Mental Health Australia

Increasing NGO data in the National Report Card

Final Report

Mental Health Australia for the National Mental Health Commission

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Mentally healthy people,
mentally healthy communities

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Contents

Executive Summary

Non-government organisations (NGO) provide essential mental health supports across Australia. Yet despite their significant role, NGOs are almost entirely absent from national mental health system reporting.

Mental Health Australia was pleased to work with the National Mental Health Commission (the Commission) to explore opportunities to improve representation of NGO services in the National Report Card, which monitors national mental health system performance.

To better understand the current NGO data landscape and opportunities to strengthen the visibility of NGO services in national reporting, Mental Health Australia undertook a desktop scan and targeted stakeholder consultations, followed by a sector webinar to test and refine findings and recommendations. Mental Health Australia developed a working definition of NGO mental health services as services delivered by private organisations (both not-for-profit and for-profit) primarily intended to promote mental wellbeing, prevent mental ill-health and/or support people experiencing mental health challenges and their family, carers and kin.

The following findings and recommendations are provided to inform both immediate improvements to the inclusion of NGO services in the National Report Card, and support ongoing reform to improve systemic collection and reporting of NGO mental health activity and outcomes.

Finding 1: Current national data on NGO mental health services is limited due to systemic gaps and challenges, including inconsistency in reporting requirements, limited capacity of providers to invest in data development, challenges implementing existing data requirements and lack of agreed outcome measures.

Finding 2: National NGO data sources and targeted case studies could be incorporated into the National Report Card now, while longer-term improvements to data collection are made

Finding 3: Changes are needed to enable better reporting on NGO mental health activities and outcomes – with opportunities to leverage current reforms, including negotiation of the next National Mental Health and Suicide Prevention Agreement.

Recommendation 1: the Commission incorporate the following data sources into the National Report Card to improve representation of NGO mental health services in the short term:

- Government expenditure on NGO services (AIHW)
- Primary Mental Health Care Minimum Data Set (PMHC-MDS)
- headspace National Minimum Data Set
- NDIS Participant Dashboard for Psychosocial Disability and Quarterly Reports
- Case studies – Analysis of unmet need for psychosocial supports outside of the National Disability Insurance Scheme- Final Report (August 2024); and State and Territory Community Mental Health peaks surveys and reports.

Recommendation 2: the Commission continue to work with the sector, lived experience representatives and governments to contribute to ongoing improvement of national NGO data collection, building on the findings of this review.

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Introduction

In August 2025, Mental Health Australia was engaged by the National Mental Health Commission to better understand the non-government organisation (NGO) data landscape and identify options to increase representation of the non-government sector in their National Report Card.

The National Mental Health Commission's (the Commission) National Report Card on mental health and wellbeing provides the Australian community, government and sector with regular, objective insight into the performance of Australia's national mental health system. This independent monitoring is critical to transparency, accountability and improvement of mental health outcomes in Australia.

The Commission adopted a more succinct, empirically based and consistent approach to system monitoring and reporting in the National Report Card 2023. In 2024, the Commission committed to further evolving the national reporting framework, including through consultation with the sector, to ensure it is reporting on what matters most to the community and to improve national data collections.

Part of this iteration is in response to feedback from the sector on the gap in the National Report Card for non-government delivered mental health services. In the National Report Card 2024, the Commission committed to partnering with Mental Health Australia to explore opportunities to increase representation of non-government services in future iterations of the Report Card, to provide a more comprehensive view of system performance.[1]

Commencing in August 2025, Mental Health Australia was specifically engaged to work with the Commission and the sector to:

- Explore the possibility of including existing non-government data in the 2025 National Report Card in Domain 3: System inputs and activities
- Identify options to increase systemic data collection and reporting to support a more fulsome and holistic representation of the non-government sector in future Report Cards.

This report provides findings and recommendations from a desktop review, targeted stakeholder consultations and a sector webinar to support consideration of NGO datasets for inclusion in the National Report Card and improving ongoing NGO data collection and reporting.

[1] National Mental Health Commission (2025), **National Report Card 2024**

Background

As of March 2026, 2,953 mental health programs are delivered by registered charities in over 5,000 locations across Australia.[2] Latest data shows governments invest approximately $2.47bn annually[3] on mental health services delivered by NGOs (2023-24), and a further $6.07bn in supports for people with psychosocial disability through the NDIS (2025 calendar year).[4] Despite the significant role and impact of these services in preventing and supporting people in Australia experiencing mental health challenges, non-government services are largely missing in national reporting on Australia's mental health system.

Strengthening collective data and reporting on NGO mental health service delivery is essential to ensure decision-makers have an accurate, system-wide view—supporting more informed policy and funding decisions, guiding service development and evaluation, and ensuring accountability and transparency across the mental health system.

Mental Health Australia was pleased to be engaged by the National Mental Health Commission to improve understanding of the current NGO mental health data landscape and explore priorities for future development. This project leverages Mental Health Australia's role and relationships as the national peak body for mental health, with a focus on bringing together the mental health NGO sector to provide advice and influence national decision making.

The primary purpose of this project was to identify options to better reflect the role and impact of NGO mental health services in the Commission's **National Report Card**, with a focus on Domain 3: System inputs and activities.

The most recent National Report Card includes very limited reporting on NGO services – focusing only on some crisis support lines and digital services, and MBS-subsidised supports. This reflects the broader dearth of NGO mental health data, with national data collection and analysis mechanisms primarily focussed on mental health services delivered through public hospital systems.[5]

This project seeks to support improved reporting over time on NGO delivered mental health services, to provide a more comprehensive view of the mental health system. An iterative approach to implementation will be needed, with some immediate opportunities to increase the visibility of the NGO sector in the National Report Card; with further updates relying on broader reforms to strengthen and align NGO data collection.

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[2] Australian Charities and Not-for-profits Commission (2026) **Charity Register**, registered charities by program type, providing 'Mental healthcare' activity

[3] Australian Institute of Health and Welfare (2026), **Expenditure on mental health-related services**. This figure includes funding to programs managed by the Department of Health, Disability and Ageing and the Department of Social Services, Indigenous Social and Emotional Wellbeing programs and the total State and Territory spending on non-government organisation mental health services for 2023-24.

[4] National Disability Insurance Agency (2025), Psychosocial disability data to 31 December 2025, see worksheet titled 'Table_13'

[5] See Australian Institute of Health and Welfare (2026), **Mental health**

Throughout this project, Mental Health Australia met monthly with the Commission and engaged in broader stakeholder consultations with the Commission, to support alignment of this project with broader updates to the reporting framework for the National Report Card.

In late 2025, Mental Health Australia completed a desktop review and targeted stakeholder consultations, and provided draft recommendations to the Commission to support the timely consideration of requests to data custodians for the 2025 Report Card.

In February 2026, Mental Health Australia further tested draft recommendations and findings from the desktop review through an online consultation for NGOs and lived experience representatives.

This Final Report presents consolidated findings and recommendations from the desktop review, targeted stakeholder engagement and online sector consultation. It describes the challenges of the current NGO data landscape, outlines options for immediate inclusion of NGO data in the National Report Card, and highlights priorities for improving NGO data collection over time.

It will be critical that people with lived experience of mental health challenges and their family, carers and kin continue to inform the improvement of data collection and use, so that both mental health service and system data is meaningful, appropriate and fit-for-purpose.

