Submission regarding mental health

This submission is structured as follows:

- what is the purpose of the mental health system? What are its objectives? What is the system aiming to achieve? What is its mission?
- What approaches are used?
- What deployment methods are used?
- What assessment is made of progress?
- What systems are in place to review progress towards achievement of purpose/ objectives/ aims/ mission?
- A suggested way forward
- [Notes]
- Websites relating to the Australian Mental Health system that bear little relation to the reality that mental health consumers experience
- Responses to specific questions contained in the Productivity Commission Issues Paper – The Social and Economic Benefits of Improving Mental Health
- About me

Personal note.
Writing this submission has been emotionally draining trying to make sense of my experience with the health system since 2011, having to endure a period of psychosis lasting six months in 2011 and then having a relapse brought on in 2016 by Centrelink suspending all my income payments and requiring me to reapply online resulting in me almost suiciding.

My experience is not unique. Others have been failed by the mental health system but it should not be the case that no level of the system functions effectively and that has been my experience.

GPs fail to act when they sense something is not right and psychiatrists do not focus on healing and recovery, purely on medication.

There is no support in the community for those grappling with their mental health and this exacerbates the challenges for those trying to regain some sense of purpose and meaning I their life.

I have tried as much as possible to provide a coherent submission; trying to understand what is and what should be. There is a wealth of documents produced by levels of Government but they fail to reflect the reality that Ministers do not seem to take mental health seriously. If they did then there would be adequate services, funded to meet need and focused on diagnosis, support for recovery and healing and support to prevent relapse. There is very little apart from medication that constitutes the current approach to mental health.

This document may not be as coherent or logically argued as I'd like it to be because it has taken me a month to assemble and has been exhausting reliving

some of the trauma I have experienced at the hands of failing GPs, a failing Centrelink, a failing psychiatrist and a lack of community support services around recovery.

What is the purpose of the mental health system? What are its objectives? What is the system aiming to achieve? What is its mission?

The mental health system has no clear purpose, no clear objectives, no clarity around what the system is designed to achieve. It has no vision, mission, values. As a result it is failing and this is a result of inadequate political and policy leadership over decades.

For far too long, the expectations relating to those who have a mental health diagnosis in the eyes of Governments have been appalling low and that is why the resultant crisis is emerging in mental heath across the country – an indication of which is the rapidly rising suicide rate.

The mental health system is not fit for purpose, it is so not fit for purpose that is actually making some people sicker not helping them heal. The Federal Government's approach to mental health is not fit for purpose because,despite numerous policy announcements and initiatives, it is failing to meet the needs of those with a mental health diagnosis. The reason why it, the Federal Government, has continually failed is due to its unwillingness to engage the voices of lived experience in the design, delivery and evaluation of fit for purpose mental health services. It has listened to those with vested interests including those employed by mental health organisations and those professional including psychiatrists and psychologists who have too many biases either conscious or unconscious to understand what people with a mental health diagnosis need to help them heal, recover and reconfigure a sense of self worth and identity.

The way mental illness is perceived across Government is a drag on productivity.

What approaches are used? What deployment methods are used?

The primary healthcare system is ineffective in supporting those grappling with their mental health. GPs do not have the time nor incentive to deal with mental health issues. Whilst the Royal College (see later in this document) has produced a number of website and online documentation detailing the role general practice plays in supporting people achieve good mental health the reality is that they do little to support or advise patients on how to achieve good mental health.

The hospital system is in crisis. As detailed in the Victorian Auditor-General's Offices report, as reported in The Age on Friday 22 March 2019, there is a "Constant 'crisis' in mental health" due to the lack of state political interest and subsequent lack of policy leadership focused around delivering fit for purpose mental health services and listening and learning from the voices of lived experience in evaluating the effectiveness of service delivery and achievement of desirable outcomes and

achievement of value for money – economy, efficiency and effectiveness are not considerations currently from any levels of policy making or political leadership – if it was there would be fewer suicides and fewer people loosing employment opportunities and opportunities to contribute to their communities.

Centrelink does not understand mental illness and actually has a culture that works against helping people with a mental health diagnosis rather than helping them heal, recover and reconfigure a sense of self worth and identity. Centrelink fails to communicate the terms of conditions of the Disability Support Pension, fails to take into account the impact that psychosis and hypmonia have on the mental capacity of an individual to understand information, let alone make decisions. The only advice Centrelink has ever given me in dealing with my mental illness consisted of suggesting I visit an art gallery.

Disability Employment Services also fail to fully understand the complexities of mental illness and whilst often well-meaning are not fit for purpose in the way they deliver their services.

As with other diagnoses, the aim of a health system should be to make an accurate diagnosis and then focus on healing and recovery built around prevention of relapse. This should be the same regardless of diagnosis. This should apply to diagnoses whether they be relating to physical health (heart disease, cancer, other medical conditions) or mental health.

There is however inequity in the health system.

Physical health has historically been prioritised by Governments over mental health. This has resulted in a mental health crisis leading to suicide rates at historic highs. This is a global crisis resulting from Government inaction.

Those grappling with their mental health are now seeking alternative approaches in dealing with their challenges. Social media is now a global phenomenon facilitating connection and community for those experiencing mental health challenges, those seeking insight into their experiences and those seeking an alternative approach to the established and often dysfunctional mental health system.

A wealth of information exists in those who have journeyed through the process of diagnosis, healing and recovery. This information is too frequently ignored by the mental health system to the detriment of achieving successful outcomes for those newly diagnosed.

Too often the individual is left to fend for themselves, create their own path to healing and recovery whilst Government continues to fund a system that often works against healing and recovery rather than towards healing and recovery.

Taxpayers monies are wasted due to Government failure to listen to the voices of

lived experience resulting in a system in words only, a system in crisis and a system that results in people becoming sicker to the point of exasperation. We need more initiatives like this which has been announced just recently - https://bsphn.org.au/2019/02/28/queensland-framework-for-the-development-of-the-mental-health-lived-experience-workforce/?fbclid=IwAR2V8a-hlbXXbwBUJhwOL21ZmlUFQkPzYUopCiTmc0hmvhuvx0vI0m57_hE

And this about discrimination in employing people with lived experience: https://www.independent.co.uk/voices/mental-health-services-nhs-addiction-camhs-a8830136.html?fbclid=IwAR1xxf0dPnDRQ1cXbmdGvsjLgkkUfq-7Z-JJuUI1ICq_QIgcxJRoQAnXK5w

This does not need to be happening.

