively contribute to solving the key challenges identified in the case for change. This includes a summary of the overall recommendations, as well as detail on each specific recommendation. This section is followed by an implementation plan in Section 4, which outlines the proposed pathway toward implementation of the recommendations.

3.1   Why this solution is different to past attempts to address system navigation challenges

The proposed solution has gained broad and diverse input and agreement through the sector and lived-experience-led approach (see Appendix K for further detail). The key learnings from previous attempts to solve system navigation challenges have also been incorporated, such as learnings from the development and roll out of the Head to Health website (now Medicare Mental Health), including the national mental health e-referral pilot project. The recommendations have received support from:

- more than 10 national mental health service providers
- key peak and advocacy bodies and colleges including Mental Health Australia, Lived Experience Australia, RANZCP, and RACGP
- AHDA and Healthdirect
- all states and territories
- Aboriginal and Torres Strait Islander leaders
- 48 help seekers engaged in participatory design focus groups.[21]

"Fully fund implementation of the recommendations from the 'Digital Navigation Project' commissioned by the Australian Government Department of Health and Aged Care. These recommendations focus on developing sector owned, operated and governed digital solutions that make it easier for all help seekers to find and access the care that is right for them."

– Mental Health Australia pre-budget submission, December 2024

The proposed solution does not seek to create a new brand and platform that competes with established brands as this would add to the proliferation of duplicative tools, directories, and supports that are limited in reach and scope. Instead, it leverages the ability of national, local, and specialised supports to meet the needs of help seekers, where they are. This supports ongoing local delivery of a range of services (including community-controlled supports and local navigation solutions), while increasing their visibility and accessibility to help seekers, particularly priority populations.

The proposed solution also embeds a whole-of-system approach to categorising services (through standards and identifiers) and designing appropriate care pathways to match people to the right service at the right time. This is supported through a user-friendly, omni-channel approach, reducing the over-reliance

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[21] Endorsement was based on early consultation, and due to needing to not commit the government to a direction based on the final recommendations. Exact wording of recommendations shared is available in Appendix K and the full list of endorsement and support is available in Appendix K.

on phonelines and websites as a singular 'front door', or channel of support. The solution also establishes the critical governance and delivery mechanisms required, embedding multidisciplinary, sector-owned, oversight of the solution.

Critically, the solution leverages national infrastructure and aligns with broader digital health initiatives, improving streamlined information capture to support service navigation and the flow of patient information between services. Leveraging Healthdirect's NHSD, Service Finder, and existing referral mechanisms, while also aligning to the HIE and National Healthcare Interoperability Plan, will enable the mental health sector to effectively connect with digital interoperability initiatives in the short-term, moving towards full integration of mental health in the Australian Government's digital health transformation agenda in the long-term.

The recommendations solve for the three key pain points that help seekers experience identified in this project:

- It is confusing to know what is out there that might help, how it will help, and the quality of the service.

- There are multiple systems that deliver mental health support and lack well-established pathways and co-ordination.

- Choice and control over where you can get help, what matters most to you, and privacy and anonymity are often missing across the help-seeking journey.

3.2 The solution consists of four key recommendations to address national gaps and coordinate the multiple systems that deliver mental health support

overleaf illustrates the proposed solution, comprised of four integrated recommendations focused on addressing the key national gaps and the limitations of existing initiatives.

Recommendation 1 is a consumer- and clinician-facing search, matching, and recommendation tool deployed everywhere people trust: to direct people to the supports that are appropriate for their needs and provide end-to-end support across the care journey. This involves the development of whole-of-system care pathways that provide the range of options available to help seekers on their journey, based on their level of need, type of need, and individual circumstances.

Recommendation 2 is a federated national mental health directory and information solution. Recommendation 2 involves the standardisation of mental health taxonomies and data collection methods from various existing sources. These components feed comprehensive, up-to-date, clinically safe service data and information into the tool. This recommendation proposes to leverage and enhance the NHSD to deliver the federated service directory solution, supported by information sharing mechanisms compatible with existing national infrastructure, and aligned to the National Healthcare Interoperability Plan.

Recommendation 3 enables warm referral and information sharing through interoperability. Recommendation 3 ensures that the solution is future proof and contributes to a long-term holistic solution compatible with national digital health initiatives.

Recommendation 4 connects all parts of the mental health system through **mental health representation in national governance bodies**, specifically the Council for Connected Care which oversees the current Interoperability Plan.

The remainder of this section outlines each of these recommendations in greater detail.

People in need...

CARE PROVIDERS *(SUPPORTING)*

↓

HELP SEEKERS

CARE NAVIGATORS *(SUPPORTING)*

Digital navigation solution...

RECOMMENDATION 1

A new search, matching and recommendation tool that integrates with existing websites, phonelines and practice software

MULTIPLE ENTRY POINTS
- Mental health landing page on Healthdirect
- Provider websites
- Clinical software

KEY NAVIGATION FEATURES
- Service and information finder
- Matching and recommendation
- Support for onward journey

RECOMMENDATION 2

A federated national mental health directory and information solution

ALIGNED NATIONAL APPROACH
- Co-design with community and experts
- Key mental health 'data domains'
- Aligned with standards (NGO-E; SNOMED-CT)

FEDERATED SOLUTION

Many locations and inputs contributing to a national directory, leveraging the NHSD

- Individual practitioners
- Services
- 'Data domain' leads
- New and existing databases

DATA COLLECTION AND UPKEEP
- National support for data capability
- Leverage and extend Provider Connect
- Support Medicare Mental Health Phone Service

Better navigation...

- MORE WIDELY AVAILABLE
- MORE AWARENESS
- MORE CHOICE AND CONTROL
- SHARED REFERENCE FOR REFERRAL

The right supports...

- **Direct to social support** models which offer a broader range of options than clinical models
- **Direct to the right support** which can help them navigate the system
- **Direct to the right service** through tools and information that are easily accessible and complete

RECOMMENDATION 3

Mechanisms to support information sharing and warm referral in alignment with national health interoperability initiatives

Align with ongoing digital health reform initiatives to **enable better smoother movement of help seeker information** (and **warm referral**).

RECOMMENDATION 4

Mental health connected care governance

Enable a broader reach of mental health system representation in relevant national digital health governance mechanisms, to **oversee development** and **align mental health to broader digital reforms.**

Recommendation 1: A new search, matching, and recommendation tool that integrates with existing websites, phonelines, and practice software[22]

As outlined in the case for change, it is impossible for help seekers to find information and appropriate care even when it is available, because there is no consistent way to identify needs and be matched to the right supports. It is not clear to help seekers or clinicians what may be available, and if a service is trustworthy or appropriate to meet their needs, or the needs of their patients.

The search, matching, and recommendation tool provides a solution to this problem through a nationally consistent interactive digital application that is integrated into the places where help seekers are looking and trust, e.g., websites, phonelines, and clinicians' practice software. This section describes the search, matching, and recommendation tool, how it works, its component parts, and the target experience that it can achieve.

What it is

The new tool provides consumers and clinicians with tailored information on supports and services – in the places they trust

The consumer- and clinician-facing navigation tool directs people to the supports that are appropriate for their needs faster and provides end-to-end support across the care journey. Consumers and clinicians can access a version of it **in the places they intuitively look for mental health information (and already trust)** and help seekers can easily share their needs **and preferences** to be matched to appropriate services, or filter services based on a range of criteria **that matter most to them**. Search and filter criteria could include but are not limited to availability, age, symptoms, location, cost preference (free versus fee-for-service), specific demographic factors, and sociocultural preferences. Consumers can also have direct access to their personal data and information through the navigation tool's outputs, e.g., PDF, email, or e-referral.

The navigation tool is interactive and web-based with options for help seekers to find the information they need. This builds on established solutions like Service Finder (Healthdirect) and elements of the current Medicare Mental Health website – formerly Head to Health (e.g., the content and some features).

The navigation tool has two primary functions: **direct service-finding** (robust directory navigation for users, including professionals, who know exactly what they need) **and matching and recommendation** (service and information suggestions based on range of inputs, for users who need help understanding the options).

Through **a modular 'widget',** the navigation tool is customisable to brand and context, enabling mental health websites and clinical software to cohesively integrate it within existing designs. The 'widget' is not just a link, but a self-contained tool that can be syndicated across a large and varied number of organisational websites, service

Navigation tools help people search and find information/data, surfacing results based on a user's chosen criteria, e.g., **Service Finder**
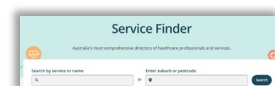
Symptom Checker
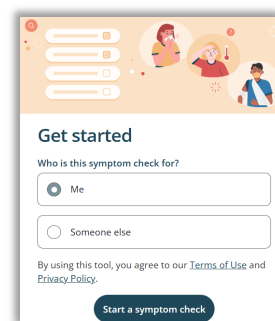
Built by one organisation, a widget is a self-contained, interactive tool or feature that can be embedded on the website of another provider to provide specific functionality, such as search or navigation, without requiring users to leave the platform.

"Healthdirect produces a free health widget and clickable buttons for health services and organisations to use on their websites. These provide quick access to the information on health topics and services that we manage, so organisations don't need to create and maintain their own content."

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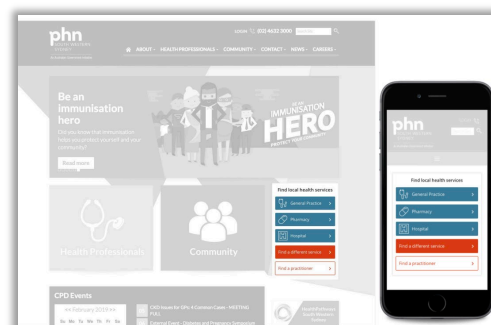
[22] Requirements and guiding principles for the design of the tool can be found in Appendix F.

systems, and embedded wherever help seekers are looking to leverage trusted brands. Help seekers and clinicians may engage with the navigation tool in the following ways:

- Interacting with the tool on an NGO's website e.g. Lifeline, SANE, Beyond Blue, ReachOut (see Figure 11).

- Looking for a service interacting with the tool on Healthdirect's website.

- Serving as the 'digital' experience for the NSW mental health front door.

- Featuring on a website catering to a specific population group or type of need e.g. on Q-Life's website, pre-filtered to organisations that are able to support LGBTIQ+ people; or on the SANE website pre-filtered to services that cater to those with severe and persistent or complex mental illness.

- Receiving support to find a service from a GP, as the tool is embedded into clinical practice software, and using workflows to find and refer to appropriate services.

- Being referred to the tool by a NEIS mental health support worker either before or after receiving low-intensity support, with the tool readily available to and accessible by all NEIS support workers.

- Being directed to the tool at a Medicare Mental Health Centre or a headspace centre to find appropriate supports, with the tool embedded into the Medicare Mental Health and headspace websites (see Figure 11).

Figure 11 | Example entry points to the integrated widget
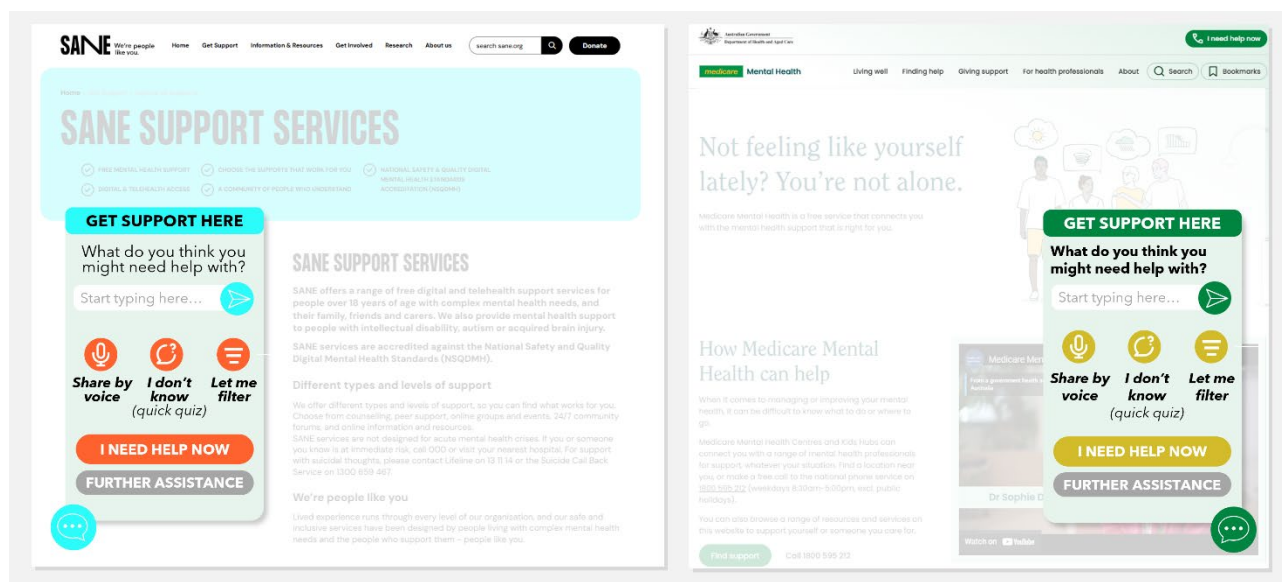
The ways help seekers, care navigators and professionals can interact with the tool is shown in greater detail in Figure 13 on page 27.

The navigation tool is also designed to enable help seekers to access many different sources of information and support, which is further discussed in Recommendation 2.

The current capabilities and existing infrastructure in Healthdirect – including Service Finder, the NHSD, and existing referral mechanisms – position it as the optimal delivery partner for navigation tool. Healthdirect have a proven approach to tool delivery and operation, which the proposed tool seeks to leverage to create a mental health specific experience. This is outlined in greater detail in the Implementation plan in Section 4).

The tool is easily configurable to various websites, platforms, and practice software – supported by backend service finding and matching functions

The navigation tool is powered by a service and information finder, and a matching and recommendation engine. The service and information finder provides the tool's search and filtering functionality, enabling help seekers, care navigators, and care providers to search for appropriate services by filtering according to needs and preferences, such as availability, service type, and cost. It draws on a content management system, using existing clinically validated information, starting with content currently hosted on the Medicare Mental Health website (formerly Head to Health) and updating this over time.

The matching and recommendation engine (and its user-facing interface) uses level of need, type of need, and individual preferences to determine appropriate services for help seekers, matching them to a suitable set of supports. In this way, the tool provides a range of options for help seekers to either filter and find supports directly if they know what they are looking for, or exploring, a range of options through matching their experiences, symptoms, and preferences to categories of services.

The tool integrates into websites as a widget, enabling consistent functionality and user interaction. The tool is also embedded directly in clinical practice software workflows, providing access to its functionality within existing software without disrupting a clinician's existing workflow. Similarly, the tool is embedded into phone line software, which allows call handlers to quickly and easily leverage the comprehensive service data and information provided by the tool.

The three core components of the tool's functionality are depicted in Figure 12 below.

Figure 12 | A new search, matching, and recommendation tool
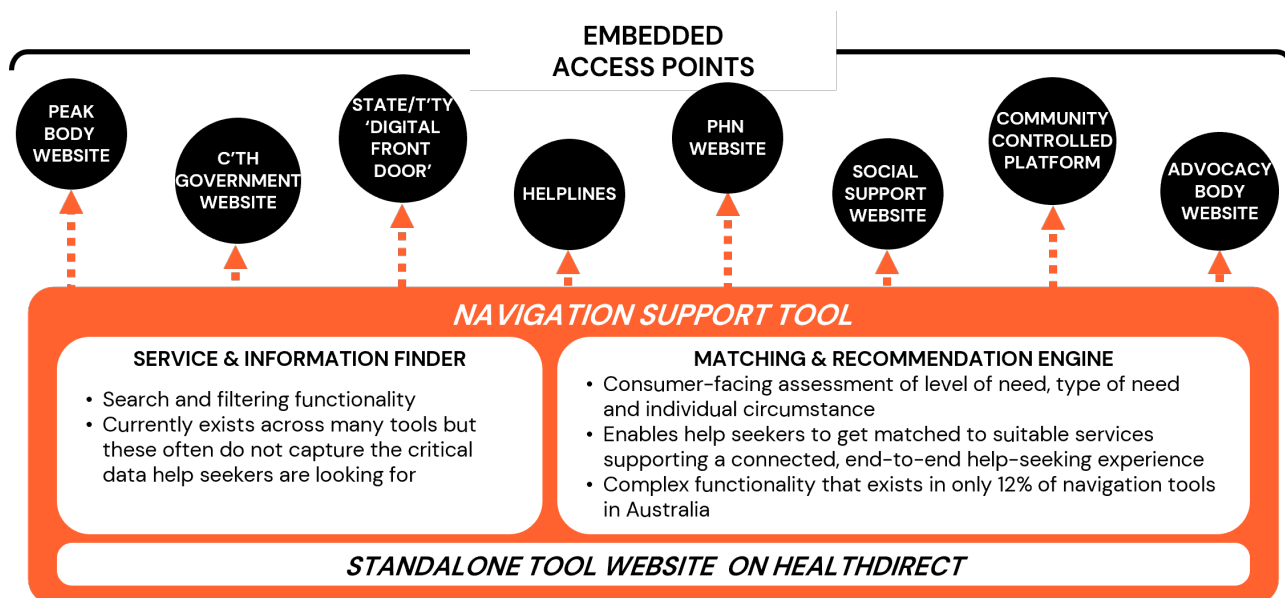
The tool meets people where they are through integration with established brands and solutions, in addition to its standalone functionality

Unlike previous attempts to solve mental health navigation challenges – which have introduced a new brand that has to compete with existing, trusted brands – integrating the tool into existing locations allows brands to adopt the tool and reach their specific audiences. The tool, once broadly adopted through flexible integration, can lift potentially over 200 touchpoints to a much higher standard of navigation support.

Likely targets for integration, highlighted in the engagement process, include:

- well-known NGO websites such as Lifeline, SANE, ReachOut, Beyond Blue, headspace, Kids Helpline, LGBTIQ+ Health Australia, 13YARN

- Primary Health Network websites

- Australian Government websites and platforms

- peak body websites such as RANZCP and RACGP

- adjacent support websites such as 1800RESPECT and the Alcohol and Drug Foundation

- practice management software used by GPs, psychologists, and other professionals.

The navigation tool thus enables a 'no wrong door' approach – help seekers, and the people supporting them, can access the tool and receive end-to-end navigation support wherever they start their search. It is important that the tool is available in a wide range of organisations as help seekers trust and engage with different services. The tool will also have a standalone landing page on Healthdirect's website (a new mental health landing page) to accommodate direct access across a full range of scenarios, where users may wish to access its functionality directly.

Use case: An experienced help seeker is looking for additional mental health support on Q-Life's website, and they come across a widgetised navigation tool on the home page. The tool is already filtered by LGBTIQ+- friendly services and supports, so the help seeker selects peer networks available in their region and the tool surfaces a list of available options. All the relevant service data for each option is in the tool, and the help seeker saves one of the options. The weekly meeting with a location is automatically added to the help seeker's personal calendar. The help seeker is confident in the cultural and clinical safety of the options provided on Q-Life's website.

The tool supports an end-to-end care experience

The navigation tool builds on the functionality of existing tools to support continuous care across the help-seeking journey. The end-to-end experience provided by the tool:

- ensures that information reaches people in places they trust and intuitively go to search

- shows services and supports that match well to people's needs (whether they know exactly what they need and their search is self-directed, or they require support to find out what they need through matching and recommendations)

- makes it easy for people to access and share the information they receive with the services and/or professionals of their choosing.

This continuous care experience is depicted in Figure 13 overleaf.

Figure 13 | The target experience
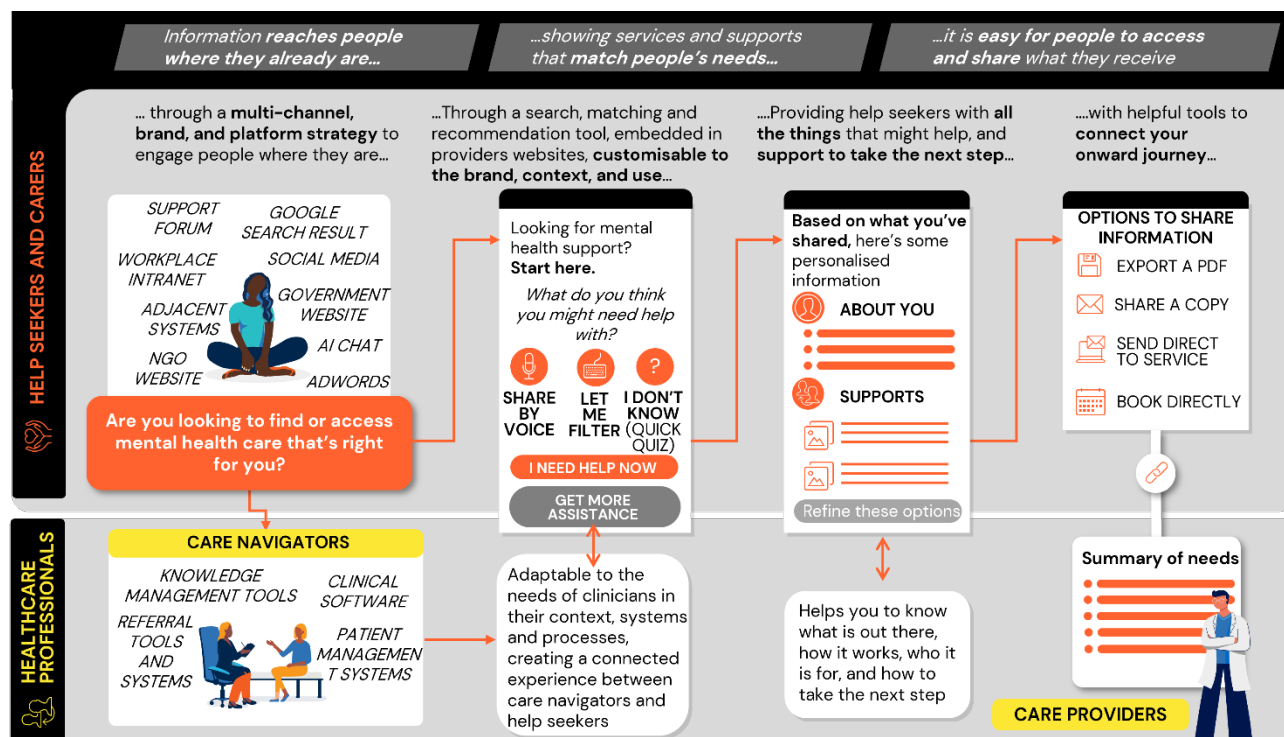
The tool embeds new mental health care pathways to inform the matching and recommendation engine, supporting the end-to-end experience

The tool's matching and recommendation functionality facilitates access to tailored information and support for help seekers based on their specific needs, contexts, and preferences. A key part of this involves embedding new care pathways into the tool. Care pathways define the most appropriate set of supports for help seekers based on their type of need, level of need, and preferences. These have been established for various mental health conditions (outlined in Appendix H), but existing pathways predominately prescribe clinical services, rather than considering all types of support and often neglect the type of navigation support people require to access the right help. Extending care pathways to include broader services in social and community settings ensures the tool can meet the diverse needs of users and direct them to the most appropriate support options.

New care pathways must meet the following criteria to enable the target experience:

- Support a decision about the right type of service or support.

- Have the capabilities to match to a specific set of services based on identified consumer attributes.

- Be designed for quick completion, with the ability to add detail by narrowing down services or supports where required.

The co-design of care pathways must be undertaken with clinical guidance to ensure the right balance of diagnostic, prognostic, and patient-reported questions. The design of care pathways remains the most substantial component of work required to deliver the navigation tool, discussed in greater detail in the Implementation Plan in Section 4.

The design of the new tool considers different functions of existing tools, working towards delivery of an end-to-end user experience

Current tools offer support for different parts of the help-seeking journey; from discovery to bookings, to sharing information with professionals. However, none of these support the end-to-end experience described in the target state, and none incorporate diverse care pathways. For example:

- Healthdirect operates **Service Finder**, a search tool of care providers listed on the NHSD, and **Symptom Checker**, an advanced clinical decision support system, used by clinicians to ask people about their needs. These tools, however, have broad clinical coverage and are not mental health specific. They also direct most mental health searches to GP's or an emergency department.

- The **Medicare Mental Health Head website** (formerly Head to Health) offers an online quiz that is highly specific to mental health, but its recommended services are limited to what is included in its directory, and the questionnaire is lengthy and does not cater comprehensibly enough to the needs of help seekers who know what they are looking for.

- The **IAR** is a shorter, clinician focused level of need assessment tool aligned to a stepped care model. It presents a valuable common framework that has been widely adopted, embedded within PHN processes with increasing uptake by GPs. It could form a helpful framework for information sharing, but it is not currently appropriate for non-clinically trained users, is not connected to service directory, and does not consider type of need or type of condition.

- **Mental Health Treatment Plans** outline the support provided to a patient by mental health professionals and when treatment should be provided. Treatment plans support identification of which services patients need, goal setting, and decisions on the best treatment options available. However, only certain types of therapies can be used under a Treatment Plan, limiting the type of support patients can receive and there is no standardised format for the mental health treatment plan.

- A wide range of other government, community, and private tools exist (102 navigation tools in Australia as of 2024), each with their own strengths and limitations.[23]

The design of the navigation tool must consider the different functions of the tools outlined above across the care journey to determine the end-to-end matching and recommendation strategy in the new tool. This activity is outlined in greater detail in the Implementation Plan. The new tool must also take into account for government's stepped care reform agenda, the diverse needs of help seekers (including priority populations), and how to integrate these elements effectively with the federated service directory and information solution outlined in Recommendation 2.

The tool helps people find specific services, service navigation supports, and information on mental health and self-help tools

The tool provides help seekers with high-quality, tailored information on services, encompassing clinical supports, peer supports, psychological supports, and links to broader social services. This is supported with service navigation supports, including other existing directories and local and regional phonelines. These elements are described in further detail under Recommendation 2.

In addition to service and navigation support, the tool also providers information on mental health and self-help tools. This content will initially leverage the high-quality information available on the Medicare Mental Health website (formerly Head to Health), which was developed through co-design processes involving experts, clinicians, and end-users. This approach ensures the tool is surfacing the right information and maximises the value of the co-design efforts that have shaped the Medicare Mental Health Head website. This content will evolve over time with ongoing co-design and input from the sector on appropriate content solutions, outlined further in the Implementation Plan.

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[23] Woods, C. E., Furst, M. A., Dissanayake, M., Koerner, J., de Miquel, C., Lukersmith, S., Rosenberg, S., & Salvador-Carulla, L. (2024). Mental Health Care Navigation Tools in Australia: Infoveillance Study. *JMIR public health and surveillance*, 10, e60079. https://doi.org/10.2196/60079

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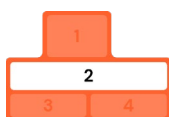
Recommendation 2: A federated national mental health directory and information solution

The search, matching, and recommendation tool outlined in Recommendation 1 cannot function without drawing on a range of high-quality and extensive sources of information and mental health supports that are available to meet the needs of help seekers. Currently, most mental health information is held in a variety of poorly-connected locations, in formats that are not usable in digital solutions such as manuals, PDFs, excel spreadsheets, and word documents. Several enabling components for better information sourcing are in place, including the National Health Services Directory and Provider Connect for updating provider information, and national mental health databases do exist (such as those maintained within the Medicare Mental Health website – formerly Head to Health).

The federated national mental health directory and information solution addresses the gaps with a comprehensive approach to sourcing, harmonising, organising, and presenting service data and information for mental health. This section outlines the mental health directory and information solution, how it functions, and how it will build on and enhance the existing infrastructure.

What it is

Enhancements to the NHSD will enable a federated national mental health service directory and information solution

The federated national mental health directory and information solution captures and consolidates existing mental health information and service data through a standardised taxonomy and consistent data collection methods, primarily driven through expanded usage of Provider Connect. It is delivered by enhancing the NHSD and establishing national standards and identifiers for mental health services. It bridges current service data and information gaps and provides the service and mental health information that will be presented as an output of the navigation tool.

The NHSD is a comprehensive, national directory of health services and practitioners managed by Healthdirect Australia. It provides nationally consistent information about health and related services to enable consumers to make appropriate choices when seeking healthcare services.

How it works

The federated solution is underpinned by a consistent taxonomy and data structure, enabling data capture from multiple sources and ensuring data upkeep through quality assurance mechanisms

The federated solution is delivered through enhancing and expanding the architecture of the NHSD to be specific to mental health. It functions through a nationally aligned approach to taxonomies and data structures, used to harmonise existing directories and information, supported by mechanisms to ensure data is kept up to date. These core components are described in further detail below.

The federated solution is structured by consistent standards and identifiers for mental health services. This requires updates of taxonomies for conditions and symptoms, as well as for services. Systematized Nomenclature of Medicine Clinical Terms (SNOMED-CT)[24] is the current taxonomy used and updated by the NHSD and is widely supported across Australian health sectors. This taxonomy requires updates to categories and terminology for mental health to effectively be leveraged and support the NHSD to deliver the federated solution. The updated taxonomy will also build on Mental Health Non-Government Organisation Establishments National Best Endeavours Data Set (MH NGOE NBEDS)[25], which is structurally well-suited to support navigation of services but is currently incomplete and under-utilised. These revised taxonomies will support the federated solution to collect the range of mental health support services that exist, including local- and community-delivered services and poorly-defined service types.

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[24] Systematized Nomenclature of Medicine Clinical Terms, an international taxonomic standard covering all medical terminology, administered in Australia by the CSIRO.
[25] 'Mental Health Non-Government Organisation Establishments National Best Endeavours Data Set', an existing but incomplete and intermittently updated dataset that captures a wider range of NGO services.

The service data and information in the federated solution is updated from multiple existing sources and harmonised through consistent standards and identifiers, leveraging existing directories and Provider Connect – a mechanism that supports both manual and automatic updates of provider data. The solution also draws on quality sources of mental health content (e.g. on conditions, symptoms, lived experience accounts), validated through clinical governance processes. Data librarians support continuous improvement of the federated solution through:

- quality control and assurance of incoming data

- capability uplift across mental health services to ensure their information can be captured and updated in the solution

- ongoing uptake and enhancement of Provider Connect to increase available data on service type, intended cohort, availability, and wait times.

This directory powers the information and data surfaced by the search, matching, and recommendation tool, making it readily accessible to help seekers, care navigators, and clinicians. The core elements of the federated solution are depicted in Figure 14 below.