Methodology

Mental Health Australia undertook a desktop scan and targeted stakeholder consultations with 11 organisations to develop draft findings and recommendations. These findings and recommendations were then tested and refined through a sector webinar attended by over 40 participants.

Defining NGO services

Typically, non-government organisations are thought of as mission-driven or not-for-profit organisations delivering services or activities for the public good. This is in line with the definition of the non-government mental health sector in the National Mental Health Policy 2008, which focuses on “private, not-for-profit, community-managed organisations that provide community support services for people affected by mental health problems and mental illness”. [6]

However, for-profit private organisations and sole traders are also a critical part of Australia’s mental health ecosystem, and should be included in national reporting in some way to reflect their important role in the system.

The AIHW’s definition of NGO services is more expansive: “Mental health non-government organisations are private organisations (both not-for-profit and for-profit) that receive Australian and/or state or territory government funding specifically for the provision of services where the principal intent is targeted at improving mental health and well-being and delivered to people affected by mental illness, their families and carers, or the broader community.” [7]

[6] **National Mental Health Policy 2008** (2009), Commonwealth of Australia.
[7] Australian Institute of Health and Welfare (2025) **Mental health non-government organisation establishments NBEDS 2015-26**

This definition was developed specifically to capture government-funded NGO services; however, many mental health organisations also receive funding through community donations, philanthropy, private insurers and consumer contributions. Further, generalist social service and disability organisations with broader remits are also significant providers of mental health and psychosocial supports in the current service landscape.

For the purposes of this project, Mental Health Australia developed a working definition of NGO mental health services as "services delivered by private organisations (both not-for-profit and for-profit) primarily intended to promote mental wellbeing, prevent mental ill-health and/or support people experiencing mental health challenges and their family, carers and kin. We note that it is often valuable to further differentiate between for-profit and not-for-profit organisations"**.**

This broad definition reflects the diversity of providers in Australia's mental health system, which should be reflected in the National Report Card. This approach was supported in sector consultations. This report, however, will focus on services delivered by not-for-profit organisations, as the majority of Mental Health Australia's membership and focus of our current expertise.

We also note that sole traders are an important part of Australia's mental health and psychosocial support system – and should be included in national system reporting. However, the data mechanisms for sole-traders are often different from those of non-government organisations (and may, for example, be best reflected through data on MBS-subsidised mental health services and NDIS supports for people with psychosocial disability).

Desktop review

Mental Health Australia began this project with a desktop review of nationally collated datasets capturing information from NGO mental health services.

Datasets were identified through Mental Health Australia's existing knowledge of the mental health data landscape, targeted stakeholder consultations, and a scan of publicly available online information.

When considering potential data sets for inclusion in the National Report Card, Mental Health Australia followed the Commission's criteria that Report Card data be:

- **Nationally available**: derived from robust nationally available data sources with relevant disaggregation to allow analysis of selected population groups
- **Regularly collected**: ideally with an existing time-series
- **Reliable**: sourced from well-supported data collections with robust methodologies
- **Sustainable**: readily accessible and replicable in subsequent years
- **Relevant**: to the Commission's purpose and unique value-add in monitoring and reporting
- **Foundational**: provides a solid platform for stakeholder feedback and further development in future Report Cards.

Mental Health Australia collated and compared information on identified datasets, including:

- Services covered
- Jurisdictions covered
- Data collected
- Who manages the dataset
- What the data collection could tell us about the service activities, consumer experience and outcomes
- If the data is publicly available or accessible by request
- Latest reporting timeframe.

In the desktop review, Mental Health Australia focused on identifying national datasets that could meet the Commission's criteria for inclusion in the National Report Card. Where national or regularly collected data was not available, Mental Health Australia also identified a range of case studies on specific geographic or time-limited data that could provide an indication of NGO activity.

Mental Health Australia focused on collated data as a priority for national reporting – rather than mapping the individual data collections and outcome measures of mental health providers, which was beyond the scope of this project. More specific analysis on use of validated outcome measures in NGO mental health psychosocial support services has been undertaken by the NSW Mental Health Coordinating Council (see Appendix 1). This detailed review at a jurisdictional level provides useful and complementary findings to Mental Health Australia's national review, to together inform future NGO data development. [8]

Further, the Commission is not itself structured as a data custodian to support national collation of individual organisational data. Rather, it is hoped that this report can support the necessary development of a national NGO data collation mechanism.

This review also focused on quantitative data as an essential foundation for national system reporting and accountability. It also outlines important nuances, caveats and gaps in this data. Moving forward, reporting should also be strengthened by qualitative evidence reflecting the experiences and priorities of people who access supports - and who need but are unable to access support.

Sector consultations and webinar

Mental Health Australia conducted targeted stakeholder consultations with NGOs and data custodians from September 2025 to March 2026.

A total of 11 NGO mental health service providers, peaks and collectives were individually consulted, including providers of mental health digital and phoneline supports, psychosocial services, large national organisations and smaller regional providers.

[8] Mental Health Coordinating Council 2026, **CMO Sector Data Mapping Project Report: Member Data Insights**. Authors: Kohli, A, Sam, K & Henderson C.

Consultations were structured to elicit:

- What data the organisation is required through government contracts to collect/report
- Additional data organisations may collect
- Any challenges in collecting/reporting data
- Key priorities for reforms to data collection/measurement.

Feedback through these targeted consultations informed Mental Health Australia's simultaneous desktop review, and our draft findings and recommendations for testing through broader sector consultation.

Mental Health Australia also met with the Australian Institute of Health and Welfare and the Department of Health, Disability and Ageing to discuss the NGO data they are custodians of. These conversations explored whether data requests for inclusion in the National Report Card would be possible, how to avoid duplication of ongoing projects and aligning on priorities for NGO data development.

In February 2026, Mental Health Australia facilitated a consultation with the broader sector on priorities for national reporting on NGO mental health services, through a two-hour online webinar. Sixty-three individuals across forty-eight community organisations and lived experience representative bodies registered to attend the webinar, with forty-two participants from thirty-seven organisations attending on the day.

Mental Health Australia provided webinar attendees with a Discussion Paper prior to the webinar to inform the conversation, and facilitated consultation on the following themes:

1) NGO mental health data landscape
    - Desktop review findings – specific data sets for NGO activity and impact
    - Systemic data gaps and challenges
    - What is missing/what other data is collected
2) Future directions
    - Changes needed to enable better reporting on NGO mental health activities and outcomes
3) Opportunities to include available data sets in the National Report Card over time and potential framing.

Conducted on Zoom, participants were invited to provide their answers and feedback to the consultation questions both in writing (via an online Padlet and the meeting chat) and verbally via video discussion. The use of Padlet also allowed participants to comment on and react to others answers, promoting further engagement. Participants were also invited to add information to the Padlets or submit them to Mental Health Australia via email after the webinar.

Forty-six percent of webinar participants completed an evaluation survey, with 90% of attendees reporting they found the webinar valuable. Webinar participants reported a positive consultation experience, with 100% being satisfied with the event and 100% feeling they had the opportunity to contribute:

> "*Facilitated well and ample opportunities to provide input. Thanks team!"* – Webinar survey respondent

"Learnt insights from other contributors. Thanks for bringing us all together". – Webinar survey respondent

"It was an important forum to gather inclusive perspectives on a big gap in our data collection to help understand the impact of [community service organisations]" – Webinar survey respondent

Sector feedback through the webinar was analysed and brought together with draft findings from the targeted consultations and desktop review. These informed the development of the final findings and recommendations outlined below.