What assessment is made of progress?
What systems are in place to review progress towards achievement of purpose/ objectives/ aims/ mission?

As noted in the Victorian-Auditor General's Office's report into mental health services in Victoria, there is little data collection on measuring outcomes, only inputs and outputs in terms in admissions and bed days for example. There is little systematic data or information collected on outcomes in terms of individuals' healing and recovery journeys, little information about patient experience and little information collected routinely to assure taxpayers that money is being wisely invested into mental health. This is a result of a lack of political and policy leadership from both Federal and State Governments over many decades. And it is resulting in poor outcomes, poor value for money and people feeling exasperated and taking matters into their own hands.

And there is a lack of accountability in monitoring performance of health professionals across the health system. From my personal experiences, GPs fail to fulfil their duty of care when they suspect a patient is not well. GPs should be legally required to act when they suspect a patient is unwell as they should do when someone is having a heart attack in front of them. My GP suggested I go on Lithium and allowed me to leave the GP practice when what he should have done it sought a second opinion and then taken appropriate action.

GPs should be professionally responsible and accountable for managing mental health. They are not or do not appear to be. This is a massive failing in the current Federally funded system.

There is no legal or professional requirement of the psychiatrist to communicate with the GP. This is key is the patient is to be holistically supported to maintain their health and wellbeing.

There is no community support for those with a severe mental illness. I live in Stonnington, if I lived in City of Yarra or else where north of the Yarra then I would

have access to more developed community mental health theoretically though the NDIS is decimating community support which is just what people with a complex mental illness need.

Hospital-based mental health services
The Alfred Hospital has no mental health service. All I see is a psychiatrist once usually every three months for half an hour. There has been no information about my diagnosis, how to manage it, how to stay well or any other form of support, advice or information. There is PARC which has been mentioned once as somewhere that might be appropriate for my to stay to recover from a period of psychosis but no information was provided about this facility nor any explanation about how a stay at the PARC might help me recovery from an episode of hypomania.

Community Health Services
Initially referred to a social worker within Star Health who quite clearly had no training in dealing with bipolar disorder post-diagnosis. Was discharged by him without discussion or agreement. Now currently seeing a counsellor employed by Star Health through the South East Melbourne Primary Health Network funded mental health support scheme which is working way better.

Disability Employment Services
Federally funded Disability Employment Services has uneconomic, inefficient and ineffective. Centrelink is inefficient and ineffective in supporting those with a mental health diagnosis. State and Federal Governments have failed to date to design and deliver effective mental health systems and should be removed of this responsibility as they have failed to demonstrate competency in delivering a fit for purpose mental health system. There should be a new body led by people with lived experience made responsible for delivering a new fit for purpose mental health system supported with advisors from the relevant fields contributing to an efficient and effective mental health system. The National Mental Health Commission's role should be enhanced and not just reporting but have their remit expanded to form an inspectorate for mental health facilities similar to the Care Quality Commission in the United Kingdom. And their should be published standards similar the National Institute of Health and Care Excellence and mental health organisations should be legally required to reported adherence to these standards – to demonstrate there are optimising the likelihood of those diagnoseds' ability to achieve recovery.

A suggested way forward

Government needs to start listening to the voices of lived experience.

Government needs to start delivering a fit for purpose mental health system.

Government needs to start doing what it should have been doing from the start, delivering a mental health system that focuses on diagnosis, healing and recovery.

1. What should be happening for a patient perspective?

   (a) Aligning to recovery and minimising relapse
   (b) Respecting human rights
   (c) Educating and retraining [and information provided to support recovery]
   (d) Ongoing support
   (e) Awareness of the "system"
   (f) ending discrimination

2. What should be happening from a Federal/ State Government perspective?
   (a) Legislation
   (b) Strategies and Plans
   (c) Standards and expectations

3. What should be happening from a clinical perspective?
   (a) Legislation
   (b) Strategies and Plan
   (c) Standards and expectations

4. International comparators
   (a) UK National Audit Reports into mental health
   (b) National Institute of Health and Clinical Excellence Guidelines into bipolar disorder

GPs should be the first port of call and should be much better informed and be able to provide more detailed information and advice about mental health. GP practices should have someone with lived experience who has navigated a journey towards recovery to help anyone grappling with their mental health understand what it is like, what the symptoms are indicating and options available to navigate towards some form of recovery.

Counsellors and Psychologists may have a role but there should be a greater emphasis on lived experience as only those who have experienced dealing with a mental health diagnosis are able to offer compassion and a sensitivity in helping an individual understand the diagnosis, offer hope and a path towards healing and recovery.

The current system encourages people to be kept out of inpatient facilities even when they are at their most unwell. I was never sectioned and was left to fend for myself for six months whilst psychotic in 2011 and then again for some 12 months during a relapse caused by intense stress in dealing with Centrelink which result in my becoming almost homeless.

And whilst the current State mental health system encourages non-sectioning of individuals experiencing mental health challenges the legislative framework offers no mention or legal underpinning for someone with a major mental health

diagnosis or support from organisations such as Independent Mental Health Advocacy or other support organisations underpinning of their treatment.

The current system is designed focusing on those sectioned, under compulsory orders, excluding the majority with mental health diagnosis. There is no legal framework underpinning the majority of mental health care in Victoria. There is no statutory requirement to provide mental health care focused on recovery and therefore no requirement of the secondary or tertiary sector to provide mental health care. There is no accountability for monies spent on mental health care. There is no accountability for practices to be efficient or effective. There is minimal accountability in the medical and clinical sector around mental health practices hence the Department of Health has little control over what happens in its mental health facilities. The role of the Chief Psychiatrist is stated in the legislation as ensuring the protection of an individual's human rights whilst under treatment within the Victorian Mental Health System. Unyet there has been no mention during my time as a patient in the Victorian Mental Health system for the past eight years of my human rights.

