



ACT
Government

Office for Mental Health & Wellbeing

2025 *Interim* Work Plan





“Lynnice Keen, Ngunnawal, Wiradjuri and Kamilaroi, 2020” - This vibrant image depicts the journey of Aboriginal and Torres Strait Islander communities in the ACT and the surrounding region and the pathways leading to connection with health services, people and supports.

Acknowledgement of Country

We acknowledge the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

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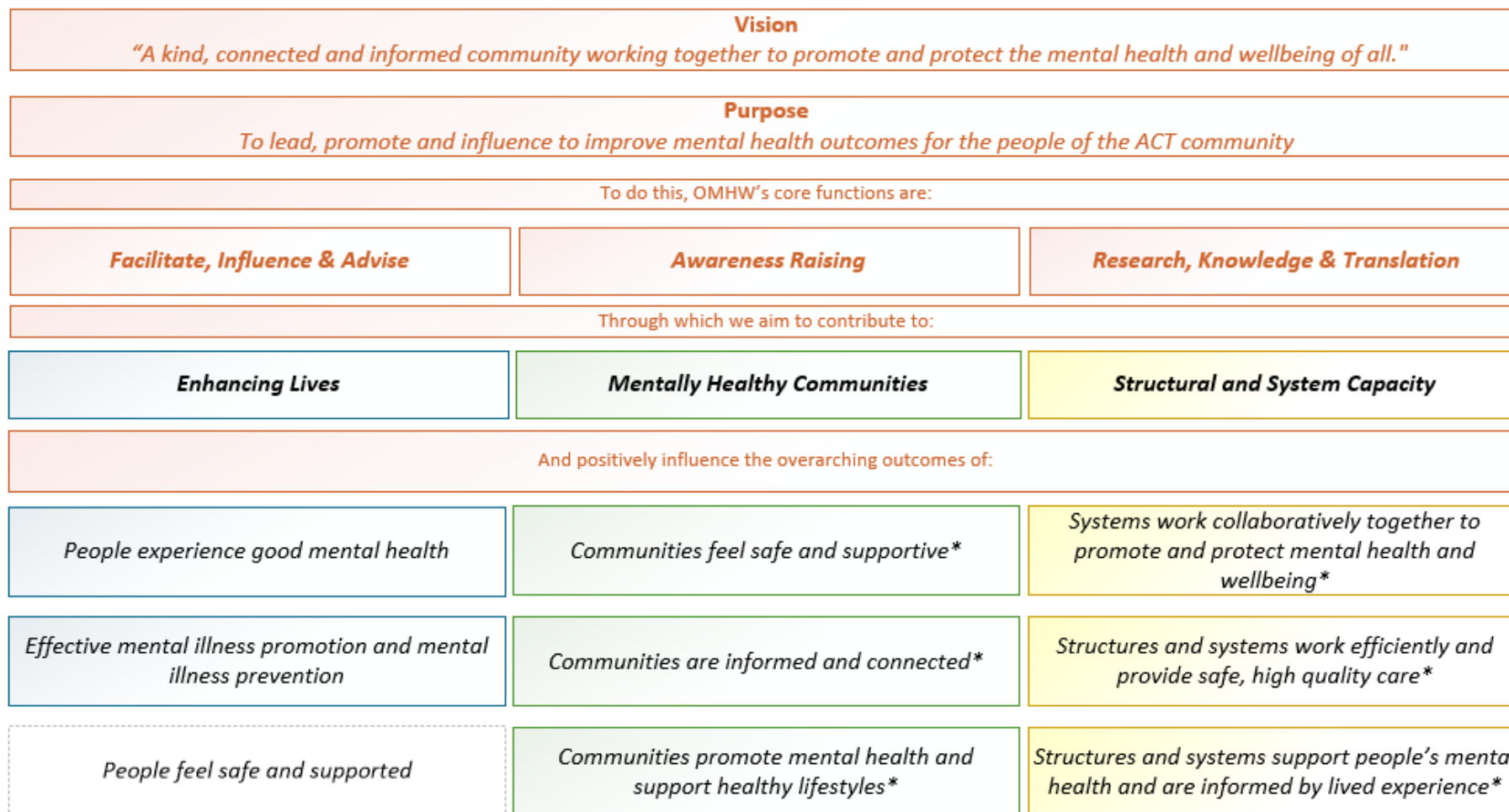
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OMHW Interim Work Plan on a Page¹



¹ Those outcomes marked * are yet to have identified data sources. Further details on OMHW's planned co-designed approach to outcomes are at page 21.

Introduction

Why do we have an 'Office for Mental Health and Wellbeing'?

Purpose and Origins

The Office for Mental Health and Wellbeing (OMHW) was established in 2018 with the purpose to lead, promote and influence to improve mental health outcomes for the people of the ACT community. The model is based on the Mental Health Commissions both nationally and in most other states and territories, whereby the OMHW provides independent advice and evidence on ways to improve the mental health and suicide prevention systems.

The OMHW takes a whole of government, whole-of-community, integrated approach to mental health and wellbeing, and suicide prevention. It operates with a level of independence from the day-to-day running of mental health policy, legislated roles, and operations, reporting directly to the Minister for Mental Health. The OMHW has authority to conduct reviews and produce reports as deemed necessary, or at the request of the Minister for Mental Health, to contribute to systems improvement and improved outcomes for community, and has a mandate to work across all government agencies.

The OMHW's positive working relationships with the ACT mental health sector, the broader community, and across government, are key drivers for delivering on this purpose, along with leading change projects with and for the sector. The OMHW embeds lived and living experience, fosters partnerships with consumers, carers, community and across government, and combines this with evidence and data to advise and drive innovation and reform.

The work of the OMHW is guided by the community co-designed ACT **vision for mental health**:

*A kind, connected and informed community
working together to promote and protect
the mental health and wellbeing of all.*