Findings

Finding 1: Current national data on NGO mental health services is limited due to systemic gaps and challenges

Our desktop review found no data sources that fully met the Commission's criteria for inclusion in the National Report Card. While some dedicated NGO data sets do exist, Australia does not capture nationally consistent data on the NGO workforce, services, consumer experience or outcome data.

Sector consultations similarly emphasised the limitations of current national data on NGO mental health service activities and impact. One sector webinar participant described the data gaps as:

> *"… both real and structurally embedded in the current reporting architecture. However, the issue is not simply one of "missing NGO data." It reflects deeper systemic fragmentation in how Australia conceptualises, funds, and measures community mental health."*

The limited current state of NGO data reflects systemic gaps and challenges, including:

- **Inconsistency in reporting requirements** – where the vast majority of data requirements are dictated by funding bodies, and there are inconsistencies across and within government data requirements. Service providers often have extensive, varying reporting requirements for similar services commissioned through Primary Health Networks and state and territory governments, as well as the NDIS, philanthropic funding and private partnerships. This inconsistency was emphasised time and again in sector consultations, with one organisation summarising that this "*reflects the diversity in funding sources for the sector - different funders all have different reporting approaches*".

  Further, where organisations define and collect their own/additional data, differences across programs and organisations make collation difficult. Where NGOs have created their own impact or outcomes frameworks, there are often distinct teams focusing on activity reporting for funders and outcome reporting to support practice improvement and articulate organisational impact. Unfortunately, these are often quite distinct approaches, with providers reporting funder data requirements are often set up for data capture rather than insight.

As found by the NSW MHCC review, accreditation is also a major driver of data collection, with organisations demonstrating compliance against various national and jurisdictional standards, including National Safety and Quality Digital Mental Health Standards, National Safety & Quality Mental Health Standards for CMOs, Suicide Prevention Standards, and NDIS Practice Standards.

Sector representatives also pointed to the importance of collecting data from the wide range of other social services that people with mental health challenges frequently present to (such as homelessness services, alcohol and other drug supports, domestic and family violence services and justice systems), as this can also be an important indicator of unmet need for mental health support. However, differences in data collection approaches will also make this challenging.

- **Limited capacity of providers to invest in data development** – particularly amongst smaller organisations. Resourcing to support data capability is very rarely included in government service contracts, despite the requirement to provide service data. There is wide variability in data capability across the sector. The NSW MHCC's review found while larger organisations collate data through sophisticated CRM systems that are adapted to meet individual funding and program requirements, smaller organisations may rely on manual systems or basic tools (e.g. spreadsheets) to track activity and outcome due to limited access to dedicated data systems or roles. The review found social impact reporting remains rare (5.9% of respondents to MHCC NSW survey), indicating very limited capacity for longitudinal or economic impact studies.[9]
- **Challenges implementing existing data requirements** – in strained service environments, staff may prioritise client support over record compliance. Sector representatives highlighted that while immediate service needs often take priority over data collection, investing time in building trust with consumers leads to more candid responses and, ultimately, more accurate data. Further, interoperability constraints limit integration for providers operating across multiple service streams. For service providers supporting Aboriginal and Torres Strait Islander communities, commonly used outcome measures can be difficult to use consistently due to language barriers, cultural considerations, low literacy levels, and fluctuating engagement.
- **Lack of agreed outcome measures** – appropriate outcome measures for a range of mental health models is a very live consideration. Sector consultations emphasised the current lack of agreed outcome measures and shared data definitions, where there is very little guidelines, support and direction for data governance, or definitions of best practice in data collection. This is a key, multi-layered challenge to improving NGO data.

  Similarly, providers reported there is often misalignment of reporting requirements to intended program outcomes – for example, the required use of k10 (a short clinical measure of distress) for psychosocial supports under the Primary Mental Health Care Minimum Data Set. The challenges of capturing meaningful data within current mandated data was raised by the sector: '*So much reporting and measure of*

[9] Mental Health Coordinating Council 2026, **CMO Sector Data Mapping Project Report: Member Data Insights**. Authors: Kohli, A, Sam, K & Henderson C.

success is about how we record activity in the right way with the right drop-down. Matched pair is not a quality measure. 100 referrals, then 10 make it to matched pair and 8 need to show improvement to get the 'gold star'. [We] want something that captures the client's journey through the program and where we would like to see them. So many metrics are downstream and miss the enablers-what we can pick up earlier to improve outcomes.' – Sector webinar consultation participant

Where providers introduce more suitable measures, these are in addition to mandated measures and increase the burden on service users and staff.

In the psychosocial space, providers reported challenges in building consistent data frameworks within their organisation - let alone across organisations. For service providers who deliver multiple services and programs, developing a consistent understanding of the definition of 'psychosocial' when collecting data and reporting across programs is a challenge that requires resourcing.

In the digital space, finding common measures that are acceptable to all providers with their varying service models has also proved challenging.

Despite these challenges, some large NGO mental health service providers have developed sophisticated systems to track service activity and outcomes, and support service innovation. These are outlined further within this report.

Finding 2: National NGO data sources and targeted case studies could be incorporated into the National Report Card now, while longer-term improvements to data collection are made

National datasets

Within this challenging landscape, Mental Health Australia identified a number of national data sources that meet the Commission's criteria in-principle for inclusion in the National Report Card, and would provide valuable visibility of NGO mental health services, while further data sources are developed by relevant data custodians.

In addition to the data on NGO helpline and digital supports[10] already included in the National Report Card, the following further data sources suitable for inclusion in the Report Card were identified:

1. Government expenditure on NGO services (AIHW)
2. Primary Mental Health Care Minimum Data Set (PMHC-MDS)
3. headspace National Minimum Data Set
4. NDIS Participant Dashboard for Psychosocial disability and Quarterly Reports.

[10] Australian Institute of Health and Welfare (2025) **Mental health services activity monitoring: quarterly data,** *Mental health crisis support and online resource organisations.*

1. Government expenditure on NGO services (AIHW)

The Australian Institute of Health and Welfare (AIHW) reports regularly on State, Territory and Commonwealth Government expenditure on mental health-related services, including through NGOs.

Latest data shows governments invested approximately $2.47bn annually[11] on mental health services delivered by non-government organisations (2023-24), and a further $6.07bn in supports for people with psychosocial disability through the NDIS (2025 calendar year).[12] In the same year (2023-24), $1.55 billion in Medicare benefits were paid for mental health services, alongside $865 million for specialised mental health services delivered by private hospitals.[13]

To calculate this approximate annual investment in NGO delivered mental health services, Mental Health Australia referred to the AIHW's *Expenditure on mental health-related services 2023-24, Table EXP.3, Australian Government expenditure on mental health-related services, 2014–15 to 2023–24*,[14] to add together funding figures for:

- National mental health programs and initiatives managed by the Department of Health, Disability and Ageing
- National mental health programs and initiatives managed by the Department of Social Services
- Indigenous social and emotional wellbeing programs
- National Suicide Prevention Program

This figure was then added to the total State and Territory government managed funding to NGOs from *Table EXP.13: Non-government organisations service type expenditure, current and constant prices, 2015–16 to 2023–24.*

Further detail on the programs included in the Australian Government mental health expenditure - outlining the specific NGO delivered programs included - is available on the AIHW mental health expenditure webpage data source information.