The role of the Department of Health and Human Services has been a very passive one. As stated in the Victorian Auditor-General's Office's report, they have failed to deliver any significant reform based on their Ten Year Mental Health Plan which in of itself was a wasted exercise despite extensive community consultation.

Local Government In Victoria has a role in supporting mental health in the community through Health and Wellbeing Plans though these are very superficial and the Department of Health and Human Services fails in its role of oversight of these plans and strategies.

The role of the Royal College of Psychiatry is underplayed and whilst they have, for example, produced patients information around diagnoses including bipolar disorder – which I found my psychiatrist is aware of – he has given me no information either written or verbal around bipolar disorder. The only information I received was passed onto my whilst I was psychotic and I have yet to find this information.

The role of the Australian Medical Association in mental health is minimal and they have done little to advocate for improvements to mental health provision in the country.

The openess in reporting what is happening in mental health services in Victoria is opaque. And whilst the National Mental Health Commission report, there has been little noticeable progress in achievement of desirable outcomes despite regular reporting. The quality of monitoring of outcomes in the Victorian mental health system is uneconomic, inefficient and ineffective – it is purely focused on process with little incentive for learning, little incentive to achieve desirable outcomes, little incentive to meet community expectations, little incentive to respect basic human rights of the individual, little incentive to review practice (also known as clinical

audit) and little incentive to improve.

Consumers are given little information about anything mental health related. They are not provided with any information about their diagnosis, the system to support their recovery, the support (if any) available. They have to find it out all for themselves whilst they are in the grip on a major crisis.

Mental and physical health are inter-related unyet the current approach fails to join the dots and hence fails to treat the whole person.

Consumers are not currently involved in their care and hence there is a gap between what is and what should be – consumers already feel disempowered through the result of their mental health crisis and the system reinforces this feeling of feeling disempowered.

Being able to access peer support services quickly, offering opportunities to hear and learn from others experiencing mental health challenges can help people better understand what's happening and can help consumers better navigate symptoms from where they are to where they want to be.

There is a lack of information regarding what works in mental health in Victoria and there is no current incentive for the system to evaluate and learn. The Department of Health and Human Services monitors performance but does not evaluate what's working and why and facilitate or encourage the sharing of good practice to strengthen the performance of the system. The culture of the system of focused on process and crisis whereas it should be focused on healing, recovery and learning from consumers about what works and why.

There is a lack of leadership across the system, professionally and managerially. Fiefdoms exist that work against the consumer not for the consumer.

There is a culture within the mental health system in Victoria that ignores the negative and focuses on the positive to the detriment of the delivering of improving mental health outcomes. The Department of Health and Human Services has played a key role here in failing to lead in delivering value for money and failing to lead in facilitating improvements in the functioning of the mental health system for all Victorians.

Whilst Mental Health Victoria commends a comprehensive system that has a strong focus on prevention and early intervention, innovative service design and delivery of services that are evidence-based, accessible, person-centred, holistic and integrated and backed by sustained long-term investment – Star Health provides little support for those diagnosed with a serious mental health diagnosis. There seems to be a gap between what organisations say and what they do in terms of service delivery.

Minimum expectations should be set out such that anyone receiving a significant

mental health diagnosis:

- receives effective support to ensure living conditions are conducive to support healing and recovery;
- support in the form of information regarding the diagnosis to help the individual better understand their mental health and how to optimise their healing and recovery journey;
- support in the form of coaching, counselling, psychology from someone with lived experience is provided to support the reconfiguration of the individual receiving the diagnosis in the context that a diagnosis can impact an individuals identity and self-worth
- volunteering and/ or employment opportunities flexed around their stage of healing and recovery;

There is a wealth of information and research into specific mental health diagnoses but little if any is shared with the individual receiving the diagnosis to help them in their journey of healing and recovery.

Stigma is rife in the community and whilst progress has been made in diagnoses such as depression and anxiety through the work of organisations such as BeyondBlue – there is still a lack of understanding of diagnosis such as bipolar disorder and little effort from the Victorian Department of Health and Human Services, local health systems or other relevant agencies invested in addressing levels of stigma in society. This prevents people reaching when in need and results in help only being sought when people are in crisis, reinforcing the culture of mental health system in crisis which is counter-productive to helping someone seeking healing and recovery.

The Mental Health Act (2014) which details the principles and provisions including a rights-based and recovery-oriented framework are not reflected in the reality of the mental health system the consumer experiences and this is a failing of leadership from the Department of Health and Human Services which appears to have adopted an approach of set and forget.

There is little information on effectiveness of the current system whether it be governance, oversight or accountability. There is a lack of publicly available data on the system in terms of success criteria.

Employment opportunities contribute to the healing and recovery of an individual. Unyet there are few available. Community support and services could be delivered through engaging the lived experience workforce to help both themselves and help others. This creates a win-win initiative.

Performance of the mental health system and assessment of its effectiveness should be measured through the experiences of the consumer/ individual with a diagnosis. An over-emphasis on target risks impacting deleteriously on the individual – mental health is complex and the use of target, if to be applied, should

be applied with sensitivity taking into account of the potential or actual risks of unintended consequences could have on the healing and recovery journey of the individual.

What does a successful system focused on improving mental health look like?