Figure 14 | Key elements of the mental health directory and information solution
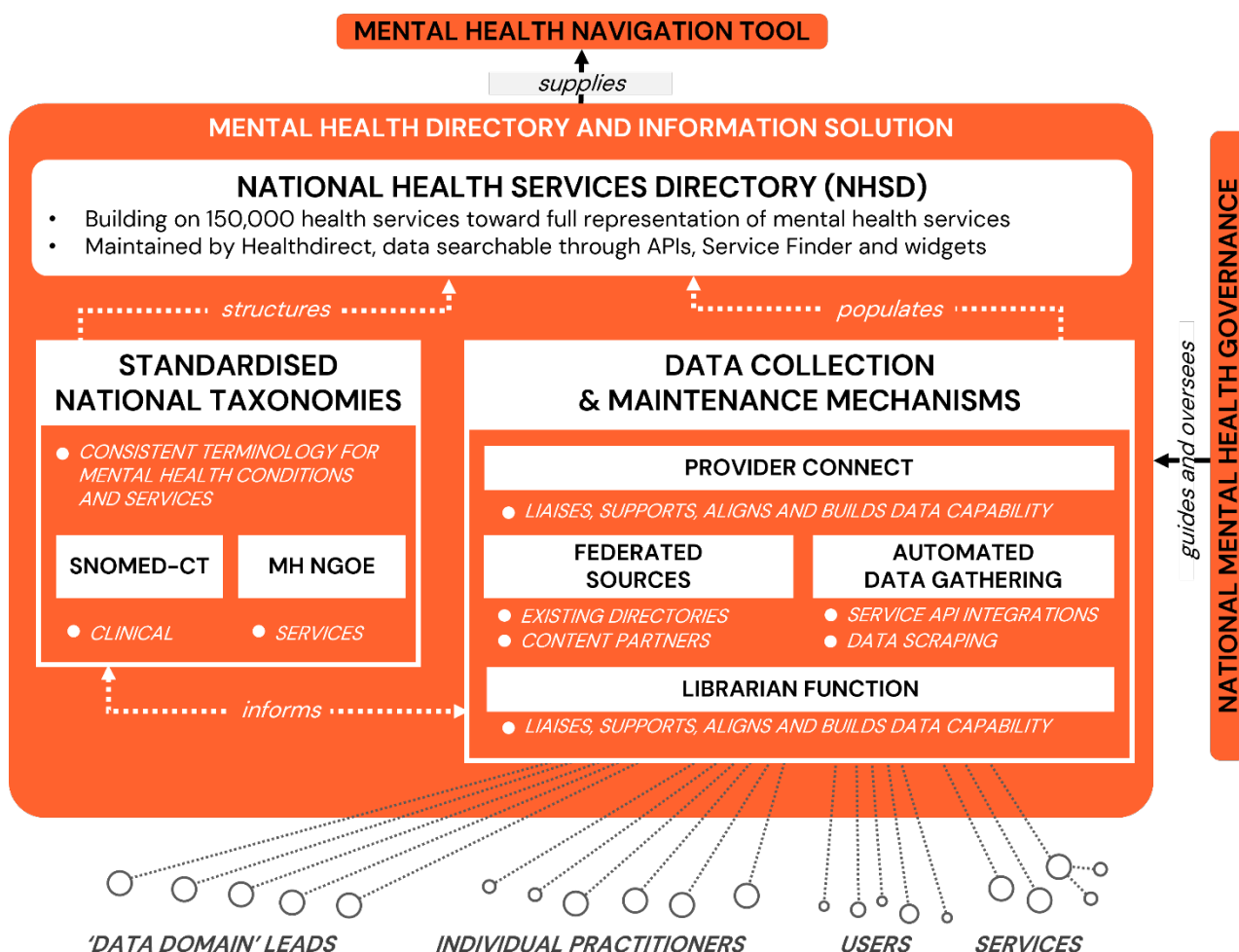
The federated directory and information solution brings together a wide range of mental health service data and information structured by nation-wide standards

Over time, the federated solution will create a single point of reference for all mental health services, reducing ongoing proliferation

The federated solution supports the NHSD to become the source of truth for all mental health services and information. Initially, the NHSD will draw from other directories through a federated model. This includes state-based directories, PHN-operated directories, directories maintained by peaks and colleges (e.g., Find A Psychologist, Find A Psychiatrist), and NGO service directories. Over time, this federated model positions the NHSD to reduce the proliferation of directories as a singular, reliable source help seekers and clinicians can depend on, thereby minimising duplication of effort and resources. Additionally, it will align all integrated directories to national standards, ensuring consistency and accuracy and supporting interoperability of service data and information.

A solution of this scale and sophistication has not been developed for mental health, and the system has relied on SNOMED-CT – an international clinical healthcare terminology, and MH NGOE NBEDS – an outdated taxonomy with narrow scope. A key reason why previous attempts have not solved the problem is due to reliance on these taxonomies, which are not fully fit-for-purpose for mental health in the Australian context. A revised MH NGOE NBEDS will provide the taxonomy for local community services within Australia, which can then enhance the NHSD taxonomy. By standardising and consolidating information and service data, the NHSD will address the critical gaps in mental health service data and information, providing a unified solution that enhances accessibility and reliability for help seekers and clinicians nationwide.

The federated mental health directory and information solution reduces complexity and fragmentation in the current information layer, without limiting choice

The federated solution includes both service data and mental health information, to consolidate the wide range of conflicting sources help seekers and professionals currently engage with when looking for options for mental health support. This includes connection points to service navigators, peer networks, and broader relevant supports. As established through the three navigation pathways outlined in Figure 8, help seekers have various needs when looking for support which require different levels and types of navigational support.

To address this diversity, the federated directory solution embeds navigation support to provide help seekers with not only a complete listing of available services but also the tools and guidance necessary to access the most appropriate support for their individual circumstances. This involves incorporating access to service navigators and peer networks who can assist help seekers with more complex, co-occurring, and/or intersecting needs.

Help seekers are looking for critical information including availability, costs, exclusions, and eligibility criteria. There have been several attempts to collect and standardise this information for some areas of mental health, but without systematised data collection and consolidation, these solutions quickly become out-of-date and add to the complex and conflicting information layer. The federated solution rationalises this information without limiting choice for help seekers and professionals, by consistently capturing and presenting the wide range of mental health services and supports that exist.

The solution is underpinned by a nation-wide, whole-of-system standard

The directory and information solution requires development of a nation-wide standard by building on sophisticated national infrastructure that can accommodate a diverse range of source inputs for service data and provide information in response to queries at the same large, national scale. The NHSD, run by Healthdirect, is the most suitable delivery partner for the federated solution, as it already supports and delivers the core enabling infrastructure for comparable solutions outside of mental health. For example, the NHSD supports the key taxonomy standards required enabling easier taxonomic updates, has already implemented data services supporting 'widgetised' directory tools (with bookings support), and has ongoing 'expansions' for additional service types (e.g. pregnancy, birth and baby). It also has early mental health features to build from, and mental health expansion already in its product roadmap.

It is important to note that it is not currently fit-for-purpose for mental health – significant enhancements and extensions are required. However, its capabilities, existing tooling, and replicable approaches provide a significant head start, with the added advantage of better future cross-compatibility between health and mental health navigation. This strength in interoperability also extends to other current and future tools, which the NHSD provides with data through automated Application Programming Interfaces (APIs), meaning mental health data collated within it can unlock significant value in unanticipated areas, with little or no additional investment.

As mental health has a high degree of service crossover with other types of services, the work to establish more fit-for-purpose, nation-wide mental health standards will also lay groundwork for potential future harmonisation of national standards with other areas, such as disability services, Alcohol and Other Drugs (AOD), and Family and Domestic Violence (FDV). By building nation-wide mental health standards, the federated solution supports ongoing coordination and rationalisation toward consistent, future proof, approaches to system navigation.

The nation-wide, whole-of-system standards adopted by NHSD to deliver the solution also provide critical avenues for community-controlled processes to develop taxonomies, standards, and identifiers for services that are not currently well equipped or integrated with any activities or initiatives, for example, for Social and Emotional Wellbeing programs.

"Our vision is to establish ourselves as the definitive source of health service information in Australia, empowering individuals to make informed healthcare decisions and assisting healthcare providers in delivering quality care.

We aim to accomplish this vision by leveraging the power of data, innovation, and collaboration to create a comprehensive and trusted healthcare services directory accessible to all Australians.

– Vision & Purpose
National Health Services Directory

The solution embeds mechanisms to ensure data is maintained in the enhanced NHSD

To ensure the enhanced NHSD supports the tool effectively, it will be important for data and information to be kept up to date – this can be achieved through expanded usage of Provider Connect and a 'librarian' function.

Provider Connect is an ADHA initiative that allows healthcare provider organisations to update their service/provider information in a single source, improving accuracy and reducing duplication. It enables providers to maintain a single master copy of practitioner and service details and automatically send updates to all connected partners. Provider Connect is a built-out, scaled, and tested solution for updating service information that is connected to the NHSD,[26] making it highly suitable to support data collection and maintenance in the federated directory solution. While Provide Connect is in its early stages and will be continuing to expand and increase adoption, this solution harnesses the opportunity offered by Provider Connect to promote buy-in across the mental health sector and bolster recruitment of more providers to use Provider Connect.

The 'librarian' function will be the critical human conduit between the centralised solution and decentralised sources of data and information. Librarians will lead key activities, including:

- connecting with the sector 'domain leads' to aggregate and consolidate data across different professions, service types, and community groups

- developing design considerations for a consistent taxonomy and ongoing structural elements – this function will be necessary to build understanding of the national design and build sector capability to ensure all parts of the mental health system can participate effectively

- supporting the Medicare Mental Health Phone Service (formerly Head to Health phoneline) to extend their reach in system mapping, uplifting data collection, and upkeep

- identifying early cases in which Provider Connect may not be suitable or feasible for data collection, and/or maintenance, and advise on the most suitable approach to ensure continual quality assurance of data.

Librarian costs are expected to become more efficient over time as Provider Connect is fully implemented and directories are wholly integrated with the federated solution.

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[26] Listings in Provider Connect and the NHSD are linked – updates in one are reflected in the other.
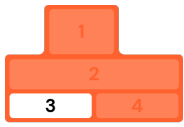
Recommendation 3: Enable warm referral and information sharing through interoperability

The fragmentation and lack of interoperability across the multiple systems that deliver mental health supports results in help seekers needing to re-tell their story each time they engage with a new service. Attempts to create more continuous pathways via national data standards and sharing platforms have not been consistently adopted, especially in mental health. This is evidenced by the low uptake of My Health Record among specialists.

Warm referral and information sharing can be enabled through interoperability to address this challenge. This is achieved through promoting coordinated uptake of data sharing that not only connects the different systems that deliver mental health services together but also integrates mental health with the broader government interoperability initiatives. This section outlines how warm referral and information sharing is enabled through interoperability and how this builds on the other recommendations, as well as current and planned initiatives of the Council for Connected Care.

What it is

Enabling functions aligned to national health interoperability initiatives support the flow of consumer information between services

The search, matching, and recommendation tool will support movement of help seeker information by being designed for interoperability, which will allow mental health to connect with broader clinical and health information systems supporting interoperability initiatives. This will be achieved through prioritising mental health use cases that can be embedded into the tool and are connected through a common language for mental health referral. Priority use cases include:

- continuity of search results/care navigation experience
- support of consumer self-referral and eligibility assessment
- referral of a consumer between care providers.

In addition, the tool will provide resources and outputs that can be used irrespective of the degree of integration between services and the tool, including PDF summaries of needs assessment and results, patient downloadable reports, and user accounts to save information. A range of enabling functions and processes are required to cater for the varying levels of digital maturity of consumers, clinicians, and community managed service providers.

How it works

Information sharing and warm referral will be enabled by a set of 'quick win' features, working towards interoperability in the long-term

The search, matching, and recommendation tool will support movement of help seeker information through low-tech mechanisms in the short-term, moving towards alignment with interoperability initiatives (such as Health Information Exchange, Individual Healthcare Identifiers, and HL7 FHIR standards) in the long-term. This will drive digital maturity uplift across the entire mental health system.

The tool can take immediate steps in the short term to enhance interoperability and streamline the help seeker journey while long-term, broader healthcare solutions progress. These include:

- User-generated solutions for help seekers to export and share their needs with care navigators and health professionals, including PDF, screenshots, and emails with summary information.
- Secure messaging and SMS to support the delivery of messages containing documents and/or consumer other information between services and for consumers.
- Integration to booking systems that exist to enable a seamless experience when accessing services.

In the long-term, the functions enabling information sharing in the tool will align to the National Healthcare Interoperability Plan through the inclusion of mental health use cases in national interoperability initiatives. The National Healthcare Interoperability Plan provides a framework and approach to achieving a more connected healthcare system and includes a roadmap of priority actions and resources to help transition to more unified digital health platforms. A part of the plan is the HIE, a planned technology solution to enable the secure electronic sharing of patient health information among authorised healthcare providers, organisations, and consumers. This is supported by HL7 FHIR standards and Individual Healthcare Identifiers (IHI).

These initiatives, along with other enablers such as the NHSD, My Health Record, and Provider Connect are all working towards a more connected and interoperable health system. Mental health can leverage these solutions through advocating for mental health use cases in interoperability initiatives. This is a longer-term vision, requiring mental health representation in governance of the Interoperability Plan and related activities (outlined in Recommendation 4).

What is different

A common set of information to share as part of a mental health referral from the navigation tool supports interoperability across providers and services

A common language for mental health referral will be agreed on to support onward movement of consumer information, eventually enabling warm referral across the healthcare system. There are several frameworks that attempt this for mental health referral, which will be considered in the design of a common language. This includes the eight domains of the IAR and associated level of care, as well as how this intersects with Mental Health Treatment Plans. An activity is required to assess the common referral language that existing tools and approaches have sought to establish, and progress an agreed-upon, suitable language, to support long-term interoperability. This is outlined further in the implementation plan.

A priority body of work for mental health in interoperability initiatives will support whole-of-system information sharing and warm referral

As outlined in the long-term vision above, mental health has not been explicitly included as part of the National Plan and Roadmap to progress interoperability. This solution advocates to include mental health in national collaboration initiatives, addressing the challenge of different parts of the system and sector continuing designing, and pursuing independent plans to boost interoperability. Mental health use cases in interoperability initiatives also promote ongoing digital uplift within the mental health system.

Interoperability across mental health will progress rapidly by adhering more closely to the national roadmap and advocating for a priority body of work for mental health. This will be more cost and time effective than designing a parallel roadmap and enable a more continuous experience for help seekers across all the systems they engage with on their journey.
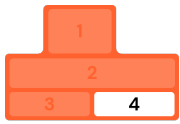
Recommendation 4: Mental health connected care governance

The multiple systems that deliver mental health services are not well connected, and they do not align to the national interoperability initiatives. As a result, existing navigation solutions seek to solve parts of the problem without coordination, which reinforces siloes and creates additional fragmentation. Mental health connected care governance addresses this challenge by establishing a voice for mental health in national governance mechanisms, promoting collaboration, coordination, and alignment on interoperability and digital navigation initiatives (including the search, matching, and recommendation tool and a federated directory and information solution).

This section outlines the proposed mental health connected care governance, how it works, and what is required to embed mental health in existing national governance mechanisms.

The ADHA has invited new members to the Council for Connected Care to represent mental health, including the recently appointed CEO of the National Mental Health Commission, and digital navigation project lead and SANE CEO Rachel Green, who brings digital mental health NGO, sector, and lived experience expertise. This significantly enhances the voice of mental health systems improvement within the council.

What it is

Mental health representation in key national governance bodies promotes collaboration and alignment on interoperability initiatives

Mental health connected care governance involves mental health representation in the ADHA's Council for Connected Care, to link the systems that deliver mental health care, providers, and jurisdictions together. The ADHA's Council for Connected Care, established in June 2023, is the governance body for the National Healthcare Interoperability Plan and provides strategic advice on interoperability (the Council's Terms of Reference can be found in Appendix L). As outlined on its updated website page as of 11 March 2025, [27] the Council sets out to:

"1) identify opportunities to accelerate interoperability in various parts of the health system and ways to harness these opportunities

2) facilitate and support the implementation of the *Connecting Australian Healthcare – National Healthcare Interoperability Plan 2023–2028*

3) promote and garner support for digital health initiatives that drive connected healthcare

4) identify barriers to achieving interoperability and ways to overcome them." [28]

The Council is supported by working groups that function as subcommittees – they consist of a subset of existing Council members with specific expertise.

This recommendation proposes the inclusion of mental health representatives on the Council and the establishment of a new Mental Health Working Group (or sub-committee) adjacent to the Council for Connected Care, made up of Council members, to provide strategic advice on priority activities to embed mental health in the delivery of national initiatives and their associated activities. This structure is outlined in Figure 15 overleaf, and is fully aligned to the approach for other health systems. The operational oversight and delivery of activities will be supported by project delivery teams, outlined further in the Implementation Plan, and delivery model section.

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[27] The Council for Connected Care's website can be found here: https://www.digitalhealth.gov.au/healthcare-providers/initiatives-and-programs/interoperability/council-for-connected-care
[28] Australian Digital Health Agency. 'Council for Connected Care'. Available from: https://www.digitalhealth.gov.au/healthcare-providers/initiatives-and-programs/interoperability/council-for-connected-care

Figure 15 | Mental health connected care governance
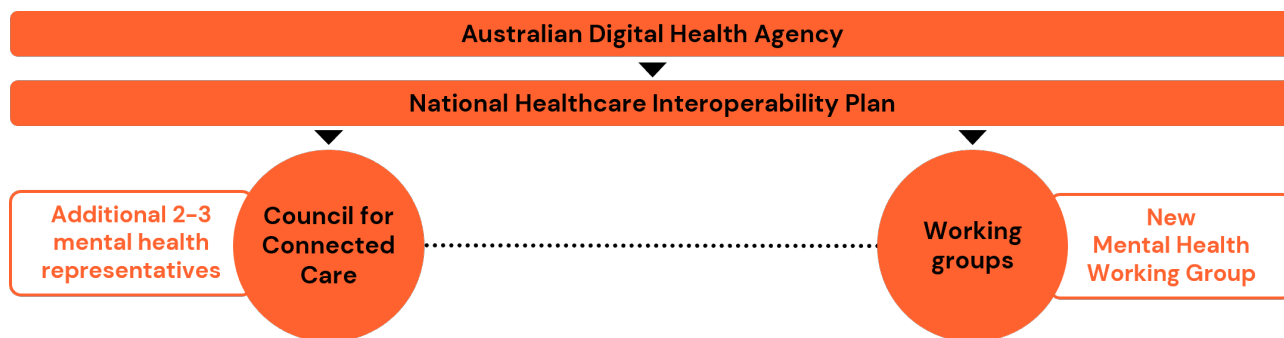
How it works

There are two changes required to represent mental health in national interoperability governance arrangements

Mental health connected care governance involves two key parts:

1. The inclusion of two to three additional mental health representatives in the Council for Connected Care (the Council), which oversees the implementation of the National Healthcare Interoperability Plan and roadmap.

2. The establishment of a new Mental Health Working Group made up of Council members (in line with the Council's existing approach) to ensure the Council adopts the Digital Navigation initiative and associated recommendations within its broader workplan. The Mental Health Working Group will also oversee priority digital navigation activities, ensuring that the sector plays a central role in their design, development, and delivery.

A Terms of Reference will be developed by the Mental Health Working Group, in alignment with the working model agreed by the Council and the activities and workplan. The Mental Health Working Group will likely need to meet more frequently than the Council – which currently meets quarterly – during the early phases of embedding mental health in interoperability activities and establishing the project to develop recommendations one two and three. The Mental Health Working Group will need to consider representation across several parts of the system, outlined on the following page.

What is different

Mental health connected care governance embeds mental health in current initiatives supporting whole-of-system interoperability

Mental health representation in the Council for Connected Care enables the inclusion of mental health in national interoperability initiatives

The Australian Government has established several initiatives to progress national healthcare collaboration and interoperability. The Digital Health Interoperability Plan, the Health Information Exchange, and the Council for Connected Care all seek to drive standardisation and establish effective care pathways. The National Healthcare Interoperability Plan[29] specifically defines the foundation, vision, and enablers for better system navigation, and is governed by the Council for Connected Care. The council has 37 members and is chartered to provide strategic advice on interoperability and support implementation of the Plan.

Government has also introduced a roadmap – under the Interoperability Plan and governed by the Council for Connected Care – to create national data standards and a more connected healthcare system. The mental health system is notionally involved in plans, but it does not have consistent, dedicated representation. The addition of mental health representatives to the Council for Connected Care ensures the mental health system is included in government's rapid progression of interoperability and broader digital health transformation.

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[29] https://www.digitalhealth.gov.au/about-us/strategies-and-plans/national-healthcare-interoperability-plan

A Mental Health Working Group in the Council will oversee mental health digital and data initiatives to address navigation challenges and progress interoperability

The role of the Mental Health Working Group, made up of suitable Council members, is to commission and oversee relevant activities to support uplift of interoperability and digital navigation initiatives in mental health. This encompasses future projects recommended by the Digital Navigation Project:

- development of a search, matching, and recommendation tool and its supporting federated national directory and information solution
- agreement on care pathways
- promotion of technology uplift and readiness across the several systems that deliver mental health support, particularly NGOs.

The Mental Health Working Group would play a more active role in supporting implementation and is accountable for steering the outcomes of initiatives. The Working Group will provide strategic advice to support future digital and data projects designed to improve interoperability. This may include supporting commissioning or establishing the specific requirements for projects. The Working Group will focus on ensuring mental health is considered across the multiple activities in the Interoperability Plan.

The Mental Health Working Group represents and is connected to the multiple systems that deliver mental health services

The Working Group represents mental health in broader digital health and interoperability discussions. The exact makeup of the working group should be agreed with members of the Council for Connected care, seeking to ensure representation of the diversity of needs and experiences of the system and help seekers. As such, the following requirements should be considered to select new members to join the Council and establish the Working Group:

1. Representation from mental health clinical professional peaks or colleges with care pathway leadership, such as Australian Psychological Society, and Royal Australian and New Zealand College of Psychiatrists.
2. Representative body for national, local, and community mental health services.
3. Representative of family and or carer perspectives, given the critical role families and carers play in supporting individuals with mental health concerns.

4 Implementation plan

Implementation of the four recommendations will require a collaborative and multi-disciplinary approach to governance and delivery, with expertise spanning technology, data, clinical, lived experience, and co-design. The voices of lived experience, priority populations, and sector expertise must be embedded across all activities to address historical bias of care pathways (which have not placed enough focus on psychosocial, community, peer, and other supports that exist).

There is also a need for extensive technology capabilities spanning data science and engineering, expertise in developing content management systems, integration frameworks, and front-end interface design to align with national initiatives and standards. It is recommended that Healthdirect plays this role, given their current capabilities in supporting healthcare navigation for the health system and stewardship of the National Health Services Directory.

Implementation of the recommendations should be phased over five years. The initial release should be focused on launching a tool that can be widely embedded, leveraging existing Healthdirect capabilities including the service finder and content in the Medicare Mental Health website (formerly Head to Health) and enhanced services within the NHSD.

A second release will then include the co-design of new care pathways, operationalised through a matching and recommendation tool which is appropriate for use by care navigators and providers. In addition, the second release should further expand the NHSD to include a broader set of non-clinical services, as well as the co-design of new care pathways, operationalised through a matching and recommendation tool which is appropriate for use by care navigators and providers.

This section outlines the implementation plan, including the critical success factors which have been developed through consultation with the sector, Healthdirect, and the ADHA. This section also includes detail on the recommended phasing of activities.

4.1 Implementation success factors

Establish a unified multi-organisation delivery model

Stakeholders engaged throughout this project have highlighted the need for diverse skill sets spanning mental health sector expertise, lived experience, technology, data, and clinical expertise to support effective implementation of the recommendations. Bringing together these different skill sets will require a multi-organisation delivery model.

The key challenge with the need for multiple organisations in delivery is ensuring alignment, co-ordination, and focus on addressing the overall outcomes sought through the recommendation. Therefore, implementation should be planned as a cohesive program of work rather than a series of projects, with continuous oversight from the mental health working group, and consistent program leadership. Achieving cohesion will take careful procurement planning and consideration of the right partners, approaches, and methodologies. Figure 16 below outlines the recommended delivery model to achieve this alignment.

Figure 16 | Delivery model
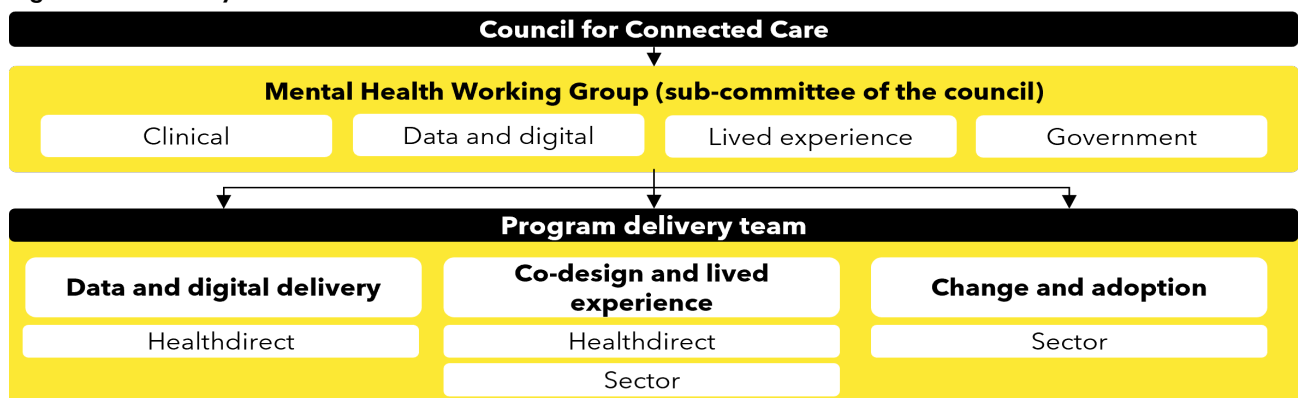
Ensure strong and representative governance over the implementation of the recommendations through the Council for Connected Care

Consultations with leaders of national mental health services, Healthdirect, and the ADHA have highlighted the importance of effective governance for the implementation of the recommendations (see Appendix K for the list of organisations who endorsed and provided feedback on the recommendations). This includes the importance of streamlined governance alongside ensuring the design, delivery, and operations are well aligned to reform objectives and minimise risk. Figure 16 above outlines the key layers of the delivery model including:

- Strategic oversight and direction from with the **Council for Connected Care and Mental Health Working Group** (outlined in Recommendation 3: Mental Health Connected Care Governance).

- **A program delivery team** made up of members and leaders of organisations as well as leads for specific capabilities including clinical oversight, including representation across key governance domains including digital health, technology and data, clinical delivery and clinical risk, lived experience, priority populations, and government.

- **An appointed program director** with extensive experience working across the mental health system to deliver complex multi-organisation change, establishing care pathways, with an ethos grounded in the needs of people with lived experience, and with digital and data implementation experience. The program director would work with technical experts including clinical, and technology and data leads, and be ultimately responsible for the delivery of the recommendations and report to the Mental Health Working Group and the Council for Connected Care.

A sector led approach to co-design and change management will support widespread adoption

Widespread use of the Navigation Tool by help seekers relies on all organisations who support care navigation adopting and embedding it into their websites, digital platforms, and processes. Deliberate and ongoing change management will be required to achieve this outcome through a range of mechanisms including:

- campaigns and outreach promoting the benefits, tailored to their audience and context

- contractual requirements

- integration support and training and upskilling of care navigators.

Additionally, there will need to be efforts to improve the uptake and maintenance of mental health services data and information of the NHSD, and Provider Connect. An incremental delivery approach to the build and rollout of the navigation solution will achieve speed to impact for the consumer, recognising that the full solution represents a multi-layered maturity uplift across the mental health system and in line with key strategy and architectural decisions during the ADHA's Interoperability Roadmap.

A sector led approach to managing the change will be most effective, building trust and buy in, developing feedback loops to continue improving the Navigation Tool and NHSD over time. PHNs, Medicare Mental Health Phone Service, and state 'front door' initiatives should also be a critical partner in supporting mapping of services in their region into the NHSD. This will assist and encourage the uptake of Provider Connect, providing information and resources to services within their region, and to encourage or require services they commission to use or embed the Navigation Tool.

A government commissioning process should identify organisations from the sector to deliver the following (in consultation with Healthdirect and with the support and guidance from the Mental Health Working Group):

- co-design for the tool, care-pathways, and the directory solution

- priority population co-design for the tool care pathways and directory solutions

- change management and supporting adoption with the sector on the tool, and directory solution

- expertise required for the development of care pathways

- support for the 'librarian' activities to map and maintain services across the sector

- governance of the tool, directory, roadmap, and care pathways.

Leverage Healthdirect's established system navigation, digital and data solutions

The digital navigation solution must embed strong technical expertise and be supported by robust infrastructure that aligns to privacy, security, and other digital health standards.[30] [31] Digital and data partners for delivery should demonstrate the ability to successfully embed an understanding of user design to ensure the tool is fit for purpose; have the right infrastructure to support infrastructure and operational requirements to ensure the tool is implemented and well-maintained; and build on and connect with other critical infrastructure to leverage existing capabilities, avoid duplication, and support interoperability.

Healthdirect is the recommended technology delivery partner: It is recommended that Healthdirect be contracted by the Department under existing shareholder arrangements as the delivery partner for the navigation tool and mental health service directory components of Recommendations 1, 2, and 3, with guidance from ADHA and Council for Connected Care as the lead for the National Healthcare Interoperability Plan. Healthdirect is well positioned to rapidly implement a solution by leveraging their current capabilities and governance structures, having:

- established national governance with Australian, state, and territory governments

- established and validated clinical governance model, which includes advanced AI clinical decision support experience

- accountability for administering and maintaining the NHSD (on behalf of the Department)

- adherence to, and updates, the national taxonomy standards (SNOMED CT-AU) via an established mechanism with CSIRO (the responsible entity for standards in Australia)

- existing operating model to work with service providers to develop a syndicated widget solution for its service finder and the future matching and recommendation solution

- experience in TGA approval and ongoing certification

- strong brand recognition and high website traffic when compared with similar organisations – Healthdirect had 53 million website visits in FY2022-23, which was four times the usage traffic of the nearest competitor.

This will enable significant cost-efficiencies in the development of the tool and directory solution.

Are there any other options? It would not be feasible for any other organisation in Australia to deliver on the scope of the recommendations within a reasonable timeframe or budget. They would need to:

- begin development from a lower level of maturity in infrastructure to support healthcare navigation

- liaise closely with Healthdirect to integrate the solution with the NHSD (this would be recommended to avoid duplication and creation of new directories)

- build relationships and partnerships (and related supports) to maintain high quality information and service levels in all jurisdictions.

Allow sufficient time and resources for codesign and community led processes

Ongoing co-design with help seekers is required to ensure the digital navigation solution genuinely meets their diverse needs. Co-design should include both experts across the sector, with those with lived and living experience seeking help for mental health, and with care navigators and providers. A particular focus of co-design should be the leadership from priority population groups identified in the Project overview. This co-design would build on engagement completed through this project, and be focused on building on insight, rather than completing initial discovery or problem definition activities. Critical groups to engage in co-design include Aboriginal and Torres Strait Islander people, LGBTIQIA+SB people, culturally and linguistically diverse people (especially refugees and recent migrants), children, younger people, parents, carers, people with specific conditions including neurodiversity, eating disorders or cognitive disabilities, and people with complex and intersecting needs.

These groups have been identified through the research as currently facing additional barriers, requiring unique or nuanced solutions to ensure trustworthy, and safe service delivery. Most of these groups will engage more effectively with non-government branded or delivered navigation services, enabled through the de-centralised delivery of the tool.