Mental health related expenditure on national programs and initiatives managed by the Department of Veterans Affairs and Department of Defence was excluded from this calculation as the data description indicates this funding includes a range of services predominantly delivered by government agencies. Similarly, funding for the Commission and mental health research were excluded as interpreted to not represent funding for direct mental health services delivered by NGOs.

The Commission could refer to this data to monitor changes in investment in NGO services over time, and to indicate the role of these services in the broader mental health system.

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[11] Australian Institute of Health and Welfare (2026), **Expenditure on mental health-related services**. This figure includes funding to programs managed by the Department of Health, Disability and Ageing and the Department of Social Services, Indigenous Social and Emotional Wellbeing programs and the total State and Territory spending on non-government organisation mental health services for 2023-24.

[12] National Disability Insurance Agency (2025), Psychosocial disability data to 31 December 2025, see worksheet titled 'Table_13'

[13] Australian Institute of Health and Welfare (2026), **Expenditure on mental health-related services**

[14] Australian Institute of Health and Welfare (2026), **Expenditure on mental health-related services**

2. Primary Mental Health Care Minimum Data Set (PMHC-MDS)

The Primary Mental Health Care Minimum Data Set (PMHC-MDS) covers mental health services commissioned by Primary Health Networks. While still only a subset of NGO services, this data set appears to be the most comprehensive currently collected national data on NGO delivered mental health services, and represents a significant portion of the Australian Government's investment in mental health.

The PMHC-MDS includes data on programs such as the Commonwealth Psychosocial Support Program, Medicare Mental Health Centres, Kids Hubs, Indigenous Mental Health, and local mental health supports funded through the PHN mental health flexible funding pool. Data includes the type of organisation and practitioner delivering supports, client demographic data, the focus of the service contact and some outcomes data (including matched pair K10, K5 and Strengths and Difficulties Questionnaire scores).[15]

Overall, sector consultations showed strong support for inclusion of the PMHC-MDS in the National Report Card, but highlighted important caveats.

Providers mandated to report against the PMHC-MDS indicated strong concerns with the limitations of the dataset in relation to:

- lack of internal comparability within these datasets due to changes in definitions over time, and differing guidelines on data collection across PHNs
- limited coverage due to opt-in consumer consent item for data to be shared with national data custodians, meaning most data at the national level is not inclusive of everyone accessing PHN-funded NGO mental health services (though some basic aggregate data tables are available at the national level inclusive of all data)
- limited quality of data taken at service intake, before trust or rapport is established.

The limited coverage of the PMHC-MDS for mental health services in remote Aboriginal and Torres Strait Islander communities was also noted, given that some providers have been granted an exemption from using the PMHC-MDS for some PHN-commissioned services in these communities. This exemption recognises that standardised reporting requirements may not always be culturally appropriate and could risk relationships and engagement with critical services.

While the exemption is appropriate, it was cautioned that exclusive reliance on the PMHC-MDS would then under-represent service delivery and need in these communities. It was recommended that, for these excluded programs, alternative methods for inclusion in the broader PMHC-MDS and national reporting should be considered, such as simplified reporting templates or aggregated service-level data that captures activity and need without requiring individual outcome tools.

Stewardship of the PMHC-MDS is being moved to the AIHW, who is conducting a review of this dataset. This represents a valuable opportunity for changes to address some of these limitations.

The qualified sector support for inclusion of PMHC-MDS data in the National Report Card is well reflected in this feedback that "*If our services are mandated to collect these measures, it would be important to see the data reflected publicly. However, organisationally, we have*

[15] **See PMHC MDS Data Specification V5** for more details.

concerns around the robustness of the National data." - Sector webinar consultation participant

Service providers also raised concerns about inappropriate comparison between services measured by the PMHC-MDS without explanation of differing local community contexts, funding, and workforce pressures. This is an important consideration for national service reporting more broadly, but could be addressed through keeping reporting at a collated national level through the National Report Card.

3. Headspace Minimum Data Set (MDS)

headspace National maintains an extensive MDS for all headspace services, delivered in over 175 locations and by over 70 lead agencies nationally.[16]

While some headspace services (commissioned by PHNs) are included in the PMHC-MDS, included items only account for a proportion of the data collected across headspace services. The headspace MDS is a far more extensive data set, that captures additional client demographics and mental health needs, service types and details, and satisfaction and outcome data, including measures of service experience and quality of life. headspace also captures comprehensive data across all its programs and services, including those delivered online and in schools - which is not able to be captured in the PMHC-MDS, which currently only supports data capture from some of the headspace centre services. A more fulsome representation of headspace service activities and outcomes is available via the headspace website and annual impact statement,[17] or could be requested through headspace National.

Sector consultations indicated qualified support for the inclusion of headspace MDS data in the National Report Card. Sector representatives recognised that the headspace MDS is the largest and most accessible youth-focused dataset, but cautioned against misrepresentation of this data as the only youth mental health services, or the only response to youth mental health challenges.

Similar concerns were also raised around internal comparability as the PMHC-MDS, with some service providers raising concerns around changes to definitions and data collection guidance over time.

4. NDIS Data

Supports provided through the National Disability Insurance Scheme (NDIS) for people with psychosocial disability are an important component of the continuum of supports for people with mental health challenges in Australia, and should be included in national mental health system reporting. At $6.07bn annually[18], spending through the NDIS accounts for almost one third of total government expenditure on all mental health related services[19]. It is critical that the activities and outcomes of this spending are independently monitored and reported on to promote accountability and transparency for this significant investment.

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[16] Headspace (2023) Inquiry into the equity, accessibility, and appropriate delivery of outpatient and community mental health care in New South Wales – **Response to questions on notice**.
[17] headspace National Youth Mental Health Foundation, **an overview of our impact: FY 2025**
[18] National Disability Insurance Agency (2026) **Psychosocial data to 31 December 2025**
[19] Total government expenditure on non NDIS related services was estimated to be $14.5 Billion in 2023-24. See: Australian Institute of Health and Welfare (2026) **Expenditure on mental health-related services**

Significant national and jurisdictional NGO delivered mental health services were replaced by the NDIS during transition to the Scheme. NDIS supports for people with psychosocial disability are delivered by a range of NGOs including not-for-profit providers, for-profit providers, sole traders, mental health specialist and general disability organisations.

NDIS data is national, readily available, detailed and regularly updated (with some data released quarterly). Data includes:

- **NDIS Participant Dashboard for Psychosocial Disability** (national data currently available up to 31 December 2025) specific to participants with psychosocial disability. This includes:
    - Numbers of active participants with psychosocial disability by state, age, level of function, remoteness, First Nations status, culturally and linguistically diverse status
    - Access decisions for people with psychosocial disability by age
    - Total and average payments for supports provided to people with psychosocial disability
    - Psychosocial participant outcome measures including social and community engagement, employment and choice and control
    - Child psychosocial participant outcomes for becoming more independent, improving relationship with family and friends and education and paid job
    - Psychosocial family/carer outcome measure of employment
    - Psychosocial participant experience measures
    - Number of complaints by people with psychosocial disability
    - Payments received by providers for people with psychosocial disability by plan management type, by top 10 providers and by registration status
- NDIS **Quarterly Reports** Supplement E provides:
    - Comparison of data across disability cohorts, including participants with psychosocial disability
- NDIS **Explore Data Tool** includes:
    - Number of active providers delivering services by participant's primary disability
    - Market concentration by participants' primary disability.

The NDIA may also provide more specific data on services and outcomes for participants with psychosocial disability on request.