1. A successful system in one that is clear about its aims and objectives, clear about its purpose and clear about its role and responsibilities. And a successful system openly reports on Results it is achieving, Approach it uses to meet need, Deployment strategies to deliver services tailored to client need and Assessment and Review methods that openly report on progress in achieving value for money, achieving improving mental health outcomes and meeting mental health needs of communities being served.
2. Information is key here and a fit for purpose mental health system would provide information on diagnosis, recovery and maintaining wellness. Whilst to some extent mental health is complex there is a wealth of information on mental health diagnoses. Science is rapidly evolving in helping individuals understand their experiences, their symptoms, their challenges.
3. Successful mental health services can be built on what works and this means listening to the voices of lived experience to rebuild a mental health system fit for purpose.
4. Social media is filling in existing gaps. It is not a holistic solution but could provide a more fluid approach tailored to the needs of those grappling with their mental health. Lived experience voices could led such initiatives through having the depth of experience and understanding to be able to facilitate such approaches.
5. Peer support is under-valued as is lived experience. Coaching could deliver a more tailored and cost-effective approach.
6. A mental health system underpinned by peer support and lived experience could transform mental health service provision and deliver a more holistic approach to mental health care more nuanced to need rather than driven by clunky bureaucratic process.
7. Voices of those with lived experience – there is a wealth of knowledge of mental health located across Victoria, Australia and the world in mental health shared through the voices of lived experience. Unyet there is no value placed on those voices by the Victoria State Government nor the Victorian Mental Health System. People diagnosed with a mental illness, through exasperation with the mental health services provided, are connecting through social media and developing online communities and supports through Facebook Groups and connections and pages, through twitter and through channels such as meetup. State Government does little to value the voices of those with lived experience and lacks leadership in using these voices of lived experience to improve the mental health system
8. The Victorian Department of Health and Human Services plays a passive role in the delivery of mental health services in Victoria. Despite the publication of the Ten Year Mental Health Plan after extensive consultation across the state, the document fails to reflect content of consultations and is very

much vague in language and missing in action – having little impact and effect on delivery of mental health services in Victoria. The Department requires reporting of individual mental health services across a range of indicators but again a passive role is adopted with the information provided online with little analysis nor incentive to use this information to deliver improvements in performance focused on delivering better mental health outcomes for the state.

9. There is little information available to someone dealing with a mental health issue – for example to whom should they first consult and who is sufficiently competent to understand the complexities of mental health – in metro, rural or regional Victoria – there is no information on who best to consult to ensure reliable information is being provided. There is no information on expectations, roles and responsibilities of the various components of the mental health system readily available either on the Department of Health and Human Services website or on individual hospital or GP or other websites.
10. Dangers arise when services do not listen to patients – and sadly there is little incentive for the Victorian mental health system to be a learning system and culture that encourage patients or consumers to share their experiences.

Notes:

- treatment focuses on mood and medication, not causes of diagnosis nor underlying issues resulting in episode of psychosis to minimise risk of relapse
- lack of culture respecting human rights, lack of alignment with human rights
- "system" results in socio-economic disadvantage
- "system" discriminates
- "system" harms and abuses through lack of support, information, advice, guidance – making people feel disempowered, worthless which is deleterious to the healing process
- mental health services are almost non-existent in some places, for example – Stonnington there is nothing apart from the tertiary "service" provided by the Alfred Hospital – the PARC was only mentioned after my relapse in 2016 but not fully explained as to the benefits and role it plays in supporting recovery
- there are no services focused on healing or recovery
- the only time I received information on bipolar was in 2011 when I was psychotic, I have yet to find that information – some eight years later – and it might have been helpful
- Nothing about us without us – seems to have been lost in the current approach to mental health in Victoria
- no central source of reliable information
- some information sources are out of date
- The United Nations Convention of the Rights of Persons with Disability includes the positive right to rehabilitation, but it's almost impossible to have this right met now in Victoria because few services are funded to provide it
- poor accountability for achievement of improving mental health outcomes, I've never been asked about goals, health or progress on my journey of

recovery – by anyone – so how is performance of the system being monitored?

- Seems to be no rationale for the approach being employed in my treatment
- over-emphasis on medication and lack of any other approach results in poorer outcomes through lack of focus on healing and recovery
- medication and medication side-effects never explained
- legislation is flawed as there is none relating to those patients/ consumers who have not been sectioned/ been an inpatient
- system is flawed as only focused on those who've been sectioned/ inpatient
- recovery is the desired outcome that a good mental health system should be seeking. But despite years of plans, frameworks and training, the focus has been lost as to the purpose of the mental health system and many plans have never been effectively implemented
- There is a lack of sensitivity in the hospital system around suicide. I've been bordering suicidal due to the lack of support from the mental health system but there is a lack of opportunity to share feelings, seek information from the system, focus on healing and recovery, lack of understanding around what has happened iro psychosis/ depression and ability to help the consumer through their experience
- I've been given the triage mental health number on a scrap of paper and when I phoned it, it was answerphone – this is how the Alfred approaches people experiencing suicidal tendencies, I did not ring other numbers because I'd heard others' poor experiences of these services
- the current mental health workforce is not fit for purpose with only 0.5% being the lived experience workforce, I understand there is only one lived experience peer worker in the Alfred's mental health system.
- There should be more trained and professionally accredited (International Coaching Federation) coaches with lived experience to help people navigate their healing and recovery journey
- There should be a more holistic approach to mental health as diagnosis and medication impact on other areas of health and wellbeing
- [Productivity Commission] GPs do not seem to see mental health as part of their scope of practice and show little interest in what is happening with my mental health, despite the fact that I was failed by the practice through lack of professional action whilst I was psychotic in 2011 and hypomanic in 2016
- The Victorian Mental Health system is not fit for purpose, not delivering value for money and is not meeting community expectations
- Peer Run Services including mental health/ Safe Haven cafes (delivered through partnership between local government and mental health hospitals), lived experience workshops and coaching delivered by those who've been on the journey could contribute to improving mental health outcomes
- Victoria committed to recovery-oriented mental health services in its 2011 Framework for Recovery-Oriented Practice and again in its 10 Year Mental Health Plan – yet there is no evidence of recovery-oriented work being implemented in practice

- there is a lack of accountability between the various elements of the mental health system – no accountability between the Department and the professions and the Independent Mental Health Advocacy and the Mental Health Complaints Commissioner seem to be weak cogs in the wheel with few people being aware of their roles, I only found out about them through exploring the Department of Health and Human Services website
- stigma and discrimination are rife in the mental health services perpetuated through poor levels of funding, poor levels of support and poor focus on recovery and healing. Moreover there is nowhere to go to help recovery and opportunities for employment and housing can be impacted as a result, further putting at risk chances of healing and recovery
- there is no current system, there is no model of care – the approach is flawed and out-dated
- the approach needs to be underpinned by human rights and focused on healing and recovery
- injustices across public sector services impact on people's mental health. My diagnosis of bipolar resulted from extreme stress relating to a work environment and role whilst employed in the public sector, I have also experienced extreme stress from my interactions with the Alfred Hospital – when they in effect tried to section me against my will
- injustices impact on our mental health
- housing is a major issue and the system fails to value accommodation as a basis for healing and recovery. I was lucky that whilst I was psychotic – whilst I was evicted from my apartment by VCAT whilst unwell – I was able to move into a house share with an understanding landlord who help support me through my exist from psychosis and my subsequent period of medication-induced depression (lasting a further three months)
- strengths-based recovery, employment opportunities – Government could lead by example in seeking out those with lived experience to support cultural change in society to ensure those diagnosed with an mental illness do not experience stigma in the workforce
- I have had to effect my own journey of healing and recovery. I have achieved this through reading the memoirs of those diagnosed with bipolar, seeking out through google support groups and seeking through google information on bipolar and how best to support my recovery.
- There is a lack of services supporting the promotion of mental wellbeing, assist recovery and help people lead lives with dignity and meaning