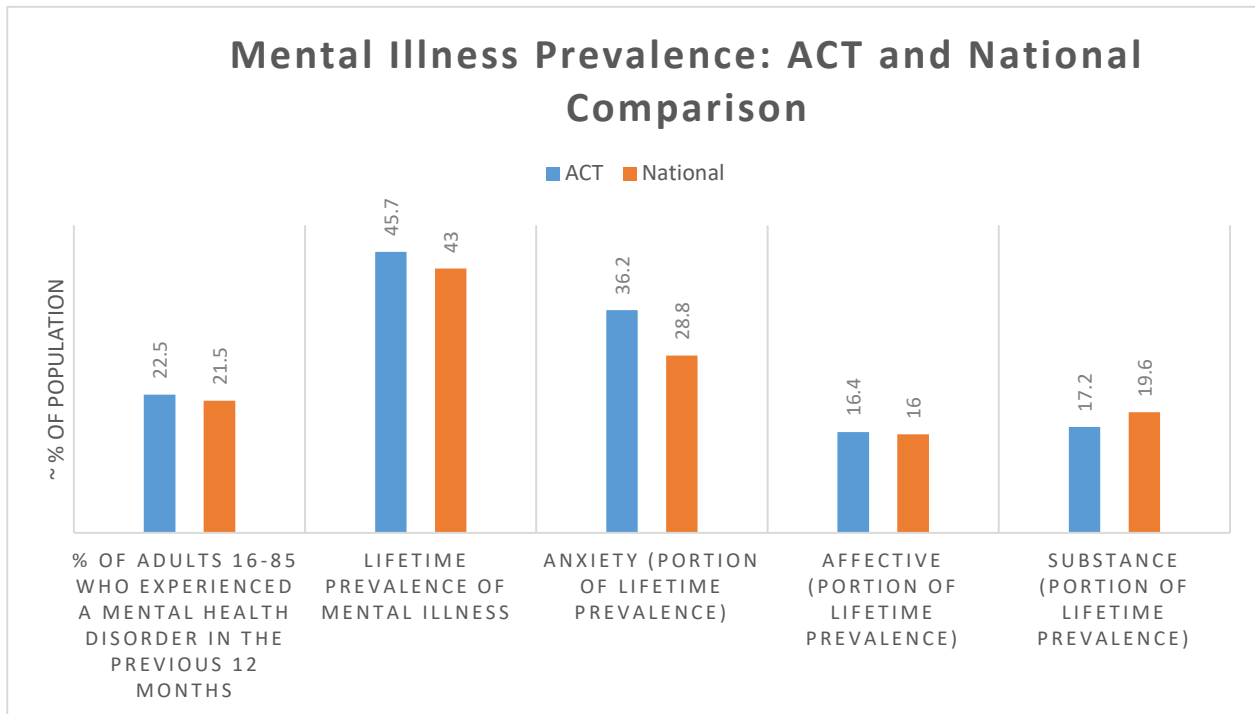


This tree represents strength through collaboration. A community that builds on input from a diverse range of people, is grounded and grows together. Together, we'll improve the mental health and wellbeing of all Canberrans.

Data Snapshot

How is the mental health and wellbeing of the ACT community?

Mental Illness Prevalence



- According to the latest data from the Australian Bureau of Statistics (ABS)², **the lifetime prevalence of mental illness for the ACT is 45.7%**. The rates for anxiety are 36.2%, affective disorders 16.4%, and substance related disorders 17.2%. The lifetime prevalence of mental illness in the ACT is slightly higher than nationally and higher for anxiety, but lower for substance use. The prevalence rates are similar to the national rates for affective disorders. Affective disorders include mood disorders such as depression.
- According to the ABS, 25.5% of adults in ACT aged 16-85 reported experiencing a mental health disorder in the previous 12 months, which is slightly higher than 21.5% nationally³.
- In the latest ACT General Health Survey, conducted in 2023, 29% of adult ACT residents reported being told by a doctor that they have a mental health condition⁴.

² <https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release>

³ <https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release>

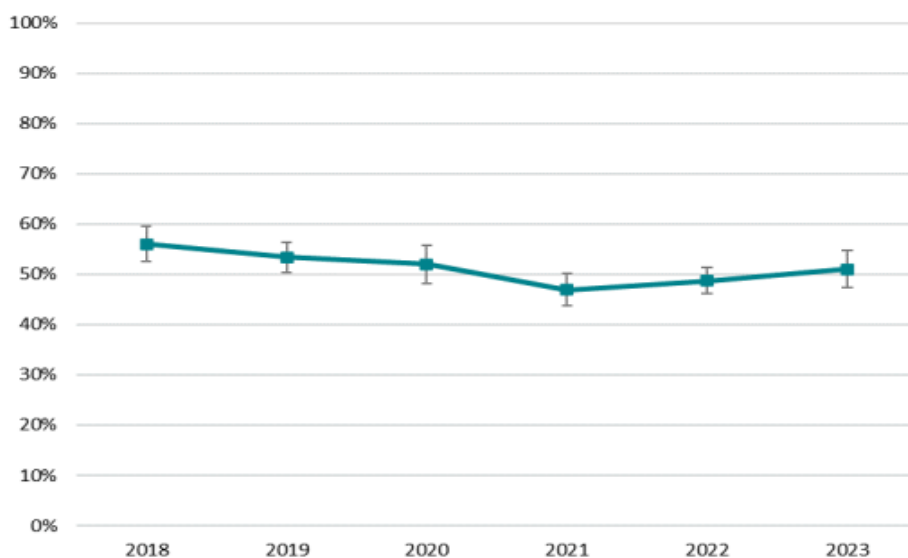
⁴ <https://www.act.gov.au/directorates-and-agencies/act-health/data-statistics-and-surveys/healthstats-act/data-collections/act-general-health-survey>

Mental Health and Suicide Statistics

OMHW works collaboratively with our partners, aiming to influence positive change for the ACT community.

Data from the latest ACT General Health Survey indicated that the **proportion of people rating their mental health as excellent or very good is 51%**. Scores reduced from 56% in 2018 to 46.9% in 2021, followed by an increase to 48.7% in 2022 and 51% in 2023⁵. The ACT General Health Survey data has not yet been published beyond 2023.

Figure 3: Percentage of ACT adults who self-rate their mental health as excellent or very good, 2018–2023



According to the most recent Australian Institute Health Welfare data, ACT recorded **7.7 per 100,000 deaths by intentional self-harm** (age-standardised rate), below the national rate of 11.8 per 100,000.⁶

Mental health and wellbeing are inextricably linked, so it is also important to consider wellbeing outcomes within the ACT community, to inform the work of the OMHW.

⁵<https://www.act.gov.au/directorates-and-agencies/act-health/data-statistics-and-surveys/healthstats-act/data-collections/act-general-health-survey>;

⁶ Australian Institute of Health and Welfare. Annual suicide deaths over time by states and territories. [Internet]. Australian Institute of Health and Welfare. 2025. Available from: <https://www.aihw.gov.au/suicide-self-harm-monitoring/geography/states-territories/annual-deaths-over-time>

Wellbeing

Wellbeing, an expression of how people and the community feel about their quality of life and in the ACT dashboard, this is measured by the Personal Wellbeing Index. The Personal Wellbeing Index records seven key factors of life satisfaction and summarises them into a globally recognised, validated and comparable, measure of how well life is going (or 'how we are doing') overall. These factors are: standard of living; health; level of achievement in life; relationships; safety; community-connectedness; and future security.



Overall levels of wellbeing in the ACT community reduced during the early stages of the COVID-19 pandemic in 2020 and returned to pre-pandemic levels by the end of 2020. During 2022 and 2023, wellbeing declined. **The proportion of Canberrans reporting low wellbeing increased from 17.6% in late 2021 to 25% in 2023.**⁷

While 75% of Canberrans continue to report typical or high wellbeing, the decline in overall wellbeing has disproportionately affected some groups:

- people aged 18 to 29
- people born overseas
- women.

Some people persistently report lower rates of wellbeing, particularly those:

- living with disability
- with caring responsibilities
- identifying as LGBTIQ+.

⁷ <https://www.act.gov.au/wellbeing/explore-overall-wellbeing/personal-wellbeing>

What you have told us so far

This interim Work Plan draws on feedback from recent OMHW consultations and engagement including: the 2025 OMHW stakeholder forum; OMHW collaborative networks including the Youth Reference Group, Lived Experience Leadership Group; the 'Access Denied' Report;⁸ and the OMHW Evaluation⁹.