Co-design is particularly required for the development of care pathways, design of the matching and recommendation solution, and the design of the mental health services taxonomy. The implementation plan accounts for these critical co-design activities through multiple releases as well as specific through grants and sector co-design activities.

Consider interdependencies with other initiatives

The Australian and other jurisdictional governments are implementing, or have, implemented several initiatives that intersect with the recommended solution. Effective delivery should seek to align with, support, or rationalise (especially where there would be risk of further proliferation of similar tools) these initiatives, including:

- The NEIS, which provides low intensity supports. It is intended to be available to consumers in early 2026 and will require effective pathways for help seekers to find and be referred to the service and will require a tool to provide onward referral or recommendation.

- The IAR and Link-Me tools which provide a limited set of the functionality described in the recommendations, and which could be incorporated into the solution, or not. The future direction of these tools should be considered in light of the recommendations of this report with a view toward reducing the number of similar, but not interoperable or connected government supported tools, in favour of a cohesive end to end experience (which may be made up of several interoperable tools).

- Medicare Mental Health Phone Service provide regional care navigation services to connect people with a wide range of supports. Part of their role is providing care navigation services, which could be supported by the tool. Another part of their role is maintaining up to date understanding of the services within their region. This role should be supported and enhanced by leveraging the directory and information solution and Provider Connect.

- The delivery of state front door initiatives, in particular, NSW has commissioned Healthdirect to deliver the state's single front door solution and would benefit greatly from leveraging a national solution. South Australia and Victoria have also piloted expanded virtual care pathways through Healthdirect. All states and territories are seeking to deliver better co-ordinated pathways (see Appendix N for an overview of current state initiatives identified) but are often lacking the enabling capabilities which will be developed through the implementation of the recommendations.

Ensure ongoing alignment to government policy and system reform agendas

The Department should oversee the transition to a sector-operated approach for the mental health navigation solution. It should maintain ownership of the overall strategic and policy direction of the solution, as well as leading business case development and ongoing procurement activities. Additionally, the Department will need to maintain the Medicare Mental Health (previously Head to Health) website and service directory until the service directory and website content have been transitioned to the new solution.
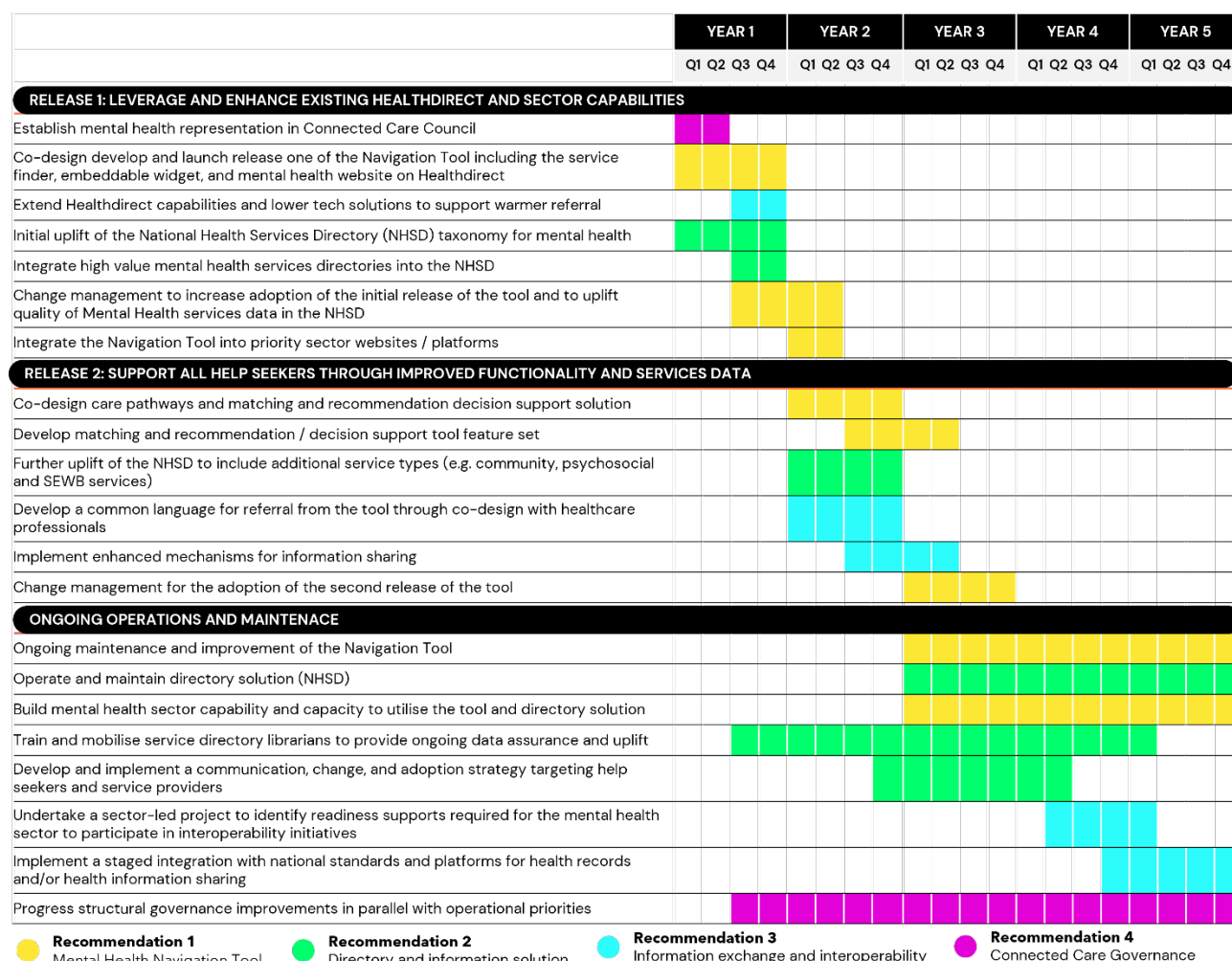
4.2 Overview of implementation timeframes and activities

Implementing the four recommendations will require a phased five-year workplan

Implementation of the recommendations should be phased over five years. The activities and expected timeframes for implementation are outlined below, with further detail on the detailed activities and steps available in the remainder of this chapter.

1. **The initial release** should be focused on launching a tool that can be widely embedded, leveraging existing Healthdirect capabilities, including the Service Finder and content in the Medicare Mental Health website, and enhanced services within the NHSD.
2. **A second release** will then include the co-design of new care pathways, operationalised through a matching and recommendation engine which is appropriate for use by care navigators and providers. In addition, the second release should further expand the NHSD to include a broader set of non-clinical services.
3. **Ongoing maintenance and enhancement** will then continue to expand the use and uptake of the tool and directory solution and support further system wide integration and warm referral pathways.

Figure 17 | Overview of implementation activities and timeframe

Activity	Y1 Q1	Y1 Q2	Y1 Q3	Y1 Q4	Y2 Q1	Y2 Q2	Y2 Q3	Y2 Q4	Y3 Q1	Y3 Q2	Y3 Q3	Y3 Q4	Y4 Q1	Y4 Q2	Y4 Q3	Y4 Q4	Y5 Q1	Y5 Q2	Y5 Q3	Y5 Q4
RELEASE 1: LEVERAGE AND ENHANCE EXISTING HEALTHDIRECT AND SECTOR CAPABILITIES																				
Establish mental health representation in Connected Care Council	R4	R4																		
Co-design develop and launch release one of the Navigation Tool including the service finder, embeddable widget, and mental health website on Healthdirect	R1	R1	R1	R1																
Extend Healthdirect capabilities and lower tech solutions to support warmer referral			R3	R3																
Initial uplift of the National Health Services Directory (NHSD) taxonomy for mental health	R2	R2																		
Integrate high value mental health services directories into the NHSD			R2	R2																
Change management to increase adoption of the initial release of the tool and to uplift quality of Mental Health services data in the NHSD					R1	R1														
Integrate the Navigation Tool into priority sector websites / platforms					R1	R1														
RELEASE 2: SUPPORT ALL HELP SEEKERS THROUGH IMPROVED FUNCTIONALITY AND SERVICES DATA																				
Co-design care pathways and matching and recommendation decision support solution					R1	R1	R1	R1												
Develop matching and recommendation / decision support tool feature set							R1	R1	R1											
Further uplift of the NHSD to include additional service types (e.g. community, psychosocial and SEWB services)					R2	R2	R2	R2												
Develop a common language for referral from the tool through co-design with healthcare professionals					R3	R3														
Implement enhanced mechanisms for information sharing									R3	R3										
Change management for the adoption of the second release of the tool									R1	R1										
ONGOING OPERATIONS AND MAINTENACE																				
Ongoing maintenance and improvement of the Navigation Tool									R1	R1	R1	R1	R1	R1	R1	R1	R1	R1	R1	R1
Operate and maintain directory solution (NHSD)									R2	R2	R2	R2	R2	R2	R2	R2	R2	R2	R2	R2
Build mental health sector capability and capacity to utilise the tool and directory solution									R1	R1	R1	R1	R1	R1	R1	R1	R1	R1	R1	R1
Train and mobilise service directory librarians to provide ongoing data assurance and uplift			R2	R2	R2	R2	R2	R2	R2	R2	R2	R2	R2	R2	R2	R2				
Develop and implement a communication, change, and adoption strategy targeting help seekers and service providers								R2	R2	R2	R2	R2	R2	R2						
Undertake a sector-led project to identify readiness supports required for the mental health sector to participate in interoperability initiatives													R3	R3						
Implement a staged integration with national standards and platforms for health records and/or health information sharing															R3	R3	R3	R3	R3	R3
Progress structural governance improvements in parallel with operational priorities				R4	R4	R4	R4	R4	R4	R4	R4	R4	R4	R4	R4	R4	R4	R4	R4	R4

Recommendation 1 — Mental Health Navigation Tool (yellow)
Recommendation 2 — Directory and information solution (green)
Recommendation 3 — Information exchange and interoperability (cyan)
Recommendation 4 — Connected Care Governance (magenta)

Note: the implementation plan above does not include business case development.

Release one: Expand existing capabilities to enhance support for help seekers and care navigators to find mental health services

The initial release will take one year to co-design and develop the tool, followed by six months of integration and embedding the widget within services' websites. Before the first release, governance will need to be established, as will commissioning of Healthdirect and sector partners. The first release will include the launch of a mental health specific service finder that can be embedded into service provider website as a widget and initial uplift of the NHSD.

Release one will be efficiently delivered through the expansion of existing Healthdirect capabilities

Healthdirect's existing capabilities, outlined in Table 3 below, will enable a condensed delivery timeline for a complex feature set. Based on this re-use, the majority of effort in the release will be to modify existing features and content based on findings from sector and lived experience co-design, ensuring the solution is fit-for-purpose for a mental health context, as well as developing a revised taxonomy within the NHSD, based on improvements to the MH NGOE NBEDS taxonomy.

Table 1 | Reuse of Healthdirect existing infrastructure

Recommendation 1: Navigation tool	Recommendation 2: Directory and information solution	Recommendation 3: Warm referral through interoperability
• Healthdirect Service Finder • Healthdirect website • Back-end content management system and services	• National Health Services Directory (national infrastructure)	• Healthdirect interoperability platform • ISM level cyber and data security • HL7-FHIR standards based clinical information exchange

In addition to the capabilities listed above, the solution will leverage Healthdirect's established Clinical governance mechanisms, ISM level cyber and data security, reliable and interoperable enabling systems, reporting, data analytics, evaluation, and reputable and trusted consumer information.

Expected timeline for release one
The initial release of the tool will be at the end of year one

The expected timeline for release one is one and a half years in total, as outlined in the timeline in Figure 19 below. This timeline does not account for business case development or funding approvals. Other dependencies for commencement include agreement on governance arrangements and mechanisms for including the voices of lived experience and sector stakeholders within co-design and decision-making, and the commissioning strategy. The first year will include initial co-design and development of the service finder, content used in the widget and website (drawing from the current Medicare Mental Health website) and to develop the refined taxonomy for mental health services. Concurrent with this development will be a range of sector change management and integration activities, supporting the uptake and adoption of the tool.

Figure 18 | Release one timeline

Recommendation 1 — Mental Health Navigation Tool
Recommendation 2 — Directory and information solution
Recommendation 3 — Information exchange and interoperability
Recommendation 4 — Connected Care Governance

Outforts and activities within release one Ⓓ the Department Ⓢ the Sector Ⓗ Healthdirect
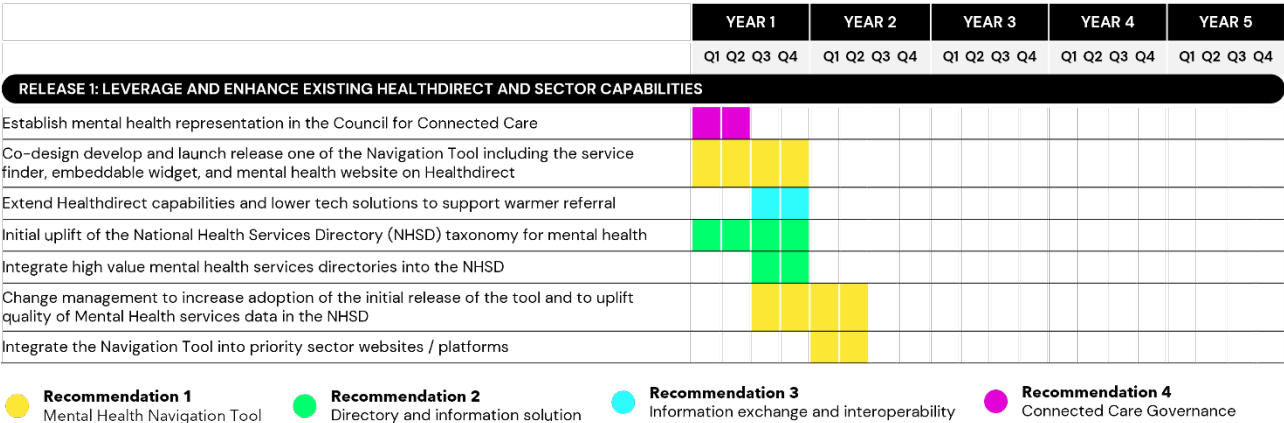
Rec	Release one outputs	Release one activities
4 Ⓓ Ⓗ Ⓢ	1.1 Establish mental health representation in the Council for Connected Care	a) Undertake preparatory work to inform and support the Council for Connected Care b) Identify and nominate four to five mental health representatives to join The Council for Connected Care c) Form mental health working group or sub-committee within The Council for Connected Care d) Prioritise activities to form initial workplan including mental health navigation tool (as part of broader interoperability initiatives) e) Supervise and participate in activities on workplan
1 Ⓗ Ⓢ	1.2 Co-design develop and launch release one of the navigation tool including the service finder, embeddable widget, and mental health website on Healthdirect	f) Conduct co-design with sector and lived experience organisations to identify attributes for filtering service directory listings and develop information architecture for mental health listings g) Design supporting webpage and source mental health specific content to embed within an appropriate, national website h) Extend the capabilities of Healthdirect's service finder to be more in line with needs of people seeking mental health support i) Create widget version of the navigation tool to allow organisations to display the tool on their websites j) Decommission Medicare Mental Health website's navigation tools/service directory and transition tools to leverage new tool and functionality
1 Ⓢ	1.3 Integrate the Navigation Tool into priority sector websites and platforms	k) Identify 10–15 target organisations/services for early adoption l) Work with organisations to understand their capability to integrate the digital tool (including technology and process integration) m) Support integration of the tool to target services websites/channels
2 Ⓗ Ⓢ	1.4 Initial uplift of the NHSD taxonomy and data model	n) Undertake sector consultation to review current MH NGOE NBEDS, SNOMED-CT, and other taxonomies associated with mental health use cases o) Socialise refreshed MH NGOE NBEDS taxonomy to mental health sector Use findings to complete initial update of NHSD p) Design roadmap to expand NHSD and Provider Connect to incorporate new fields identified and not currently captured
2 Ⓗ Ⓢ	1.5 Integrate high value mental health services directories into the NHSD	q) Identify priority currently existing community, NGO-built, and state or national service directories that should be integrated or replaced by NHSD r) Perform gap analysis, and test findings in relevant governance forum to gain agreement on taxonomy for initial uplift of NHSD s) Migrate directory data, metadata, and structured mental health information from Medicare Mental Health, integrating into new solution
3 Ⓗ	1.6 Extend Healthdirect capabilities and lower tech solutions to support warmer referral	t) Design formats and workflows for presenting information to help seekers and professionals, that make it easy to export and share (e.g. PDFs, screenshot, or email-to-self with summary information) u) Extend existing Healthdirect capabilities (e.g. eReferrals, Secure Messaging, SMS) to support information sharing and experience improvements
1+2 Ⓢ	1.7 Change management to increase adoption of the initial release of the tool and to uplift quality of mental health services data in the NHSD	v) Prepare a sector-aligned learning and development program with a range of supports spanning self-service (FAQs, online modules) through to a human helpdesk team w) Develop and implement marketing/communication plan to support wide adoption of the Navigation Tool x) Work with PHNs and other channels to improve the uptake of Provider Connect as a mechanism to maintain up to date services information y) Promote the use of the NHSD to service providers to improve service coverage within (through Provider Connect or direct upload to the NHSD)

The initial release provides significant value to care navigators and help seekers

- Help seekers, care navigators, and care providers can find and be recommended most of the support options available to them at a national and regional level, based on their type of need and context, no matter their entry point across the system (a 'no wrong door' approach).

- There is reduced burden on GPs, navigation services, and mental health clinicians to support navigation for lower complexity mental health needs.

- Data from the tool related to service demand and help seeker pathways can be used to support policy and resource allocation.

- More efficient and effective use of government funds through greater reach and return on investment vs. the current Medicare Mental Health website.

- Sustained system–wide collaboration over digital and interoperability projects.

Release two: Expanded functionality and improved data to support matching and recommendation to a broad set of mental health services and service types

Release Two will focus on the launch of additional features and capabilities including matching, recommendation and decision support, as well as further enhancement for the NHSD to include additional types of services and information that is valuable to help seekers. The staging of the second release allows time for necessary sector- and community-led processes and co-design. During release two, concurrent activities to enhance the capability and capacity of care navigators (including GPs, mental health service providers, and navigation services like the Medicare Mental Health Phone Service, and state and territory single front doors).

There will need to a be a process to identify the ideal match and recommendation and decision support solution

As outlined in Recommendation 1, no solutions were identified through the digital navigation project that provided the required comprehensive model for supporting a mental health matching and recommendation. Limitations identified through this project include lack of breadth in recommendations, inability to link to service directories, absence of an end-to-end solution for help-seekers and professionals, lack of support for warm referrals, and the absence of clinical, sector, or government endorsement. While some tools do offer partial functionality (e.g., LinkMe on the Medicare Mental Health website, the IAR, and Healthdirect's Symptom Checker), each requires significant enhancements to be fit for purpose. To address this, there are two necessary activities to complete prior to development of the solution:

1. Broad co-design and sector engagement to ensure the tool's design is fit for purpose.

2. Exploration of existing tools and the potential development of a new, currently non-existent tool.

This exploration and co-design should define the exact scope and requirements of the tool and a recommended, preferred solution. This should include evaluating whether one tool can meet the diverse needs of different user types (e.g., help seekers, care navigators and care providers) across all key use cases (including initial help seeker led search, supported search by a trained clinician, and supporting referral through a common language) or if multiple complementary and interoperable tools are required.

Expected timeline for release two
Release two will run over two years and be completed by the end of year 3

The design and development timeline for release two runs partly in parallel with release one activities and spans years two and three, with foundational work beginning during release one. This timeline accounts for the need for extensive engagement across a wide range of stakeholder groups and the development of care pathways. Based on the outcomes of this work, the build phase may need to be re-considered but is estimated that it will take between six and 12 months.

Figure 19 | Release two timeline

	YEAR 1				YEAR 2				YEAR 3				YEAR 4				YEAR 5			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
RELEASE 2: SUPPORT ALL HELP SEEKERS THROUGH IMPROVED FUNCTIONALITY AND SERVICES DATA																				
Co-design care pathways and matching and recommendation decision support solution					🟡	🟡	🟡	🟡												
Develop matching and recommendation / decision support tool feature set							🟡	🟡	🟡											
Further uplift of the NHSD to include additional service types (e.g. community, psychosocial and SEWB services)					🟢	🟢	🟢	🟢												
Develop a common language for referral from the tool through co-design with healthcare professionals					🔵	🔵	🔵													
Implement enhanced mechanisms for information sharing							🔵	🔵	🔵											
Change management for the adoption of the second release of the tool								🟡	🟡	🟡										

🟡 **Recommendation 1** Mental Health Navigation Tool
🟢 **Recommendation 2** Directory and information solution
🔵 **Recommendation 3** Information exchange and interoperability
🟣 **Recommendation 4** Connected Care Governance

Outputs and activities in release two

D the Department **S** the Sector **H** Healthdirect

Rec	Release two Outputs	Release two Activities
1 **S** **H**	2.1 Co-design care pathways and matching and recommendation decision support solution	a) Complete co-design to develop user experience, pathways for priority population groups and differing levels and types of needs, and establish user requirements b) Define guidelines and care pathways as underlying logic of the tool Evolve the logic of user journeys in the tool to utilise national infrastructure, e.g. the NEIS and Medicare Mental Health Phone Service (may be further down the roadmap) c) Develop functional and non-functional requirements for the tool
2 **D** **S** **H**	2.2 Develop matching and recommendation/decision support tool feature set	d) Complete a strategic project to defining the end-to-end suite of tools required to support help seekers, care navigators, and referral (and if this tool can support all use cases) considering interdependent initiatives and clinical advice e) Complete a market scan to identify options for the tool including leveraging existing capabilities or tools, or custom building a tool based on requirements to develop and launch the matching and recommendation/decision support feature set f) Deliver further enhancements to the service finder, widget, and website Integrate data from new/enhanced community directories or otherwise TGA approval and maintenance of certification
3 **S** **H**	2.3 Further uplift of the NHSD to include additional service types (e.g. community, psychosocial and SEWB services)	g) Complete additional engagement and co-design to identify and agree enhancements service directories or taxonomies for priority population groups or service types (e.g. SEWB services, LGBTIQ+ services, psychosocial supports) h) Improve taxonomies and data models for services and other information and populate/harmonise with other existing directories and information sources i) Integrate additional high value existing national, sector, community, jurisdictional, and PHN service directories
3 **D** **S**	2.4 Develop a common language for referral from the tool	j) Complete analysis and user research on key attributes to include in referrals by engaging with clinicians developing and receiving referrals k) Complete strategic analysis of options for integration of the IAR domains and integration or standardisation of the Mental Health Treatment Plan l) Develop a prototype for a referral output through the tool using information collected from consumers or clinicians m) Develop a referral flow and solution, including identifying and adding any additional fields to the tool to support a referral
4 **H**	2.5 Implement enhanced mechanisms for information sharing based on agreed common language for referral	n) Enhance formats and workflows for presenting information to help seekers and professionals, that make it easy to export and share (e.g. PDFs, screenshot, or email-to-self with summary information) o) Enhance support for key workflows for patient information sharing leveraging Healthdirect current capabilities (e.g. eReferrals, Secure Messaging)
1+2 **S**	2.6 Change management for the adoption of the second release of the tool	p) Prepare a sector-aligned learning and development program with a range of supports spanning self-service (FAQs, online modules) through to a human helpdesk team q) Develop and implement marketing/communication plan and identify target organisation types (including S&Ts, national NGOs, websites, community services, public health, and priority population groups) for integration r) Support integration of the tool to key services websites/channels and work with PHNs and other channels to improve the uptake of Provider Connect as a mechanism to maintain up to date services information s) Promote the use of the NHSD to service providers to improve service coverage within (through Provider Connect or direct upload to the NHSD)

Additional functionality supports improved and more consistent decision making supported by high quality and comprehensive information about available services

- Service providers can access resources and guidance to effectively integrate navigation tools into their processes and guidelines.

- Help seekers can readily share their desired level of information with professionals.

- Care navigators and providers are better connected through common information about a help seeker's needs, that can be transferred easily between different services.

- There is a nationally consistent approach to describing mental health services through agreed standards and identifiers.

- There is a more efficient approach to service directory development and maintenance through leveraging the NHSD.

- Many more mental health services and supports can be found through the NHSD, including those that are not consistently visible in any national directories currently, including some community mental health services and social and emotional wellbeing services.

- There is better provider engagement in keeping service directory records up to date and accurate through simpler and streamlined processes and tools.

- Mental health interoperability aligns with progress in the broader health system, providing opportunities for connected care across mental health, physical health, social services, and other supports.

Change and operations: Ongoing change management, operations, and enhancements are required to ensure the tool remains fit-for-purpose

Alongside and following the two release phases, the tool will require ongoing management and enhancement to ensure it remains fit-for-purpose. This will involve ongoing enhancement to respond to meet the dynamic needs of help seekers, supporting uptake and adoption by services, and ensuring high quality and up-to-date information within the directory solution. Additionally, ongoing governance will be a critical enabler to support management and enhancement of the tool, ensuring that the tool remains responsive to the evolving system and policy landscape.

Change management and adoption will be an essential sector led activity

The implementation plan's critical success factors outline the importance of a sector led approach to change management and adoption. This will require a sector organisation, or group of organisations, to engage broadly with the sector, provide ongoing capability uplift, and to ensure the many voices of lived experience, service providers, advocates and peaks, and health care professionals are considered and included. This will increase the adoption and use of the tool, increase the level of ownership the sector has over the tool, and ensure that the design is appropriate and minimises risks for help seekers or service providers.

Community led projects will increase the reach of the service directory enabled by grants funding

There will need to be community led and controlled processes (e.g., to develop an agreed definition for SEWB services) to ensure taxonomies and care pathways cater to the diverse needs of all help seekers. This should be done through grants funding, with requirements for grants recipients to contribute to either broader integration and uptake of the tool, or development of common and agreed taxonomies.

Expected timeline for ongoing operations and maintenance

Change management and adoption activities must be supported through ongoing enhancements to the navigation tool and directory solution

Change management activities should commence early in the project to build sector, help seeker, and healthcare professional awareness of the tool. Change activities should be supported by ongoing improvements to care pathways, data quality, and taxonomies and other improvements, overseen by consistent governance, through the Council for Connected Care and proposed Mental Health Working Group.

Figure 20 | Ongoing operations and maintenance timeline

	YEAR 1				YEAR 2				YEAR 3				YEAR 4				YEAR 5			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
ONGOING OPERATIONS AND MAINTENACE																				
Ongoing maintenance and improvement of the Navigation Tool									🟡	🟡	🟡	🟡	🟡	🟡	🟡	🟡	🟡	🟡	🟡	🟡
Operate and maintain directory solution (NHSD)									🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢
Build mental health sector capability and capacity to utilise the tool and directory solution									🟡	🟡	🟡	🟡	🟡	🟡	🟡	🟡	🟡	🟡	🟡	🟡
Train and mobilise service directory librarians to provide ongoing data assurance and uplift	🟢	🟢	🟢	🟢																
Develop and implement a communication, change, and adoption strategy targeting help seekers and service providers					🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢								
Undertake a sector-led project to identify readiness supports required for the mental health sector to participate in interoperability initiatives													🔵	🔵	🔵	🔵				
Implement a staged integration with national standards and platforms for health records and/or health information sharing																🔵	🔵	🔵	🔵	🔵
Progress structural governance improvements in parallel with operational priorities	🟣	🟣	🟣	🟣	🟣	🟣	🟣	🟣	🟣	🟣	🟣	🟣	🟣	🟣	🟣	🟣	🟣	🟣	🟣	🟣

🟡 **Recommendation 1** Mental Health Navigation Tool
🟢 **Recommendation 2** Directory and information solution
🔵 **Recommendation 3** Information exchange and interoperability
🟣 **Recommendation 4** Connected Care Governance

Outputs and activities within ongoing operations and maintenance

D the Department   **S** the Sector   **H** Healthdirect

REC	OPERATE OUTPUTS	OPERATE ACTIVITIES
1+3 **H**	3.1 Ongoing operations, maintenance and improvement of the tool	a) Operate, improve and maintain service finder widget, website, and matching and recommendation/decision support tool b) Maintain TGA approval for the matching and recommendation/clinical decision support tool c) Maintain and operate secure messaging, e-referral, and SMS services
2 **H**	3.2 Operate and maintain directory solution	d) Operate NHSD and complete ongoing quality assurance to maintain data quality e) Develop data partnerships
1+2 **H** **S**	3.3 Build mental health sector capability and capacity to utilise the tool and directory solution	f) Identify and run targeted projects to help build integrations directly with priority organisations of very low current capability and/or capacity g) Develop further communications materials highlighting and promoting the available learning and development supports h) Test and iterate initial guidance and implementation supports, to inform wider rollout to more user groups/partner organisations i) Support the uplift of directories/service mapping/MH information/content through grants
2 **H** **S**	3.4 Train and mobilise data librarians	j) Train data librarians to improve quality and breadth of services in the NHSD k) Provide incentives and requirements for key mental health organisations and private providers to provide up to date and accurate information on services that are accredited and meet established standards l) Provide advice on enhancements for Provider Connect to increase available data on service type, intended cohort, availability and wait times; promote purpose and use of the tool m) Identify key gaps and develop data acquisition program to feed continuous improvement
1 **S**	3.5 Develop and implement a communication, change, and adoption strategy targeting help seekers and service providers	n) Prepare channel and distribution plan leveraging trusted brands, help seeker community networks, as well as new and existing governance o) Establish co-branding/promotional agreements with early prospective partners p) Prepare learning and development program with a range of supports spanning self-service (FAQs, online modules) and human supported
3 **S**	3.6 Undertake a sector-led project to identify readiness supports required for the mental health sector to participate in interoperability initiatives	q) Identify and engage with lead organisations administering shared platforms, engaging via the Council for Connected Care (and supporting processes) r) Conduct gap analysis to identify future capability uplift within community and specialist mental health services, specifically for information sharing standards s) Identify a roadmap of features (e.g. API integrations + user interface functionality) to gradually increase compatibility of the data model and tool with health information transfer mechanisms over time
3 **H**	3.7 Implement a staged integration with national standards and platforms for health records and health information sharing	t) Expand the scope of the Sparked AU FHIR standards to include the mental health system standards to capture key mental health uses cases (such as referral and patient discharge) u) Leverage work being done through the Health Information Exchange to pilot warm handover information sharing v) Seek and implement partnerships and integrations with prominent private digital solution providers (e.g. aged care patient management solutions, personal health record platforms)
4 **D**	3.8 Progress structural governance improvements in parallel with operational priorities	w) Develop an ongoing and sustainable governance model to ensure long-term engagement of the mental health sector in interoperability initiatives x) Establish mechanism for jurisdictions to contribute on an ongoing basis into sector-wide initiatives i.e. phone lines and governance (e.g. through existing mechanisms through the Bi-lateral agreements, as well as new mechanisms)

What benefits will this deliver?

- There is uptake and use of the tool among service providers, supporting access to resources, and guidance to effectively integrate navigation tools into their processes and guidelines.