Websites relating to the Australian Mental Health system that bear little relation to the reality that mental health consumers experience:

- Mental health statement of rights and responsibilities - http://www.health.gov.au/internet/publications/publishing.nsf/Content/pub-sqps-rights-toc
- The Australian National Standards for Mental Health Services Safety and Quality - https://www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/ - "In July 2008, Australian Health Ministers endorsed the charter as the Australian Charter of Healthcare Rights for use across the country.
  The Charter applies to all health settings anywhere in Australia, including public hospitals, private hospitals, general practice and other community environments. It allows patients, consumers, families, carers and service providers to have a common understanding of the rights of people receiving health care."

- The Australian Commission on Safety and Quality in Health Care https://www.safetyandquality.gov.au/our-work/mental-health/ - "The Commission established a Mental Health Advisory Group in 2014 to provide expert advice on our work. Group members include representatives from national consumer and carer organisations, professional colleges, academics and clinicians and administrators from all mental health sectors. The mental health team works with colleagues across the range of Commission programs including National Standards, Recognition and Response to Clinical Deterioration and Medication Safety."
- The Australian Commission on Safety and Quality in Health Care https://www.safetyandquality.gov.au/wp-content/uploads/2018/12/NSQHS-Standards-user-guide-for-health-services-providing-care-for-people-with-mental-health-issues.pdf
- Federal Government and Primary Healthcare Networks - http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Mental_Tools
- Royal College of General Practitioners: https://www.racgp.org.au/FSDEDEV/media/documents/Education/GPs/GPMHSC/Patient-information-brochure-Internet-based-Mental-Health-Treatments-and-Interventions.pdf
- Royal College of General Practitioners: https://www.racgp.org.au/education/gps/gpmhsc

Websites relating to the Victorian Mental Health System:

- https://www2.health.vic.gov.au/mental-health/working-with-consumers-and-carers – only by finding this website did I find that the Department of Health and Human Services does any work on engaging consumers in evaluating outcomes. There has been no information from The Alfred Hospital about how the mental health system works, the various organisations such as the Independent Mental Health Advocacy, the Victorian Mental Illness Awareness Council and Mental Health Complaints

Commissioner that are designed to help the consumer;

- https://www2.health.vic.gov.au/mental-health/practice-and-service-quality/mental-health-act-2014-handbook/recovery-and-supported-decision-making/resources - "**The Supported Decision Making Project:** The Supported Decision Making Project is an online resource for consumers and carers, providing easily accessible information, support and resourcing via two key online information modules.

  The modules present personal stories of living with severe mental health challenges and carers' experiences. They are targeted to support people with severe mental illness and their families and carers to make informed decisions about their mental health assessment, treatment and recovery.

  The modules also provide mental health practitioners with an educational resource, and inform policymakers and the wider Australian community about the experiences of people with severe mental illness, their families and carers."
  Again only through google did I find this project and online information existed. How does the Department of Health and Human Services communicate with consumers? How does it expect consumers to know this information exists if there is no effort invested to engage with consumers through the "mental health system"?
- https://www2.health.vic.gov.au/mental-health/prevention-and-promotion – whilst the Department of Health and Human Services' website state mental health prevention and promotion as a priority – there is little effort invested in delivering outcomes in the communities across Victoria. There is also little effort invested in evaluating the effectiveness of the mental health initiatives across the state and little effort invested in learning what works to contribute to improving mental health outcomes. The lived experience is not valued in the development and implementation of mental health prevention and promotion strategies.
- https://www2.health.vic.gov.au/mental-health/rights-and-advocacy – there are few if any rights for anyone with a mental health diagnosis not under a Community Treatment Order. The Mental Health Act (2014) seems to not reference not acknowledge the need for legal provision for those not formally sectioned.
- https://www2.health.vic.gov.au/mental-health/priorities-and-transformation/mental-health-annual-report - "**Listening to consumers**
  Listening and responding to the experiences of people who use our public mental health services is a fundamental part of identifying what is working well and what needs improving.

  The 'Your Experience of Service' (YES) survey is an important tool for understanding how people experience our public clinical mental health services. YES captures information about people's experience of care, including the development of care plans and how the service supports their ability to manage their day-to-day lives.

The YES survey was carried out for the third time in 2017-18, with a total of 2,532 survey responses completed by people aged 16 or older. The results show most clients feel their individuality and values were respected and that they had opportunities for family and carers to be involved in their treatment or care if they wanted. In terms of overall experience of care in the previous three months, 28.7 per cent rated this as very good and 36.6 per cent as excellent." - there are no links on this webpage to the survey and I cannot find any reference online to the survey referenced on this webpage nor source the survey report online. I did find a report relating to The Alfred Hospital PARC facility and summarise some, in my view, key issues reflecting a lack of learning culture and fit for purpose mental health service underpinned by focus on improving mental health outcomes for consumers.

Source: https://media.wellways.org/inline-files/Yes%20PARC.PDF

- https://www.health.gov.au/internet/main/publishing.nsf/content/0D8FB19D74327889CA257CC7008338EE/$File/conexp.pdf – exploring further links to mental health user experience I found this 71 page report (National Mental Health Consumer Experiences of Care) from 2013 on the Federal Department of Health website. I do not believe either the Federal or State Department of Health systematically collect information on user experience of mental health services so maybe there were no outcomes from this report?