Sector consultation showed cautious support for inclusion of data on NDIS supports for people with psychosocial disability in the National Report Card. Sector representatives recognised the significant role of the NDIS in supporting people with psychosocial disability, but cautioned about the conflation of the disability support system with the full spectrum of community mental health services for this cohort.

Other national data sources

MBS data

Medicare-subsidised mental health services, including Better Access, also reflect an important component of the mental health system delivered by non-government allied health professionals. Some MBS data was already included in the 2024 Report Card, and was therefore not a focus of Mental Health Australia's investigation. This data could be expanded upon in future National Report Cards through further engagement with the data custodian.

Medicare Mental Health Check-in

The Medicare Mental Health Check-in is a new, free Australian Government early-intervention digital service for people aged 16 and over experiencing mild mental health challenges or distress. Available from 30 March 2026, the service will be delivered by a large NGO, directly commissioned by the Department of Health, Disability and Ageing. Service data will be reported directly to the Department, and it is anticipated some data will be made publicly available. As the data becomes available, the Commission should consider its inclusion in future National Report Cards in consultation with the data custodian, to incorporate performance monitoring of this new component of the national menta health service system.

NGOE-NBEDS

The **Mental Health Non-Government Organisation Establishments National Best Endeavours Data Set** (NGOE-NBEDS) is a nationally agreed data set that has the potential to provide consistent data on the activity, staffing and funding of NGOs delivering mental health supports. However, it is currently only collected in two states and is not reported publicly. Conflicting data specifications, voluntary participation and perceived low policy impact of this dataset were cited as a barrier to collection across jurisdictions. While some in the sector view the NGOE-NBEDS to be recovery-aligned with useful high-level demographic data, it does not enable a rich picture of NGO-delivered services, with others pointing to the very limited nature of this data set in its current form.

YES CMO

Similarly, the Your Experience of Service Community Managed Organisations (YES CMO) survey would provide useful data on consumer experiences of NGO services, but is only reported on publicly in one state (NSW) and it is unclear if it is collected in other states or territories. A version of the YES has also been developed for PHN measurement of client experience of commissioned mental health services,[20] though the extent of use across PHN services is also unclear.

ACCHO data

Aboriginal Community Controlled Health Organisations (ACCHOs) are an important part of the mental health service system delivering mental health, social and emotional wellbeing supports for Aboriginal and Torres Strait Islander people. However, there is limited data on these supports, particularly on client outcomes. The Primary Mental Health Care Minimum

[20] Australian Mental Health Outcomes and Classification Network (2019) for the Australian Government, ***Development of the Your Experience of Service (YES) Survey for Primary Health Networks (PHNS) Final Report***

Data Set includes some services delivered by ACCHOs where these have been commissioned by PHNs.

Australian Charities and Not-for-profits Commission Charity Register data

The ACNC's **Charity Register** provides information on the number of registered charities that indicate they are providing 'Mental healthcare' activity, with 2,953 mental health programs registered as of March 2026. [21]

Further information is included Annual Information Statements, where analysis shows 1,285 registered charities delivering mental health care (classified as: Community mental healthcare, Crisis intervention, Mental and behavioural disorders, Mental health counselling, Mental healthcare, Psychiatric care, Psychiatry, Residential mental healthcare and Transitional mental health services). The latest data available is for 2023, with 2024 data set to be published mid-2026.

This data provides some indication of the breadth of NGO mental health organisations, but the level of accuracy, relevance and informativeness is limited.

Services commissioned outside of health

Mental health services that are funded through Departments other than health would also be valuable to incorporate into future collation of NGO mental health activity. At a national level, this includes:

- The Family Mental Health Support Services program aiming to improve mental health outcomes for children, young people and their families, commissioned by Australian Government Department of Social Services, and reporting against an Outcomes Framework through the DSS Data Exchange
- Individual Placement and Support program and Digital Work and Study Service supporting people with mental health challenges to find and keep work in the open job market, commissioned by the Australian Government Department of Social Services, with a range of existing evaluations.[22]

Data sources found unsuitable

Other data sources considered and found unsuitable for inclusion in the National Report Card include:

- Primary Health Insights: *This data is individually secured for each PHN and subject to access control and privacy safeguards. It is designed to give population health insights rather than NGO mental health system performance*.
- Online Services Report for First Nations: *While this dataset includes NGO data, it does not have any tables that highlight the Social and Emotional Wellbeing workforce or episodes of care.*
- Community Mental Healthcare Minimum Data: *The scope of the this data set is specialised mental health services managed by state or territory health authorities, and therefore not NGOs.*

[21] Australian Charities and Not-for-profits Commission (2026) **Charity Register**, registered charities by program type, providing 'Mental healthcare' activity
[22] See Australian Government Department of Social Services (2025) ***Mental Health support: Work and study support – Evaluation***

- Perinatal NBEDS: *This data set records antenatal mental health risk screening, but does not record screening service type. The AIHW reports that 'to date, there is no national data about perinatal mental health screening, service use or outcomes*.'[23]

Case studies

Where ongoing national data on NGO mental health services is limited, Mental Health Australia also identified a range of point-in-time or location-specific data sources that provide valuable indication of broader NGO activity and outcomes. This includes:

- The **Integrated Health Care Atlases and Directories** developed by the University of Canberra's Mental Health Policy Unit, for many PHN regions in Australia. The atlases and directories assess and collate standardised information about specialised mental health services, including all NGO services, for specific geographical areas. While atlases are not yet available for all PHN areas, these comprehensive snapshots of community mental health services in particular locations give a useful indicator of the scope of services nationally. The Integrated Health Care Atlases and Directories provide comparable snapshots of community mental health services and FTE across different areas.
- **Analysis of unmet need for psychosocial supports outside the NDIS – Final Report** (2024) provides a snapshot of all Commonwealth, state and territory funded psychosocial support services delivered by NGOs as at 2022-23, and estimates further unmet need for these supports. The report can be used as a benchmark indication of system performance.
- The first Australian **National Mental Health and Suicide Prevention Lived Experience (Peer) Workforce Census** will take place between 15 March and 18 April 2026. Managed by the Social Research Centre on behalf of the Department of Health, Disability and Ageing, this data will provide a national picture of this workforce, including demographics and roles held. This will provide groundbreaking workforce data for consideration in future National Report Cards.

State and Territory-based data

Surveys and reports published by many of the State and Territory Community Mental Health peaks on NGO mental health services in their jurisdiction provide valuable case studies or snapshots of NGO mental health services, including:

- Mental Health Council of Tasmania: **Access and Affordability: Mental Health Services in Tasmania** Report (2023)
- Mental Health Victoria: **Inaugural State of the Sector report** (2025)
- Western Australian Alliance for Mental Health conducting **Community Mental Health Workforce Survey** (2025-26)
- Queensland Alliance for Mental Health: **Pathways to mental wellbeing: A systematic analysis of the non-government community mental health sector in Queensland** (2024)

Of particular note are three surveys published by the NSW Mental Health Coordinating Council with multiple comparable years of data that paint a picture of consumer experiences

[23] AIHW, **Perinatal mental health screening in Australia [Web Report]**, Australian Institute of Health and Welfare, last updated 15/11/2024.

of community-managed mental health services, workforce and NSW community managed mental health organisation data landscape:

- YES-CMO Reports, published yearly since 2022. The MHCC is the only organisation identified that administered and publicly reported on the YES-CMO. This could be included alongside the YES results for government-managed services.
    i. Mental Health Coordinating Council (2025), **YES-CMO: Your Experience of Service Community Managed Organisations (CMOs): What consumers say about services they receive from CMOs in NSW**. Sydney, NSW.
    ii. Mental Health Coordinating Council (2024), **YES-CMO: Your Experience of Service Community Managed Organisations (CMOs): What consumers say about services they receive from CMOs in NSW**. Sydney, NSW.
    ii. Mental Health Coordinating Council (2023). **YES-CMO: Your Experience of Service Community Managed Organisations (CMOs): What consumers say about services they receive from CMOs in NSW.** Sydney, NSW.
    iii. Mental Health Coordinating Council (2021), **YESCMO Pilot Project Report:2019-2021.** Sydney, NSW.
- CMO Mental Health Workforce Profile and Solutions Reports. Published biannually, these reports contain data on NSW NGO workforce size, composition, growth, types of workforces, challenges, workforce demographics, employment conditions, and vacancies. This report provides valuable indication of the composition of the community mental health workforce, and could be presented as a complement to national data on other registered professions.
    i. Mental Health Coordinating Council (2023), **Mental Health Workforce Profile: Community Managed Organisations Mental Health Report 2023**. Sydney, NSW.
    ii. Mental Health Coordinating Council and Human Capital Alliance (2021) **Mental Health Workforce Profile: Community Managed Organisations Report 2021**, Sydney, NSW.
    iv. Mental Health Coordinating Council (2019). **The NSW CMO Mental Health Workforce: Findings from the 2019 MHCC Workforce Survey**, Sydney, NSW.

    The ACT Mental Health Community Coalition also published an ACT **community-managed mental health workforce profile** in 2023, and the Western Australian Association for Mental Health is undertaking a community mental health workforce survey in 2026. With comparable underlying methodology, the workforce profiles across these three jurisdictions can begin to support a national picture of the community managed workforce.

Sector representatives at the online consultation stated: '*It would be good to see some representation of state-based mental health supports [in future National Report Cards].*'

Beyond reports from state and territory peak bodies, there are data collections for significant state and territory funded NGO mental health services, however this data is not readily available. Examples of ongoing state-based datasets for psychosocial supports delivered by

NGOs include the Victorian Quarterly Data Collection for the Early Intervention Psychosocial Support Response, Youth Residential Rehabilitation (YRR) and Youth Outreach Rehabilitation Support (YORS); New South Wales' Community Living Supports Minimum Data Set (MDS) and Queensland Health's data on the Group Based Peer Recovery Support Program and Individual Recovery Support Program.

Organisational impact reports

At an organisational level, some NGO mental health service providers publish regular impact reports outlining outcome data for their services.[24] Many other providers also report impact, outcome or activity data in their annual reports. However, comparisons across these reports to give a consolidated picture of NGO service impact is constrained by variations in methodology, measures and reporting practices.

Datasets for consideration for Domains 1 and 2 of the National Report Card

Sector consultation also pointed to datasets potentially relevant to the National Report Card's Domain 1 on population mental health, and Domain 2 on social determinants. These included:

- **Australian Neighbourhood Social Fragmentation Index** (ANSFI) - a composite indicator developed using Australian census data to capture social connectedness within a neighbourhood across three dimensions. Social connectedness is an important domain for mental health and wellbeing. The ANSFI is managed by the University of Canberra, and mapped at Statistical Area 1 level geography across Australia.
- Measuring the mental health of people who have attempted to access mental health services but could not, or who needed services but did not access them for a variety of reasons. Some of this data is captured in **Beyond the Surface: Investigating the Mental Health Realities for Australian Women in 2025** from Women's Mental Health Australia.
- The mental health of people in the workforce and industry-specific insights - where Superfriend's **Indicators of a Thriving Workplace Survey** provides data over 10 years.

Finding 3: Changes are needed to enable better reporting on NGO mental health activities and outcomes – with opportunities to leverage current reforms

As the limitations outlined above demonstrate, there is a clear need for focused improvement to national NGO data collection. Appropriate incorporation of the full NGO sector in system monitoring and reporting requires reforms to data requirements and collection mechanisms.

Sector consultations were very supportive of improved national data collection, and emphasised changes to data requirements should be balanced with the reporting burden on clients and organisations – ideally streamlining rather than adding to reporting requirements.

[24] for example **ReachOut**, **Beyond Blue**, **Kids Helpline**, and **Black Dog Institute**

A number of sector priorities for NGO data reform were identified:

- publication of existing government-collected NGO data as an essential first step to improve visibility of NGO mental health service impact
- greater consistency in reporting requirements and definitions across government (including Primary Health Network) contracts - with review, rationalisation and standardisation of data specifications and reporting periods
- movement towards outcome-based reporting, where appropriate outcome measures can be identified (noting that movement from overly onerous activity reporting to more succinct and flexible outcome reporting would be welcome, providers cautioned against inappropriate KPI and outcome measures that result in false-incentives)
- consultation with lived experience representatives on what is the most meaningful and important data to collect, including qualitative data and personal goal attainment – with investment into designing and validating outcome measures informed by people with lived experience to accurately measure program outcomes
- consultation with the sector to update/improve NGO mental health national data collections
- ensuring that service providers have the funding, capacity and capability to better collect and use data to underpin continuous improvement and stronger reporting mechanisms
- dedicated funding for digital systems and improving interoperability
- investment in data capability and infrastructure, like a common tool interface (such as the headspace Application Platform Interface used by headspace National), and better data linkage to reduce repetition of demographic indicator collection
- connection of NGO delivered services with government service data and linked data, to better understand interconnection between services – this would be highly valuable in understanding the impact of NGO services for example in reducing hospital presentations.

Building NGO sector data capacity and capability

Investment in building the capability and capacity of NGO data collection was highlighted as an important long-term investment, that should be included within service delivery funding contracts:

> *'It would be beneficial to see system-level investment in training and supporting NGOs to implement and strengthen data collection processes. At present, this occurs primarily at an organisational level, contributing to data inconsistency and fragmentation across the sector.'* – Sector webinar consultation participant.

Meaningful measures of NGO impact

In the long-term, sector representatives called for 'real world impact' to be measured to monitor the performance of the NGO sector within the mental health system, including improved wellbeing and recovery, service accessibility, reduced hospital admissions, consumer and carer satisfaction, cultural safety compliance and workforce stability. There was a hope for future reporting to "*focus more on community impact, lived experience*

outcomes, and early intervention results rather than just service volumes." – Sector webinar consultation participant.

Resourced, detailed work in collaboration with funding agencies, service providers and consumers and carers is needed to support development of agreed outcome measures and data definitions across a range of NGO mental health service areas.

Addressing gaps in workforce data

Sector consultations for both this review and the MHCC NSW report emphasised improvements to workforce reporting as a high priority. While there is quality national data on registered mental health professionals, other workers who make up the majority of the NGO mental health sector are invisible in national reporting. For example, there is as yet no national data on the psychosocial support workforce, peer support workforce and early intervention/digital support workers, who may have a range of different qualifications. Respondents to the MHCC NSW survey "identified sector-wide workforce data as a priority for national reporting bodies, noting its importance in supporting service planning, sustainability, and advocacy for workforce investment across the community-managed mental health sector."[25]

The forthcoming national peer workforce census will provide an invaluable stocktake of this essential workforce, and the MHCC NSW workforce survey provides a valuable measure of the diversity of the NGO workforce. At a system level, Mental Health Australia is calling for a mid-term review of the National Mental Health Workforce Strategy 2022-2032, to include the NGO community workforce.