- The solution is high quality and trustworthy, with information and care pathways catering to the needs of all help seekers through accurate and certified information and service data.

- There is better provider engagement in keeping service directory records up to date and accurate through simpler and streamlined processes and tools.

- There is sustained system-wide collaboration over digital and interoperability projects.

5 Conclusion

The Digital Navigation solutions have been designed to improve access to mental health information and support for help seekers. The benefits of the four recommendations presented in this report are considerable and far reaching. These include:

FOR HELP SEEKERS: the recommendations will deliver an improved approach to identifying and understanding their mental health needs and access to appropriate support. This will support:

- improved help seeker engagement
- reduce delays in accessing support
- mitigate failed navigation experiences where people can't determine or locate appropriate services
- reduce the need for consumers to re-tell their story and enable easier care transitions.

FOR HEALTHCARE PRACTITIONERS: the recommendations will deliver an improved experience when:

- supporting help seekers with mental health needs
- improve visibility of available care pathways and services - particularly community services
- improve clinical decision-making.

FOR MENTAL HEALTH SERVICES: the recommendations will:

- reduce the volume of inappropriate referrals received
- provide enhanced data to support assessment and decision-making at point-of-care
- enhance connections with other supports
- help to redirect resource to service provision.

AT A SYSTEM LEVEL: the recommendations will:

- enhance system efficiency by optimising care navigation and referrals
- optimise funding and overall effectiveness of the system
- reduce overreliance of the Better Access pathway
- provide a blueprint for integrated service navigation for community and social services
- provide data driven insights to government on consumer needs, service capacity and service utilisation.

There are also significant long-term benefits of these recommendations. There is potential for the navigation solutions to support the broader psychosocial needs of all help seekers by connecting health and social support systems together, including supports for domestic, family, and sexual violence, disability, housing and homelessness, and alcohol and other drugs. There is also potential for up-to-date national data on help seeker needs and experiences that will allow the Department and other stakeholders to direct funding to the services and supports that best meet the needs of help seekers and reduce duplication and inefficiency.

Table of Contents: Appendix

Appendix A   Glossary

Term	Meaning
ACCO	Aboriginal Community Controlled Organisation
ADHA	Australian Digital Health Agency
Allied health	A range of health professionals outside of the medical, dental, and nursing professions, e.g. nutritionists, chiropractors, counsellors and psychotherapists, dieticians, occupational therapists, osteopaths, physiotherapists, social workers etc.
AOD	Alcohol and other drugs
Better Access Initiative	Provides Medicare rebates to help people access mental health professionals, including to 10 individual and 10 group allied mental health services each calendar year for eligible individuals to access subsidised mental health treatment from various health professionals, including GPs, psychiatrists, psychologists, social workers, and occupational therapists.
CALD	Culturally and linguistically diverse
Care navigator	Care navigators coordinate services across multiple providers, help patients overcome barriers to care, and support them in managing their health conditions effectively. A care navigator can be a GP helping someone to find a service, a social worker, or a specific navigation service like the Medicare Mental Health Phone Service.
Care providers	Care providers are responsible for providing mental health supports to help seekers and can include psychologists and psychiatrists, GPs, helpline workers, allied health, counsellors and other services.
CATT	The Crisis Assessment and Treatment Team (CATT) is a 24-hour outreach service, providing accessible and responsive acute mental health assessment and treatment in suitable settings.
Co-design	A collaborative approach where stakeholders work together as equal partners to design services, products, or systems. It involves active participation throughout the entire design process, from problem identification to solution development and evaluation.
Co-morbidity	Refers to the presence of one of more medical conditions in a person, in addition to a primary condition.
Community-controlled service	A primary health care service that is initiated and operated by the local community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it.
Council for Connected Care	A multi-stakeholder advisory group established by the Australian Digital Health Agency to provide strategic guidance on improving healthcare interoperability. It aims to reduce fragmentation and increase information sharing across the healthcare system.
Data domains	Logical groupings of related data within an information ecosystem. These domains serve as a framework for organising, managing, and governing data assets effectively, enabling clear ownership, consistent policies, and improved data quality.
Data librarian	Specialised data and information professional who consolidates and aggregates data across different professions, service types, and community groups, while supporting capability uplift across multiple service providers, professionals and community organisations.
EAP	Employee Assistance Program
eMR	Electronic Medical Record

Term	Meaning
GP	General Practitioner
HCP	Health Care Professional
Head to Health	An Australian Government initiative (now Medicare Mental Health) that provides information, advice and links to free and low-cost phone and online mental health services. Head to health has been transitioned to being Medicare Mental Health.
Healthdirect	A national health advice service in Australia that provides 24/7 access to trusted health information and guidance.
HIE	Health Information Exchange (HIE) is a technology solution enabling the secure electronic sharing of patient health information among authorised healthcare providers, organisations, and consumers. It supports the timely and efficient transfer of clinical data across different healthcare settings, improving care coordination, consumer safety, and treatment outcomes.
Help seeker	An individual who actively attempts to obtain external assistance or support to address a mental health concern, as well as their support networks and professionals and care navigators assisting them on their journey.
HL7 FHIR	Health Level 7 Fast Healthcare Interoperability Resources (HL7 FHIR) is an interoperability mechanism designed to enable health data, including clinical and administrative data, to be quickly and efficiently exchanged.
IAR and IAR-DST	The Initial Assessment and Referral Decision Support Tool (IAR and IAR-DST) is a decision support tool for conducting initial assessment and referral of individuals presenting with mental health conditions in primary health care settings in Australia.
Information Sharing	The secure exchange of patient health data among authorised providers and organisations.
Interoperability	The ability to move information easily between people, organisations, and systems. It enables a connected healthcare system that shares health information securely, safely, and without any special effort from the people and organisations involved.
LGBTQIA+SB	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, Sistergirl, and Brotherboy
LHD	Local Health District
LHN	Local Hospital Network
Link-me	Highly specific and lengthy mental health quiz used for triaging help seekers according to predicted future severity of anxiety and depression symptoms, recommending a severity-matched service based on services included in directory.
Lived experience (mental illness)	The personal knowledge and understanding gained by an individual through their own direct experiences with mental health challenges or disorders, including carers and support networks.
Matching and recommendation engine	Connects help seekers with appropriate support services by analysing their level and type of need, along with individual preferences. This engine determines and suggests suitable services, offering both direct filtering for those who know what they're looking for, and exploratory matching for those unsure of their needs. By considering experiences, symptoms, and preferences, it provides a personalised, user-centric way to navigate available healthcare options; ensuring help seekers can access a range of relevant support services tailored to their specific circumstance.
MBS	Medicare Benefits Schedule
Medicare Mental Health	An Australian government initiative that provides subsidised access to a range of mental health services and support (formerly Head to Health).

Term	Meaning
Mental health	The World Health Organization defines mental health as "...a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community."
Mental illness	A clinically significant disturbance to a person's cognitive, emotional, or social abilities.
MH NGOE NBEDS	The Mental Health Non-Government Organisation Establishments National Best Endeavours Data Set (MH NGOE NBEDS) is a standardised framework for collecting and reporting data from mental health-related non-government organisations in Australia. It covers organisations that receive government funding to provide services aimed at improving mental health and well-being for people affected by mental illness, their families, and carers.
Missing middle	The phenomenon that describes the mental health system's focus on initial access and acute stages, resulting in limited support for help seekers between these stages.
National Early Intervention Service	A new free, nationwide mental health support program that aims to provide timely assistance to individuals requiring low-intensity mental health care.
National Health Services Directory	An initiative of all Australian Governments to provide a comprehensive and consolidated national directory of health service and provider information.
Navigation	Refers to all the ways in which people find and access care for mental health.
Navigation tools	Digital or physical resources that help patients and healthcare providers efficiently navigate the complex healthcare system including Healthdirect's Service Finder.
NGO	Non-government organisation
Participatory design	An approach to developing systems, tools, products, or services that involves stakeholders, particularly end-users, in the design process to ensure the outcomes meet their needs and are usable. Emphasises user participation but may not always grant equal decision-making power to all stakeholders (distinct to co-design).
PBS	Pharmaceutical Benefits Scheme
PHI	Private Health Insurance
PHN	Primary Health Network
Primary care	The health care people first seek in their community, such as GPs, pharmacies, and allied health professionals.
Priority populations	Specific groups identified as having disproportionately poor health outcomes, facing significant barriers to accessing quality healthcare, or requiring additional resources and targeted interventions.
Provider Connect Australia	Provider Connect is an Australian Digital Health Agency initiative that allows healthcare provider organisations to update their business information in a single source, improving accuracy, and reducing duplication. It enables providers to maintain a single master copy of practitioner and service details and automatically send updates to all connected business partners.
Service Finder	A digital tool delivered by Healthdirect that helps locate and access appropriate healthcare services for help seekers in their area. It allows users to search for various types of health services, including general practitioners, pharmacies, hospitals, and specialists. The Service Finder provides information on service types, contact details, opening hours, and specific features like bulk billing or after-hours care.
SNOMED-CT	Systematized Nomenclature of Medicine Clinical Terms (SNOMED-CT) is a comprehensive clinical healthcare terminology system consisting of a large 'dictionary' of clinical terms with unique codes that are machine-readable, designed to capture clinical data within electronic health records.

Term	Meaning
Social and Emotional Wellbeing (SEWB)	Social and Emotional Wellbeing (SEWB) is the foundation of physical and mental health for Aboriginal and Torres Strait Islander people, families and communities. It is a strengths-based and holistic concept that embeds the network of relationships between individuals, family, kin and community. It recognises the importance and impacts of connection to land, culture, spirituality and ancestry on the physical and mental health of Aboriginal and Torres Strait Islander peoples.
Social determinants of mental health	The conditions in which people are born, grow, work, live, and age that affect their mental well-being and potential risk for mental health disorders.
Socio-ecological model	The Socio-ecological Model is a framework that recognises health as influenced by multiple, interconnected factors across various levels of society.
Stepped model of care	An approach to healthcare delivery that organises the type and intensity of interventions based on an individual's current needs.
Symptom Checker	An online tool that allows Australians to enter their health information, symptoms, and risk factors to receive recommendations for appropriate healthcare, including what actions to take (self-care, see a doctor, go to a hospital, or emergency services), where to go for care (local services relevant to their symptoms), and additional information about their symptoms and possible causes.
Trauma-informed care	An approach to service delivery that recognises the prevalence and impact of trauma, integrating this awareness into all aspects of practice to avoid re-traumatisation and support healing.
UCC	Urgent Care Clinic
Warm referral	A personalised introduction or hand-over, where the referring professional takes active steps to connect a patient or client with another service or provider, often involving direct communication or a facilitated introduction to ensure continuity of care.

Appendix B   Help seeker needs and pain points

Help seekers have a range of diverse needs when navigating the mental health system

Figure 22 below shows where people go in the system and their needs when navigating mental health supports and services. While 67 per cent of people visit a GP at some point in their journey, help seekers go to a range of different places including community support groups, digital tools and apps, and friends and family. Help seekers also require varying levels of support, based on their understanding of needs, options and preferences, as well as their complexity of need.

Figure 21 | Where people go in the system and their navigation needs
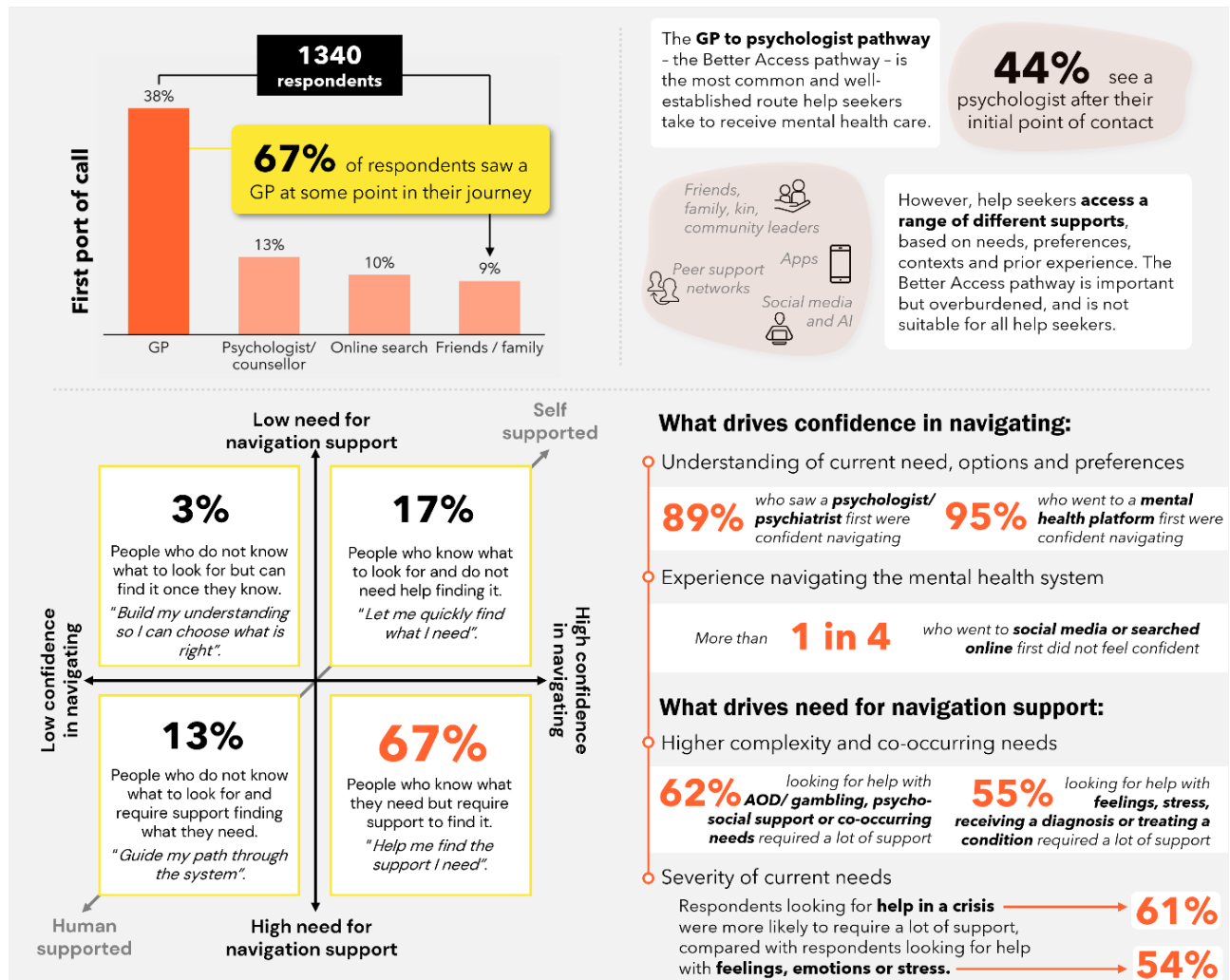
While the help–seeking journey looks different for everyone, there are common pain points experienced by people looking for and accessing mental health support. Three pain points have been prioritised based on what digital navigation tools can address most effectively, by building on what is currently working in the system and addressing the most prominent gaps. More than 130 representatives from a range of sector organisations have tested, refined, and ranked these problem statements, which were subsequently validated in help seeker focus groups. The three most critical pain points are as follows:

1. It is confusing to know what is out there that might help, how it will help, and its quality.

2. There are multiple mental health 'systems' lacking well–established pathways and coordination.

3. Choice and control over where you can get help, what matters most to you, and privacy and anonymity are often missing across the journey.

These specifically address the lack of visibility around support options for mental health; the siloed nature of the mental health system (public/private, federal/state, NDIS-funded, etc.); and the lack of choice and control across the various stages of the help-seeking journey. Further detail on the evidence and impact of each pain point is included in Table 5 below.

Table 2 | Priority help seeker pain points

Pain point	Detail
It's confusing to know what is out there that might help, how it will help, and its quality	Often help seekers cannot search for help based on their own hierarchy of needs or most pressing issue (which vary and can be nested in other concerns). This makes it hard for help seekers to match what they are looking for with what is shown to them.
	When presented with options, help seekers find it difficult to understand what is right for their needs, what they can access, how it will work, and the service quality. This is often a result of jargon and complicated or unclear eligibility criteria.[32] It is compounded by the lack of a single source of information that connects existing tools and resources to one another.[33]
There are multiple 'mental health systems' lacking well-established transitions and coordination	The existing clinical and non-clinical pathways through the mental health system are not well connected and do not effectively refer into one another.[34] There is also a separate pathway for accessing community-controlled services and supports.
	The lack of connection between these pathways means that decisions made early on in a help seeker's journey about where to go for support can have long-standing implications.
Choice and control over where you can get help, what matters most to you, and your privacy and anonymity are often missing in the help-seeking journey	People don't feel they have choice and control over their experience and story, including choice of pathway and the choice of who sees (or owns) their information and data.[35] Service options are often unclear, and it can be difficult for help seekers to identify the available support options to enable informed decision-making.
	Help seekers are concerned about the confidentiality and privacy of their information, and as a result, may not reach out for help or may prefer to remain anonymous when seeking support, which has implications for providing continuity of care.

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[32] Productivity Commission. (2020). *Mental Health Productivity Commission Inquiry Report*. Australian Government, 42, 53.

[33] Robards, F., Kang, M., Steinbeck, K., Hawke, C., Jan, S., Sanci, L., Liew, Y. Y., Kong, M., & Usherwood, T. (2019). Health care equity and access for marginalised young people: a longitudinal qualitative study exploring health system navigation in Australia. *International Journal for Equity in Health, 18*(14), 12.

[34] Productivity Commission. (2020). *Mental Health Productivity Commission Inquiry Report*. Australian Government, 69.

[35] Pretorius, C., McCashin, D., Kavanagh, N., & Coyle, D. (2020). Searching for Mental Health: A Mixed-Methods Study of Young People's Online Help-seeking. *Proceedings of the 2020 CHI Conference on Human Factors in Computing Systems*, 4; Lim, C. T., Fuchs, C., & Torous, J. (2024). Integrated Digital Mental Health Care: A Vision for Addressing Population Mental Health Needs. *International Journal of General Medicine, 17*, 361.

Appendix C   The needs of priority populations

To address the specific needs, objectives, experiences and challenges faced by the most vulnerable help seekers, this project identified 13 priority population groups. These groupings have emerged from three key considerations:

1. Factors that often negatively impact a help seeker's experience.

2. Common groupings in the literature.

3. Accounting for all the groups of help seekers that exist.

This broad view of help seekers is critical as it considers the groups that have been least supported and often 'fall between the cracks' in service navigation.

LEVELS OF NEED

Low to moderate severity needs

Help seekers with low to moderate severity needs often experience a lack of appropriate supports due to the current gap in lower intensity services. Their needs are not severe enough to necessitate emergency intervention but exceed the level of care that a general practitioner or similar health professional can offer.[36] The Head to Health initiative (now Medicare Mental Health) was designed to bridge this gap by providing information on resources and access to lower-intensity services. Additionally, the latest federal budget allocated $164 million for a new national, free, low-intensity digital service for people with mild mental health concerns, which will be accessible without a referral.

Moderate to high severity needs

Timely availability of crisis supports is critical for this cohort, particularly if their mental health needs have changed rapidly.[37] This cohort is currently supported by 24/7 crisis helplines, local crisis assessment and treatment teams (CATT), and hospital emergency departments. In crisis, it is important that these help seekers can access appropriate supports beyond emergency departments, which can be ill-equipped and stigmatising.[38] Alternative support options are limited by the system's disproportionate focus on clinical services and the lack of coordinated and integrated supports, creating barriers to easy access and referral for people with high severity needs.[39]

Complex needs

This cohort is often bounced between services as their type of need can be excluded or not supported by a service or their level of need is either perceived to be or actually 'too severe' for a specialised service. Access to clinical as well as broader psychosocial and community supports is critical for help seekers with complex needs.[40] The lack of information flow and coordination between these services compounds the help-seeking difficulties for this cohort and means that care is often coordinated on an ad hoc basis.[41]

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[36] Productivity Commission. (2020). *Mental Health Productivity Commission Inquiry Report, Volume 1.* Australian Government, 29–30.

[37] Productivity Commission. (2020). *Mental Health Productivity Commission Inquiry Report, Volume 1.* Australian Government, 45.

[38] Productivity Commission. (2020). *Mental Health Productivity Commission Inquiry Report, Volume 1.* Australian Government, 29.

[39] Productivity Commission. (2020). *Mental Health Productivity Commission Inquiry Report, Volume 1.* Australian Government, 8; South Australian Government. (2020). Mental Health *Services Plan 2020–2025*. South Australian Government, 32.

[40] Productivity Commission. (2020). *Mental Health Productivity Commission Inquiry Report, Volume 1.* Australian Government, 40.

[41] Productivity Commission. (2020). *Mental Health Productivity Commission Inquiry Report, Volume 1.* Australian Government, 40; Australian Government Department of Health and Aged Care. (2022). *Evaluation of the Better Access Initiative – Final Report: Main Report*. Melbourne: University of Melbourne.

Co-occurring needs

Systemic issues such as the separation of mental and physical health services and the lack of continuity of care are significant challenges for help seekers with co-occurring needs. This cohort is more likely to experience service exclusions due to comorbidity, with specialist services often refusing to treat people with co-occurring conditions or the prerequisite for entry into either service is treating the other issue first, which results ultimately in no support provided at all.[42]

Current services and supports also tend to focus on immediate risk, which can result in mental health concerns going undiagnosed or untreated.[43] These help seekers require effective cross-sector and cross-service partnerships between health care providers, social services, housing, AOD services, education, and other psychosocial supports.

Higher risk of trauma

People at higher risk of trauma include but are not limited to people who have experienced a natural environmental disaster. This cohort is more likely to experience post-traumatic stress disorder (PTSD), depression, anxiety, and substance use disorders and requires knowledge of and access to resources to understand reactions to disaster and trauma.[44] There is currently a lack of supports that are both disaster-literate and culturally sensitive, resulting in gaps in care for at-risk populations.[45] Within the current system, Phoenix Australia, the Australian Red Cross, and the Disaster Welfare Assistance Line offer mental health resources and supports for disaster-struck communities.

DEMOGRAPHIC FACTORS

Children and young people

The literature on this cohort has consistently found that the current system does not support the needs of children and young people, and entry points are unclear.[46] Children and young people tend to search for information about their feelings and concerns, and require targeted resources that respond to both mental health and wellbeing.[47] Negative past experiences, delays in intervention, and cycles of avoidance are key barriers that can have long-standing implications to this cohort.[48] Kids Helpline and headspace are key resources for this cohort and are accessible nation-wide.

Older people

Older people may face a lack of specialised services, complicated NDIS eligibility requirements and their mental health needs may be identified late or not at all.[49] These help seekers often require navigation support to identify their needs and support their mental health literacy.[50]

[42] Mental Health Council of Australia. (n.d.). *Access to Health Services by People with Mental Illness*. Mental Health Council of Australia, 4.

[43] Mental Health Council of Australia. (n.d.). *Access to Health Services by People with Mental Illness*. Mental Health Council of Australia, 2.

[44] National Emergency Management Agency. (n.d.). *Informing the Framework Supporting Evidence*. National emergency Management Agency; Queensland Mental Health Commission. (n.d.). Mental Health in Natural Disasters. Queensland Mental Health Commission. Accessible via: https://www.qmhc.qld.gov.au/links/mental-health-in-natural-disasters.

[45] National Emergency Management Agency. (n.d.). *Informing the Framework Supporting Evidence*. National emergency Management Agency.

[46] Australian Government. (2023). *The National Children's Mental Health and Wellbeing Strategy Report*. Australian Government. https://www.mentalhealthcommission.gov.au/national-childrens-strategy; South Australian Government. (2020). *Mental Health Services Plan 2020–25*. South Australian Government, 68.

[47] Western Australian Association for Mental Health. *Navigating a Complex and Fragmented System: The Problems Facing Our Young Minds: Youth Services Integration Report 2019*. [Internet]. 2019. Available from: www.waamh.org.au.

[48] Australian Government. (2023). *The National Children's Mental Health and Wellbeing Strategy Report*. Australian Government. https://www.mentalhealthcommission.gov.au/national-childrens-strategy; Biddle, L., Donovan, J., Sharp, D., & Gunnell, D. (2007). Explaining non-help-seeking amongst young adults with mental distress: a dynamic interpretive model of illness behaviour. *Sociology of Health & Illness, 29*(7), 989.

[49] Royal Commission into Aged Care Quality and Safety. (2021). *Aged Care Royal Commission Final Report – Volume 1 Summary and Recommendations*. Royal Commission into Aged Care Quality and Safety, 67.

[50] Royal Commission into Aged Care Quality and Safety. (2021). *Aged Care Royal Commission Final Report – Volume 1 Summary and Recommendations*. Royal Commission into Aged Care Quality and Safety, 24; Batten, G. (2019). Normalising mental illness in older adults is a barrier to care. Australian Institute of Family Studies.

Regional and remote communities

These communities are often faced with a lack of available services, professionals and limited service connectivity.[51] They may also face challenges of confidentiality and anonymity when seeking help, which can intensify feelings of stigma and reluctance to acknowledge mental health concerns.[52] Taking an approach that facilitates the colocation of health services in these communities has the potential to enhance confidentiality for individuals seeking help, as it provides a private and integrated care setting.[53]

SOCIOCULTURAL FACTORS

Aboriginal and Torres Strait Islander peoples

The experience for Aboriginal and Torres Strait Islander help seekers is inextricably linked to colonisation, structural barriers, and inequities and racism across the health system. At the service level, Aboriginal and Torres Strait Islander help seekers may access a range of services that are not well integrated or connected, such as community-controlled services, mainstream services and/or private services. Community-controlled services, such as Aboriginal Medical Services (AMS) and Aboriginal Community-Controlled Health Organisations (ACCHOs) provide culturally safe care, but often have limited capacity, workforce, and resources resulting in long wait times.

Many of these culturally safe services also have limited after hours care, leaving many help seekers with no choice but to access care through mainstream emergency departments. The lack of pathways between community-controlled and mainstream services compounds difficulties experienced by Aboriginal and Torres Strait Islander help seekers.

Historical and ongoing systemic factors such as discrimination, structural violence, dispossession, and intergenerational trauma also contribute to a widespread lack of trust in the system and add to the difficulties within the help-seeking journey. People who want or need to seek help for their mental health may be deterred due to the risk of being reported and losing their children as a result.

To address these factors effectively, navigational supports and services need to accurately reflect Aboriginal and Torres Strait Islander mental wellbeing perspectives, while ensuring data is collected responsibly and used transparently. It is crucial that supports respect the unique experiences and engagement preferences of Aboriginal and Torres Strait Islander communities.

CALD populations

CALD populations are more likely to seek help from non-clinical supports such as religious leaders or trusted individuals, friends, or family members.[54] This preference may stem from unfamiliarity with the role of general practitioners as the widely recommended 'first port of call' for mental health concerns.[55] It is crucial for this cohort to have services that not only respect their need for trust and confidentiality but also accommodate language needs without compromising privacy, particularly when using external interpreters who may belong in the same community as the help seeker.[56] For refugees and asylum seekers, there

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[51] The Senate Community Affairs References Committee. (2018). *Accessibility and Quality of Mental Health Services in Rural and Remote Australia*. Commonwealth of Australia: Canberra, 59; Royal Commission into Victoria's Mental Health System. (2021). *Royal Commission into Victoria's Mental Health System: Final Report – Summary and Recommendations*. Victorian Government, 10.

[52] The Senate Community Affairs References Committee. (2018). *Accessibility and Quality of Mental Health Services in Rural and Remote Australia*. Commonwealth of Australia: Canberra, 91.

[53] The Senate Community Affairs References Committee. (2018). *Accessibility and Quality of Mental Health Services in Rural and Remote Australia*. Commonwealth of Australia: Canberra, 95.

[54] Radhamony, R., Cross, W. M., Townsin, L., & Banik, B. (2023). Perspectives of culturally and linguistically diverse (CALD) community members regarding mental health services: A qualitative analysis. *Journal of Psychiatric and Mental Health Nursing, 30*(4), 855.

[55] Khatri, R. B., & Assefa, Y. (2022). Access to health services among culturally and linguistically diverse populations in the Australian universal health care system: issues and challenges. *BMC Public Health, 22*(1), 880.

[56] Khatri, R. B., & Assefa, Y. (2022). Access to health services among culturally and linguistically diverse populations in the Australian universal health care system: issues and challenges. *BMC Public Health, 22*(1), 880.

are additional barriers to finding and accessing care, such as unclear eligibility due to visa status, limited mental health literacy and self-stigma.[57]

LGBTQIA+SB individuals

For LGBTQIA+SB individuals, choice and control across the journey to find and access mental health care is critical. These individuals may have varying levels of willingness to share personal information depending on the cultural safety of resources and/or services they are accessing. Lived experience staff are critical in the provision of safe support. There are existing supports that are tailored to LGBTQIA+SB individuals and are culturally safe such as QLIFE, TransHub, and ACON; but these are overstretched services that cannot meet current demand. This results in help seekers being redirected to mainstream services, which can be stigmatising, and compound harm experienced throughout the journey to find and access care.

Lower socioeconomic status

Individuals from lower SES backgrounds face financial barriers in accessing mental health services, which is compounded by higher rates of psychological distress experienced by this population.[58] This cohort is also more likely to experience longer wait times when accessing services.[59] While initiatives like Medicare Mental Health (formerly Head to Health) offer free or affordable mental health resources, constraints on their availability can limit their effectiveness in addressing the needs of this population.

People in custody

People in custody may require access to a range of different supports, which can include community-based supports in some cases.[60] While support differs across jurisdictions, there is routine mental health screening and assessment in prisons and the provision of prison-based mental health supports where required.[61]

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[57] Byrow, Y., Pajak, R., Specker, P., & Nickerson, A. (2020). Perceptions of mental health and perceived barriers to mental health help-seeking amongst refugees: A systematic review. Clinical Psychology Review, 75, 101812.

[58] Farrer, L. M., Walker, J., Harrison, C., & Banfield, M. (2018). Primary care access for mental illness in Australia: Patterns of access to general practice from 2006 to 2016. *PloS One, 13*(6), e0198400.

[59] Australian Government Department of Health and Aged Care. (2022). *Evaluation of the Better Access Initiative – Final Report: Main Report.* Melbourne: University of Melbourne.

[60] Australian Institute of Health and Welfare. *The Health of People in Australia's Prisons 2022.* Canberra: AIHW. Accessible from: https://www.aihw.gov.au/reports/prisoners/the-health-of-people-in-australias-prisons-2022/contents/summary

[61] Australian Institute of Health and Welfare. *The Health of People in Australia's Prisons 2022.* Canberra: AIHW. Accessible from: https://www.aihw.gov.au/reports/prisoners/the-health-of-people-in-australias-prisons-2022/contents/summary

Appendix D   The needs and experiences of Aboriginal and Torres Strait Islander help seekers

This project's understanding of the needs and experiences of Aboriginal and Torres Strait Islander help seekers is grounded in a holistic framework developed through engagements

Engagements with Aboriginal and Torres Strait Islander help seekers, professionals, leaders and community-controlled organisations supported this project's development of three overarching lenses to consider the unique and diverse needs of Aboriginal and Torres Strait Islander help seekers (visualised in Figure 23).