- https://www2.health.vic.gov.au/mental-health/mental-health-services – there seems to be little, if any, reference to recovery which surely should be a key focus of any effective mental health system?
- https://performance.health.vic.gov.au/Home/Category.aspx?CategoryKey=6#Anchor – the data collected by the Department of Health and Human Services is primarily process focused with little on outcomes achieved nor on monitoring to determine whether or not the system is fit for purpose, meeting the needs of consumers of mental health services. Data collected covers:

    - Service hours provided to consumers of community health services
    - Pre-admission contact rate
    - Pre-admission contact for ongoing clients rate
    - Post discharge follow-up rate
    - Average length of stay
    - Emergency department patients transferred to a mental health bed within 8 hours
    - Bed occupancy rat
    - 28 day readmission rate
    - Restraint events per 1,000 bed days
    - Seclusion events per 1,000 bed days

There seems to be little detail on why the information is collected, for what purpose it is used, and to what extent the information collected is used to evaluate performance of the system to determine whether or not the system is functioning as intended through the Mental Health Act (2014) nor how the information collected is used to improve performance across the mental health system. It seems another process focused system internally Department-driven without any value-add in terms of delivering improving mental health outcomes for consumers and staff.

Other relevant websites:

- https://www.commonwealthfund.org/publications/newsletter-article/2019/feb/worlds-first-global-ministerial-mental-health-summit - In October 2018, health ministers from 47 countries came together to discuss the shared mental health challenges facing their nations in the first-ever Global Ministerial Mental Health Summit, held in London. The event was hosted by the Organisation for Economic Co-operation and Development and the U.K. Department of Health and Social Care, with support from by the World Health Organization. The summit produced a Global Declaration that documents political leaders' commitment as well as coordinated action to reduce the stigma of mental illness, expand access to prevention and treatment, and develop innovative, evidence-based solutions.
- https://www.racgp.org.au/education/gps/gpmhsc – Mental health care in general practice – Position Statement October 2016 - "General Practice plays a central role in the provision of mental health care."
- https://themighty.com/dashboard/ - The Mighty is a US-based website which provides not only information on various mental health conditions such as depression, anxiety, bipolar disorder, borderline personality disorder and mental health – it also provides an online community through various social media channels including Facebook, Twitter, Instagram and Pinterest to provide a community for those experiencing mental health and other challenges.
- https://nswmentalhealthcommission.com.au/sites/default/files/documents/final_lef_a4_layout_for_web.pdf – Lived Experience Framework – good to see the NSW Mental Health Commission leading in the development of this framework – something similar would be of significant value in delivering fit for purpose mental health services in Victoria. There are many people with lived experience of mental illness who would welcome the opportunity to contribute to the establishment of community services focused around recovery and mental health promotion within the community, school and with local employers.

Australia's mental health system is build on neither structure nor strategy. No-one is

truly accountable to anyone and the mental healoth patient/ client/ consumer is rarely involved in any decision-making process.

Governments abdicate true responsibility for upholding the human rights of those diagnosed, delegating that responsibility to some of the most loosely regulated professions; that of psychiatry and psychology.

#livedexperienceleadership has the depth and breadth of knowledge, understanding and experience to deliver a mental health system fit for purpose.

People with a mental health diagnosis deserve better that the current approach laden with stigma and laissez-faire
politics.

Responses to specific questions contained in the Productivity Commission Issues Paper – The Social and Economic Benefits of Improving Mental Health

Questions on structural weaknesses in healthcare

- Why have past reform efforts by governments over many years had limited effectiveness in removing the structural weakness in healthcare for people with a mental illness? How would you overcome the barriers which governments have faced in implementing effective reforms?

Successive Governments have lacked the interest in delivering fit for purpose mental health services for all Australians.

Successful reforms only happens when there is systematic reporting through evaluation of outcomes back to Government at whatever level and even this can risk subjective bias. Adopting lived experience feedback to track progress in implementing progress can offer a way forward.

Moreover there has been a lack of clarity regarding what Governments have been aiming to achieve through past reform efforts through use o vague language [insert example from past Government Mental Health Strategy]

- What, if any, structural weaknesses in healthcare are not being targeted by the most recent and foreshadowed reforms by governments? How should they be addressed and what would be the improvements in population mental health, participation and productivity?

The key to delivering fit for purpose mental health services is through focusing on the lived experience, ensuring clarity around human rights and setting out clear guidance so inform consumers and carers of what to expect in the journey of healing and recovery.

Questions on specific health concerns

- Should there be any changes to mental illness prevention and early intervention by healthcare providers? If so, what changes do you propose and to what extent would this reduce the prevalence and/ or severity of mental illness? What is the supporting evidence and what would be some of the other benefits and costs?

Yes. There is little incentive current for healthcare providers to provide detailed information on mental illness prevention, this is a systemic failure resulting from the lack of clarity around what the Department sees as a fit for purpose mental health system.

The current approach to mental illness prevention is not measured or evaluated for effectiveness, this needs to change otherwise why bother?

Lived experience leadership could transform the effectiveness of approaches employed in mental illness prevention through using their experience to map out the information to help others dealing with similar issues to make sense of what is happening to them, better understand their thoughts and feelings and live more healthy lives.

- Which forms of mental health promotion are effective in improving population mental health in either the short or longer term? What evidence supports this?

The challenge is connecting the individual in need with the information they need to know. I was not aware I needed to know about bipolar disorder until I was diagnosed with the condition in 2011. Having read other people's memoir, I am now aware that there were warning signs going back to my childhood and teenage years. However because mental health and mental illness is not discussed in early years, there is little awareness of what to look out for.

Beyond Blue have achieved effective information awareness around depression and anxiety, but do not seem to deal with other mental health diagnoses such as bipolar disorder and schizophrenia in any detail. And this is where there is a major gap in information availability. For anyone with a diagnosis of bipolar disorder, you have to do a lot of google'ing to find out information about the diagnosis and how to manage the condition. Even finding the Royal College guidelines into treating bipolar disorder took some googling.

- What changes do you recommend to healthcare to address the specific issues of suicides and comorbidities among people with a mental illness? What evidence is there to support your suggested actions and what types of improvements would you expect in terms of population mental health, participation and productivity?