We need more "data collection, sharing and utilisation (coordination of data)" (OMHW stakeholder forum, 2025)

"[T]here's such a strong interaction or intersection between our mental health issues and our financial situation" ([Access Denied](#), p.28)

"More awareness and education: Training for other ACT Government Directorates; running more seminars/events; more training and education; more public education about mental health services availability (Stakeholder - OMHW Evaluation, p.51)

"it is important to have a dedicated role to be the glue in the system ... it is critical to have that role to connect the sector because it has been so fragmented and difficult to navigate" (OMHW Evaluation p.41)

"if we didn't have the Office, things would be worse, in a nutshell. Things will never be perfect, but having them there has helped to have a sense of coordination and oversight which is otherwise hard to get from other areas of Government" (OMHW Evaluation, p.32)

"I would love to see more open dialogue between service providers, users and their families. Cooperation and codesign is essential to improve the current system." (YRG [Our Say FAQs](#))

"[T]here is just a lack of knowledge of what services are provided within the community, and which ones are free and easily accessible, and what kind[s] of document and paperwork is needed" ([Access Denied](#), p.25)

"...they need to do consultation meaningfully, but also drive an agenda on where the sector will go. There isn't much clarity on that at the moment" (OMHW Evaluation, p.36)

"when the service is not good and you're not getting what you want, then you lose hope, lose faith and trust, and you may get worse. Your condition may get worse" ([Access Denied](#), p.18)

"[I]'m a strong believer of early intervention. So, if you just start with that from a young age and invest in it then, then you just save so much more long term." ([Access Denied](#), p.49)

"there appears to be no one agreed set of priorities for the mental health system across the ACT. This has the potential to impact on improvement initiatives, does not address the duplication of work or service gaps and may not address key issues impacting on the provision of mental health services. For a small jurisdiction, this challenge is creating systemic difficulties for consumers when they are not able to navigate or understand what service would best suit their needs" (OMHW Evaluation, p.37)

"The Office needs to go back to it's original purpose and increase community and lived experience involvement in decision making. A 'Deliberative Democracy' would be a valuable way to go back to the original vision of true partnership with community" (Mental Health Peaks Meeting, 2025)

"services to services, they don't communicate ... and it just gets lost, like, case notes and stuff gets lost." ([Access Denied](#), p.24)

⁸ https://actmhc.org.au/wp-content/uploads/2025/06/2025-ACTMHCN_Access_Denied.pdf

⁹ https://www.act.gov.au/__data/assets/pdf_file/0009/2546964/Evaluation-of-the-OMHW-Final-evaluation-report.pdf

System Elements to Improve Mental Health Outcomes in the ACT

There are many elements within mental health systems that work together to impact mental health outcomes for the ACT community. These are outlined below, to support collaboration on system reform.

Key Elements	Benefits	Agencies Delivering	Scope of Practice/Focus of Each Agency
Whole of Community Elements			
Public awareness raising, stigma and discrimination reduction, mental health promotion and prevention	<ul style="list-style-type: none"> - Increases public awareness, opens access and encourages help-seeking behaviour, and mental health literacy; - Reduces stigma and discrimination in workplaces, schools, and services to increase participation. - Reduction in suicidality and mental illness 	Office for Mental Health and Wellbeing	<ul style="list-style-type: none"> • Oversight at whole of government and whole of community level, analysis of needs and gaps, overarching approach and direction setting • Establish key messaging and monitor and respond to messaging that is discriminatory and stigmatising, including in public messaging (media), and across all parts of government
		ACT Health and Community Services Communications Branch	<ul style="list-style-type: none"> • Messaging related to health and mental health awareness raising days and community events and responses to media reporting
		Community operated organisations and programs	<ul style="list-style-type: none"> • Integrated as component of services. Small number of specific organisations funded to deliver these elements e.g. MIEACT.
		Peak Agencies	<ul style="list-style-type: none"> • Targeted to the groups they represent • Funded to lead specific events or days e.g. Mental Health Month.
		Canberra Health Services	<ul style="list-style-type: none"> • Within the scope of their practice, deliver small number of programs targeting awareness raising
Community and lived experience engagement	<ul style="list-style-type: none"> - Ensures policy and service design reflect lived experience wisdom 	Office for Mental Health and Wellbeing	<ul style="list-style-type: none"> • Independent oversight and lead whole of government and whole of community • Establish, promote and implement lived experience development and sector readiness • Lead lived experience mechanisms
		Health and Community Services, Mental Health Policy & Strategy Branch	<ul style="list-style-type: none"> • Integrate community and lived experience in co-design of services, system planning and policy

			development and in commissioning in relation to mental health services.
		Peak Agencies	<ul style="list-style-type: none"> Championing, influencing and facilitating lived experience involvement within their sphere of influence. E.g. supporting the involvement of people with lived experience across the sector
		Canberra Health Services	<ul style="list-style-type: none"> Promoting and involving people with lived experience in design and delivery of services
		Community operated organisations	<ul style="list-style-type: none"> Promoting and involving people with lived experience in design and delivery of services. Some lived experience led and managed organisations
Collaborative cross-sector influence	<p>- Ensures mental health reforms address root causes (e.g., housing, employment, justice)</p> <p>- Breaks down service fragmentation and silos</p>	Office for Mental Health and Wellbeing	<ul style="list-style-type: none"> Lead and facilitate at whole of government and whole of community level, overarching approach and direction setting to influence system change
		Peak Agencies	<ul style="list-style-type: none"> Championing, facilitating and advocating for reform, especially on behalf of the groups they represent. Lead cross sector collaboration and reform for target groups needs e.g. Child and Youth; Alcohol and Other Drugs and Mental Health; and Perinatal Mental Health Alliances
		Community operated organisations Canberra Health Services	<ul style="list-style-type: none"> Undertake cross-sector collaboration to deliver supports and services including service improvement
Advocacy and rights-based leadership	<p>- Fulfill human rights obligations</p> <p>- Embeds human rights protections in mental health policy and practice</p> <p>- Strengthens legislative protections against coercive</p>	Public Advocate	<ul style="list-style-type: none"> Lead role in protecting and promoting the rights and interests of people experiencing vulnerability, especially when support is required
		Human Rights Commission Official Visitors	<ul style="list-style-type: none"> Working with individuals to protect human rights Advocate for systemic rights-based reform
		Office of the Chief Psychiatrist	<ul style="list-style-type: none"> Oversight of the <i>Mental Health Act 2015</i> including oversight of implementation to deliver on provisions
		Peak Agencies	<ul style="list-style-type: none"> Championing, facilitating and advocating for reform, especially on behalf of the groups they represent

