# National Mental Health Performance Framework

EQUITY

**Objective: to improve all health outcomes for Australians living with mental illness and ensure sustainability of the Australian health system**

**Determinants of health**

Are the factors that influence good health changing for the better? Where and for who are these factors changing? Is it the same for everyone?

**Health behaviours**

Attitudes, beliefs, knowledge and behaviours such as patterns of eating, physical activity, smoking and alcohol consumption

**Personal biomedical factors**

Genetic-related susceptibility to disease & other factors such as blood pressure, cholesterol levels and body weight.

**Personal history**Personal history factors such as experience of trauma.

**Environmental factors**

Physical, chemical and biological factors such as water, food and soil quality.

**Socioeconomic factors**

Income, employment, housing, education and social inequalities

**Effectiveness**

Care, intervention or action achieves the desired outcome from both the clinical perspective (clinician-reported outcome measure–CROMs) and the mental health consumer and carer perspective (patient-reported outcome measures–PROMs). Care provided is based on evidence-based standards.

**Safety**

The avoidance of, or reduction to, acceptable limits of actual or potential harm (physical or psychological) from health care management or the environment in which health care is delivered.

Includes aspects of the safety of care delivered to consumers (including patient-reported incidents and restrictive practices) as well as safety of carers and workforce.

**Appropriateness**

Service is person-centred, culturally appropriate, rights-based, trauma-informed and recovery oriented. Mental health consumers and carers are treated with dignity and confidentiality and encouraged to participate in choices related to their care. Consumers and carers report positive experiences (PROMs & PREMs).

**Continuity of care**

Ability to provide uninterrupted and integrated care or service across programs, practitioners and levels over time. Coordination mechanisms work for mental health consumers, carers and health care providers.Care and support is holistic and includes psychosocial and physical dimensions.

**Accessibility**

People can obtain health care at the right place and right time, taking account of different population needs and the affordability of care.

**Efficiency and sustainability**

The right care is delivered at minimum cost *and* human and physical capital and technology are maintained and renewed *while* innovation occurs to improve efficiency and respond to emerging needs. Members of the workforce receive appropriate support and report positive experiences.

**Health system**

Is the health system (by itself, and with others) working to prevent illness, injury and disease? Is it delivering safe, effective, and accessible coordinated care appropriate for each individual? Is the health system efficient and sustainable? Is the health system working to support/facilitate mental health recovery? Does the health system address the needs of consumers and family/kin/friends/carers (referred to in this framework as ‘consumers and carers’) and include them as part of the care?

**Health status**

How healthy are Australians? Is it the same for everyone? What are the best opportunities for improvement?

**Health conditions**

Incidence and prevalence of disease, disorder, injury, trauma or other health-related states

**Human function**

Alterations to body structure or function (impairment), activity limitations and restrictions in participation.

**Wellbeing**

Measures of physical, mental, social and emotional wellbeing of individuals.

**Deaths**

Mortality rates, mortality gap and life expectancy measures.

**Health System Context | Demographics |Community and Social Capital | Governance and Structure | Financing | Workforce | Infrastructure | Information, research and evidence**