I have only been asked once if I felt I was at risk of suiciding - the words from my psychiatrist were along the lines of "I'm obliged to ask you...". This is over a period of eight years of treatment during which time I've experienced a six month psychotic episode and a twelve month hypomanic episode. I've also experienced prolonged periods of depression in recovering from each of these episodes. And at no time during these periods was I ever asked if I had consider such action.

Healthcare could effectively take a risk-based approach to suicide. Suicide prevention is seen currently as a bit of an add on. However it should be a high profile as the campaign against domestic violence as it about behaviour change and encourage more courageous conversations both at the home, at work and in

social environments. Mental Health First Aid is an ideal initiative to fill this gap under its implementation has been ad hoc, being supported through organisations such as Rotary to facilitate trainings to build capacity to deal with challenging situations.

- What healthcare reforms do you propose to address other specific health concerns related to mental ill-health? What is the supporting evidence and what would be some of the benefits and costs?

Those living with a mental health diagnosis experience particularly challenging circumstances given the nature of the side effects of many psychiatric medications.

I was prescribed seroquel, lithium and clozapine by my psychiatrist. In each circumstance, the psychiatrist neither explained the medication, its purpose nor its side effects. Each I have found subsequently has serious side effects including one of the key ones being weight gain.

- What overseas practices for supporting mental health and reducing suicide and comorbidities should be considered in Australia? Why? Is there formal evidence of the success of these practices, such an independent evaluation?

Open dialogue would have made a huge difference for me in my recovery.This technique is widely used in Scandanavian countries and focuses on strengths of the individual and delivers hope to the individual trying to make sense of their mental health diagnosis.

Questions on health workforce and informal carers

- does the configuration and capabilities of the professional health workforce need to change to improve where and how care is delivered? If so, how should the workforce differ from current arrangements? How would this improve population mental health, participation and productivity?

To deliver an effective mental health system, lived experience leadership needs to be core to delivering a culture and workforce focused on the healing and recovery journey of the individual post-diagnosis.

Lived experiences and peer support workers are currently under-valued and there has been a lack of strategic leadership across Government and Mental health organisations in delivering a workforce that has the potential to deliver the greatest benefit.

The current system is over-focused on medicalisation resulting in a crisis

management approach with little effort invested helping the individual heal, recover and stay well.

- What can be done to address health workforce shortages in regional and remote areas? In which areas or circumstances would greater use of technology and tele-health services be suitable? What prevents greater remote provision of service to address the shortages?

There are many people living in regional and remote areas of Australia, lacking purpose, dealing with a mental health diagnosis, who would be ideally suited to providing support for those grappling with mental health challenges. It seems to simple, it's surprising no-one has thought of trialling or piloting this solution previously.

- What restrictions exist on the scope of practice for different professions, such as GPs, nurses, clinical versus other psychologists, and social workers? Are there restrictions unwarranted and, if so, how could they be addressed and what would be some of the costs and benefits?

There needs to be deep reflection around the value and scope of scope of practice. Anyone with lived experience is likely able to engage someone grappling with their mental health in a constructive and compassionate manner. Training in something like Mental Health First Aid would be of value in enabling increase capacity in first response.

- What could be done to reduce stress and turnover among mental health workers?

Increasing the lived experience and peer support workforce could deliver major benefit through providing capacity and capability to deal with issues in a more patient-centric approach. There are issues someone with lived experience is much more appreciate of and better able to deal with, compared to someone who has not been on the journey dealing with a mental health diagnosis.

- How could training and continuing professional development be improved for health professionals and peer workers caring for people with a mental illness? What can be done to improve its take up?

Effecting a more evaluative culture across the mental health system could deliver services better more focused on healing and recovery, resulting in continuing professional development better aligned to the need to those grappling with their mental health.

- What changes should be made to how informal carers are supported (other

than financially) to carry out their role? What would be some of the benefits and costs, including in terms of the mental health , participation and productivity of informal carers and the people they care for?

N/A.

Questions on housing and homelessness

- What approaches can governments at all levels and non-government organisations adopt to improve:
    - support for people experiencing mental illness to prevent and respond to homelessness and accommodation instability?

Supply of accommodation for those experiencing homelessness or accommodation instability is severely limited. The Victorian State Government has historically underfunded public housing and seems to lack the desire to better management its estate to ensure that those most in need are most supported.

- Integration between services for housing, homelessness and mental health?

The lack of integration is due to lack of leadership at the highest political levels and results in the continual fighting for scarce resources. Moreover the lack of policy development of provide wrap around support for those most in need is again due to lack of political leadership.

- Housing support for people experiencing mental illness who are discharged from institutions, such as hospitals or correctional facilities?

As above, the lack of political interest has resulted in the lack of joined-up services resulting in an over-population of the prison population living with a mental health diagnosis and a lack of services available to wrap around individuals in crisis and trying to heal/ recover resulting in poor outcomes in terms of their mental health.

- Flexibility of social housing to respond to the needs of people experiencing mental illness?

Again, lack of political leadership is the key issue here.

- Other areas of the housing system to improve mental health outcomes?

Not sure what this is asking.

- What evidence can we draw on to assess the efficiency and effectiveness of approaches to housing and homelessness for those with mental ill-health?

I am unaware of any work carried out by the Australian National Audit Office, the Victorian Auditor-General's Office (though I understand a report is to be published in March 2019). I am also unaware of any other organisations that assess efficiency and effectiveness in this area.

- What overseas practices for improving the housing stability of those with mental illness should be considered for Australia? Why? Is there formal evidence of the success of these practices, such as an independent evaluation?

Not known.

Questions on social services

- How could non-clinical mental health support services be better coordinated with clinical mental health services?

What are non-clinical mental health support services? Where are they located? What's their purpose? I've never heard this term before.

- Are there significant service gaps for people with psychosocial disability who do not qualify for the NDIS? If so, what are they?

There is little support for those dealing with a mental health diagnosis in Victoria. There is practically nothing in Stonnington where I live.

- What continuity of support are State and Territory Governments providing (or plan to provide) for people with a psychosocial disability who are ineligible for the NDIS?

Nothing.