Linking NGO and government service data

Sector representatives called for linkage of NGO and government service data, to improve understanding of the interplay between these parts of the service system, reduce duplication in client data capture, and enable examination at a systemic level of the value of NGO services in preventing reliance on public hospital services.

As one respondent raised "*we think the highest value of [NGO] representation would be to leverage better data linkage, so we are not asking the same things of consumers again and again, and dragging out intake processes, but allowing better visibility of engagement across the service landscape and allowing integration of administrative data into assessment of outcomes*."

Some sector representatives raised the value of exploring connection of NGO supports with linked datasets and individual healthcare identifiers to support this systemic data integration. Given privacy concerns and interoperability constraints this would need to be well considered as a potential longer-term reform.

Aboriginal and Torres Strait Islander community data sovereignty

Several NGOs raised data sovereignty for services delivered to Aboriginal and Torres Strait Islander communities as a priority area of current exploration. This connects to broader data sovereignty reforms, and will be an important consideration for systemic changes to mental health data collection and reporting.

[25] Mental Health Coordinating Council 2026, **CMO Sector Data Mapping Project Report: Member Data Insights**. Authors: Kohli, A, Sam, K & Henderson C.

Opportunities for reform

There is unique opportunity with imminent renegotiation of the National Mental Health and Suicide Prevention Agreement (the Agreement) to secure a shared national commitment to improved NGO mental health data collection. Agreement from all jurisdictions to work together with the sector to improve NGO data collection is fundamental to real progress, together with adequate resourcing for development of data requirements, collation and analysis.

As outlined above, the Primary Mental Health Care Minimum Data set has recently transitioned to the stewardship of the Australian Institute of Health and Welfare. Mental Health Australia understands the AIHW is reviewing this data set, along with broader considerations of improving measurement of digital mental health services and outcomes of NGO services. This work led by the AIHW provides valuable opportunities to improve existing NGO data collections, and connect with other AIHW managed collections.

Recommendations

Based on our desktop review and sector consultations, Mental Health Australia makes the following recommendations for the National Mental Health Commission's consideration to increase representation of NGO mental health services in the 2025 and future National Report Cards. Given the limitations of currently available data, recommended framing and caveats are also outlined.

Improving national reporting on NGO mental health services will necessarily be an incremental process. Given the near absence of NGO services in current national reporting, inclusion of existing data on the NGO mental health sector and activities in the National Report Card would be a significant step forward. Inclusion of existing NGO data in the 2025 National Report Card, as outlined below, would demonstrate significant progress on the Commission's 2024 commitments, and support readiness for future inclusion of improved NGO data as reforms progress.

Recommendation 1: Mental Health Australia recommends the Commission incorporate the following data sources into the National Report Card to improve representation of NGO mental health services in the short term

1.1 Government expenditure on NGO services (AIHW)

Using the Australian Institute of Health and Welfare data on state and federal **Expenditure on mental health-related services**, the Commission could approximate the amount that governments invest in NGO mental health services annually.

As highlighted in *Finding 2*, adding together federal government expenditure on national programs and initiatives contracted to NGOs, with that managed by states and territories, provides a valuable ongoing indicator of the role of NGOs in the Australian mental health system.

Additionally, to better reflect the broader NGO sector—including private providers and sole traders—the Commission could also incorporate expenditure data on mental health-related Medicare benefits paid to psychiatrists, GPs, psychologists and allied health practitioners, as well as specialised mental health services delivered by private hospitals.

1.2 Primary Mental Health Care Minimum Data Set (PMHC-MDS)

The PMHC-MDS provides collated national data across a range of significant NGO delivered mental health programs, and should be included in the National Report Card. The dataset includes the type of organisation and practitioner delivering supports, client demographic data, focus of the service contact and some outcomes data (including matched pair K10, K5 and Strengths and Difficulties Questionnaire scores), which could be considered against the Commission's reporting framework.

Reporting of this data must be accompanied by significant caveats, as raised through sector consultations. If NGO PMHC-MDS data is included in the National Report Card, the Commission should note that the data may not be comparable across time periods or locations due to inconsistencies in definitions and reporting practices. It should also be acknowledged the data is not fully representative of all consumers accessing PHN-funded

NGO mental health services (as inclusion is dependent on consumer consent and some PHN-funded services have exemptions from using the PMHC-MDS).

Most PMHC-MDS data is not yet publicly available. However, a request for an initial limited range of data could be made to the AIHW to support inclusion in the 2025 Report Card, while the AIHW progresses review and publication of the data which will support ongoing national reporting.

1.3 headspace Minimum Data Set (MDS)

The headspace MDS provides significant data on a large national youth mental health model delivered by many NGOs, with more extensive data and service coverage than headspace services included in the PMHC-MDS.

Inclusion of the headspace MDS in national reporting must include acknowledgement that headspace programs only reflect one specific youth model, not the broader NGO youth mental health ecosystem. It should also be noted that data may not be comparable across time periods or locations, or with other data sources, due to inconsistencies in definitions.

headspace MDS data is not publicly available, but headspace National has established governance and processes for data requests and will consider a request for aggregate-level data for inclusion in the National Report Card.

1.4 NDIS Data

NDIS psychosocial supports are an important component of the continuum of supports for people with high mental health support needs in Australia, and should be included in national mental health system reporting. NDIS data is readily available, detailed and regularly updated. Data includes:

- **NDIS Participant Dashboard for Psychosocial disability** (national data currently available up to 30 Sept 2025) on participant and family/carer outcome measures, participant experience measures and provider data
- NDIS **Quarterly Reports** provide comparison between supports and outcomes for different participant cohorts.

The NDIA may also provide more specific data on services and outcomes for participants with psychosocial disability on request.

1.5 Case studies

The following data sources provide valuable case studies/snapshots of NGO mental health services, which should be incorporated in the National Report Card where national or ongoing data does not yet exist. More examples of studies are listed in Finding 2.

i) Analysis of unmet need for psychosocial supports outside of the National Disability Insurance Scheme- Final Report, (August 2024). This report provides the most recent national collation of psychosocial supports funded by all governments in Australia, and an estimation of the unmet need for psychosocial supports. While a point-in-time measure, this is important data on services provided by NGO mental health organisations and a measure of system performance with the level of unmet need. Data is presented nationally and for all jurisdictions.

ii) State and Territory Community Mental Health peaks surveys and reports on NGO mental health services in their jurisdiction. While not nationally comparable, these reports provide an invaluable indication of NGO workforce and activities not otherwise represented, particularly the regular surveys conducted by NSW MHCC.

Recommendation 2: The Commission should continue to work with the sector, lived experience representatives and governments to contribute to ongoing improvement of national NGO data collection, building on the findings of this review.

The Commission's partnership with Mental Health Australia to undertake this project demonstrates valued leadership and a genuine commitment to improving national NGO data and reporting.

As recognised by the Commission, improved national NGO data collection is imperative to enable the Commission to fulfil its role in independently monitoring and reporting on the performance of the Australian mental health system.

This report outlines shortcomings in existing NGO data collections and priorities from the NGO sector for ongoing improvement - providing a useful basis for further work between governments and the sector to improve NGO data collection. There are important opportunities through the Data Governance Forum, negotiation of the next National Mental Health and Suicide Prevention Agreement and AIHW reviews of current national NGO data collections to progress this.