	<i>and discriminatory practices</i>	Agencies delivering individual advocacy/Community operated organisations	<ul style="list-style-type: none"> Working with individuals to protect rights Delivering supports in ways that uphold people's rights and human rights centric-supports
		Canberra Health Services	<ul style="list-style-type: none"> Delivering mental health (and general health) care in ways that uphold people's rights
Mental Health Service System Elements			
Research, innovation and evidence-informed design, development and practice	<ul style="list-style-type: none"> - Strengthens evidence-based policymaking - Ensures ACT adapts proven, contemporary, best practice models of service delivery 	Office for Mental Health and Wellbeing	<ul style="list-style-type: none"> Promotion and knowledge dissemination on the breadth and depth of research and innovation nationally and internationally Promote innovation and evidence informed policy and practice
		Canberra Health Services	<ul style="list-style-type: none"> Focus on research and knowledge regarding treatment, care and support in relation to mental illness
		Health and Community Services Directorate	<ul style="list-style-type: none"> Promote research and evidence informed design in relation to mental illness and mental health and wellbeing
		CMTEDD - ACT Wellbeing Framework	<ul style="list-style-type: none"> Monitoring wellbeing framework indicators
		ANU, ACACIA	<ul style="list-style-type: none"> Lived experience research and policy/program development
		Peak Agencies	<ul style="list-style-type: none"> Championing, facilitating, advocating for and undertaking research and evaluation on behalf of the groups they represent
Strategic Planning for Mental Health	<ul style="list-style-type: none"> - Ensures mental health promotion and prevention and the mental health system is contemporary, progressive and based on new and emerging needs which are addressed early 	Office for Mental Health and Wellbeing	<ul style="list-style-type: none"> Overarching whole of government and whole of community strategic planning
		Mental Health Policy & Strategy	<ul style="list-style-type: none"> Strategic and operational planning on the delivery of ACT Government funded mental health care supports
		Health and Community Services Planning	<ul style="list-style-type: none"> Strategic and operational planning on the delivery of ACT Government funded mental health care supports
		Capital Health Network	<ul style="list-style-type: none"> Leads the regional planning process Planning for the delivery of Commonwealth funded supports and services
		Canberra Health Services	<ul style="list-style-type: none"> Operational level strategic planning
		Peak Agencies	<ul style="list-style-type: none"> Participate in and represent their constituent's needs in strategic and operational planning

		CMTEDD - ACT Wellbeing Framework	<ul style="list-style-type: none"> Sets out the overarching strategic direction towards a wellbeing economy
Policy framework	- Supports the development of planning and delivery of mental health care in conjunction with the Commonwealth	Mental Health Policy & Strategy	<ul style="list-style-type: none"> Cross jurisdictional service system planning and policy
		CMTEDD - ACT Wellbeing Framework	<ul style="list-style-type: none"> Sets out the overarching strategic direction towards a wellbeing economy
Legislative framework	- Mental health care that reduces the need for restriction and is based in human rights	Office of the Chief Psychiatrist	<ul style="list-style-type: none"> <i>Mental Health Act 2015</i> reform Oversight of the <i>Mental Health Act 2015</i> including oversight of implementation to deliver on provisions
		Justice and Community Services Directorate	<ul style="list-style-type: none"> Ensure human rights are upheld in line with relevant legislation Connect with supports to protect mental health of people involved with corrections or other services
		Canberra Health Services	<ul style="list-style-type: none"> Delivering supports in line with <i>Mental Health Act 2015</i> and other relevant legislation Input into legislative reform
		Peak Agencies and other agencies (e.g. police, ambulance)	<ul style="list-style-type: none"> Input into legislative reform
Design and planning of services with lived experience embedded	- ACT to have a contemporary well designed mental health care system including expansion of role of peer work in line with best practice	Office for Mental Health and Wellbeing	<ul style="list-style-type: none"> Lead whole of government to embed lived experience Identify needs and promote sector readiness
		Health Services Planning Mental Health Policy and Strategy	<ul style="list-style-type: none"> Planning, design and implementation of ACT Government funded mental health services that are inclusive of lived experience and peer work
		Capital Health Network	<ul style="list-style-type: none"> Planning, design and implementation of mental health services, funded by the Commonwealth, that are inclusive of lived experience and peer work
		Peak Agencies	<ul style="list-style-type: none"> Advocate, promote, identify research that builds lived experience inclusion that reflects groups represented
		Community operated organisations	<ul style="list-style-type: none"> Co-design and deliver mental health care services that embed lived experience and peer work

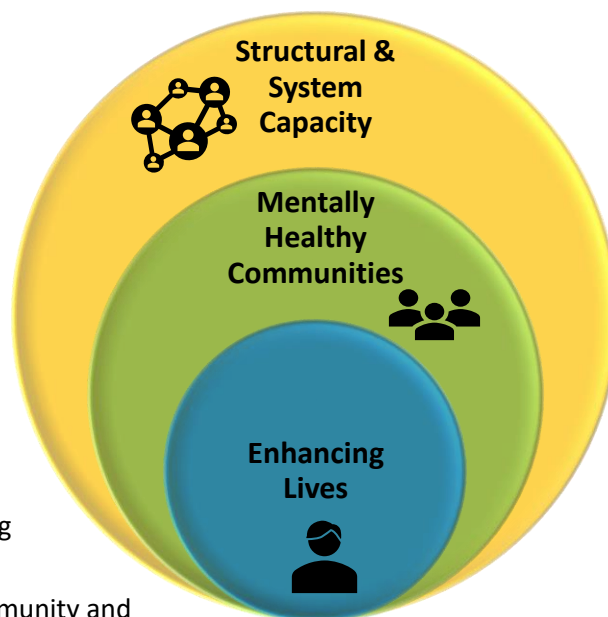
		Canberra Health Services	<ul style="list-style-type: none"> Co-design and deliver mental health care services that embed lived experience and peer work
Monitoring, accountability and reporting	<p>- Enables real-time system monitoring and public accountability through reporting, including on outcomes metrics</p> <p>- Ensures consumer and carer feedback is central to evaluation, driving continuous service improvement</p>	Office for Mental Health and Wellbeing	<ul style="list-style-type: none"> Strategic analysis of mental health data and research including monitoring and reporting on overarching trends and outcomes locally, nationally and internationally.
		Canberra Health Services	<ul style="list-style-type: none"> Monitoring, reporting (including outcomes) and analysis of data related to the services they deliver. Improving services based on consumer and carer feedback.
		Community operated organisations	<ul style="list-style-type: none"> Operational quality assurance activities, including those driven by feedback
		Capital Health Network	<ul style="list-style-type: none"> Monitoring, reporting (including outcomes) and analysis of contract performance; data driven needs analysis
		Mental Health Policy & Strategy	<ul style="list-style-type: none"> Routine monitoring and reporting (including outcomes) on service delivery including contract performance reports and national data sets (e.g. AIHW)
		Office of Chief Psychiatrist	<ul style="list-style-type: none"> Oversight of delivery of services under the <i>Mental Health Act 2015</i> including compliance with the Act
		CMTEDD - ACT Wellbeing Framework	<ul style="list-style-type: none"> Whole of government monitoring and reporting (including outcomes) through the Wellbeing Framework dashboard Wellbeing Impact Assessments
		Peak Agencies	<ul style="list-style-type: none"> System monitoring, reporting (including outcomes) and advocacy, especially on behalf of groups represented

The Role of the Office for Mental Health and Wellbeing

Despite strong investment in mental health and suicide prevention initiatives in the ACT, the data shows that mental health outcomes are not improving¹⁰. There is more to be done to improve mental health and wellbeing for the ACT community.

Community feedback tells us that consumers often feel services are disconnected, fragmented, and hard to navigate. This means that a more systemic approach is required whereby all parts of the system work together.

