EXECUTIVE SUMMARY

Over the period from December 2022 to November 2025, the University of Canberra worked with key partners to develop MChart, a new way of doing the business of mental health planning.

This work is important because, as most recently reported by the Productivity Commission[1], successful implementation of strategic, well-developed plans is a key challenge facing Australia as it considers the next phase of national mental health reform.

MChart is a new tool, designed to work in concert with others, which can help boost Australia's skills and capabilities in mental health planning. This is consistent with Australia's National Mental Health Workforce Strategy[2].

Taking an international classification system, MChart has now adopted and adapted it specifically to meet Australian needs. MChart draws on meaningful local definitions and is populated with local information, about where to find services, who is working in them and other important characteristics.

It operates at two levels. The first level is for **system planning.** MChart helps system planners see the whole picture, of where health and related services are located now, so they can start to consider where they need to be in the future. You can't start to move towards an ideal, such as presented by the National Mental Health Service Planning Framework, or better service system, unless you know what that system actually looks like now.

The second level is where MChart aims to help **individual navigators**, faced with the challenge of trying to identify services potentially helpful to the client sitting in front of them. Navigators can see nearby services, understand their referral needs, staffing profiles and even consider public transport accessibility using the MChart tool.

Repeated inquiries into mental health describe the mental health system as fragmented and have identified the 'cracks' through which people looking for help still too often fall. MChart can help fill these gaps in, making real and practical service solutions visible to planners and navigators.

The development of MChart drew on an expert panel, comprising representatives from health agencies, information specialist organisations, community and consumer groups. Their input shaped the definitions

---

[1] Productivity Commission Inquiry into Bilateral Agreements on Mental Health and Suicide Prevention, Interim Report (2025) https://www.pc.gov.au/inquiries-and-research/mental-health-review/interim/
[2] Australian Government 2023. National Mental Health Workforce Strategy 2022–2032. https://www.health.gov.au/resources/collections/national-mental-health-workforce-strategy-2022-2032?language=en

used in MChart, tailoring content to local circumstances, and changing the way data is presented and accessed in the tool.

The result is an interactive platform that provides one public-facing directory of mental health services, and a searchable map with detailed service information.

For registered users of MChart, there are an additional eight layers of information on service utilisation, demographic and neighbourhood characteristics, workforce data, public transport information plus a social network analysis of the report connections between mental health services providers.

Summary of MChart's Benefits

- **Improves** decision-making through geographic mapping and visualisation of workforce, service utilisation, service connections and neighbourhood and social determinants characteristics.
- **Visualises** the distribution of services and identifies gaps, promoting greater system equity.
- **Provides** accurate, reliable information obtained from the services themselves, where they are, what they do, how they can help, and how are they connected to each other
- **Supports** collaboration across health and social care sectors
- **Designed** in Australia, built on an internationally recognised taxonomy with global application.

It is also worth noting that while MChart features mental health data from a trial in Canberra, it has been designed to be applied in a wide variety of sectors and in any region. For example, MChart would be perfectly positioned to map and present data on disability services, dementia care, primary care, housing or other types of social care. Variations of the MChart tool are already in use for regional decision-making in more than 30 countries worldwide.

Recommendations

- Continue to build ongoing relationship with Australian Capital Territory (ACT) partners to maintain and develop this version of MChart to enable better mental health planning.
- Explore opportunities to apply the MChart planning tool to other regional mental health planning elsewhere.
- Explore opportunities to develop the MChart planning tool beyond mental health, in other key areas of public policy such as disability services and primary care.
- Develop a consumer-friendly version of MChart.
- Build a more explicit understanding of the role of planners, their requisite skills and take this into account in devising and delivering MChart training.
- Continue to explore opportunities for semi-automation of the MChart data collection process.