The three domains of cultural safety, digital inclusion, and social and emotional wellbeing have grounded this project's understanding of Aboriginal and Torres Strait Islander peoples' needs when navigating the mental health system.

Figure 22 | Key insights highlighted by Aboriginal and Torres Strait Islander organisations
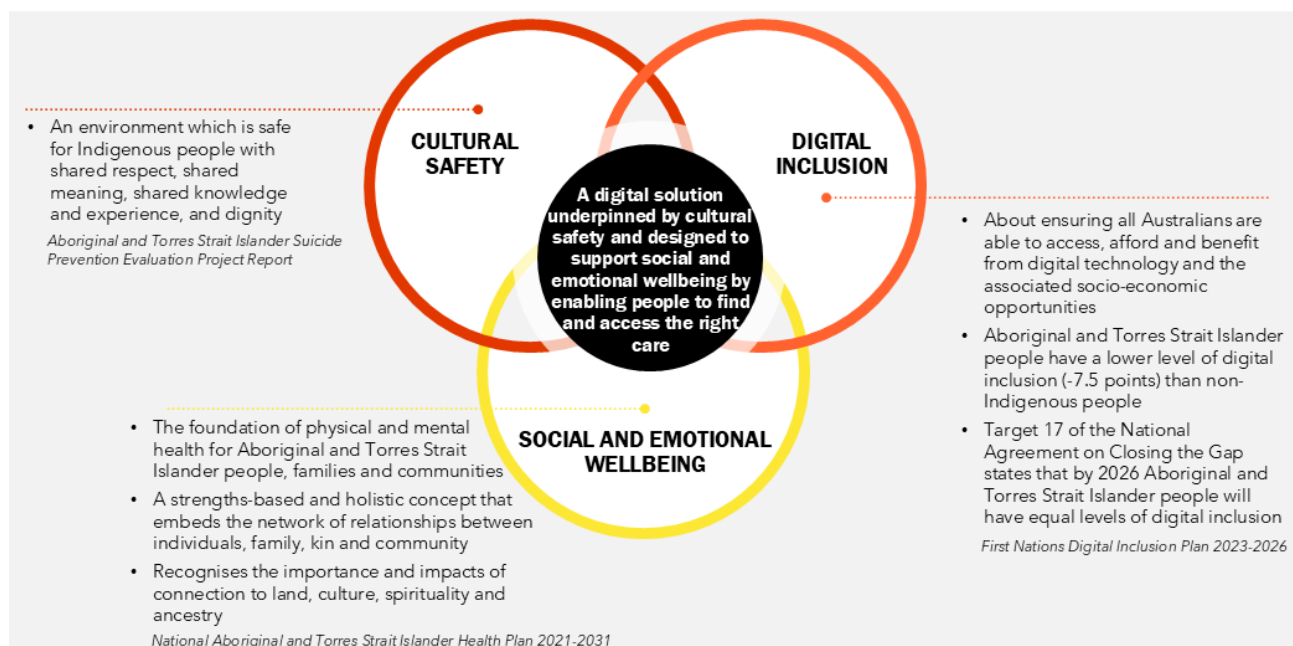
- **Cultural safety and responsiveness:** Cultural safety spans the whole journey of finding and accessing mental health care at the individual, service, organisation, and system level. Consultations have emphasised that from a cultural safety perspective, the best options are community-controlled, and place-based organisations. However, for a range of reasons, these may not be the places that Aboriginal and Torres Strait Islander help seekers go to.

  Mainstream services and organisations, therefore, must ensure continuous development and improvement of their level of cultural safety and responsiveness. To complement this, cultural safety criteria must be developed so that culturally safe mainstream services are identifiable. The Australian Government has committed $1.9 million in 2025–26 to support the development of a national commissioning framework and national strategic approach to cultural safety across mental health services for Aboriginal and Torres Strait Islander peoples. This approach will support uplift in cultural safety of mental health services, supports, and resources and the ease with which help seekers can identify services and supports as culturally safe.

- **Digital inclusion:** Digital inclusion is a key enabler of the project's recommendations, particularly for Aboriginal and Torres Strait Islander Elders, older people, and those in rural and remote areas who face broad digital exclusion. The national First Nations Digital Inclusion roadmap includes five recommendations to improve technological infrastructure for Aboriginal and Torres Strait Islander communities, which is core to supporting digital navigation.

   Part of digital inclusion also involves developing digital resources and tools that are user-friendly; many existing tools provide information in dense English that is hard to find, and do not account for the different ways Aboriginal and Torres Strait Islander peoples talk about and understand mental health and wellbeing. The pace and immediacy of 'digital' also leaves little or no space for people to sit on knowledge and consider how it applies to their local circumstance or lived experience. Digital should therefore act as a complement to face-to-face care, to help reduce the overburdening of local service providers, and underinvestment in roles and systems that obtain access to data to do evaluation.

- **Knowledge of and access to social and emotional wellbeing (SEWB) programs and services:** SEWB programs and services are vastly under-represented in current tools, resources, and directories. For the project recommendations to be useful to and valuable for Aboriginal and Torres Strait Islander help seekers, there is strong need for Aboriginal-led creation of SEWB definitions and standards to be developed and incorporated into solutions. This will support accurate identification of SEWB-specific services.

   To achieve this, a key resourcing activity is required, to develop missing data and directories of SEWB information, supports and programs. This will facilitate Aboriginal and Torres Strait Islander help seekers' access to culturally safe, relevant and responsive supports that support their social and emotional wellbeing.

The mental health system looks different for Aboriginal and Torres Strait Islander people and communities, with a combination of mainstream and community-controlled supports

Aboriginal and Torres Strait islander help seekers access a wide range of services in the journey to find and access care, including specialist medical practices, specialist community-based services, GPs, general community care, hospitals, and community care. Community care programs include holistic health care, as well as SEWB healing programs and support. This landscape of services is uniquely different from the general help-seeking population including the process of how individuals' access and navigate these services.

There is poor connection between mainstream and community/local controlled services meaning the help seeker journey is disrupted and many get lost in the systems. The lack of communication between services, warm referrals, follow up appointments, and wraparound support significantly affects the accessibility and engagement of Aboriginal and Torres Strait Islander help seekers.

An effective digital navigation solution must accommodate for the range of supports encompassing the several systems providing mental health and SEWB support to Aboriginal and Torres Strait Islander help seekers. Additionally Aboriginal and Torres Strait Islander help seekers need to have the option to either access mainstream or community-controlled services to effectively provide them with the appropriate care and support.

Appendix E   The help-seeking journey map

The journey through the mental health system to find and access care is often a frustrating and traumatising experience that is not consistent. Many people begin their help-seeking journey with the feeling that 'something is not right' and may not be aware that it is directly related to their mental health. This feeling may lead to something specific that they want fixed, solved, or to better understand.

The needs of help seekers vary and can include help for a longstanding issue, an issue that has resurfaced or a one-off experience. Help seekers also differ in their levels of experience, ranging from people who are familiar with the complexity of the system, to people looking for help for the first time.

It is well established that the speed to appropriate intervention is one of the biggest determinants of a positive outcome for help seekers, and widespread gaps in care and excess wait times will always be critical pinch points in the experience.[62] An overview of the help-seeking journey, help seekers' experiences finding and accessing care and the implications of this on developing options outlined in Figure 24 below.

Figure 23 | The help-seeking journey map

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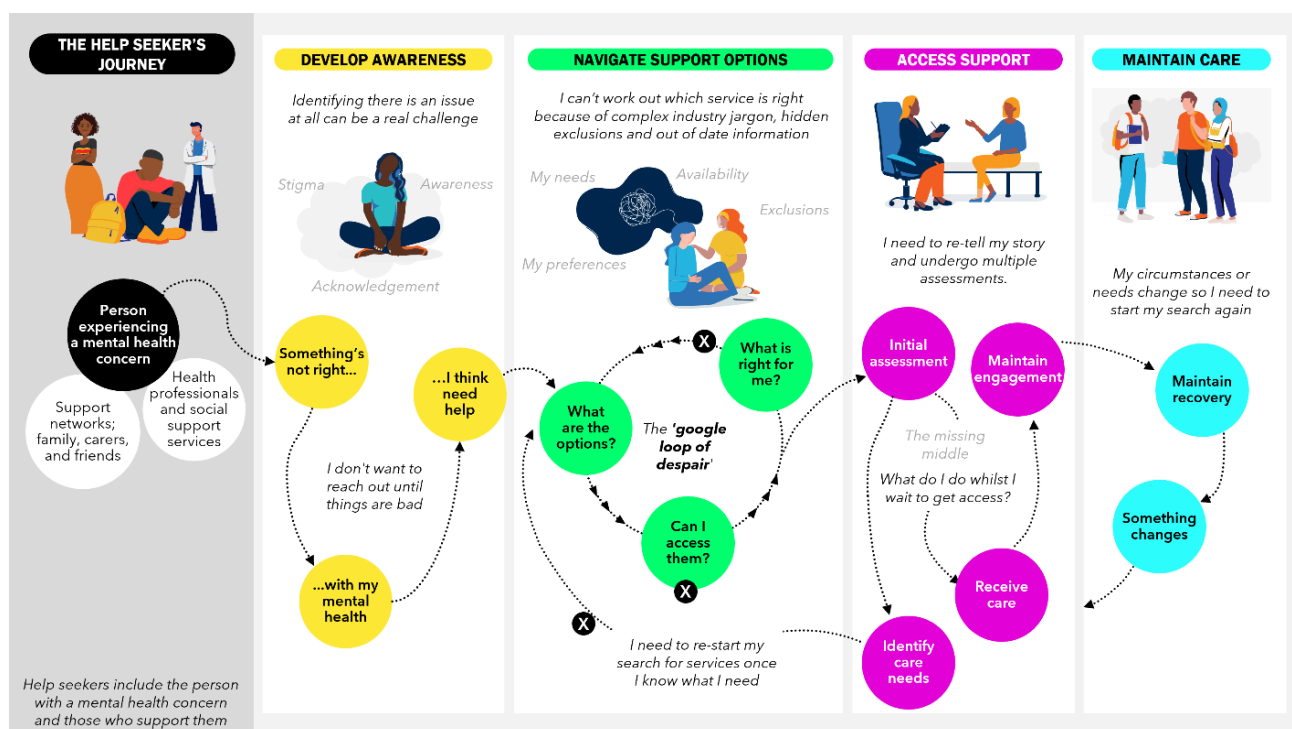
[62] See for example McGorry, P. D., & Mei, C. (2018). Early intervention in youth mental health: progress and future directions. *BMJ Mental Health, 21*(4), 182–184.

Appendix F — Help seeker guiding principles for the search, matching, and recommendation tool

🌐 Principle 1: Find me where I am

A single entry point will never be universally trusted, accessible, findable and safe.

Help seekers look for information and supports through different channels based on their needs and preferences and are increasingly searching for help on social media. They want information and service recommendations from organisations and sources they trust, as well as support that is tailored to their needs.

However, it is not currently possible to find all the information a help seeker needs in one place. As a result, help seekers often need to go to many different sources in their journey. A help seeker may visit multiple websites, call various helplines and psychologists, and search on social media, only to find fragmented and sometimes conflicting information. This journey often leads to frustration and can delay access to critical and suitable support. This makes it difficult to know what is out there that might help, if it is suitable and its quality.

"It needs to be a 'web' that connects the different services together – not a single, clogged hub – but a web connecting the services for different needs… That way, even at the edges, everyone is connected and has access to what they need."

What is needed to achieve this principle:

1. A decentralised navigation tool embedded in and tailored to the context of specific services, such as NGO helplines and websites, government websites etc. For example, the QLife website pre-filters the tool to LGBTIQ+ focused information and services, which help seekers can then filter further based on their individual needs and preferences.

2. Key organisations' commitment to integrating the tool into their existing platforms, supporting the adoption and further expansion of the tool.

3. Training to support care navigators' and care providers' adoption of the tool, especially prominent first ports of call such as GPs, psychologists and counsellors. This is particularly important for help seekers that do not have access to online tools, due to reasons such as digital exclusion, age, complexity of needs, etc.

"I think it's important that those mainstream things like Head to Health go through community organisations and have their feedback. The mainstream services don't always work for people, people who…

✋ Principle 2: Make it easy to get more help

A single care pathway cannot meet the diverse needs of all help seekers.

Mental health navigation tools predominantly direct help seekers to GPs as the first port of call for non-crisis situations. Typically, GPs refer on to psychologists via the Better Access pathway, the most common route for mental health care. However, this pathway is limited to 10 sessions per year, after which help seekers may seek more help through online mental health resources. These resources often redirect help seekers back to the GP, resulting in a frustrating 'Google loop of despair'. There is a critical lack of support options visible to help seekers outside this pathway. Current navigation tools do not

> "What if when you called LifeLine and did intake, you could do it all there... only tell your story once and have them have access to every service around."

fully integrate the diverse range of mental health supports available beyond the Better Access initiative—options that often have fewer barriers related to wait times, limited sessions and exclusion criteria. Consequently, help seekers struggle to find suitable care in the mode or channel they are using. Currently, the most effective way to get more help is through peer and community networks, which share local options validated by people with lived experience.

What is needed to achieve this principle:

1. A tool underpinned by a national directory solution, providing help seekers with access to the wide range of mental health supports that exist in their channels and modes of preference.
2. Access to community mental health supports – that are the most trusted and useful supports for many help seekers - incorporated into directories to support help seekers' access to the entire range of suitable mental health care that exists.
3. Human support alongside the tool, to help navigate and co-ordinate care for help seekers. As the most common first ports of call, GPs must have knowledge of and access to the range of services that exist beyond the Better Access pathway through a nationally consistent, co-ordinated tool.
4. Various pathways to the range of mental health supports exist made visible to help seekers through embedding care pathways into the tool.
5. A tool that clearly outlines eligibility and exclusion criteria, for help seekers to know which supports can meet their level of need.

> "Help seekers with lived experience are very educated on the topic, sometimes more so than GPs."

👆 Principle 3: Help me choose based on what's important to me

Existing tools do not capture critical data help seekers are looking for.

This lack of key information, that supports help seekers to find and be matched to services based on what is important to them, limits choice and control over the journey to find and access care. Engagements with help seekers have highlighted the need for accurate information on service costs, wait times, expertise, cultural safety, and location on any tool or directory. On current platforms, providers may claim to offer comprehensive

> "An easy-to-navigate, all-encompassing portal of some description which you can select factors such as age, presenting issues, support needs, etc."

care to all types of people, but in practice, many help seekers are deemed 'too complex' for their services. This issue is particularly prevalent among those with complex, co-occurring, or intersecting needs. Community and peer networks are highly valued by help seekers, as they share details obtained through lived experience on suitability, cost, availability, practitioners, and other relevant information that is not universally searchable on existing resources.

What is needed to achieve this principle:

1. An intuitive tool that can be filtered by the information that is most important to help seekers, tailored to their specific needs, contexts and preferences.
2. Accurate, specific service details through a routinely updated directory solution, including highly sought after information such as costs, wait times, expertise, eligibility criteria and quality assurance.
3. Quality control of services included in the directory solution through service directory domain owners and 'librarian' functions.
4. Incentivisation to ensure services routinely update their information and service details, guided by clear expectations and oversight from sector governance. Effective governance should provide both motivation and accountability, ensuring that services prioritise transparency and remain responsive to evolving community needs.

> "When looking for help, it is often the easiest thing the system offers, not the most relevant."

Principle 4: Value, build and maintain my trust

Help seekers will not go to supports that they do not trust.

Help seekers have varying levels of trust in the system, with many opting for peer supports over formalised pathways. This preference is often a result of the fragmented and overburdened system, which makes it difficult to find and access timely and suitable supports. This often results in a poor and traumatising experience for help seekers. Community and peer networks, along with knowledgeable and responsive practitioners, are the most widely trusted supports among help seekers. These networks are highly valued because they do not reinforce stigma or judgement and share local knowledge that is not available through formal tools or resources. Responsive practitioners often act as care navigators, sharing their professional knowledge of local services to assist help seekers, which supports trust building. However, this knowledge is not universally shared among all practitioners, resulting in inconsistent experiences for help seekers.

> "Lots of us are burned by the system and would rather trust the word of an advocate or someone we'd come across on Reddit than immediately trusting something that's part of the system."

What is needed to achieve this principle:

1. A decentralised tool, endorsed by and located in the places help seekers already trust.

2. Recognised and trusted certifications for services in the tool, validated by community and mental health organisations underpinned by lived experience, as well as librarian functions for quality assurance.

3. A tool that supports help seeker control over their information and sharing mechanisms, allowing help seekers to own their story, reduce inaccuracies and ensure that they are being supported based on their current needs and priorities rather than past experiences.

4. Professionals that have knowledge of and connections with services that cater to specific needs. Trustworthy practitioners with the right information that support help seeker access to appropriate services are key to building help seekers' trust.

> "Trust comes from transparency – I don't mind speaking to a bot, as long as I know I am speaking to a bot and the service isn't trying to pretend it's a person."

There will always be the need for human support in the journey to find and access care.

A help seeker's support network – a mixture of their family, friends, carers and/or professional help seekers such as GPs – are a crucial part of their navigation journey. Many help seekers trust and rely on human supports, especially those with lived experience, to guide them through the system and personalise their care.

Support networks, however, may not have all the information they need to make informed decisions. System fragmentation and siloed data prevents consistent collaboration and the ability for others to assist the help seeker. Lived experience peer workers and knowledgeable professional help seekers represent part of the solution to the navigation challenge, providing them with relevant and accurate information is the key to their efficacy.

"Access to reliable mental health resources and a strong support network from family and friends played a crucial role in my healing journey. "

What is needed to achieve this principle:

1. Human navigational support, ideally peer workers with lived experience, as an adjacent pathway/fail safe to digital tools.

2. Aligned data standards to enable interoperability initiatives and information sharing.

3. Key workflows embedded into GP practice software for patient information sharing e.g. eReferrals and secure messaging.

4. A matching and recommendation feature that allows help seekers and their support networks to filter through to tailored resources.

"We need to embed lived experience peer workers into practice…they're very educated on the topic, sometimes more so than GPs."

"GPs should be aware of or be able to access information on all services available in an area and what is appropriate."

Principle 6: Make it easy to move between services

Cold handovers will continue to allow help seekers to fall through the gaps.

Help seekers are mobile. They want to access a variety of services, whether due to co-occurring needs, an evolving condition, interim support or curiosity. They also want choice and control over their data. Many help seekers want their information to follow them so that care can be personalised, and they do not have to repeat their history. Warm referrals do exist in the mental health system, but they are rare. Transitions between services typically rely on experienced and well-connected health professionals. This method is not scalable and without widespread information sharing, many help seekers must re-start their journey each time they access a new service. Building mobility into the system requires common data standards and mechanisms for sharing/ collaboration. Creating better linkages and funding arrangements between mental health services and other social supports will make it easier to deliver holistic care.

"The lack of connection and visibility around the private and public systems means that a lot of work and effort must be put into navigating."

…[all] there… only tell your story once and have them have access to every service around."

What is needed to achieve this principle:

1. Aligned data standards to enable interoperable initiatives and information sharing.

2. Key workflows embedded into GP practice software for patient information sharing e.g. eReferrals and secure messaging.

3. A national, coordinated voice for mental health in broader health conversations to manage linkages and funding arrangements between adjacent services.

4. Workflows and a tool for help seekers to capture and share information with health professionals of their choosing.

"More communication and sharing mechanisms between services, especially between GPs, psychologists and psychiatrists would make a big difference."

Principle 7: Provide support and resources while I'm waiting

Some care pathways that help seekers choose will always have wait times.

As identified in the Better Access review, help seekers are frequently directed down mainstream clinical pathways. A GP is often their entry point into the system, who then refers onto a psychologist or psychiatrist. The clinical pathway is overwhelmed with demand, leading to long wait times for help seekers. Help seekers may be able to quickly access emergency or crisis care but there are few avenues for lower intensity resources to manage their needs during wait times. Help seekers value the accessibility and immediacy of digital mental health services. These can provide the right level of support while help seekers wait or even remove the need for clinical intervention altogether. Increasing these options and making them more apparent to help seekers will help to moderate demand for over-burdened clinical services.

"It would be good to be given different options for support services that can help while on the waitlist or in between appointments."

What is needed to achieve this principle:

1. A national information solution (and supporting web user interface) that provides up-to-date resources on available supports and what help seekers can do while waiting to access a service.

2. A matching and recommendation function that identifies the appropriate level of care required and the range of useful supports that may suit the help seeker.

3. Mental health sector capability to update a directory solution with service options and resources.

4. Pathways and user journeys that leverage national infrastructure e.g. the NEIS and Medicare Mental Health Phone Service.

"I'd like access to lists of different digital mental health supports, which you can use while waiting to see a psychologist."

Principle 8: Don't make me share more than I need to

Help seekers will always have diverse privacy preferences, which must be supported across all stages of the journey.

Help seekers want to control which information they share, how much of it and to whom. Sharing details on their mental health history improves the experience and care they receive, as well as avoiding the need to repeat their story. Help seekers, however, are also concerned about their privacy and the stigma associated with seeking mental health care. Some are willing to divulge all details while others are reluctant, and don't want their information recorded on national platforms. Help seekers have devised various ad hoc methods to reflect their preferences e.g. recording a voice memo to share with professionals. The issue of confidentiality disproportionately impacts help seekers in regional and remote areas, where communities are smaller and there are fewer mental health professionals. Optionality needs to be built into information sharing practices. Help seekers want control over their data and choice in the form to share it. National solutions like My Health Record are part of the solution but other options must be available.

"Confidentiality is a big issue, especially in small communities where all providers know each other."

What is needed to achieve this principle:

1. Lower tech formats for help seekers to record and share mental health information, including the option of how much detail to include and how to capture it.

2. Leverage national identity platforms and interoperability initiatives – e.g. My Health Record and Health Information Exchange – to explore long-term enhancements of information sharing.

3. Participation of the mental health sector in national discussions on the roadmap of national identity platforms.

4. A considered user experience, with strong clinical governance and evidence-based care, that builds help seeker trust.

5. A tool that enables complete help seeker control over their history and past care, for help seekers to keep track of their journey and choose who they share their information with.

"It isn't easy keeping track of your journey. It would be good to have a digital system for information to be put into, with the consumer in control of who it gets sent to. And if a service or practitioner doesn't work for you, having the option to un-share your data with them."

Appendix G   Examples of current service directories

Table 3 | Snapshot of current key service directories identified through this project

Directory	Directory type	Mechanisms for search	Breadth of scope	Amount of services	Considerations
National Health Services Directory – Service Finder	Government-funded, delivered by Healthdirect	• Specific service or name • Suburb or postcode • Search by popular services	Comprehensive range of healthcare professionals and services, but excludes community supports for mental health	• 150,000 health services accessible • 270 types of health services	Most comprehensive national example drawing from multiple service directories, but mental health service source data is limited.
Medicare Mental Health service directory (formerly Head to Health)	Government delivered	• Topic • Disorder • Service • Organisation	Range of clinical and non-clinical supports but limited to free/low-cost options	~900 services listed	Difficult to maintain, with no automated directory updates.
Find A Psychologist	Peak delivered	• Issue • Name • Location • Area of practice	Psychologists in private practice (range of locations, rural and remote, bilingual)	7000+ psychologists listed	Comprehensive for specific professions.
HotDoc	Private	• Service • Practice • Practitioner • Location	Includes a range of healthcare professionals, listed on an opt-in basis	25,000 listed practitioners	Not connected to national standards and not able to connect to other tools.
Healthy North Coast Mental Health Practitioner Directory	PHN delivered	• Name • Location • Profession • Availability	Lists mental health professionals in private practice in the North Coast of NSW (opt-in basis)		Email sent every 90 days prompting professionals to check that information is up to date.
Lifeline directory	NGO delivered	• Service name • Location • Gender • Language • Service type • Age	Lists free or low-cost health and community services available in Australia	110,000+ local, state, and national services around Australia	
Psychology Today	Private		Counsellors, online therapy, and support groups		Not connected to national standards and not able to connect to other tools. Not available in other sources but should be.

Appendix H   Existing guidelines for mental health conditions

Table 4 | Guidelines for mental health conditions

Mental health condition	Year	Created by	Endorsed by	Link
Anxiety disorders	2018	• RANZCP • NICE	• RANZCP	Link
	2014	• APS	• APS	Link
Bipolar Disorder	2015, 2020	• RANZCP	• RANZCP	Link
Borderline Personality Disorder	2012 (since rescinded)	• NHMRC	• NHMRC • Project Air	Link
	2015	• Project Air (University of Wollongong)	• Project Air	Link
Deliberate self-harm	2016	• RANZCP	• RANZCP	Link
Depression	2015, 2020	• RANZCP • NICE	• RANZCP	Link
Dissociative Identity Disorder	No guideline	–	–	–
Eating disorders	Ongoing updates	• National Eating Disorders Collaboration (NEDC)	• NEDC	Link
	2024	• Mental Health First Aid International	• NEDC	Link
	2021	• Everymind	• NEDC	Link
	2020	• ANZAED – for mental health professionals	• ANZAED • NEDC	Link
	2020	• ANZAED – for dieticians	• ANZAED • NEDC	Link
	2020	• ANZAED – general	• ANZAED • NEDC	Link
	2018	• NEDC	• NEDC	Link
	2014	• RANZCP	• RANZCP • NEDC	Link
Narcissistic Personality Disorder (NPD)	No guideline	–	–	–
Obsessive Compulsive Disorder (OCD)	2014	• APS	• APS	Link
Perinatal mental health issues	2023 (2nd ver.)	• COPE	• NHMRC • PANDA	Link
Post-Traumatic Stress Disorder (PTSD)	2020	• Phoenix Australia, • RANZCP • RACGP	• NHMRC • RANZCP • RACGP • APS	Link
	2014	• APS	• APS	Link
Psychosis	2016	• RANZCP	• RANZCP	Link
	2016 (2nd ver.)	• Orygen		Link

Mental health condition	Year	Created by	Endorsed by	Link
Schizophrenia	2016	• RANZCP	• RANZCP	Link
Complex trauma	2019 (2nd ver.)	• Blue Knot	• RACGP	Link
Autism and mental health	No autism-specific guideline	–	–	–
Schizoaffective Disorder	2016	• RANZCP	• RANZCP	Link
Attention Deficit Hyperactivity Disorder (ADHD)	2024	• Australasian ADHD Professionals Association (AADPA)	• NHMRC • APS • RACP • RACGP • Speech Pathology Australia • Occupational Therapy Australia • ACPA • AAPI • ADHD WA • ADHD Foundation • RANZCP • ADHD Australia • World Federation of ADHD	Link

Appendix I   National Safety and Quality Digital Mental Health Standards (NSQDMH) accredited services

Since its introduction in 2023, with SANE Australia as the first accredited organisation, services from the following organisations have been accredited by the Australia Commission on safety and Quality in Health Care:

- Amplar Health
- Beyond Blue
- Black Dog Institute
- Blue Knot Foundation
- Butterfly Foundation
- Canteen
- ConnectedLE
- e-hub Health
- Griefline
- headspace
- HealthBright
- Karitane For When
- LGBTIQ+ Australia
- Lifeline
- Mental Health Online
- MQ Health (Mindspot)
- Mumspace
- Orygen
- PANDA
- ReachOut Australia
- SANE
- St Vincent's Hospital Sydney (This Way Up)
- Yourtown.

Appendix J Stakeholders engaged throughout the project

The key elements of our approach that have informed this report include:

- **Desktop and literature review –** reviewed over 200 journal articles, consultation papers, and grey literature including government reports, strategy, and policy documents.

- **145 organisations consulted** – throughout the project

- **Consortium engagement –** ongoing engagement with consortium members, including through 1:1 engagement to understand diverse help seeker perspectives, information and data requests, and a consortium workshop, which brought together 20 sector members from our consortium to develop key help seeker pain points, and identify where digital can play a role in supporting navigation.

- **Sector Town Halls –** facilitated two Sector Town Halls with over 60 stakeholders attending in-person and 137 attending virtually across PHNs, government, peaks, non-profits, and lived experience bodies.

- **Sector consultations –** conducted over 40 consultations to understand perspectives on help seeker needs and how well served these needs are today, possible sector governance approaches, and current state digital capabilities.

- **Consultations with states and territories –**consultations with representatives from all jurisdictions, including close engagement with NSW and SA Mental Health Commission.

- **Engagements with Aboriginal and Torres Strait Islander led organisations, leaders, and advisors –** included 15 engagements with Aboriginal and Torres Strait Islander organisations and representatives, as well as ongoing meetings with Aboriginal and Torres Strait Islander project partners.

- **Current state mapping and digital capability assessment –** mapped the current mental health service system, including digital services designed to support navigation at a national level and state and territory level. This included assessment of digital capabilities across relevant platforms, and analysis of over 20 existing service directories.

- **Governance workshop with sector leaders –** refined proposed recommendations with senior executives from leading mental health organisations in Australia and explored potential governance models for the navigation tool.

- **Workshops with Aboriginal and Torres Strait Islander organisations and service providers –** held two roundtables:

  - The first with the National Indigenous Health Leadership Alliance (NIHLA) focused on discussion on what Aboriginal and Torres Strait Islander governance of solutions should look like, as well as what is required to support co-design of the proposed tool with Aboriginal and Torres Strait Islander help seekers, service providers, and communities.

  - The second was hosted by Gayaa Dhuwi (Proud Spirit) Australia to determine the core considerations underpinning solutions for Aboriginal and Torres Strait Islander help seekers.

- **Digital engagement –** focused on development, validation, and cost estimation of the high-level solution designs for recommendations with Healthdirect.

- **Academic expert engagement –** consulted leading Australian and international experts on mental health digital navigation to understand the appropriateness and feasibility of proposed recommendations and to draw on knowledge from the development of existing and previous initiatives.

- **Help seeker surveys –** over 1,300 completed survey responses from help seekers and approximately 250 responses from professionals and frontline workers, providing critical qualitative, and quantitative data on people's experiences and challenges when seeking mental health support.

- **Help seeker focus groups –** developed ideas that would be most helpful for people navigating the mental health system at each stage of the help-seeking journey. The approach was to validate the key pain points that digital solutions can support and develop ideas on the ways in which these specific pain points could be addressed.

- **Engagements with specific priority populations** – partnered with consortium members to conduct focus groups with LBGTQIA+SB help seekers and help seekers who have experienced eating disorders. Conducted an engagement with LGBTIQ+ members and service providers supporting culturally and linguistically diverse help seekers through EMBRACE Multicultural mental health.