The OMHW plays a key role in identifying and connecting parts of systems to improve collaboration, coordination, information sharing, and strengthening care across community and government. To do this, OMHW's work has three key focus areas: supporting individuals, building mentally healthy communities, and improving the overall system to deliver better outcomes. Across the three key focus areas, the **functions** led by the OMHW are



Facilitate, Influence & Advise	<ul style="list-style-type: none"> - Facilitate collaboration and coordination, working in partnerships to take a whole of person, whole of community, whole of Government approach. - Facilitate and influence cross-sector activity to ensure mental health reforms address root causes (e.g. housing, employment, justice). - Influence community and lived experience engagement in reform. - Independently monitor and assess systems to advise and positively influence policy and program development to promote systemic improvements.
Awareness Raising	<ul style="list-style-type: none"> - Encourage, promote and participate in mental health, mental illness and suicide prevention awareness raising, including information sharing about self and service provided supports. - Promote conversations and coordinate action on how community and government activity can contribute to prevention of mental illness and suicide. - Promote wellbeing across Governments and communities, including building resilience in times of natural disaster or around potentially distressing events. - Promote and advocate towards reduction of stigma and discrimination.
Research & Knowledge Translation	<ul style="list-style-type: none"> - Create, use, and disseminate evidence to drive human centred innovation and reform, helping to reduce reliance on reactive decisions. - Knowledge translation to inform strategic planning based on contemporary, - progressive approaches, ensuring ACT adapts proven, cost-effective models of care, and to ensure new and emerging needs are addressed early - Ensure consumer and carer feedback is central to evaluation, driving continuous service improvement; and embedded in design and planning of services. - Data monitoring and reporting to ensure public accountability through outcomes metrics.

¹⁰ https://www.act.gov.au/data/assets/pdf_file/0004/2619193/ACT-Health-Annual-Report-2023-24.pdf (p.54)

Community Partnerships

Central to the OMHW's role is a whole of community, whole of government approach to whole of person mental health and wellbeing – through building and maintaining strong partnerships and collaboration, including the key partnerships described below.

ACT Mental Health Coordinating Group

A platform for peak bodies, policy and service organisations to convene and deliberate on key issues and needs facing the ACT mental health system and provide mental health systems leadership and governance, high-level evidence-informed advice and recommendations to the ACT Government.

ACT Mental Health Advisory Council

Provides advice to the Minister for Mental Health on a range of topics.

Prevention, Mental Health & Wellbeing Inter-Directorate Committee

Whole of government committee managed by the OMHW, coordinating approaches to addressing systemic issues and social determinants; and leadership and guidance on key initiatives.

Lived Experience Leadership Working Group

A knowledge-generator for the Lived Experience teams in OMHW and Canberra Health Services.

Child and Youth Mental Health Sector Alliance

Government, NGOs and community working together to improve communication and problem solve.

Includes a Community of Practice; time-limited working groups; and is informed by the Youth Reference Group.

Perinatal and Mental Health Alliance

Aims to improve integration across services; ensure consistent and high-quality care for parents and infants; and recommend ways to achieve better outcomes and a sustainable framework for future perinatal mental health services in the ACT.

Alcohol, Tobacco & Other Drugs Mental Health Alliance

Led by the Mental Health Community Coalition, Alcohol Tobacco and Other Drug Association of ACT in partnership the OMHW, to support service coordination, implementation and innovation.

ACT Suicide Prevention Coordinating Committee

Provides collaborative leadership and promotes partnerships to reduce suicide in the ACT.

ACT Aboriginal & Torres Strait Islander Suicide Prevention and Mental Health Partnership Group

Provides advice on culturally appropriate Aboriginal and Torres Strait Islander suicide prevention and mental health strategies; and provides input into implementation.

ACT Tertiary Education Providers Suicide Prevention Partnership Group

Provide collaborative leadership and promote partnerships between ACT-based tertiary education providers and other ACT-based service providers to enhance the mental health and suicide prevention supports available to students in the ACT.

2025 Interim Work Plan

What is the OMHW prioritising now to work towards improving mental health and wellbeing outcomes for the community?



This Work Plan is an interim document to share the approach and activity of the OMHW while the Machinery of Government (MoG) restructuring of ACT Government is finalised. Activity documented in this Work Plan therefore includes current activity as reported in the 2024-25 ACT Health Annual Report, and limited new consultation and engagement.

Lived and living experience (LLE) and the wisdom, knowledge and expertise that LLE brings, remains at the centre of the OMHW's work. The OMHW endeavours, at all stages, to engage LLE, including consumers, carers, family and kin.

To affirm and update the OMHW's commitment to consumer and carer engagement, an action within this Work Plan is working with community to update the OMHW [Commitment to Community Engagement](#) (2022), to better align with community expectations and updated LLE approaches; and to prepare for more detailed engagement for future work plans.

The next section outlines the OMHW's interim work plan across its focus areas.

Enhancing Lives



Mental health and wellbeing are fundamental to people's ability to interact with others, work and earn a living, and feel connected to the broader community. Good mental health improves a range of outcomes for individuals and communities, including healthier lifestyles, physical health, improved recovery

from illness, higher education, employment, social connections and an improved quality of life, and in turn these attributes improve mental health.

"when the service is not good and you're not getting what you want, then you lose hope, lose faith and trust, and you may get worse. Your condition may get worse"

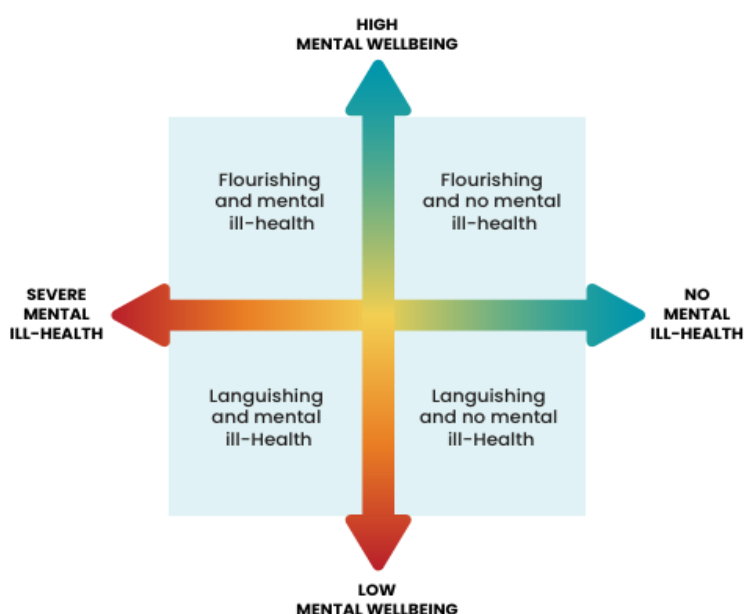
([Access Denied](#), p.18)

The OMHW works to improve support to individuals, families and carers who are experiencing mental health concerns, and to promote mental health and prevent mental illness. The OMHW takes a whole of system approach considering the social, cultural and economic circumstances of each person's life and how they are connected. This also includes considering opportunities for early intervention to reduce negative impacts of mental illness, so that people are supported to flourish.