Given the National Mental Health Commission's leadership in national mental health system monitoring and reporting, the Commission will continue to play an important ongoing role in contributing to improved NGO data – improving transparency of existing data, highlighting ongoing gaps, and supporting and driving initiatives to develop nationally consistent NGO data collection.

Conclusion

Non-government organisations are an essential component of Australia's mental health service system – providing supports as diverse as the local community needs they respond to. Despite their significance, NGO services remain almost invisible in national mental health system reporting, with underlying gaps, inconsistencies and limitations to current NGO data collections.

Mental Health Australia has been pleased to work with the National Mental Health Commission to explore opportunities to improve inclusion of NGO services in national system monitoring and reporting through the National Report Card. This report outlines a range of existing NGO data sources that could be incorporated in future Report Cards – demonstrating significant progress in inclusion of NGO supports.

Further, there are important opportunities for governments and the sector to work together to improve NGO data collection moving forward, through the AIHW reviews and the next National Mental Health and Suicide Prevention Agreement. This report outlines both the importance of this work and the eagerness of the sector to partner with governments to progress it, ensuring NGOs' contribution to improving the mental health of Australians is rightfully represented.

Mental Health Australia sincerely thanks each of the individuals and organisations who contributed to this review, and looks forward to continuing to work with the Commission as the recommendations of this review are considered and enacted to improve national NGO data reporting.

Appendices

Appendix 1: Outcome and experience measures in community-managed mental health services

As illustrated in a forthcoming report, ***CMO Sector Data Mapping Project Report*** by the NSW Mental Health Coordinating Council,[26] use of validated outcome and client experience measures is common across NGO mental health services.

Of a representative sample of community-managed mental health services in NSW, 80% used validated Patient-Reported Outcome Measures (PROMs) (most commonly the K10, DASS-21 and PWI), and 70% used Patient-Reported Experience Measures (PREMs) such as the YES-CMO. Almost all organisations (95%) use data to guide quality improvement and meet accreditation requirements, with 70% undertaking regular outcome evaluation. 85% organisations reported collecting qualitative data, to contribute to narrative reporting and service refinement.

Some of the outcome and experience measures used by NGOs are outlined below - noting this is an indicative not exhaustive list, and focused on community mental health support services rather than other models such as prevention or online supports. As outlined in this report, the NSW MHCC also found that though use of PROMs and PREMs are widespread across NGO services, inconsistent requirements across funders creates challenges for sector-level comparison.

Outcome and experience measures used in NGO mental health services

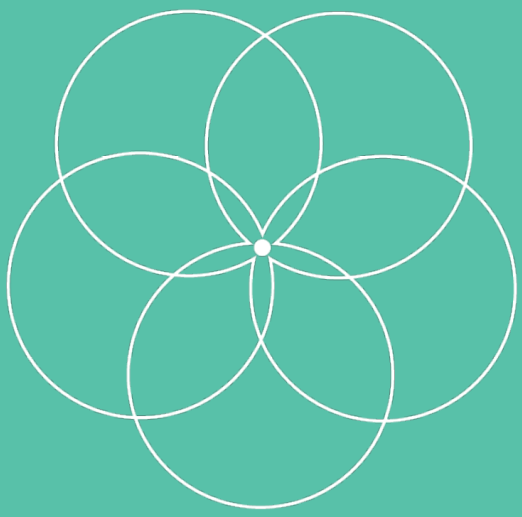
- PWI: The **Personal Wellbeing Index** scale contains seven items measuring satisfaction with quality of life domains: standard of living, health, achieving in life, relationships, safety, community-connectedness, and future security. These seven domains are theoretically embedded, as representing the first level of deconstruction of the global question: *"How satisfied are you with your life as a whole?"* Other consumer-reported Quality of Life measures used in mental health services include:
    - Health-related Quality of Life (HrQoL),
    - **EQ-5D-5L**: is a five-level European quality of life questionnaire and is short and flexible, encompassing both positive and negative aspects of mental health. Consumer reported, this measure comprises five dimensions: mobility, self-care, usual activities, pain/discomfort and anxiety/depression.
    - AQOL: **Assessment of Quality of Life** instruments include between four and eight dimensions, initially designed for use in economic evaluation studies.
    - WHOQoL: The **World Health Organisation QoL** was developed with fifteen international field centres, in an attempt to develop a quality of life assessment that would be applicable cross-culturally.
- YES-CMO: **Your Experience of Service – Community Managed Organisation** is a questionnaire designed to gather information from consumers about their experience of care delivered by community managed organisations. This has also been adapted to a YES-PHN: **Your Experience of Service Primary Health Network**.

[26] Mental Health Coordinating Council (2026), **CMO Sector Data Mapping Project Report: Member Data Insights**. Authors: Kohli, A, Sam, K & Henderson C

A measure of carer experience – the **Mental Health Carer Experience Survey (CES)** has also been developed, but rollout has so far appears to have been limited and focused on public mental health services.

- K10: The **Kessler Psychological Distress Scale** (**K10**) is a is a widely used, 10 question self-report measure of psychological distress based on the previous 4 weeks. Change in K10 scores is usedas an outcome measure for mental health supports for common mental health challenges.
- K5: The **K-5 measure** of psychological distress consists of a subset of five questions taken from the K-10.
- CANSAS: The adult **Camberwell Assessment of Need Short Appraisal Schedule** (CANSAS) is used to understand the health and social needs of adults experiencing severe mental health challenges. It covers 22 life domains, such as accommodation, food, self-care, daytime activities, psychotic symptoms, childcare, money, psychological distress, physical health and relationships. The perspective of staff, consumers and carers are recorded separately, and administration typically takes 5 minutes per perspective.
- RAS-DS: The **Recovery Assessment Scale–Domains & Stages** (RAS-DS) is self-report questionnaire of mental health recovery. It is recovery-oriented and was developed in Australia in consultation with consumers and people with lived experience.
- LCQ: The **Living in the Community Scale** is designed to measure social inclusion of consumers in the following five areas: participation in employment by people with mental illness of working age; participation in education and employment by people aged 16-30 who have a mental illness; community; participation more broadly; stability of housing; and access to a GP. It is completed by a clinician.
- WEMWBS: **Warwick-Edinburgh Mental Well-being Scale** is 14 item scale of adult mental wellbeing and psychosocial functioning, where all items are worded positively and address aspects of positive mental health.
- LSP-16: The **Life Skills Profile** is a clinician-rated assessment that contains 16 items which assess basic life skills and general functioning.
- SIDAS: The **Suicidal Ideation Attributes Scale** is a five-item scale designed to screen individuals in the community for presence of suicidal thoughts and assess the severity of these thoughts.
- SDQ: The **Strengths and Difficulties Questionnaire** is a short behavioural screening questionnaire for children aged 2 to 17. A primary carer completes the SDQ for the children and young people in their care.
- **The Recovery Star** - is a consumer completed outcomes measure which enables people using services to measure their own recovery progress, with the help of mental health workers or others. The ‘star’ contains ten life domains, including living skills, relationships, work and identity and self-esteem. Service users set their personal goals within each area and measure over time how far they are progressing towards these goals, where progress in and of itself – however gradual, can encourage hope.

- IAR Decision Support Tool: The **Initial Assessment and Referral Decision Support Too**l – provides an evidence based tool for conducting initial assessment and referral of individuals presenting with mental health conditions in primary health care settings within Australia.



Mental Health Australia

**Mentally healthy people,
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Mental Health Australia is the peak independent national representative body of the mental health sector in Australia.

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