Table 5 | List of organisations consulted throughout project

Organisation name	Consortium member	Involved in refining recommendations	Consulted or engaged during project
Butterfly Foundation	✓	✓	✓
Community Mental Health Australia	✓	✓	✓
Flourish Australia	✓	✓	✓
Gayaa Dhuwi (Proud Spirit) Australia	✓	✓	✓
Kids Help Line	✓	✓	✓
LGBTIQ+ Health / Q-Life	✓	✓	✓
Lived Experience Australia	✓	✓	✓
Mind Australia	✓	✓	✓
Nous Group	✓	✓	✓
One Door	✓	✓	✓
Orygen	✓	✓	✓
Outcome Health	✓	✓	✓
Phoenix	✓	✓	✓
SANE	✓	✓	✓
Thirrili	✓	✓	✓
University of Melbourne	✓	✓	✓
Victorian Collaborative Centre for Mental Health and Wellbeing	✓	✓	✓
yourtown / Kids Helpline	✓	✓	✓
ADHA		✓	✓
Australian Digital Health Agency		✓	✓
Australian Psychological Society		✓	✓
Beyond Blue		✓	✓
Black Dog Institute		✓	✓
Embrace Multicultural Mental Health		✓	✓
Headspace		✓	✓
Healing Foundation		✓	✓
Healthdirect		✓	✓
LGBTIQ+ Health*		✓	✓
LifeLine		✓	✓
Lived Experience Australia*		✓	✓
Mental Health Australia		✓	✓
Mindspot		✓	✓
National Indigenous Health Leadership Alliance		✓	✓

Organisation name	Consortium member	Involved in refining recommendations	Consulted or engaged during project
NSW Ministry of Health		✓	✓
Perinatal Anxiety & Depression Australia (PANDA)		✓	✓
ReachOut		✓	✓
Royal Australian and New Zealand College of Psychiatrists		✓	✓
Royal Australian College of General Practitioners		✓	✓
South Australia Mental Health Commission		✓	✓
The National Aboriginal Community Controlled Health Organisation (NACCHO)		✓	✓
This Way Up		✓	✓
University of Canberra		✓	✓
Sinapse			✓
Sparked accelerator initiative			✓
University of Melbourne			✓
13YARN			✓
Aboriginal Health and Medical Research Council			✓
ACT Department of Health			✓
Adelaide PHN			✓
Advanced Personnel Management			✓
Arafmi			✓
Australian Association of social workers			✓
Australian College of Emergency Medicine			✓
Australian College of Midwives			✓
Australian Counselling Association			✓
Australian Defence Force			✓
Australian Indigenous Doctors Association			✓
Australian Institute of Health and Welfare			✓
Australian National University			✓
Autism CRC			✓
Batyr			✓
BEING – Mental Health Consumers			✓
Bipolar Australia			✓
Brisbane North PHN			✓
Capital Health Network			✓
Carers Tasmania			✓
Central and Eastern Sydney PHN			✓
Consumers for Mental Health Western Australia			✓
Coodinare PHN			✓
Darling Downs PHN			✓
Eastern Melbourne PHN			✓

Organisation name	Consortium member	Involved in refining recommendations	Consulted or engaged during project
Eating Disorders Families Australia			✓
Emerging Minds			✓
eMHPrac			✓
Gippsland PHN			✓
Gold Coast PHN			✓
Grief line			✓
GROW Australia			✓
Harvard			✓
Head to Health			✓
Healthy North Coast			✓
Helping Minds			✓
Homelessness NSW			✓
ICTX			✓
IMPACT community services			✓
Indigenous Allied Health Australia (IAHA)			✓
Infoxchange			✓
Kids Help Phone (Canada)			✓
La Trobe University			✓
Lives lived well			✓
Logicly			✓
Lowitja Institute			✓
Macquarie Uni			✓
Mental Health Carers Australia			✓
Mental Health Carers NSW			✓
Mental Health Coordinating Council			✓
Mental Health Victoria			✓
Menzies School of Health Research			✓
Monash Health			✓
Movember			✓
Murrumbidgee			✓
National Aboriginal and Torres Strait Islander Ageing and Aged Care Council			✓
National Eating Disorders Collaboration			✓
National Mental Health Consumer Alliance			✓
Nepean Blue Mountains PHN			✓
North West Melbourne PHN			✓
Northern Territory Department of Health			✓
Nowra Community Mental Health			✓
Occupational Therapies Australia			✓

Organisation name	Consortium member	Involved in refining recommendations	Consulted or engaged during project
PHN coop			✓
Preventative Health SA			✓
Primary Health Tasmania			✓
QLD Alliance for Mental Health			✓
Queensland Department of Health			✓
Secretariat of National Aboriginal and Islander Child Care (SNAICC)			✓
Sout West Sydney PHN			✓
South Australia Department of Health			✓
Southeastern Melbourne PHN			✓
State Mental Health Care Victoria			✓
Stride			✓
Suicide prevention Australia			✓
Suicide prevention Victoria			✓
Sydney North Health Network			✓
Tasmanian Department of Health			✓
The Australian Indigenous Psychologists Association (AIPA)			✓
The cairnsmillar institute			✓
The National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP)			✓
Think Mental health			✓
Transforming indigenous mental health and wellbeing			✓
Turning Point			✓
University of Newcastle			✓
University of NSW			✓
University of Sydney			✓
University of Western Australia			✓
Victoria Mental Health suicide prevention			✓
Victorian Department of Health			✓
Way Ahead			✓
WellMob			✓
Went West PHN			✓
Western Australia Department of Health			✓
Western Australia Mental Health Commission			✓
Western Australia PHN			✓
Western Victoria PHN			✓
Youth Insearch			✓

Appendix K   Support for project recommendations

The recommendations proposed in this report have received broad support (including partial agreement and in principle agreement) from a number of key organisations in Australia's mental health system, shown in the table below.

The primary mechanisms to gather feedback were:

- A sector leaders workshop to share the recommendations and gain feedback on governance mechanisms on 28 October 2024, including 21 senior stakeholders from sector and government organisations (including Beyond Blue, Black Dog Institute, Butterfly Foundation, headspace, Healthdirect, Kids Helpline (yourtown), Lifeline, Lived Experience Australia, Mindspot, Mental Health Australia, Q–Life (LGBTIQ+ Health), Orygen, PANDA, RANZCP, ReachOut, This Way Up, and ADHA).

- A follow up email to participants from this workshop, consortium members and other organisations who were not able to participate in the workshop. This included an overview of the recommendations and a short survey to gather feedback. Participants and respondents were asked to respond to the question "Are these recommendations broadly on track?"

The exact wording of the recommendations is below. There have been some updates to the wording and specific approach to implementation in the final report responding feedback from stakeholders. The recommendations have remained largely the same.

Table 6 | Organisation endorsement

Organisation	Agreed recommendations broadly on track	Did not agree
Lived Experience Australia	✓	
yourtown	✓	
Butterfly Foundation	✓	
Beyond Blue	✓	
Black Dog Institute	✓	
Mind Australia	✓	
ReachOut	✓	
Phoenix Australia	✓	
Mindspot	✓	
headspace	✓	
LGBTIQ+ Health Australia	✓	
Mental Health Australia	✓	
Orygen	✓	
Flourish Australia	✓	
Outcome Health	✓	
RANZCP	✓	
RACGP	✓	
PANDA	✓	
Lifeline	✓	
This Way Up	✓	
ADHA	✓	
Gayaa Dhuwi (Proud Spirit) Australia	✓	

In addition to the support outlined above, **Mental Health Australia provided endorsement in their 2025 pre-budget submission to government stating:**

"Fully fund implementation of the recommendations from the 'Digital Navigation Project' commissioned by the Australian Government Department of Health and Aged Care. These recommendations focus on developing sector owned, operated and governed digital solutions that make it easier for all help seekers to find and access the care that is right for them."

The recommendations have also received ongoing feedback and support from the members of the consortium. Members not listed above include:
Community Mental Health Australia, One Door, University of Melbourne, Thirrili, and Victorian Collaborative Centre for Mental Health and Wellbeing.

The recommendations were shared with all states and territories and received broad support.
We conducted additional engagements with SA and NSW, who strongly aligned with the proposed recommendations. All states and territories described a strong need for the recommendations, which were closely aligned to, and have opportunity to enhance jurisdictional priorities and initiatives.

Recommendation wording shared with stakeholders

The exact wording of the recommendations shared with stakeholders has shifted based on feedback and further analysis. The wording below is exactly what was shared with stakeholders who were asked to provide feedback or endorsement for the project direction.

RECOMMENDATION 1: Develop an enhanced matching, recommendation and directory search tool designed to easily integrate with any provider platform nationally (customisable to brand, configurable, quality experience with minimum overhead).

Feedback on Recommendation 1 raised the following considerations:

- There is a need to distinguish funding for providers to embed the tool in their service, and support a suitable user experience, especially for smaller and specialist organisations.
- The tool should be decentralised to avoid create a new brand that needs to compete with known, trusted, specialist mental health brands.
- There should be screening built into the tool to ensure it considers past help seeker experiences and minimises consumer referrals onto services which have not worked for them in the past.
- Co-design of the tool is essential.

RECOMMENDATION 2: Design a high-quality national directory and information solution enabled by better, more consistent, standardise information on services, including community mental health services, linking in with the multiple directories that exist across the mental health system, accessible in one place.

Feedback on Recommendation 2 covered the following:

- The biggest challenge with this will be developing a solution that has relevant information on providers tailored to the needs of each service. Another big directory with thousands of providers is not going to help.
- It will be a challenge to design a taxonomy that helps services accurately define themselves.
- There is significant work and investment required to develop an agreed taxonomy, as this is most often the sticking point for why service directories are ineffective and have poor utility. Many services currently do not define themselves accurately or with sufficient specificity to help a consumer or referrer make the most informed decision for what is or is not appropriate. This can start with separating 'interventions' from 'services' and avoid vague terminology like 'supports'.

RECOMMENDATION 3: Establish a metal health connected care governance structure, connecting the mental health systems to the Council for Connected care and Digital Health Interoperability Plan.

Feedback on Recommendation 3 raised the following:

- It will be critical to have consumer and carer representation.

- This recommendation should take inspiration from global governance models.

- It is important to ensure this remains (and is perceived as) sector-owned and directed through governance structures, even if administered (secretariat) by ADHA. This is also a critical opportunity to support coordination of care for people across mental and physical health systems (e.g., people with eating disorders).

- Governance changes on their own do not bring about change. Sometimes the issue is not one of poor navigation or complexity, it is just the services are not there.

- An all of population solution will not work without this recommendation.

- While aligning with an existing governance model has its advantages, it might not give this initiative the prominence it needs to move forward effectively. There's a real risk it could slow down progress.

RECOMMENDATION 4: Prioritise the progress of mental health in all Connected Care use cases (which address the help seeker needs and department information sharing principles) via the National Healthcare Interoperability Plan to enable better integration and warm referral

Feedback on Recommendation 4 included:

- This recommendation should consider the privacy of help seeker data and how it will be governed.

- Funding commitment from governments/s over the long term to implement is essential for this recommendation to work (must be able to last beyond electoral cycles).

- Another concept raised was the Digital Health Passport for help–seekers. This would be an optional, secure tool, allowing help–seekers to store their health history, preferences, and support needs, which they could then share with service providers as needed. This could be a real game-changer, empowering help–seekers and simplifying their navigation through the system.

Appendix L   Council for Connected Care Terms of Reference[63]

Australian Government
Australian Digital Health Agency

Council for Connected Care
Terms of Reference

10 March 2025 V1.8
Approved for external use
OFFICIAL

1   Background

A connected healthcare system is a cornerstone of the National Digital Health Strategy, the Australian Government Digital Health Blueprint, and state and territory digital health strategies. At a national level, the Agency is charged with implementing the *Connecting Australian Healthcare – National Healthcare Interoperability Plan 2023-2028 (Interoperability Plan)* accepted by the Health Chief Executives Forum in March 2023. The Interoperability Plan focuses on five priority areas across 44 actions to support safe, secure, efficient, quality care through a connected healthcare system that conveniently and seamlessly shares high-quality data with the right people at the right time. Building on a series of successes the nationally agreed Interoperability Plan is a reference for all participants in Australian digital health.

The Interoperability Plan bridges the policy, technical and clinical discussions that influence the interoperability topic and shapes the way consumer health information will be shared across the health system to improve health outcomes and deliver personalised medicine and services in places and at times that best suit consumers. Digital transformation is accelerating across many industries though healthcare lags somewhat behind. The Interoperability Plan will support health service organisations through a period of intense and accelerated transformation while building and maintaining trust amongst consumers and clinicians.

2   Purpose

The Council for Connected Care (the Council) will play a critical role in achieving the connected healthcare system that Australians desire and ensuring that the foundational infrastructure builds confidence and trust in the integrity and provenance of health information. The Council is established to provide strategic advice on matters related to interoperability and support national implementation of the Interoperability Plan, including monitoring progress against the Interoperability Plan's actions and contributing to the quarterly reporting requirements.

The Council will provide a representative based, collaborative environment for consultation and allow the Agency to test approaches, understand pain points in digital and data connectivity, and provide advice to support potential policy options. The Council will achieve its purpose through targeted consultation with health technology stakeholders, discussing foundational issues that are perceived as barriers to sharing consumer health information including identity, standards, and consent, and formulating strategic advice for the Agency on the best ways to address these barriers. The Council augments sector consultation and does not replace existing consultative mechanisms between the Agency and its stakeholders.

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[63] Available from: https://www.digitalhealth.gov.au/sites/default/files/documents/council-for-connected-care-terms-of-reference-v1.8.pdf

3   Objectives

The Council's objectives are to:

- identify opportunities to accelerate interoperability in various parts of the health system and ways to harness these opportunities

- facilitate and support the implementation of the Interoperability Plan

- promote and garner support for digital health initiatives that drive connected healthcare

- identify barriers to achieving interoperability and ways to overcome them.

4   Responsibilities

The Council is responsible for providing strategic advice to the Agency on:

- implementation of actions in the Interoperability Plan including risks, issues within the health technology sector and dependencies

- key interoperability topics and promoting the adoption of interoperability standards by the health technology sector

- key reports and research produced during the implementation of the Interoperability Plan.

It is also tasked with:

- promoting digital health initiatives that connect healthcare and fostering stakeholder participation and engagement in these initiatives

- reviewing the annual workplan for the Interoperability Plan and annual review of progress against the actions prepared by the Agency for consideration by the Digital Health Oversight Committee (DHOC).

The Agency will convene and support the Council and stand up small, time limited working groups that focus on emerging problems or areas requiring focused effort as identified by the Council.

5   Governance pathways, reporting and escalation

The Council reports to the Agency through the Council Chair, Chief Digital Officer and Branch Manager for Connected Care.

6   Standing membership

The standing membership for the Council is drawn from a broad range of health technology sector stakeholders and includes the following members:

- Conjoint Professor Anne Duggan (Chairperson), Chief Executive Officer, Australian Commission on Safety and Quality in Health Care

- Professor Peter Sprivulis (Deputy Chairperson), Chief Clinical Information Officer, WA Health

- Dr Jason Agostino, Senior Medical Advisor, National Aboriginal Community Controlled Health Organisation

- Dr Zoran Bolevich, Chief Executive Officer, Australian Institute of Health and Welfare

- Mr Simon Bush, Chief Executive Officer, Australian Information Industry Association

- Ms Annie Butler, Federal Secretary, Australian Nursing and Midwifery Federation

- Professor Wendy Chapman, Associate Dean of Digital Health and Informatics at the University of Melbourne and Director of the Centre for Digital Transformation of Health

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- Mr Simon Cleverley, Assistant Secretary, Australian Government Department of Health and Aged Care
- Dr Elizabeth Deveny, Chief Executive Officer, Consumers Health Forum of Australia
- Ms Kirsty Faichney, Deputy Chief Executive Officer, Services Australia
- Ms Mary Ann Baquero Geronimo, Chief Executive Officer, Federation of Ethnic Communities' Councils of Australia
- Ms Rachel Green, Chief Executive Officer, SANE Australia
- Dr David Hansen, Chief Executive Officer, Australian e-Health Research Centre, CSIRO
- Mr Brett Heffernan, Chief Executive Officer, Australian Private Hospitals Association
- Dr Rob Hosking, Chair Expert Committee on Practice Technology and Management, Royal Australian College of General Practitioners
- Ms Emma Hossack, Chief Executive Officer, Medical Software Industry Association
- Dr Debbie Jaggers, NSW State Manager, National Disability Services
- Dr John Lambert, Chief Clinical Information Officer, Tasmanian Department of Health
- Mr Chris Leahy, Chief Operating Officer, Australian Commission on Safety and Quality in Health Care
- Ms Anne Liddell, Head of Policy, Aged & Community Care Providers Association
- Professor Jenny May, National Rural Health Commissioner
- Dr Keith McDonald, Chief Executive Officer, South-Western Sydney PHN
- Mr David McGrath, Chief Executive Officer, National Mental Health Commission
- Ms Bettina McMahon, Chief Executive Officer, Healthdirect
- Dr Danielle McMullen, Vice President, Australian Medical Association
- Adjunct Associate Professor Steven Morris, Chief Executive Officer, Pharmaceutical Society of Australia
- Ms Anja Nikolic, Chief Executive Officer, Australasian Institute of Digital Health
- Ms Jackie O'Connor, Policy Lead, Allied Health Professions Association
- Dr Christopher Pearce, Chair, Digital Health Committee, Australian College of Rural and Remote Medicine
- Ms Jenny Sikorski, Chief Executive Officer, Public Pathology Australia
- Mr Richard Skimin, Member, Australian Patients Association
- Mr Matthew Ryan, Digital Health Manager, Pharmacy Guild of Australia
- Professor Trish Williams, Flinders University, Digital Health Expert
- Ms Sallyanne Wissmann, Chief Executive Officer, Health Information Management Association of Australia Ltd.

ex officio

- Ms Amanda Cattermole, Chief Executive Officer
- Mr Peter O'Halloran, Chief Digital Officer
- Ms Sandra Cook, Branch Manager, Connected Care

Council members are appointed as experts with the ability to provide strategic advice on interoperability and the implementation of the Interoperability Plan.

Membership will be for a three-year term.

6.1 Non-member attendees

The chairperson may, from time to time, invite other individuals or groups to attend meetings as expert advisers or observers. The invitation may extend to attend a portion or the whole meeting. Members may only invite an observer or a support person (to assist with a presentation for example) with the express approval in writing of the chair. Application can be made to the secretariat and a response will be coordinated here.

7 Member responsibilities

7.1 Chairperson

The Agency nominates the chairperson. The chairperson is responsible for:

- approving the agenda and agenda items
- overseeing the orderly performance of business based on the agenda
- leading discussion during the Council meetings and providing advice on the key topics
- determining when an issue should be escalated to the Agency when it can't be resolved otherwise.

7.2 Deputy Chairperson

The Agency nominates the deputy chairperson. The deputy chairperson is responsible for:

- Assisting with the approval of the agenda and agenda items
- Coordinating with the chairperson to ensure smooth conduct of business during meetings.
- Facilitating discussions during Council meetings in collaboration with the chairperson.
- Providing input and advice on key topics as requested by the chairperson.
- Collaborating with the chairperson to assess and address issues that may require escalation to the Agency.
- Chair the meeting in the absence of the Chairperson or when needed.

7.3 Secretariat

The Agency will provide secretariat support. The secretariat is responsible for:

- booking each meeting, based on advice from the chairperson
- preparing and distributing the meeting agenda and meeting pack that will include key interoperable topics presented as position papers and supported by evidence
- recording and distributing the meeting minutes, action items and communique.

7.4 Standing Members

Standing members provide input and support the effective operation of the Council. Members agree to provide specialist advice on areas within their expertise and meet due dates for input. This advice could be in the form of a presentation, addressing the key interoperability topics and recommendations on how to address these to support interoperability implementation.

A member who is unable to attend a meeting may nominate a proxy to represent them. Members are to notify the secretariat if they wish to nominate a proxy to attend on their behalf for a particular meeting. Proxies will be accepted at the sole discretion of the chairperson.

8   Meetings

8.1   Frequency and location

The Council meets online once a year and face-to-face three times per year. Online meetings are expected to be around three hours in length and the face-to-face meetings will be half a day to a full day. At each meeting members will consider a critical aspect of interoperability implementation. The agenda will support these deliberations with regular business reported by exception.

Additional meetings can be called at the discretion of the chairperson when required to deliberate on key deliverables or documents.

The Secretariat will book any flights and accommodation required for members to attend the face-to-face meeting in accordance with the Agency's travel policies.

8.2   Meeting pack

Members are supplied with a "meeting pack" at least five working days before each meeting to provide time for members to review the content.

The meeting pack will include:

- meeting agenda
- previous meeting minutes as draft for approval
- supporting information, as necessary for agenda items.

The "meeting pack" will also be published on the Council's webpage and will include:

- meeting agenda
- all non-sensitive agenda items

8.3   Minutes and communique

Minutes of the meeting will record advice provided. A meeting communique that summarises the topics discussed will be circulated to members and published on the Agency's website.

8.4   Out-of-session papers

Urgent matters that cannot be deferred until the next Council meeting can be managed as an out–of-session paper. The out-of-session paper and cover sheet will be sent to members via email with a requested response date.

9   Confidentiality

The Council may consider and discuss material that is of a sensitive or commercial nature. Members and attendees acknowledge their responsibility to maintain confidentiality of all material that is not in the public domain. Meeting minutes prepared by the Council are to be kept confidential. Agenda items prepared by the Council or Council members should be developed with the understanding that they will be published on the Council's webpage and as such no sensitive information should be included.

10 Conflicts of interest

If a member has a real, apparent, or potential conflict of interest relating to a matter before the Council, that member is required to inform the chairperson or, in the case of the chairperson, he or she will inform the Agency member prior to consideration of the matter by the Council. If the chairperson, or the Agency (as the case may be) concurs that a real, apparent, or potential conflict of interest exists, the member faced with such conflict will not participate in the consideration of the matter. Details of interests declared, and actions taken, will be recorded in the minutes.

11 Intellectual Property

The Agency will own all intellectual property rights in material created for the Council and will make any such material available to other members for their use under broad licensing arrangements.

12 Performance and review

The performance of the Council will be measured at least annually. The Council will conduct a self-assessment of its performance and opportunities for improvement. Performance measures will include:

- timely delivery of meeting packs supporting effective operations
- attendance by standing members
- effectiveness of meetings
- effectiveness of members in completing assigned tasks.

Version history

Version	Date approved	Comments
1.0	24 July 2023	
1.1	11 October 2024	
1.2	15 February 2024	
1.3	15 April 2024	
1.4	23 May 2024	
1.5	8 August 2024	
1.6	10 January 2025	
1.7	12 February 2025	
1.8	10 March 2025	

Appendix M　Digital Navigation Tool high-level requirements

These high-level requirements focus on Recommendation 1 and 2 and provide specifications for what the Navigation Tool will do (functional requirements), and how it will look/perform (non-functional requirements).

Functional or user requirements have been separated to where they occur along the help seeker journey; non-functional requirements have been divided by performance dimensions. Requirements should be verified and further detailed during design and build of the tool.

Table 7 | High-level requirements

	High level requirements	Details
User – develop awareness	The Digital Navigation tool integrates with service providers' websites and platforms to present multiple digital entry points.	There is **'live' and accessible integrated functionality** in a selected locations at launch, which may include: dedicated website, mental health NGO website, GP software suite, state/territory mental health service sub-site, and social media.
	The Digital Navigation tool is customisable to service provider branding and the specific needs of the host organisation.	The branding and design of the tool is configurable to the service it is embedded in.
	The Digital Navigation tool has a supporting webpage and content management system for users wanting to access further information.	Users can click through from the Digital Navigation tool to discover educational material on mental health, including options around self-guided service uptake, information about common mental health circumstances, how to engage a health professional, how to prepare for an appointment, and beyond.
		Where appropriate, website content is repurposed from existing sources e.g. Medicare Mental Health (formerly Head to Health), NGOs, Healthdirect.
		Website content is updated and governed to ensure information is factual, clinically accurate and represents industry best-practice
User – navigate support options	The Digital Navigation tool supports multiple input formats for users to share their context/needs.	Users can **input their preferences** via: • online quiz • filtering • voice/text input • natural language chatbot (future release).
	The Digital Navigation tool provides search, matching, and recommendation based on user input.	Users can directly search and filter services and information by key criteria/characteristics and historical preferences Supports filtering for: • priority population competency • service type e.g. in-person, virtual, phoneline, group, etc • accreditations and practice approaches • practitioner area of expertise e.g. eating disorders, ADHD • adult vs child/youth focus • cost range (free, bulk billed, etc.) • location (interactive service map) • waiting list (if applicable) • eligibility and exclusion criteria for services.

SANE

	High level requirements	Details
User – access support		The Digital Navigation tool has a functional engine that provides information and recommended services that match the user's needs and consumer preferences (as outlined in the information they provide).
	The Digital Navigation tool recommends validated and culturally safe mental health information and services.	All information and services are validated by a clinical governance, using evidence-based processes.
		The Digital Navigation tool provides validated, trustworthy information.
	The Digital Navigation tool connects to a human navigation support option.	Users can transfer from the Digital Navigation tool to phone line support, with data carried over from an active session.
	The Digital Navigation tool features differentiated experiences for acuity levels to streamline appropriate care.	The Digital Navigation tool accommodates different levels of acuity with appropriately differentiated experiences (including 'get help now' button for crisis navigation).
	The Digital Navigation tool offers integrated booking functionality for participating service providers.	Users can book appointments or sessions with service providers who have booking capability that can be linked or integrated into the tool.
User – maintain care	The Digital Navigation tool provides streamlined referral for service endpoints that support it, including eReferrals and secure messaging.	Care navigators and providers can utilise the tool, via referral mechanisms, to connect help seekers to other mental health services with supporting infrastructure.
	The Digital Navigation tool provides 'low tech' information-sharing via export of an easy-to-read summary report of users' shared information, preferences and recommended services.	Users can share details with care navigators and providers through summary reports, preventing the need to repeat mental health history while still following user consent and patient privacy considerations.
	The Digital Navigation tool offers users options and control over information sharing and privacy.	The Digital Navigation tool includes a fully anonymous usage option.
		The Digital Navigation tool includes a persistent profile option that records previous interactions.
Accessibility	The Digital Navigation tool meets accessibility requirements for all potential users.	The Digital Navigation tool has content translation and multilingual support across all tool features for selected core languages.
		The Digital Navigation tool meets digital accessibility standards and complies with relevant legislation, including: • Disability Discrimination Act • Level AA of Web Content Accessibility Guidelines • Australian Government Style Manual.
		The Digital Navigation tool supports mobile-responsive web design standards (in addition to desktop).

SANE

	High level requirements	Details
Operational	The Digital Navigation tool is secure and compliant with data management standards.	The Digital Navigation tool supports minimum information security standards (including compliance with ISO 27001).
		The Digital Navigation tool meets Australian Government data sovereignty requirements (with no data on offshore systems in transit or at rest).
	The Digital Navigation tool is reliable and adequately supported to resolve arising technical issues.	The Digital Navigation tool has adequate ongoing technical maintenance and support to ensure industry standard reliability of 99.999% uptime.
		The Digital Navigation tool has clear and up-to-date technical documentation covering all major functionality and supporting processes and is updated within 30 days of major changes. Has troubleshooting guides/FAQs for common issues.
		A human technical support option (via contact centre) is available for troubleshooting during initial launch period.
	The Digital Navigation tool supports effective collaboration, co-management, and partnership with the mental health connected care governance entity and other mental health entities.	The Digital Navigation tool collects and shares management data 'near live' with the governance entity supporting mental health navigation (e.g. system performance, incident reports, feedback, etc.).
		Dedicated resources exist to support technical integration, to help evaluate organisational maturity, and recommend integration approach.
		The system collects aggregated usage data (consistent with privacy constraints) and shares with the governance entity supporting mental health navigation.
		The Digital Navigation tool utilises and links to other national mental health infrastructure including the NEIS and Heah to Health phoneline.
Standards and integration	The Digital Navigation tool is supported to continuously expand integration touchpoints with various services and other help seeker navigation locations	The Digital Navigation tool provides multiple technology integration options targeting different levels of maturity (e.g. HTML snippets; embedded widget; API) with configuration options for services to customise its presentation to users.
	The Digital Navigation tool uses consolidated, standardised, national approaches to health data.	The NHSD will provide data on the services recommended to consumers (either directly, or via a sub-directory structure).
	The Digital Navigation tool uses and contributes to national taxonomy standards for mental health.	The Digital Navigation tool's supporting service directory is built on a suitable standard taxonomy, likely SNOMED CT-AU.
		Data collected and stored on the supporting service directory adheres to national data standards, as outlined up HL7 FHIR, Health Information Exchange, and other related standards.
		All participating services can be accurately classified by defined terms in the taxonomic standard.

SANE

Appendix N   Summary of state and territory initiatives

ACT Government initiatives

Relevant strategies and policies	Front doors for mental health and referral pathways	Service directories	Single patient identifiers
• Digital Health Strategy 2019–2029 • Australian Capital Territory Mental Health and Suicide Prevention Plan 2019–2024	ACT Health refers people to crisis support, Head to Health, and Mind Map.	**ACT Health App** The ACT Health app can help you decide where to go for healthcare in Canberra. The app is continually updated to meet the needs of health consumers in the ACT. It includes: • real-time information on wait times • treatment times • locations and directions for your nearest Walk-In Centre or emergency department • information on before, during and after a hospital stay. **Mindmap** • Mindmap is a mental health portal for young people aged 0–25 which allows help seekers to filter by topic, age range, level of support, approx. wait times, delivery options, location/district, referrals, parental consent, and payment options.	**My Digital Health Record (DHR)** • The Digital Health Record (DHR) stores health information safely in one place. Clinicians can quickly access information about your health to give you the best care. The DHR keeps Information about every visit and treatment you receive at an ACT public health service. This includes public hospitals, community health centres, and walk-in centres.

Outlook for 1–2 years	Outlook for 2–5 years	Outlook for 5–10 years
FY2024–25: $920 million over four years for health for public health care, mental health and community wellbeing and health infrastructure. Key commitments: • Expansion of Mental Health Services (FY24-25) • Continue iterative implementation of 24/7 online youth navigation portal that connects young people, their families and carer to mental health support and information • Use of technology and e-health solutions for improving coordination, information sharing, and communication (Mental Health and Suicide Prevention Plan, p 13).	**ACT HealthDirectorate Strategic Plan** 1.1 Self-reported mental and physical health status targets achieved 1.2 Improvements against ACT Government wellbeing indicators achieved	**Digital Health Strategy 2019–2029** **Strategic Goal 1:** ACCESS Providing the right service, at the right time, in the right place, and by the right team — every time: • Territory Wide Health Services Strategy • ACT Regional Mental Health and Suicide Prevention Plan. **Strategic Goal 2:** ACCOUNTABILITY Robust and transparent decision making that supports the health system:

Outlook for 1–2 years	Outlook for 2–5 years	Outlook for 5–10 years
		• Workforce Strategy
		• Quality Strategy
		• Performance, Reporting and Data Management Strategy.
		Strategic Goal 3: SUSTAINABILITY Strategic investment to support health services now and into the future
		• Digital Health Strategy
		• Research Strategy
		• ACT Preventive Health and Wellbeing Plan.