Dual Continua Model of Mental Health

Mental health is more than just the absence of mental illness¹¹. Reflecting this, the OMHW works to the 'Dual Continua' model of mental health.

This model describes mental wellbeing and mental ill-health as different, though related experiences. It highlights that people can simultaneously experience a level of mental wellbeing (low, moderate, high) and a level of mental ill-health (absent, mild, moderate, severe). Even if a person has some ongoing symptoms of a mental health condition, they can still experience a high level of mental wellbeing,¹² and this is an important consideration for improving policy and programs across systems.



¹¹ <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

¹² https://www.act.gov.au/data/assets/pdf_file/0005/2821901/ACT-ing-Upstream-Taking-a-strategic-approach-to-mental-health-promotion-and-prevention-in-the-ACT.pdf (p.10)

Actions¹³

Activity	Work Stream
<ul style="list-style-type: none"> Continue to support positive, evidence-informed community messaging to promote mental health and reduce stigma and discrimination through a range of communication channels including Mental Health Week in October 	Communications & Engagement
<ul style="list-style-type: none"> Partnering with Monash University to undertake economic modelling of initiatives towards understanding 'best buys' for the ACT community Continue to promote and advocate for safe and accessible mental health services for LGBTIQ+ people 	Strategic Priorities
<ul style="list-style-type: none"> Focused Support for Priority Populations <ul style="list-style-type: none"> maintain targeted efforts to support priority and at-risk groups, ensuring suicide prevention strategies are inclusive, culturally appropriate, and responsive to community needs. enhanced mental health and wellbeing supports for boys and men, recognising the unique challenges they face, including any outcomes from the 'ACT Inquiry into Men's Suicide Rates'. continue support of the ACT Tertiary Education Providers Suicide Prevention Partnership Group by: <ul style="list-style-type: none"> Funding the Centre for Mental Health Research to appoint a part-time Project Officer to progress suicide prevention initiatives across ACT tertiary institutions. Launching a new Men's Table initiative to provide male tertiary students with safe, supportive spaces to connect and improve mental health and wellbeing. Further improve services and supports for individuals, families, and carers following a suicide attempt or during a suicidal crisis. This includes strengthening care pathways and service coordination to ensure timely and effective support through the following initiatives: <ul style="list-style-type: none"> continue to expand the Minds Together Program, with a face-to-face component implemented in this next period, providing greater supports for carers, family, and friends of people in suicidal distress. Youth AfterCare Service – The Youth Coalition of the ACT will lead a co-design process to determine the service needs for young people aged 12–25 following suicidal distress or a suicide attempt. Peer Companion in Community Program – Roses in the Ocean, will commence implementation of a new peer-led initiative and establish a non-clinical, lived experience workforce to support people impacted by suicide across the ACT. 	Suicide Prevention
<ul style="list-style-type: none"> Implementation into established reporting, the use of the proven methodology of natural language processing (NLP) analysis for free text clinical notes in the identification of suicidal/self-harm presentations and admissions for inpatient care. Investigate broader use of NLP for other complex presentations such as family, sexual and domestic violence or presentations involving use of alcohol and other drugs. Finalisation of the University of Canberra 'MChart' planning and navigation project in which the OMHW is a partnered sponsor. 	Data & Research

¹³ As published in 2024-25 ACT Health Annual Report "the year ahead"

Mentally Healthy Community



“Mental health is a state of well-being that helps people manage life’s stressors, realise their potential, learn, work effectively, and contribute to their community”¹⁴. A mentally healthy community supports this by fostering environments that encourage healthy lifestyles, physical health, access to green and blue spaces, education, meaningful work, safety, trust, and social connection to work together through distressing events (e.g. natural disasters) — often referred to as *protective factors*. Improving mental health outcomes at a community level improves quality of life, boosts productivity and supports a thriving ACT economy.

“[T]here’s such a strong interaction or intersection between our mental health issues and our financial situation”
([Access Denied](#), p.28)

The OMHW supports this through building partnerships that strengthen community connections and action. Focus areas include: reducing stigma and discrimination by influencing social norms through community engagement and awareness, especially around potentially harmful events; promoting mental health in everyday settings—such as public transport, workplaces, and schools—through information sharing, support and advocacy for social inclusion, skill-building, support networks, and improving social conditions; and a whole of community collaborative approach to suicide prevention, acknowledging that suicidal distress can occur in any area of life.

The OMHW also collaborates with key stakeholders to support people from priority populations that face greater barriers to access, including culturally and linguistically diverse communities, LGBTIQ+ people, Aboriginal and Torres Strait Islander peoples, children, young people (and their families), and older adults.



¹⁴ <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

Aboriginal and Torres Strait Islander Peoples Social and Emotional Wellbeing

Social and emotional wellbeing (SEWB) is the foundation for physical and mental health for Aboriginal and Torres Strait Islander peoples. SEWB is affected by ongoing impacts of colonisation, intergenerational legacies of forced removal from family, institutional and systemic racism, grief and loss, trauma and abuse, violence, and cultural dislocation. It is also influenced by social determinants of health including education, unemployment, racism and discrimination.

Aboriginal and Torres Strait Islander peoples and communities are strong and capable. The OMHW respects the principle of self-determination. Under the 'National Agreement on Closing the Gap', the OMHW participates in the 'National Social and Emotional Wellbeing Partnership', that aims to bring together First Nations and State and Federal government representatives to improve social and emotional wellbeing and mental health and reduce suicide rates.¹⁵ The OMHW also supports the Aboriginal & Torres Strait Islander Suicide Prevention and Mental Health Partnership Group.



'Conquer and Thrive' Wiradjuri artist Kristie Peters (2020) (OMHW commission) - This artwork represents coming together, connecting with people and uplifting each others spirits around you.

¹⁵ <https://www.health.gov.au/committees-and-groups/social-and-emotional-wellbeing-policy-partnership>

Actions¹⁶

Activity	Work Stream
<ul style="list-style-type: none"> Continue to support positive, evidence-informed community messaging to promote mental health and reduce stigma and discrimination through a range of communication channels, including Mental Health Week in October Exploring opportunities to work with media towards more positive messaging around mental health and suicide prevention 	Communications & Engagement
<ul style="list-style-type: none"> Continue to promote and advocate for safe and accessible mental health services for LGBTIQ+ people Continue to work with partners to build the evidence base around ‘what works’ for the ACT context to improve mental health promotion and mental illness prevention for the ACT. This includes: <ul style="list-style-type: none"> Continuing to build on the initial work, in partnership with Prevention United through the report ‘ACT-ing Upstream’ taking a strategic approach to mental health promotion and prevention in the ACT. This will explore opportunities to implement the dual continua model of mental health¹, to promote flourishing lives for people living with mental illness, and community more broadly. 	Strategic Priorities
<ul style="list-style-type: none"> Continue supporting Youth Aware of Mental Health (YAM) and compassion-based suicide prevention training (currently through Connecting with People). Continue supporting community awareness initiatives such as the Blue Tree Project and R U OK? Day to promote avenues for help and reduce stigma. Continue working in partnership with the ACT Aboriginal and Torres Strait Islander Suicide Prevention and Mental Health Partnership Group, Thirrili, and other key individuals and organisations. These collaborations aim to improve mental health and suicide prevention outcomes through culturally safe and community-led approaches. 	Suicide Prevention

¹⁶ As published in 2024-25 ACT Health Annual Report “the year ahead”

Structural and System Capacity



The OMHW focuses on building sustainable systems through a whole-of-government and whole-of-community approach that extends beyond the mental health service system and services. Across this broad scope, the OMHW monitors, analyses and translates data and other evidence (including lived and living experience, qualitative research, and data) to advise, influence and inform structural and systemic reform.