NSW Government initiatives

Relevant strategies and policies	Front doors for mental health and referral pathways	Service directories	Single patient identifiers
• Strategic Framework for Suicide Prevention in NSW 2022-2027 • NSW Strategic Framework and Workforce Plan for Mental Health 2018–2022 • eHealth Strategy for NSW Health 2016–2026 • NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025	**New Mental Health Single Front Door is delivered through Healthdirect** The phased implementation of the Single Front Door began in late 2022 and referral pathways continue to expand, with additional urgent care service sites and models of care planned. • in 2023 over 400,000 calls were taken through the Single Front Door/Healthdirect • over 315,000 people were assessed and triaged • nearly half of callers who initially intended to visit the ED were assessed and successfully redirected to non-hospital healthcare services. **Referral pathway** • people in NSW can call Healthdirect via a dedicated phone line 1800 022 222, operational 24/7 • registered nurses answer every call. They assess callers' symptoms, discuss and recommend suitable care options, book appointments (where available), and provide interim care advice • an event summary is forwarded to the caller's nominated GP, and for patients attending NSW health operated services, clinical triage information is sent by secure message to assist care • if people are calling to find a GP urgently, the virtualGP service may be offered.	**NSW's main service directory is WayAhead Director** • Contains up to date information on over 5,600 mental health related and community services. • These include mental disorders, treatments and health services which are searchable by keyword and location (includes physical, online and phone services).	**Single Digital Patient Record (SDPR)** • SDPR will unify access to patient clinical information in one view combining a statewide integration of electronic medical records (eMR), laboratory information management system (LIMS) and patient administration system (PAS). The overall implementation timeline is expected to be completed by 2028. This includes the configuration of the system and roll out. **HealtheNetClinical Portal** • Receives and shares clinical information across NSW Health facilities and My Health Record, including information which resides outside of the public hospital system. In addition, HealtheNet is able to electronically send NSW Health clinical documents such as discharge summaries, pathology reports, and admission or discharge notifications to a patient's GP via My Health Record.

Outlook for 1–2 years	Outlook for 2–5 years	Outlook for 5–10 years
- New Mental Health Single Front Door, delivered through Healthdirect (FY24–25 budget) - Expansion of youth mental health services provided by headspace (FY24–25 budget) - Development of Single Digital Patient Record (SDPR) across NSW (FY21–22 budget)	- NSW government will invest $39 million over four years to expand its 'single front door' to provide mental health support delivered by Healthdirect. - Another $30.4 million over four years will be used to expand community mental health teams across targeted areas, including in regional NSW, working within LHD and specialty health networks, supporting those with persistent and complex mental illness. - The government has promised a workforce boost of approximately 35 additional mental health positions, which will support community outreach, allow for extended hours of service and enable comprehensive case management. - Another $40 million over four years will go to the <u>Pathways to Community Living Initiative</u>, which is focused on supporting alternatives to long-term hospital care for people with complex needs, who have persistent mental illness. This funding will fund a complex care clinical workforce of over 25 professionals who will support patients through this program. - The <u>Mental Health Review Tribunal</u> will receive an additional $2.4 million over four years to enable digitisation of records, an upgrade to IT systems and an investment in a new case management system.	- Consistent foundations (mature core digital systems, services development, infrastructure and network standards). - Integration (increasingly consistent eHealth foundations to deliver seamless continuum of care, involving coordination with NSW Government sector, other jurisdictions, and the federal government). - Personalisation (shift the healthcare focus toward preventative health and tailored patient engagement).

NT Government initiatives

Relevant strategies and policies	Front doors for mental health and referral pathways	Service directories	Single patient identifiers
- Mental Health Strategic Plan 2019–2025 - Strengthening our Health System Strategy 2020 to 2025 - NT Health Strategic Plan 2023–2028 - Digital Territory Plan		**NT Community** Website and app delivered by NTCOSS and funded by the NT Government providing a service directory for people seeking help in their local community. Services provided include: - mental Health & Suicide Prevention counselling - LGBTQIA+ counselling and support - multicultural services - youth counselling.	**Acacia Digital Health System** - Acacia is a contemporary digital health system that will replace NT Health's current obsolete major systems and integrate a range of other specialised clinical systems to deliver a single, secure, electronic health record across hospitals, primary health care centres and community health services. - The Acacia Read-only Electronic Patient Record was launched in late 2020. Clinicians in hospitals, remote clinics and urban health facilities across the Territory are now able to view the medical history, results and treatment for patients – information that was previously only accessible via multiple systems. - The roll out of patient administration, emergency triage, operating theatres and maternity functionality will commence in the second half of 2021.

Outlook for 1–2 years	Outlook for 2–5 years	Outlook for 5–10 years
FY2024–25: $108 million for mental health Key commitments: - Implement a secure healthcare provider electronic messaging service across the Territory (Digital Territory Action Plan 2023-24, p 9) - Implement Acacia digital health system (Digital Territory Action Plan 2023-24, p 10) Acacia digital health system deployed to over 5,000 clinical users and rollout will continue throughout 2023 and 2024 - Connecting the NT health system to ensure effective digital connections between systems, people and processes (Strengthening our Health System Strategy p 5) by:	**NT Health Strategic Plan 2023–2028** **Outcome 2.1:** Territorians' lifetime physical and mental health improves: - Mental health and emotional and social wellbeing are embedded within all health care services and delivery - An integrated approach to mental health promotion and suicide prevention - Improve the life expectancy of all Territorians and reduce rates of chronic disease. **Outcome 3.1:** Community capability in managing health and wellbeing improves: - Our services are joined up and coordinated	Most updated strategic plans continue until 2028.

Outlook for 1–2 years	Outlook for 2–5 years	Outlook for 5–10 years
• conducting a current state digital maturity and capability assessment • leveraging existing investment to build a Territory-wide digital health environment • making purposeful connections between systems, processes and people to establish integrated models of care to enable information sharing in a timely manner.	• Actively involve consumers, carers and the community in co-designing service planning, providing direction and decision-making. **Outcome 3.2:** People have more choice in access to healthcare: • Deliver equitable and value-based health care models, centred on patient needs and preferences • Develop contemporary models to deliver care using technology. **Outcome 3.3:** Access to treatment and care that meets individual circumstances: • Facilitate meaningful, open and unbiased consumer and carer engagement • Clinicians are supported to innovate and improve care models. **Outcome 3.4:** Territorians feel safe in our care: • Strong clinical and cultural governance, systems, processes and standards are implemented • People accessing services know their rights and responsibilities.	

QLD Government initiatives

Relevant strategies and policies	Front doors for mental health and referral pathways	Service directories	Single patient identifiers
• Better Care Together: A plan for Queensland's state-funded mental health, alcohol and other drug services to 2027 • Mental Health Alcohol and Other Drugs Healthcare Digital Information Strategy 2022 - 2027 • Digital Health 2031: A digital vision for Queensland's health system	Existing community spaces where people can seek help. Providers include: • Anglicare • Consortia led by Better Together • Centacare • North and West Remote Health (NWRH) • NWRH • Burdekin Community Association • Australian Street Aid • Footprints.	**eMHPrac Directory** • provides an overview of various Australian online and teleweb programs developed by credible sources such as Australian Government, universities, and national non-government organisations. It includes apps, online programs, online forums, and phone services, and a range of digital information resources. • You can refine searches by delivery mode (apps, online programs, online forums, and phone services), mental health condition, and group (Carer services, child and youth services, Indigenous, LGBTI, pregnancy, older parents). • The eMHPrac team consists of clinical psychologists, researchers and support staff, all with a commitment to promoting and supporting the integration of digital mental health into routine practice. The team are based at Queensland University of Technology in the Addiction and ePsychology Research Group.	**ieMR** • Integrated electronic medical records system (ieMR) is a secure health information sharing system complementing My Health Record, allowing clinicians to access critical patient health information. **The Viewer** • A portal for internal clinicians and external care partners that summarises relevant consumer information from multiple health systems. **yourQH** • A patient portal for referrals and appointments.

Outlook for 1–2 years	Outlook for 2–5 years	Outlook for 5–10 years
• FY2024-25: $457 million into mental health and AOD, including $13.1 million to deliver digital solutions to mental health, AOD care and support Key commitments: • Deliver a public facing website and continue design of a consumer portal in collaboration with people with a lived experience of receiving care from mental health, alcohol and other drug services (Better Care Together 2023 annual progress update, p 15).	**Better Care Together: A plan for Queensland's state-funded mental health, alcohol and other drug services to 2027** The six priorities which build on and strengthen the foundations laid under the previous plan Connecting Care to Recovery 2016–2021: A plan for Queensland's State-funded mental health, alcohol and other drug services. 1. Strengthening service capacity and the built environment. 2. Responding to mental health crisis and suicidality.	**Digital Health 2031: A digital vision for Queensland's health system** 10-year program of digital health strategy implemented across three horizons: • Enhancing the foundations (implement core secure digital platforms) • Delivering sustainably (scale digital capabilities to improve consumer experiences and engagement, optimising clinical and non-clinical service delivery) • Embedding digital (embed digital models of care and

Outlook for 1–2 years	Outlook for 2–5 years	Outlook for 5–10 years
• Enhance internal systems to improve clinical workflows and streamline service delivery, facilitating improved information sharing across systems and organisations. • Following a review of the North Queensland Mental Health Stepped Care services in 2022, NQPHN partnered with service users, service providers, and GPs to undertake a community consultation and codesign process to update the current stepped care model and improve access, integration, and transitions of care. • From 1 July, the Connect to Wellbeing intake and assessment service will transition to the Head to Health Phone Service.	3. Delivering improved services with First Nations peoples. 4. Strengthening quality to reduce harm and improve outcomes. 5. Improving workforce capability and sustainability. 6. Delivering digital capability and digitally enabled treatment, care, and support.	ways of working).

SA Government initiatives

Relevant strategies and policies	Front doors for mental health and referral pathways	Service directories	Single patient identifiers
• Health and Wellbeing Strategy 2020–2025 • Mental Health Services Plan 2020–2025 • South Australian Suicide Prevention Plan 2023–2026 • Digital Health Governance and Investment Framework Policy Directive • South Australia Mental Health Strategic Plan 2017–22	**The SA Health Mental Health Triage Service** • is the main point of access to state funded mental health services. It can provide advice and information in a mental health emergency or crisis situation and is staffed by mental health clinicians who will assess and refer to acute response teams where appropriate.	**Country SA Services Directory** A single database of services in country South Australia that is presented as thirteen regional services directories. The directories are designed to be easily accessible platforms of current information about health and support services in each region – helping people find the right service, at the right place, at the right time to meet their need. Services are aligned with six domains related to people's health and wellbeing. **SA Community** SAcommunity is South Australia's free community information directory and volunteer program. Funded by the Government of South Australia and Public Library Services, the directory includes information about government, non-government, community based and some private sector organisations that provide services for the South Australian community in the areas of health, welfare, housing, education, community participation, information, legal services, arts, and recreation.	**Sunrise EMR & PAS** • The patient electronic medical record used in South Australia is a state-based system called Sunrise EMR & PAS (Sunrise EMR). • Sunrise EMR is used at many of the state's public hospitals and healthcare facilities where it replaces the need for paper-based medical record documents and provides many benefits to patients.

Outlook for 1–2 years	Outlook for 2–5 years	Outlook for 5–10 years
• $219 million committed to mental health since 2021 • $588.5 million allocated for a new digital platform for people with less intense mental health support needs (FY2024–25) Key commitments: • Revamped telephone crisis and support line	**South Australia Mental Health Services Plan** Priority expansion of: • child & Adolescent Mental Health Services • forensic Mental Health Services • older Persons Mental Health Services • use of Urgent Mental Health Care Centres.	**PERSONALISED CARE** • Respectful of the needs and preferences of the individual and affords them dignity and active participation in all support, care and treatment decisions. **INTEGRATED CARE** • Supporting a more holistic service approach that focuses on the whole person, recognising and supporting their mental health,

Outlook for 1–2 years	Outlook for 2–5 years	Outlook for 5–10 years

(Mental Health Services Plan).
• Introduction of digital technologies to improve the health system interaction with the community (Health and Wellbeing Strategy, p 15).
• Development of a Digital and Information Strategy to maximise SA Health's capacity to use and share clinical information (Health and Wellbeing Strategy, p 30).
• Enable the community to interact with their own health care online by deploying easy-to-use digital and associated technologies (Health and Wellbeing Strategy, p 30).
	New crisis model (telephone, community and residential)
	• New residential based services for youth, adults in crisis, and older people.
	• New clinical models to develop during the life of the plan:
	  • SA Aboriginal Mental Health and Wellbeing Centre of Excellence.
	  • Urgent Mental Health Care Centre Embedding mental health services into other settings including child and youth services and emergency services.
	  • Towards Zero Suicide initiative.
	  • Prison In-reach Mental Health Services and expansion of James Nash House.
	  • Dementia Units and Rapid Access Service (into aged care facilities).
	  • Crisis Retreat Centre and Safe Haven Cafe Re-vamped telephone crisis and support line.
		physical health and social needs through improved partnerships, collaborative care planning and continuity of care.
		SAFE AND HIGH–QUALITY CARE
		• Ensuring that services are planned and delivered to the highest quality, are safe

TAS Government initiatives

Relevant strategies and policies	Front doors for mental health and referral pathways	Service directories	Single patient identifiers

• Digital Health Transformation – Improving Patient Outcomes 2022-2032
• Rethink 2020 – Tasmania's Strategic Plan for Mental Health
	The Mental Health Integration Hub
	Delivered in partnership with the Australian Government, as part of the Head to Health initiative.
	• The Hub is the right door for people seeking help, providing:
	  • short term practical mental health support
	  • information and advice
	  • support to navigate mental health services and other services in the community
	  • referrals and connections to other services.
	• The Hub primarily caters for people 18 years and over.
	• It is open to anyone in the community including families and support networks.
	• You can access the Hub without a referral.
	• You do not have to be linked with mental health services to ask for or receive support.
	Central Intake and Referral Service (CIRS)
	When fully functional, there will be a single-entry point for all Tasmanians needing mental health.
	• Trained professionals based in Tasmania will assess callers' needs and support referrals to the most appropriate local services. This includes government-funded services, private services, and community sector
		Better Health Channel (BHC)
		Provides health consumers with health and medical information, quality assured by the Department of Health, Victoria in partnership with 200 providers.
		The content reflects the wide range of health interests and needs in the community and is based on:
		• current and emerging health issues
		• developments in medical research and practice
		• national and state health priorities
		• requests from Better Health Channel users and content partners
		• findings from evidence-based research
		• analysis of our site statistics.
		Break O'Day Support Services Directory
		• Mental HealthDirectory funded through the Tasmanian Department of Premier and Cabinet.
		• The Break O'Day Support Services Directory is a guide to assist help seekers in finding support when they need it. A YOUTH Support Services Directory is also available.
		• Directory is updated every three months (4 times per year) and provides details of services, their cost, what they offer, availability and contact details.
			• Tasmania uses **MyHealth Record** is Australia's national digital health record platform.

Relevant strategies and policies	Front doors for mental health and referral pathways	Service directories	Single patient identifiers
	services.		
	• GPs and other health professionals will also be able to use the CIRS		
	• The intake team will use the mental health Initial Assessment and Referral (IAR) decision support tool to ensure people are matched to the care that most suits their needs at the time.		
	• The CIRS is being introduced in stages. The first stage will focus on integration of the local intake component of the existing national Head to Health Phone Service (see below).		
	• Development of the CIRS is being led by the Tasmanian Department of Health, with input from Primary Health Tasmania.		

Outlook for 1–2 years	Outlook for 2–5 years	Outlook for 5–10 years
• FY23–24: $120 million committed to mental health (FY2024–25 budget to be released in September 2024) Key commitments: • $150 million over four years to modernise the state's public health IT infrastructure, including through a single electronic medical record (FY2022–23) • An integrated Tasmanian mental health system (Rethink 2020 Reform Direction 4) • Build community awareness of digital interventions (such as online mental health resources and telepsychiatry) in Tasmania (Rethink 2020 Implementation Plan)	• Deliver more support for children and adolescent mental health – extending outreach clinics in regional areas, a new after-hours service in Burnie and Launceston, and youth Mental Health Hospital@Home in the North-West • Build a $7.6 million Mental Health Hub in Devonport, which will include a Safe Haven, Recovery College and Integration Hub • Pilot an Emergency Mental Health Co-Response Service in the North • Implement the Suicide Prevention Strategy 2023–2027 • Expand Eating Disorder services – community clinics in the North-West	**10-year program of digital health strategy implemented across three horizons:** • Right infrastructure, processes and executive and clinical leadership to support digital engagement (visibility to clinical information, systems investment, data remediation and quality improvement) • Right systems, to create strong systems of record (modern electronic medical record capability, improved patient flow, consumer portals, well-integrated clinical systems) • Targeted continuous improvement (achieve a true integrated care management platform across the state, multi-channel delivery model)

VIC Government initiatives

Relevant strategies and policies	Front doors for mental health and referral pathways	Service directories	Single patient identifiers
- Victoria's 10-year Mental Health Plan 2016-2026 - Victoria's Digital Health Roadmap and Maturity Model - Royal Commission into Victoria's Mental Health System - Mental Health and Wellbeing Act 2022	**Mental Health and Wellbeing Hubs** 30 Mental Health and Wellbeing Hubs, opened in late 2021 in communities across Victoria, will continue to provide care until Mental Health Locals open across the state. - The Hubs have been extraordinarily successful, providing care to more than 1,600 people across the state in just the first seven months. - The Hubs act as a 'front door' service to the mental health system, providing support without any eligibility criteria or the need for a GP referral, removing the barriers that too many Victorians face when they need support.	Victorian Agency for Health Information's directory allows people to search for services by name and filter by age group (child and adolescent, adult, aged persons) and location (metropolitan, regional)	**CareSync Exchange (secure health information sharing system complementing My Health Record, allows clinicians to access critical patient health information):** Scheduled for roll out in late 2024. CareSync Exchange will reduce the need for patients to recall their medical history for multiple public health service providers or treating clinicians. Through CareSync Exchange, a patient's treating clinician will be able to access the following clinical information: - Patient details, including demographics and emergency contacts. - Patient hospital visits as an inpatient, emergency, and outpatient. - Clinical documents including diagnostic test reports, hospital discharge summaries and letters associated with each hospital visit. - Information about the patient's diagnosis such as onset date and description.

Outlook for 1–2 years	Outlook for 2–5 years	Outlook for 5–10 years
- FY2024-25: $109 million, more than $6 billion invested in mental health reform since 2018. - VIC government has committed $3.8 million in the 2024/25 budget to sustain critical programs addressing the mental health needs of the LGBTIQA+ community. - Victoria's last 10-year mental health (2016-25) plan guides investment and drive better mental health outcomes for Victorians. It focused on:	The Royal Commission into mental health outlines recommendations for better mental health system over the short and long term. The key commitments: Royal Commission recommendation 39: By the end of 2022, trial two new service delivery initiatives in rural and regional areas Royal Commission Recommendation 60: Build a contemporary mental health system through digital technology	Not released yet post 10 years plans which were last released in 2016 and covers up until 2025.

Outlook for 1–2 years	Outlook for 2–5 years	Outlook for 5–10 years
- a whole-of-Victorian government suicide prevention framework - an Aboriginal social and emotional wellbeing framework - a mental health workforce strategy. The Victorian suicide prevention framework 2016–2025 commits to halving the suicide rate over the next ten years. Victoria's Mental Health and Wellbeing Workforce Strategy 2021-2024 responds to key recommendations of the Royal Commission into Victoria's Mental Health System.	- So far, the government has delivered six new mental health and AOD emergency department hubs, with another on the way. - The government will slow its rollout of the expansion of the free kindergarten program and the mental health and wellbeing local hubs – both key election commitments in 2022.	

WA Government initiatives

Relevant strategies and policies	Front doors for mental health and referral pathways	Service directories	Single patient identifiers
• Western Australian Health Digital Strategy 2020-2030 • Western Australian Suicide Prevention Framework 2021-2025	**Next Step Drug and Alcohol Services (Next Step)** Provides a range of treatment services for people experiencing problems associated with their alcohol and other drug use, as well as support for families.	**My Services online directory** • Developed by the Mental Health Commission to make it easier for Western Australian consumers, carers and families to navigate the mental health system. • Enablers help seekers to search for a service in their region filtering by location and type of service, age, and gender.	**Digital Medical Record** Deployed to more than 20 sites and hospitals across Western Australia in 2023. • Digital medical records will allow clinicians real time access to patient information all in one place. Clinicians will be able to enter information electronically and via scanned forms, as well as view a variety of clinical notes, assessments, medical histories, diagnostic test results, and other patient information, which will assist their ability to make safe, informed clinical decisions. **My Health Record** • My Health Record is a patient-controlled summary of an individual's health information that can be viewed securely online, from anywhere, at any time. • WA health system is connected to the My Health Record and uploading discharge summaries, pathology and diagnostic imaging reports. Clinicians can also view My Health Records securely through key clinical applications.

Outlook for 1-2 years	Outlook for 2-5 years	Outlook for 5-10 years
• FY2024-25: $1.45 billion committed to mental health, alcohol and other drug services. Key commitments: • $19.5 million to continue the expanded Child and Adolescent Mental Health Service (CAMHS) Crisis Connect service (FY2024-25). • Implementation of a statewide Digital Medical	**Western Australian Health Digital Strategy 2020-2030** • Expansion of Patient Portal and TeleHealth and Virtual Care. • Completion of Statewide Records Digitisation and phased implementation of Electronic Medications Management.	**Western Australian Health Digital Strategy 2020-2030** 10-year program of digital health strategy implemented across four horizons: • Setting up for success (introduction of Digital Medical Record, MHR interoperability continues). • Early priorities, results and building momentum (patient portal expansion, telehealth and virtual care

Outlook for 1–2 years	Outlook for 2–5 years	Outlook for 5–10 years
Record. • Real-time Demand Data Platform to improve capacity and patient flow across WA Health.		expansion). • Driving deeper change and seeing results (introduction of a Shared Care Platform and Specialist Systems). • Embedding change and realising the full benefits (mHealth fully operational, Digital Medical Record implementation complete).

Appendix O   Bibliography

Desktop and literature review bibliography

ACT Health. (2019). *Digital Health Strategy 2019–2029*.
https://www.act.gov.au/__data/assets/pdf_file/0005/2194925/Digital-Health-Strategy-2019-2029.pdf

Aguirre Velasco, A., Cruz, I. S. S., Billings, J., Jimenez, M., & Rowe, S. (2020). What are the barriers, facilitators and interventions targeting help-seeking behaviours for common mental health problems in adolescents? A systematic review. *BMC Psychiatry, 20*(1), 293–293. https://doi.org/10.1186/s12888-020-02659-0

Alcohol and Drug Foundation. (n.d.). *Alcohol and Other Drugs and Mental Health*.
https://cdn.adf.org.au/media/documents/MiniBulletin_AODandMH.pdf

Alon, N., Perret, S., Cohen, A., Partiquin, M., LeMelle, S., Boyd, C., Aguilera, J., Reat, C., Hough, E., Walsh, J., Dwyer, B., Hogan, J., Smith, A. H., & Torous, J. (2024). Digital Navigator Training to Increase Access to Mental Health Care in Community-Based Organizations. *Psychiatric services (Washington, D.C.), 75*(6), 608–611.
https://doi.org/10.1176/appi.ps.20230391

Amos, N., Lim, G., Buckingham, P., Lin, A., Liddelow-Hunt, S., Mooney-Somers, J., & Bourne, A. (2024). *Rainbow Realities Report*. https://www.latrobe.edu.au/arcshs/work/rainbow-realities

Australian Bureau of Statistics. (2016). *Mental health and experiences of homelessness.*
https://www.abs.gov.au/statistics/health/mental-health/mental-health-and-experiences-homelessness/latest-release

Australian Bureau of Statistics. (2021). *Chronic health conditions among culturally and linguistically diverse Australians, 2021*. https://www.aihw.gov.au/reports/cald-australians/chronic-conditions-cald-2021/contents/about

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

Australian Bureau of Statistics. (2024). *Mental health findings for LGBTQ+ Australians*.
https://www.abs.gov.au/articles/mental-health-findings-lgbtq-australians

Australian Commission on Safety and Quality in Health Care. (2020). *National Safety and Quality Digital Mental Health Standards*. Sydney: ACSQHC. https://www.safetyandquality.gov.au/sites/default/files/2020-11/National%20Safety%20and%20Quality%20Digital%20Mental%20Health%20Standards%20%282%29.pdf

Australian Digital Health Agency. (2023). *Connecting Australian Healthcare: National Healthcare Interoperability Plan 2023–2028*. https://www.digitalhealth.gov.au/sites/default/files/documents/national-healthcare-interoperability-plan-2023-2028.pdf

Australian Digital Health Agency. (2023). *National Digital Health Strategy 2023–2028*.
https://nqphn.com.au/sites/default/files/2024-02/national-digital-health-strategy-2023-2028.pdf

Australian Digital Health Agency. (2024). *National Healthcare Identifiers Roadmap 2023–2028*.
https://www.digitalhealth.gov.au/sites/default/files/documents/national-healthcare-identifiers-roadmap-2023-2028-v1.1.pdf

Australian Government Department of Health. (2020). *Evaluation of the Better Access Initiative: Final Report*.
https://www.health.gov.au/better-access-final-report

Australian Government. (2023). *Intergovernmental Agreement on National Digital Health 2023–2027*.
https://www.digitalhealth.gov.au/IGA-digital-health-2023-2027

Australian Government. (2023). *Report summary myGov User Audit January 2023*. myGov.
https://my.gov.au/content/dam/mygov/documents/audit/mygov-useraudit-jan2023-report-summary.pdf

Australian Institute of Health and Welfare. (2018). *Australia's Health 2018*.
https://www.aihw.gov.au/reports/australias-health/australias-health-2018

Australian Institute of Health and Welfare. (2019). *Aboriginal and Torres Strait Islander Health Performance Framework*. https://www.aihw.gov.au/reports/indigenous-health-welfare/health-performance-framework

Australian Institute of Health and Welfare. (2020). *Australia's Mental Health System*. Canberra: AIHW. https://www.aihw.gov.au/reports/mental-health-services/australias-mental-health-services-in-brief-2020/contents/summary

Australian Institute of Health and Welfare. (2022). *Reporting on the health of culturally and linguistically diverse populations in Australia: An exploratory paper.* https://www.aihw.gov.au/reports/cald-australians/reporting-health-cald-populations/summary

Australian Institute of Health and Welfare. (2023). *The health of people in Australia's prisons 2022*. https://www.aihw.gov.au/reports/prisoners/the-health-of-people-in-australias-prisons-2022/contents/summary

Australian Institute of Health and Welfare. (2024). *Australia's health 2024*. https://www.aihw.gov.au/reports/australias-health/australias-health-2024

Australian Institute of Health and Welfare. (2024). *Health of children.* https://www.aihw.gov.au/reports/children-youth/health-of-children

Australian Institute of Health and Welfare. (2024). *Older Australians.* https://www.aihw.gov.au/reports/older-people/older-australians

Australian Institute of Health and Welfare. (2024). *Mental health services activity monitoring quarterly data*. https://www.aihw.gov.au/mental-health/monitoring/mental-health-services-activity-monitoring#data

Australian Institute of Health and Welfare. (2024). *Physical health of people with mental illness*. https://www.aihw.gov.au/reports/mental-health/physical-health-of-people-with-mental-illness

Australian Institute of Health and Welfare. (2024). *Rural and remote health*. https://www.aihw.gov.au/reports/rural-remote-australians/rural-remote-health

Australian Institute of Health and Welfare. (2024). *Specialist Homelessness Services Annual Report 2022-23*. https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/clients-services-and-outcomes

Australian Institute of Health and Welfare. (n.d.). *Involuntary treatment in mental health care*. https://www.aihw.gov.au/mental-health/topic-areas/involuntary-treatment

Batten, G. (2019). *Normalising mental illness in older adults is a barrier to care. Australian Institute of Family Studies*. https://aifs.gov.au/resources/short-articles/normalising-mental-illness-older-adults-barrier-care#:~:text=Normalising%20mental%20illness%20in%20older%20age%20may%20act%20as%20a,of%20mental%20illness%20by%20professionals.