“it is important to have a dedicated role to be the glue in the system ... it is critical to have that role to connect the sector because it has been so fragmented and difficult to navigate” (OMHW Evaluation p.41)

The OMHW also fosters collaboration across systems to deliver better mental health and wellbeing outcomes. It actively supports and sponsors research activities, partnering with universities and research organisations to promote, guide, and translate research that addresses the mental health needs of the ACT community. It also takes a collaborative approach to monitoring data and research, responding to a recurring theme from consultations: the need for better, more comprehensive data to inform systemic reform, policy development, service improvement, and evaluation. This includes enhancing data collection, management (e.g., linkage, analysis, and utilisation), and sharing practices. Additionally, OMHW seeks emerging opportunities to collaborate with stakeholders on innovative projects aimed at strengthening governance and systemic supports for mental health and suicide prevention.



The OMHW’s collaborative, whole of community, whole of government approach to building structural and system capacity

The Productivity Commission’s interim report on the review of the National Mental Health and Suicide Prevention Agreement (NMHSPA) found that “the mental health and suicide prevention system is fragmented and out of reach for many people.”¹⁷ This means all parts of the system need to work differently and more collaboratively to improve outcomes. The OMHW will be engaged in Commonwealth led direction for cross-jurisdictional changes.

¹⁷ <https://www.pc.gov.au/inquiries/current/mental-health-review/interim/mental-health-review-interim-overview.pdf>

Actions¹⁸

Activity	Work Stream
<ul style="list-style-type: none"> Continue to promote and develop strategic partnerships to support innovation, system reform and collaborative action, including with the: <ul style="list-style-type: none"> ACT Mental Health Peaks: Mental Health Community Coalition, ACT Mental Health Consumer Network, and Carers ACT Child & Youth Mental Health Sector Alliance Youth Reference Group Alcohol, Tobacco & Other Drug and Mental Health Alliance Suicide Prevention and Lived Experience forums 	Communications & Engagement
<ul style="list-style-type: none"> Continue to progress and use findings from mapping and community development efforts to provide strategic influence and best practice documentation, e.g. Practice Standards, Engagement document and position descriptions to develop organisational readiness for lived experience inclusion (including peer work) in care settings. Embed and support the key co-design/co-production and lived experience inclusion mechanisms, e.g. “Experience Teaches”, and utilise data from these activities to provide best practice guidance and robust structures for lived experience inclusion in decision making and governance. Conclude partnership agreement with ACACIA Lived Experience Research Unit, Australian National University, to support validation of lived experience inclusion, including peer work strategies and guidance in the ACT. Merge “Peas in a pod” Substantive Co-design Demonstration Project into the Mental Health Coordinating Group (MHCG) and create a relationship with the Lived Experience Leaders Working Group (LELWG) to mutual benefit and the elevation of lived experience influence in decision making. Provide key recommendations and data to Mental Health Commissioning processes that highlight the validity and engage organisational readiness and enact a focus on Peer Work initiatives. Design and deliver training on trauma informed co-design, co-production and lived experience led methods as a means for greater lived experience inclusion and capability recognition. 	Lived Experience
<ul style="list-style-type: none"> Explore data and best practice evidence to advise on options to address the ACT system gap of support for people who require longer term (~18 months) residential mental health rehabilitation, including forensic consumers. Explore data (community prevalence, service access, seclusion and restraint episodes, consumer experience of care etc.) to advise on potential explanations for why mental health outcomes are not improving in the ACT and where OMHW functions could best help to drive reform. Continue to work in partnership with the Youth Coalition of the ACT and the Capital Health Network to progress sector reforms to enhance the delivery of coordinated and connected child and youth mental health services through the Child and Youth Mental Health Sector Alliance Work with ATODA and MHCC to identify and progress sector reforms to enhance the interface and connections between alcohol and other drug and mental health services through the Alcohol Tobacco and Other Drugs-Mental Health Alliance Lead the development of an ‘ACT Mental Health Outcomes Framework’ 	Strategic Priorities

¹⁸ As published in 2024-25 ACT Health Annual Report “the year ahead”

<ul style="list-style-type: none"> • Continue working in partnership with organisations, services, and individuals across the ACT to provide collaborative leadership and drive coordinated efforts to reduce suicide. • Support the work of the 'ACT and Region Suicide Prevention Community Collaborative' which brings together stakeholders to strengthen suicide prevention efforts through shared learning, data-informed planning, and community engagement. • Continue to engage with the ACT Coroner to support system-level improvements and strengthen suicide prevention responses. • Continue to engage with national and jurisdictional colleagues to support the ACT's implementation of the National Suicide Prevention Strategy, ensuring local actions align with national priorities. • Alignment with the ACT Mental Health and Suicide Prevention Strategic Approach to ensure a cohesive and integrated approach. 	Suicide Prevention
<ul style="list-style-type: none"> • Provide ongoing support for mental health data analytics to divisions within the new directorate of ACT Health and Community Services. • Progress the priority mental health data quality reporting to gold level standard as per the Priority Setting Committee. • Refinement of data analytics and local sub-jurisdictional mental health reporting needs for operational services, strategic decision making and evidence informed mental health policy projects. • Ongoing investigation into available data and greenfield discovery/use of data sources to inform and understand early intervention and prevention opportunities, particularly child, youth and young adulthood. • Implementation into established reporting, the use of the proven methodology of natural language processing (NLP) analysis for free text clinical notes in the identification of suicidal/self-harm presentations and admissions for inpatient care. • Investigate broader use of NLP for other complex presentations of family, sexual and domestic violence (FSDV) as well as presentations involving of alcohol and other drugs. • Continued expansion and ACT Health and Community Services contribution to the Australian Institute of Health and Welfare (AIHW) Service Activity Monitoring System (SAMS). • A focus on outcomes of care supported by data and indicators that align with the development of the next version of a National Mental Health Strategy. • Consideration of the planned revision of the national Non-Government Organisation-e (NGOe) dataset for incorporation into community sector reporting where applicable for local government funded commissioned services. • Ongoing support in the analysis of the Coroner's Office ACT Suicide Register and development of a memorandum of understanding that incorporates information sharing between the Coroner's Office and ACT Health and Community Services Directorate. • Ongoing representation – subject to the MoG restructuring - on a range of national committees and working groups related to mental health data sharing and indicator development across states and territories. 	Data & Research

Monitoring and Reporting

Interim Outcomes

As a baseline, the OMHW aims to influence the following outcomes using existing data sources:

- People experience good mental health. *Measured by:*
 - Increased rates of self-reported very good to excellent mental health (*Living well in the ACT region survey*)
 - Reduction in self-reported high to very high psychological distress (*Living well in the ACT region survey*)
 - Increase in self-reported personal wellbeing (*ACT Wellbeing index dashboard*)
 - Positive changes on all wellbeing indicator framework domains (*ACT Wellbeing index dashboard*)
 - Reduced suicide and self harm presentations to the Emergency Department (*CHS data*)
- Effective mental illness prevention and mental health promotion. *Measured by:*
 - Reduced mental illness prevalence (*ABS and ACT General Health Survey*)
 - Reduction in self-reported high to very high psychological distress (*Living well in the ACT region survey*)
- People feel safe and supported. *Measured by:*
 - Feeling safe and being safe (*ACT Wellbeing index dashboard*)

The OMHW also works towards many other outcomes across communities and systems and structures, that will be built upon when the Outcomes Framework takes more shape through future consultation, engagement and co-design to develop a Mental Health Outcomes Framework:

- Communities feel safe and supportive. *Measured by:*
 - *People with mental illness experience reduced stigma and discrimination*
- Communities are informed and connected. *Measured by:*
 - *People with mental illness receive high quality, care (reduced harm)*
- Communities promote mental health and support healthy lifestyles. *Measured by:*
 - *Communities have good mental health awareness and are informed*
- Systems work collaboratively together to promote and protect mental health and wellbeing. *Measured by:*
 - *Systems share responsibility and collaborate to prevent mental illness and promote mental health*
 - *Increased collaboration and innovation within and across systems*
- Structures and systems work efficiently and provide safe, high-quality care. *Measured by:*
 - *Reduced inefficiency / increased system sustainability (reduced tertiary system pressure)*
- Structures and systems support people's mental health and are informed by lived experience. *Measured by:*
 - *Reform is informed by lived experience and other evidence*

Draft Theory of Change

Below is a draft illustration of the relationship between what you have told us, OMHW activity and draft outcomes under this Work Plan. This will be built upon with stakeholders in future engagement activities once MoG is finalised, to guide monitoring and reporting of OMHW impact over time.

You have told us we need to prioritise:	So, our Focus Areas Are:	And, over 2025-26 the Office will:	Working towards (outcomes):
Awareness of options and services available and how to access them "[T]here is just a lack of knowledge of what services are provided within the community, and which ones are free and easily accessible, and what kind[s] of document and paperwork is needed."	Enhancing Lives	Support and deliver positive, evidence-informed community messaging, focussed on promoting mental health, enabling service access, and addressing stigma and discrimination in relation to mental illness through a range of communication channels. (Communication & Engagement)	People experience increased mental health & wellbeing (e.g. safety, social and other determinants); reduced distress
Addressing the strong connection between many aspects of life and living e.g. physical health, nutrition, financial challenges, loneliness and many other areas.		Continue partnership with Everymind in implementation of suicide aftercare support for family, friends and carers in the ACT; and partnership with Education and MIEACT to deliver of the Youth Aware of Mental Health (YAM) program for year 9 students (Suicide Prevention)	People with mental illness experience reduced stigma, discrimination and violence; receive high quality, care (reduced harm)
"partnership with lived experience"; "Leading by example-embedding lived experience leadership".		Finalisation of the University of Canberra MChart planning and navigation project in which the Office of Mental Health and Wellbeing is a partnered sponsor. (Data & Research)	Communities have good mental health literacy and awareness and are informed
Prevention and promotion across the lifespan, including: adult focussed, pre-school, primary school; focus on community mental health (not just mental illness).	Mentally Healthy Communities	Partner with Monash University on economic modelling for initiatives that promote mental health and prevent mental illness, including social and other determinants (Strategic Priorities)	Communities are connected and feel supported and safe
Coordination between systems "I would love to see more open dialogue between service providers, users and their families. Cooperation and codesign is essential to improve the current system."		Work with ATODA and MHCC on sector reforms to enhance the interface and connections between alcohol and other drug and mental health services through the ATOD-MH Alliance (Strategic Priorities)	Systems share responsibility and collaborate to prevent mental illness and promote mental health
		Continue to work in partnership with organisations, services and individuals across ACT towards reducing suicide, including focus on priority and at-risk groups (Suicide Prevention) .	Reform is informed by lived experience & other evidence
	Structural and System Capacity	Build on the ACT-ing Upstream report, in partnership with Prevention United, to develop a strategic approach to mental health promotion and prevention in the ACT, underpinned by the dual continua model of mental health. Capacity building and engagement sessions (Strategic Priorities)	Increased collaboration and innovation within and across systems
		Update, in partnership with lived experience, community, and other stakeholders, our 'Commitment to Consultation and Engagement' (Communication & Engagement)	Reduced inefficiency / increased system sustainability (reduced tertiary system pressure)
		Continue to promote and develop strategic partnerships to support innovation, system reform and collaborative action, including through our collaborative groups (Communication & Engagement)	
		Finalise early-stage best practice documentation, e.g. Practice Standards, Engagement document and position descriptions towards organisational readiness for lived experience inclusion (including peer work) in care settings (Lived Experience)	
		Contribute to the development of an ACT Mental Health Outcomes Framework. (Strategic Priorities) & focus on outcomes of care supported by data and indicators that align with the development of the next national mental health strategy. (Data & Research)	
		Embed and support the key co-design/co-production and lived experience inclusion mechanisms, e.g. "Experience Teaches" (Lived Experience)	
		Investigating available data/use of data sources to inform and understand early intervention and prevention opportunities, particularly child, youth and young adulthood. (Data & Research)	
		Exploring use of natural language processing (NLP) data to improve care, including for complex presentations of family, sexual and domestic violence (FSDV); or involving alcohol and other drugs. (Data & Research)	

Where to Seek Help



*If you or your loved one are in a life-threatening or unsafe situation, call **000** immediately.*

Other ways to get help

If you are concerned about your mental health, talk to your GP or seek help in the ACT through:

for Children, Youth and their Families:

- [MindMap](#) – call [1800 862 111](#); or
- [Headspace Canberra](#) – call 6113 5700

for Adults:

- [Medicare Mental Health Centre Canberra](#) – call [1800 595 212](#) for free mental health advice and support; or Walk-in: Shop G7 (ground Floor) 14 Childers St (at the corner of Childers and Allsop Street) Canberra City. Hours: Monday, Wednesday & Friday 8:30-5:00pm; Tuesday and Thursday (extended hours) 8:30-7:00pm. [Tuggeranong Centre opening soon in 2025]

If you are in crisis, or need support after hours

- Lifeline on [13 11 14](#) or text or [webchat](#).
- Beyond Blue on [1300 224 636](#) or [webchat](#).
- Kids Helpline [1800 551 800](#) or [webchat](#).
- Access Mental Health on [1800 629 354](#) or [6205 1065](#).
- Suicide Call Back Service for [phone and online counselling](#).

Have something you'd like to share with the Office for Mental Health and Wellbeing?

Contact us at: OfficeforMHW@act.gov.au

The OMHW is an advocate for system improvement - this mailbox should be used for sharing information and providing ideas and feedback to the Office for Mental Health and Wellbeing.

Please note, **the OMHW is not a service provider. Any service specific enquiries should be directed direct to the organisation, or specific service feedback/complaints sent to their organisation feedback mechanisms.*