Bell, I. H., Thompson, A., Valentine, L., Adams, S., Alvarez-Jimenez, M., & Nicholas, J. (2022). Ownership, Use of, and Interest in Digital Mental Health Technologies Among Clinicians and Young People Across a Spectrum of Clinical Care Needs: Cross-sectional Survey. *JMIR Mental Health, 9*(5), e30716–e30716. https://doi.org/10.2196/30716

Berry, N., Lobban, F., & Bucci, S. (2019). A qualitative exploration of service user views about using digital health interventions for self-management in severe mental health problems. *BMC Psychiatry, 19*(1), 35–35. https://doi.org/10.1186/s12888-018-1979-1

Beyond Blue. (2023). *Annual Highlights 2022-23*. https://edge.sitecorecloud.io/beyondblue1-beyondblueltd-p69c-fe1e/media/beyond-blue-annual-highlights-2022-23-web_with-fins.pdf

Biddle, L., Donovan, J., Sharp, D., & Gunnell, D. (2007). Explaining non-help-seeking amongst young adults with mental distress: a dynamic interpretive model of illness behaviour. *Sociology of Health & Illness, 29*(7), 983–1002. https://doi.org/10.1111/j.1467-9566.2007.01030.x

Borghouts, J., Eikey, E., Mark, G., De Leon, C., Schueller, S. M., Schneider, M., Stadnick, N., Zheng, K., Mukamel, D., & Sorkin, D. H. (2021). Barriers to and Facilitators of User Engagement with Digital Mental Health Interventions: Systematic Review. *Journal of Medical Internet Research, 23*(3), e24387–e24387. https://doi.org/10.2196/24387

Bryant, N. (2024). Introducing Indigenist Critical Policy Analysis: A rights-based approach to analysing public policies and processes. *The Australian Journal of Social Issues*. https://doi.org/10.1002/ajs4.350

Bucci, S., Berry, N., Morris, R., Berry, K., Haddock, G., Lewis, S., & Edge, D. (2019). "They Are Not Hard-to-Reach Clients. We Have Just Got Hard-to-Reach Services." Staff Views of Digital Health Tools in Specialist Mental Health Services. *Frontiers in Psychiatry, 10*, 344–344. https://doi.org/10.3389/fpsyt.2019.00344

Butterfly Foundation. (2022). *Butterfly Foundation consumer experience pathway user research*. https://butterfly.org.au/wp-content/uploads/2023/12/U1-Butterfly-Foundation-Consumer-experience-pathway-Debrief-Report_v2.pdf

Butterfly Foundation. (2022). *Lived experience journeys through the eating disorder system of care. Report of journey mapping workshop with the Butterfly Foundation Lived Experience Community Insights Group*. https://butterfly.org.au/wp-content/uploads/2023/01/Butterfly_LE-journeys-through-the-ED-system-of-care_2022.pdf

Byrow, Y., Pajak, R., McMahon, T., Rajouria, A., & Nickerson, A. (2019). Barriers to Mental Health Help-Seeking Amongst Refugee Men. *International Journal of Environmental Research and Public Health, 16*(15), 2634-. https://doi.org/10.3390/ijerph16152634

Byrow, Y., Pajak, R., Specker, P., & Nickerson, A. (2020). Perceptions of mental health and perceived barriers to mental health help-seeking amongst refugees: A systematic review. *Clinical Psychology Review, 75*, 101812–101812. https://doi.org/10.1016/j.cpr.2019.101812

Capital Health Network. (2019). *Australian Capital Territory Mental Health and Suicide Prevention Plan 2019-2024*. https://www.chnact.org.au/wp-content/uploads/2020/02/CHN-Mental-Health-and-Suicide-Prevention-Plan.pdf

Carers Australia. (2022). *Carers Need More Mental Health and Wellbeing Supports this National Carers Week, and Beyond*. https://www.carersaustralia.com.au/carers-need-more-mental-health-and-wellbeing-supports-this-national-carers-week-and-beyond/

Carers Australia. (2023). *2023 Carer Wellbeing Survey*. https://www.carersaustralia.com.au/wp-content/uploads/2024/02/2023-CWS-Report.pdf

Carers Victoria. (2019). *Carers Victoria Submission Productivity Commission Inquiry into Mental Health*. https://www.carersvictoria.org.au/media/2252/carers-victoria-submssion-pc-inquiry-mental-health-apr2019.pdf

Chelberg, G. R., Butten, K., & Mahoney, R. (2022). Culturally Safe eHealth Interventions with Aboriginal and Torres Strait Islander People: Protocol for a Best Practice Framework. *JMIR Research Protocols, 11*(6), e34904–e34904. https://doi.org/10.2196/34904

Closing the Gap. (2020). *National Agreement on Closing the Gap*. https://www.closingthegap.gov.au/national-agreement

Commonwealth of Australia, Department of the Prime Minister and Cabinet. (2023). *Working Together to Deliver the NDIS: NDIS Review Final Report*. https://www.ndisreview.gov.au/sites/default/files/resource/download/working-together-ndis-review-final-report.pdf

Commonwealth of Australia. (2018). *Accessibility and Quality of Mental Health Services in Rural and Remote Australia*. https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/MentalHealthServices/~/media/Committees/clac_ctte/MentalHealthServices/report.pdf

De Sousa Machado, T., Chur-Hansen, A., & Due, C. (2020). First-time mothers' perceptions of social support: Recommendations for best practice. *Health Psychology Open, 7*(1), 2055102919898611–2055102919898611. https://doi.org/10.1177/2055102919898611

Department of Health and Aged Care. (2021). *National Suicide Prevention Adviser: Final Advice - Executive Summary*. https://www.health.gov.au/sites/default/files/documents/2021/04/national-suicide-prevention-adviser-final-advice-executive-summary.pdf

Department of Health and Aged Care. (2024). *National Child and Adolescent Mental Health and Wellbeing Study – Consultation Forum Summary*. https://www.health.gov.au/sites/default/files/2024-04/child-and-adolescent-mental-health-and-wellbeing-study-consultation-forum-summary.pdf

Department of Health. (2020). *Fact sheet: Mental health services for people of culturally and linguistically diverse (CALD) backgrounds*. https://www.health.gov.au/sites/default/files/documents/2020/11/mental-health-services-for-people-of-culturally-and-linguistically-diverse-cald-backgrounds.pdf

Department of Health. (2021). *National Digital Mental Health Framework*. https://www.health.gov.au/sites/default/files/documents/2022/03/national-digital-mental-health-framework_0.pdf

Department of Health. (2021). *Scoping and Development of a National Digital Mental Health Framework – Final Report*. https://www.health.gov.au/sites/default/files/documents/2022/03/scoping-and-development-of-a-national-digital-mental-health-framework-final-report_0.pdf

Diminic, S., Hielscher, E., Harris, M. G., Lee, Y. Y., Kealton, J., & Whiteford, H. A. (2019). A profile of Australian mental health carers, their caring role and service needs: results from the 2012 Survey of Disability, Ageing and Carers. *Epidemiology and Psychiatric Sciences, 28*(6), 670–681. https://doi.org/10.1017/S2045796018000446

Dowling, N. A., Cowlishaw, S., Jackson, A. C., Merkouris, S. S., Francis, K. L., & Christensen, D. R. (2015). Prevalence of psychiatric co-morbidity in treatment-seeking problem gamblers: A systematic review and meta-analysis. *Australian & New Zealand Journal of Psychiatry, 49*(6), 519–539. https://doi.org/10.1177/0004867415575774

Eating Disorders Family Australia (EDFA). (2024). *Challenges Navigating the Health System*. EDFA.

Emerging Minds. (2022). *Depression and anxiety in new parents*. https://emergingminds.com.au/resources/depression-and-anxiety-in-new-parents/

eMHprac. (2019). *A brief guide: Digital mental health resources for young people*. https://www.emhprac.org.au/wp-content/uploads/2019/12/Young-People-Brochure.pdf

Farrer, L. M., Walker, J., Harrison, C., & Banfield, M. (2018). Primary care access for mental illness in Australia: Patterns of access to general practice from 2006 to 2016. *PloS One, 13*(6), e0198400–e0198400. https://doi.org/10.1371/journal.pone.0198400

Federal Financial Relations. (2022). *National Mental Health and Suicide Prevention Agreement*. https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2022-05/nmh_suicide_prevention_agreement.pdf

Fletcher, S., Chondros, P., Palmer, V. J., Chatterton, M. L., Spittal, M. J., Mihalopoulos, C., Wood, A., Harris, M., Burgess, P., Bassilios, B., Pirkis, J., & Gunn, J. (2019). Link-me: Protocol for a randomised controlled trial of a systematic approach to stepped mental health care in primary care. *Contemporary clinical trials, 78*, 63–75. https://doi.org/10.1016/j.cct.2018.12.014

Foresight Mental Capital and Wellbeing Project. (2008). *Final project report*. The Government Office for Science, London. https://assets.publishing.service.gov.uk/media/5a7c59eced915d6969f44488/mental-capital-wellbeing-report.pdf

Gan, D. Z. Q., McGillivray, L., Han, J., Christensen, H., & Torok, M. (2021). Effect of Engagement with Digital Interventions on Mental Health Outcomes: A Systematic Review and Meta-Analysis. *Frontiers in Digital Health, 3*, 764079–764079. https://doi.org/10.3389/fdgth.2021.764079

Garrido, S., Millington, C., Cheers, D., Boydell, K., Schubert, E., Meade, T., & Nguyen, Q. V. (2019). What Works and What Doesn't Work? A Systematic Review of Digital Mental Health Interventions for Depression and Anxiety in Young People. *Frontiers in Psychiatry, 10*, 759–759. https://doi.org/10.3389/fpsyt.2019.00759

Government of South Australia. (2023). *The South Australian Suicide Prevention Plan 2023-2026*. https://www.wellbeingsa.sa.gov.au/assets/downloads/Suicide-prevention/SA-Suicide-Prevention-Plan-2023-2026.pdf

Harrer, M., et al. (2019). Effectiveness of digital mental health interventions for university students: An umbrella review. *Internet Interventions, 17*, 100276. https://doi.org/10.1016/j.invent.2019.100276

Harris, M., Diminic, S., Marshall, C., Stockings, E., & Degenhardt, L. (2015). Estimating service demand for respite care among informal carers of people with psychological disabilities in *Australia. Australian and New Zealand Journal of Public Health, 39*(3), 284–292. https://doi.org/10.1111/1753-6405.12337

HealthDirect Australia. (2023). *Annual Report Financial Year 2022-2023*. https://media.HealthDirect.org.au/publications/HDA_Annual_Report_FY23.pdf

Healthengine. (2023) About us. https://about.healthengine.com.au/?_gl=1*ciy374*_gcl_au*MTc3ODI1NjE2Ny4xNzIOMTA4NzI3*_ga*NDAOMzlwNjQ3LjE3MjQxMDg3Mjg.*_ga_ZVK7K6FDJP*MTcyNjA5NjAwMy4xLjEuMTcyNjA5NjA3NC41OC4wLjA.

Hefler, M., Kerrigan, V., Henryks, J., Freeman, B., & Thomas, D. P. (2019). Social media and health information sharing among Australian Indigenous people. *Health Promotion International, 34*(4), 706–715. https://doi.org/10.1093/heapro/day018

Helping Minds. (2016). *A practical guide for working with carers of people with a mental illness*. https://helpingminds.org.au/wp-content/uploads/2022/09/A-Practical-Guide-for-working-with-people-with-carers-of-people-with-a-mental-illness-February-2016.pdf

Hensel, J. M., Ellard, K., Koltek, M., Wilson, G., & Sareen, J. (2019). Digital Health Solutions for Indigenous Mental Well-Being. *Current Psychiatry Reports, 21*(8), 68–69. https://doi.org/10.1007/s11920-019-1056-6

Hickie, I. B., Davenport, T. A., Burns, J. M., Milton, A. C., Ospina-Pinillos, L., Whittle, L., Ricci, C. S., McLoughlin, L. T., Mendoza, J., Cross, S. P., Piper, S. E., Iorfino, F., & LaMonica, H. M. (2019). Project Synergy: co-designing technology-enabled solutions for Australian mental health services reform. *Medical Journal of Australia, 211*(S7), S3–S39. https://doi.org/10.5694/mja2.50349

Hobson, G. R., Caffery, L. J., Neuhaus, M., & Langbecker, D. H. (2019). Mobile Health for First Nations Populations: Systematic Review. *JMIR mHealth and uHealth, 7*(10), e14877–e14877. https://doi.org/10.2196/14877

HotDoc. (2023). About Us. https://practices.hotdoc.com.au/about/?utm_source=hd&utm_medium=site&utm_campaign=about_us

Inkster, B. (2021). Early Warning Signs of a Mental Health Tsunami: A Coordinated Response to Gather Initial Data Insights from Multiple Digital Services Providers. *Frontiers in Digital Health, 2*, 578902–578902. https://doi.org/10.3389/fdgth.2020.578902

Isaacs, A. N., Enticott, J., Meadows, G., & Inder, B. (2018). Lower Income Levels in Australia Are Strongly Associated with Elevated Psychological Distress: Implications for Healthcare and Other Policy Areas. *Frontiers in Psychiatry, 9*, 536–536. https://doi.org/10.3389/fpsyt.2018.00536

Johnson, J. A., Sanghvi, P., & Mehrotra, S. (2022). Technology-Based Interventions to Improve Help-Seeking for Mental Health Concerns: A Systematic Review. *Indian Journal of Psychological Medicine, 44*(4), 332–340. https://doi.org/10.1177/02537176211034578

Jorm, A. F., Korten, A. E., Jacomb, P. A., Christensen, H., Rodgers, B., & Pollitt, P. (1997). "Mental health literacy": a survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. *Medical Journal of Australia, 166*(4), 182–186. https://doi.org/10.5694/j.1326-5377.1997.tb140071.x

Khatri, R. B., & Assefa, Y. (2022). Access to health services among culturally and linguistically diverse populations in the Australian universal health care system: issues and challenges. *BMC Public Health, 22*(1), 880–880. https://doi.org/10.1186/s12889-022-13256-z

LGBTIQ+ Health Australia. (2021). *Beyond urgent: National LGBTIQ+ mental health and suicide prevention strategy 2021-2026*. https://d3n8a8pro7vhmx.cloudfront.net/lgbtihealth/pages/849/attachments/original/1635726933/MHSP_PreventionStrategy_DIGITAL.pdf?1635726933

Liddle, S. K., Robinson, L., Vella, S. A., & Deane, F. P. (2021). Profiles of mental health help seeking among Australian adolescent males. *Journal of Adolescence (London, England), 92*(1), 34–45. https://doi.org/10.1016/j.adolescence.2021.08.010

Lifeline. (2023). *Annual Report FY2022-2023*. https://www.lifeline.org.au/media/dixbsmcy/233-017-lifeline-annual-report-2023-v8-lr-1.pdf

Lim, C. T., Fuchs, C., & Torous, J. (2024). Integrated Digital Mental Health Care: A Vision for Addressing Population Mental Health Needs. *International Journal of General Medicine, 17*, 359–365. https://doi.org/10.2147/IJGM.S449474

Liverpool, S., Mota, C. P., Sales, C. M. D., Čuš, A., Carletto, S., Hancheva, C., Sousa, S., Cerón, S. C., Moreno-Peral, P., Pietrabissa, G., Moltrecht, B., Ulberg, R., Ferreira, N., & Edbrooke-Childs, J. (2020). Engaging Children and Young People in Digital Mental Health Interventions: Systematic Review of Modes of Delivery, Facilitators, and Barriers. *Journal of Medical Internet Research, 22*(6), e16317–e16317. https://doi.org/10.2196/16317

Ludlow, K., Russell, J. K., Ryan, B., Brown, R. L., Joynt, T., Uhlmann, L. R., Smith, G. E., Donovan, C., Hides, L., Spence, S. H., March, S., & Cobham, V. E. (2023). Co-designing a digital mental health platform, "Momentum", with young people aged 7-17: A qualitative study. *Digital Health, 9*, 1-22. https://doi.org/10.1177/20552076231216410

Maiuolo, M., Deane, F. P., & Ciarrochi, J. (2019). Parental Authoritativeness, Social Support and Help-seeking for Mental Health Problems in Adolescents. *Journal of Youth and Adolescence, 48*(6), 1056–1067. https://doi.org/10.1007/s10964-019-00994-4

Malviya, S. (2023). The Need for Integration of Religion and Spirituality into the Mental Health Care of Culturally and Linguistically Diverse Populations in Australia: A Rapid Review. *Journal of Religion and Health, 62*(4), 2272–2296. https://doi.org/10.1007/s10943-023-01761-3

Manning, V., Dowling, N. A., Lee, S., Rodda, S., Garfield, J. B. B., Volberg, R., Kulkarni, J., & Lubman, D. I. (2017). Problem gambling and substance use in patients attending community mental health services. *Journal of Behavioral Addictions, 6*(4), 678–688. https://doi.org/10.1556/2006.6.2017.077

Martin, S. (2023). Fresh national approach to navigate digital mental health support. *The Mandarin*. https://www.themandarin.com.au

McGorry, P. D., & Mei, C. (2018). Early intervention in youth mental health: progress and future directions. *BMJ Mental Health, 21*(4), 182–184. https://doi.org/10.1136/ebmental-2018-300060

Mental Health Commission of New South Wales. (2021). *Peer Navigation: Desktop Review*. https://www.nswmentalhealthcommission.com.au/sites/default/files/2021-10/Tab%20B%20Peer%20navigation%20%20Desktop%20review%20by%20Richard%20Schweizer%20-%20FINAL%20-%2016%20Apr%202021_0.PDF

Mental Health Commission of NSW. (2021). *Aboriginal Communities*. https://www.nswmentalhealthcommission.com.au/content/aboriginal-communities

Mental Health Commission of NSW. (2022). *Shifting the Landscape for Suicide Prevention in NSW: A whole-of-government Strategic Framework for a whole-of-community response 2022-2027*. https://www.nswmentalhealthcommission.com.au/sites/default/files/2022-10/The%20Framework%20-%20Shifting%20the%20Landscape%20for%20Suicide%20Prevention%20in%20NSW%202022-2027_0.PDF

Mental Health Commission. (2020). *Western Australian Suicide Prevention Framework 2021-2025*. https://www.mhc.wa.gov.au/media/3505/wa-suicideprevention-a4-mk40-web-version.pdf

Mental Health Council of Australia. (n.d.). *Access by People with Mental Illness to Health Services*. Australian Human Rights Commission.

Meurk, C., Leung, J., Hall, W., Head, B. W., & Whiteford, H. (2016). Establishing and Governing e-Mental Health Care in Australia: A Systematic Review of Challenges and a Call for Policy-Focussed Research. *Journal of Medical Internet Research, 18*(1), e10–e10. https://doi.org/10.2196/jmir.4827

Multicultural Centre for Women's Health. (2020). *Gambling and Mental Health Correlation*. https://www.mcwh.com.au/wp-content/uploads/Gambling-and-mental-health-2020-English.pdf

National Emergency Management Agency. (2023). *National Disaster Mental Health and Wellbeing Framework*. https://www.mentalhealthcommission.gov.au/projects/national-disaster-response/disaster-framework

National Indigenous Australians Agency. (2023). *First Nations Digital Inclusion Plan (2023-26)*. https://www.niaa.gov.au/sites/default/files/documents/publications/first-nations-digital-inclusion-plan-2023-2026_0.pdf

National Mental Health Commission. (2020). *Vision 2030: For Mental Health and Suicide Prevention in Australia*. https://www.mentalhealthcommission.gov.au/sites/default/files/2024-03/vision-2030.pdf

National Mental Health Commission. (2021). *The National Children's Mental Health and Wellbeing Strategy Report*. https://www.mentalhealthcommission.gov.au/sites/default/files/2024-03/national-children-s-mental-health-and-wellbeing-strategy---full-report.pdf

National Mental Health Commission. (2023). *Monitoring mental health and suicide prevention reform, Fifth National Mental Health and Suicide Prevention Plan, 2021: Progress Report 4 – Final report and review*. Sydney: NMHC. https://www.mentalhealthcommission.gov.au/sites/default/files/2024-04/fifth-national-mental-health-and-suicide-prevention-plan-2021-progress-report-4.pdf

National Mental Health Commission. (2024). *Framework for mental health in multicultural Australia: Towards culturally inclusive service delivery*. https://www.mentalhealthcommission.gov.au/sites/default/files/2024-03/framework-for-mental-health-in-multicultural-australia---towards-culturally-inclusive-service-delivery.pdf

National Mental Health Consumer & Carer Forum. (2020). *Restrictive practices in Australian mental health services*. https://nmhccf.org.au/our-work/position-statements/restrictive-practices-in-australian-mental-health-services

National Rural Health Alliance. (2021). *Mental Health in Rural and Remote Australia: Fact Sheet*. https://www.ruralhealth.org.au/sites/default/files/publications/nrha-mental-health-factsheet-july2021.pdf

NSW Health. (2016). *eHealth Strategy for NSW Health 2016–2026*. https://www.health.nsw.gov.au/priorities/documents/ehealth-strategy.pdf

NSW Health. (2018). *NSW Strategic Framework and Workforce Plan for Mental Health 2018–2022*. https://www.health.nsw.gov.au/mentalhealth/resources/Publications/mh-strategic-framework.pdf

NSW Ministry of Health. (2020). *NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025*. https://www.health.nsw.gov.au/mentalhealth/resources/Pages/aboriginal-mental-health-strategy.aspx

NT Health. (2019). *Northern Territory Mental Health Strategic Plan 2019-2025*. https://health.nt.gov.au/__data/assets/pdf_file/0004/1080328/NT-Mental-health-strategic-Plan-2019_2025.pdf

NT Health. (2020). *Strengthening our Health System Strategy 2020-2025*. https://health.nt.gov.au/__data/assets/pdf_file/0010/955495/Strengthening-our-Health-System-Strategy-2020-2025.pdf

Perret, S., Alon, N., Carpenter-Song, E., Myrick, K., Thompson, K., Li, S., Sharma, K., & Torous, J. (2023). Standardising the role of a digital navigator in behavioural health: a systematic review. The Lancet. *Digital Health, 5*(12), e925–e932. https://doi.org/10.1016/S2589-7500(23)00152-8

Peyton, D., Goods, M., & Hiscock, H. (2022). The Effect of Digital Health Interventions on Parents' Mental Health Literacy and Help Seeking for Their Child's Mental Health Problem: Systematic Review. *Journal of Medical Internet Research, 24*(2), e28771–e28771. https://doi.org/10.2196/28771

Pilbeam, C., Walsh, E., Barnes, K., Scholz, B., Olsen, A., & Stone, L. (2023). Mapping young people's journeys through mental health services: A prospective longitudinal qualitative study protocol. *PloS One, 18*(6), e0287098–e0287098. https://doi.org/10.1371/journal.pone.0287098

Povey, J., Mills, P. P. J. R., Dingwall, K. M., Lowell, A., Singer, J., Rotumah, D., Bennett-Levy, J., & Nagel, T. (2016). Acceptability of Mental Health Apps for Aboriginal and Torres Strait Islander Australians: A Qualitative Study. *Journal of Medical Internet Research, 18*(3), e65–e65. https://doi.org/10.2196/jmir.5314

Pretorius, C., Chambers, D., & Coyle, D. (2019). Young People's Online Help-Seeking and Mental Health Difficulties: Systematic Narrative Review. *Journal of Medical Internet Research, 21*(11), e13873–e13873. https://doi.org/10.2196/13873

Pretorius, C., Chambers, D., Cowan, B., & Coyle, D. (2019). Young People Seeking Help Online for Mental Health: Cross-Sectional Survey Study. *JMIR Mental Health, 6*(8), e13524–e13524. https://doi.org/10.2196/13524

Pretorius, C., McCashin, D., & Coyle, D. (2022). Supporting personal preferences and different levels of need in online help-seeking: a comparative study of help-seeking technologies for mental health. *Human–Computer Interaction, 39*(5–6), 288–309. https://doi.org/10.1080/07370024.2022.2077733

Pretorius, C., McCashin, D., Kavanagh, N., & Coyle, D. (2020). Searching for Mental Health: A Mixed-Methods Study of Young People's Online Help-seeking. *Proceedings of the 2020 CHI Conference on Human Factors in Computing Systems*, 1–13. https://doi.org/10.1145/3313831.3376328

Productivity Commission. (2020). *Mental Health Productivity Commission Inquiry Report – Volume 1* (Report no. 95). https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume1.pdf

Queensland Health. (2021). *Better Care Together: A Plan for Queensland's State-Funded Mental Health, Alcohol and Other Drug Services to 2027.* https://www.health.qld.gov.au/__data/assets/pdf_file/0032/1178744/BetterCareTogether_HR.pdf

Queensland Health. (2021). *Co-occurring substance use disorders and other mental health disorders: Policy position statement for mental health alcohol and other drugs services 2021.* https://www.health.qld.gov.au/__data/assets/pdf_file/0023/1118246/qh-gdl-964.pdf

Queensland Health. (2022). *Digital Health 2031.* https://www.health.qld.gov.au/__data/assets/pdf_file/0020/1153910/QH_Digital_Health_2031.pdf

Queensland Health. (2022). *Mental Health Alcohol and Other Drugs Healthcare Digital Information Strategy 2022–2027.* https://www.health.qld.gov.au/__data/assets/pdf_file/0034/1178755/QHAOD_Digital_Strategy_2022-2027.pdf

Queensland Mental Health Commission. (n.d.). *Mental health in natural disasters.* https://www.qmhc.qld.gov.au/links/mental-health-in-natural-disasters

Radez, J., Reardon, T., Creswell, C., Lawrence, P. J., Evdoka-Burton, G., & Waite, P. (2021). Why do children and adolescents (not) seek and access professional help for their mental health problems? A systematic review of quantitative and qualitative studies. *European Child & Adolescent Psychiatry, 30*(2), 183–211. https://doi.org/10.1007/s00787-019-01469-4

Radhamony, R., Cross, W. M., Townsin, L., & Banik, B. (2023). Perspectives of culturally and linguistically diverse (CALD) community members regarding mental health services: A qualitative analysis. *Journal of Psychiatric and Mental Health Nursing, 30*(4), 850–864. https://doi.org/10.1111/jpm.12919

Reiss, F., Meyrose, A.-K., Otto, C., Lampert, T., Klasen, F., & Ravens-Sieberer, U. (2019). Socioeconomic status, stressful life situations and mental health problems in children and adolescents: Results of the German BELLA cohort-study. *PloS One, 14*(3), e0213700–e0213700. https://doi.org/10.1371/journal.pone.0213700

Rickwood, D., Paraskakis, M., Quin, D., Hobbs, N., Ryall, V., Trethowan, J., & McGorry, P. (2019). Australia's innovation in youth mental health care: The headspace centre model. *Early Intervention in Psychiatry, 13*(1), 159–166. https://doi.org/10.1111/eip.12740

Robards, F., Kang, M., Steinbeck, K., Hawke, C., Jan, S., Sanci, L., Liew, Y. Y., Kong, M., & Usherwood, T. (2019). Health care equity and access for marginalised young people: a longitudinal qualitative study exploring health system navigation in Australia. *International Journal for Equity in Health, 18*(1), 41–41. https://doi.org/10.1186/s12939-019-0941-2

Rodda, S. N., Manning, V., Dowling, N. A., Lee, S. J., & Lubman, D. I. (2018). Barriers and Facilitators of Responding to Problem Gambling: Perspectives from Australian Mental Health Services. *Journal of Gambling Studies, 34*(1), 307–320. https://doi.org/10.1007/s10899-017-9713-3

Royal Commission into Aged Care Quality and Safety. (2021). *Final Report.* https://www.royalcommission.gov.au/aged-care/final-report

Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). *Final Report – Preface and Executive Summary.* https://www.childabuseroyalcommission.gov.au/sites/default/files/final_report_-_preface_and_executive_summary.pdf

Royal Commission into Victoria's Mental Health System. (2021). *Royal Commission into Victoria's Mental Health System: Final Report – Volume 1.* https://www.vic.gov.au/sites/default/files/2024-01/RCVMHS_FinalReport_Vol1_Accessible.pdf

SA Health. (2020). *Health and Wellbeing Strategy 2020-2025.* https://www.sahealth.sa.gov.au/wps/wcm/connect/bde18d8f-2100-4331-92bb-

5e71b4d0197c/Health+and+Wellbeing+Strategy+web+FINAL.pdf?MOD=AJPERES&CACHEID=ROOTWORK
SPACE-bde18d8f-2100-4331-92bb-5e71b4d0197c-nKQwqJE

SA Health. (2020). *Mental Health Services Plan 2020-2025*.
https://www.sahealth.sa.gov.au/wps/wcm/connect/8520124e-0250-4393-819e-
71bca0db4ad9/19032.2+MHSP-report-web-
no+watermark.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-8520124e-0250-4393-819e-
71bca0db4ad9-nwLp6cp

SANE Australia. (2023). *2023 Annual Report*.
https://www.sane.org/images/Annual_Reports/SANE_Annual_Report_2023_DIGITAL.pdf

SANE Australia. (n.d.). Factsheet: What are complex mental health issues? https://www.sane.org/information-
and-resources/facts-and-guides/what-is-mental-
illness?pdf=yes#:~:text=Complex%20mental%20health%20issues%20are,personality%20disorders%2C%20a
nd%20bipolar%20disorder.

Slewa-Younan, S. & Krstanoska-Blazeska, K. (2022). *A Literature Review on Mental Health and Stigma in Three
Specific Culturally and Linguistically Diverse Communities: Arabic, African and Chinese*. Embrace Multicultural
Mental Health.
https://embracementalhealth.org.au/sites/default/files/knowledge/2022/A%20Literature%20Review%20on%2
0Mental%20Health%20and%20Stigma%20in%20Three%20Specific%20CaLD%20Communities%20%282%29.
pdf

Smith, L. T., & Robertson, K. (2023). *Culturally Responsive Approach to Assessing Mental Health and Suicide
Prevention*. https://www.mentalhealthcommission.gov.au/culturally-responsive-assessment

Stafford, E., Brister, T., Duckworth, K., Rauseo-Ricupero, N., & Lagan, S. (2021). Needs and Experiences of Users
of Digital Navigation Tools for Mental Health Treatment and Supportive Services: Survey Study. *JMIR Mental
Health, 8*(6), e27022–e27022. https://doi.org/10.2196/27022

Tasmanian Department of Health. (2020). *Rethink 2020: A state plan for mental health in Tasmania 2020-
2025*. https://www.health.tas.gov.au/sites/default/files/2021-12/Rethink_2020_state_plan_2020-
25_DoHTasmania.pdf

Tasmanian Department of Health. (2022). *Digital Health Transformation: Improving Patient Outcomes 2022-
2032*. https://www.health.tas.gov.au/sites/default/files/2022-
06/Digital%20Health%20Transformation%20Improving%20Patient%20Outcomes_0.pdf

The Commonwealth of Australia. (2023). *Measuring What Matters: Australia's First Wellbeing Framework*.
https://treasury.gov.au/sites/default/files/2023-07/measuring-what-matters-statement020230721_0.pdf

The Treasury. (2022). *Healthy Minds: Our Mental Wellbeing Strategy 2022-2025*.
https://treasury.gov.au/sites/default/files/2022-09/treasury-mental-wellbeing-strategy-2022-2025.pdf

Thomas, J., & Sutherland, W. (2020). *ADII First Nations: Digital Inclusion in Aboriginal and Torres Strait Islander
Communities*. https://www.csi.edu.au/research/adii-first-nations

Titov, N., Hadjistavropoulos, H. D., Nielssen, O., Mohr, D. C., Andersson, G., & Dear, B. F. (2019). From Research to
Practice: Ten Lessons in Delivering Digital Mental Health Services. *Journal of Clinical Medicine, 8*(8), 1239-.
https://doi.org/10.3390/jcm8081239

Tomasi, A-M., Slewa-Younan, S., Narchal, R., & Rioseco, P. (2022). *Understanding the mental health and hel-
seeking behaviours of refugees*. Australian Institute of Family Studies. https://aifs.gov.au/resources/short-
articles/understanding-mental-health-and-help-seeking-behaviours-refugees

van der Boor, C. F., & White, R. (2020). Barriers to Accessing and Negotiating Mental Health Services in Asylum
Seeking and Refugee Populations: The Application of the Candidacy Framework. *Journal of Immigrant and
Minority Health, 22*(1), 156–174. https://doi.org/10.1007/s10903-019-00929-y

Victorian Department of Health. (2015). *Victoria's 10-Year Mental Health Plan*.
https://www2.health.vic.gov.au/mental-health/reform/10-year-plan

WA Health. (2020). *WA Health Digital Strategy 2020-2030.* https://www.health.wa.gov.au/~/media/Files/Corporate/Reports-and-publications/Digital-strategy/Digital-Strategy-2020-2030.pdf

Walker, T., Palermo, C., & Klassen, K. (2019). Considering the Impact of Social Media on Contemporary Improvement of Australian Aboriginal Health: Scoping Review. *JMIR Public Health and Surveillance, 5*(1), e11573–e11573. https://doi.org/10.2196/11573

Western Australian Association for Mental Health. (2019). *Navigating a Complex and Fragmented System: The Problems Facing Our Young Minds: Youth Services Integration Report 2019.* https://waamh.org.au/assets/documents/sector-development/youth-mental-health-report-navigating-a-complex-and-fragmented-system-2019.pdf

Whitehead, L., Talevski, J., Fatehi, F., & Beauchamp, A. (2023). Barriers to and Facilitators of Digital Health Among Culturally and Linguistically Diverse Populations: Qualitative Systematic Review. *Journal of Medical Internet Research, 25*(1), e42719–e42719. https://doi.org/10.2196/42719

World Health Organization. (2023). *Five Key Themes for Improved Mental Health Care for Refugees and Migrants.* https://www.who.int/news-room/feature-stories/detail/five-key-themes-for-improved-mental-health-care-for-refugees-and-migrants

Yeo, G., Reich, S. M., Liaw, N. A., & Chia, E. Y. M. (2024). The Effect of Digital Mental Health Literacy Interventions on Mental Health: Systematic Review and Meta-Analysis. *Journal of Medical Internet Research, 26*(11), e51268–. https://doi.org/10.2196/51268

Yourtown. (2023). *Kids Helpline impact report 2023.* https://publications.yourtown.com.au/kids-helpline-impact-report-2023/page/1

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