- Are the disability support pension, carer payment and carer allowance providing income support to those people with a mental illness, and their carers, who most need support? If not, what changes are needed?

Yes though approach used to administer Disability Support Pension is very minimal with a focus on administration and form-filling and little else. Moreover there is a

lack of integration between Centrelink and Disability Employment Services around helping an individual consider a staged approach back into the workforce.

- Is there evidence that mental illness-related income support payments reduce the propensity of some recipients to seek employment?

This is a gaping hole in the current system. As mentioned above there is no communication between Centrelink and Disability Employment Services and little incentive for either to communicate with each other let alone collaborate on supporting someone back into some form of work.

- How could mental illness-related income support payments better meet the needs of people whose capacity to work fluctuates over time?

Given the complexities of mental illness and the need for appropriate support to help the individual heal and recover and the current lack of support services designed to facilitate healing and recovery - this needs is a largest gap in the system and the one that could deliver most value. But it also needs to be considered in consultation with those with lived experience to ensure a wrap-around approach is considered that is sufficiently flexible and agile to focus on the needs of the individual and not deleteriously impact on their mental health and wellbeing.

Questions on social participation and inclusion

- In what ways are governments (at any level) seeking to improve mental health by encourage social participation and inclusion? What evidence is there that public investments in social participation and inclusion are delivering benefits that outweigh the costs?

As someone with lived experience, having been diagnosed in 2011, I see no evidence of anyone seeking to encourage social participation and inclusion at any level of Government - Federal, State or local.

- What role do non-government organisations play in supporting mental health through social inclusion and participation, and what more should they do?

Again, there are no non-government organisations playing any role in Stonnington in supporting mental health through social inclusion and participation. People with a lived experience should be seen as valued members of the community but all levels of Government have failed to deliver leadership on this issue.

- Are there particular participation sub-groups that are more at risk of mental

ill-health due to inadequate social participation and inclusion? What, if anything, should be done to specifically target those groups?

I'm not sure what this question is asking.

- What indicators are most useful to monitor progress in improving mental health outcomes through improved social participation and inclusion?

Asking people about their hopes and goals in healing and recovery might be useful indicators and then supporting people in achieving their goals might minimise the risk of relapse.

Questions on justice

- What mental health supports earlier in life are most effective in reducing contact with the justice system?

Giving people purpose in their life and the information, tools and support to be able to achieve their purpose is likely to optimise their health, wellbeing and likelihood of success.

- To what extent does inadequate identification of mental health and individual needs in different parts of the justice system increase the likelihood, and extent, of peoples' future interactions with that system?

Understanding mental health diagnoses is complex but the better the understanding of the underpinning rationale for behaviours can aid understanding and support the individual in living a contributing life.

- Where are the gaps in mental health services for people in the justice system including while incarcerated?

Not sure. Given the overall system supporting those dealing with a mental health diagnosis is fairly minimal, for anyone in the justice system - I hope there is more support for them.

- What interventions in the justice system most effectively reduce the likelihood of re-offending, improve mental health and increase prospects of re-establishing contributing lives? What evidence is there about the long-term benefits and costs of these interventions?

Without direct experience it is difficult to answer this question.

- What are the main barriers to lowering the over-representation of people living with a mental illness in the justice system and what strategies would best overcome them?

The main barriers are the lack of effective community support services focused on healing and recovery and reconnecting with a life of meaning and purpose. There is nothing, for example, in Stonnington in terms of service delivery supporting those with a mental health diagnosis.

- To what extent do inconsistent approaches across state and territories lead to inefficient, ineffective or inequitable outcomes for offenders and their families?

There is lack of focus on lived experience, on healing and recovery and on reconnecting people with a mental health diagnosis with a life of meaning. This is a failure of policy and a failure of political leadership. The system Federally has failed and need to be led by those with lived experience who actually understand what someone needs who experiencing mental health challlenges and then design a system focused on supporting the individual towards better mental health.

Questions on education and training

- What are the key barriers to children and young people with mental ill-health participating and engaging in education and training, and achieving good educational outcomes?

No experience so can't comment.

- Is there adequate support available for children and young people with mental ill-health to re-engage with education and training?

No experience so can't comment.

- Do students in all levels of education and training have access to adequate mental health-related support and education? If not, what are the gaps?

No experience so can't comment.

- How effective are mental health-related supports and programs in Australian education and training settings in providing support to students? How effective are programs in educating staff, students and families, on m mental health and wellbeing? What interventions are most effective? What

evidence exists to support your assessment?

No experience so can't comment.

- Do teachers and other staff in schools and education facilities receive sufficient training on student mental health? Do they receive sufficient support and advice, including on the quality and suitability of different approaches, to adequately support students with mental ill-health?

No experience so can't comment.

- What overseas practices for supporting mental health in education and training should be considered for Australia? Why? Is there formal evidence of the success of these practices, such as an independent evaluation?

No experience so can't comment.

Questions on Government-funded employment support

- How cost effective have the Australian Government's Disability Employment Services (DES) and Personal Helpers and Mentors service (PhaMs) been in enabling people with a mental illness to find and keep a job? Have the DES and PhaMs been targeted at the right populations?

The Australian Government's Disability Employment Services are ineffective at supporting those with a mental health diagnosis as they lack the understanding of lived experience. There is a lack of connection between the DES and Centrelink to provide wrap around support which is what an individual needs to support their healing and recovery. Each DES should have at least one individual with lived experience to ensure the culture with each DES provider is fit for purpose to support those dealing with a mental health diagnosis.

I have no experience of the Personal Helpers and Mentors Service. As previously mentioned, there are no support services in Stonnington designed to help someone in dealing with a mental health diagnosis to support their healing and recovery.

There is no targeted of DES nor PhaMs, they are in large part ineffective and not fit for purpose. Another example of failed political and policy leadership Federally.

- What alternative approaches would better support people with a mental illness (whether episodic or not) to find and keep a job?

There is a gap in the mental health landscape whereby those with lived

experience could be supported to provide their own capacity and capability to provide such support. There is a large number of people who have made progress in healing and recovery and who could be invited to engage in setting up support services focused around helping those living with a mental health diagnosis to find and keep a job. Such support services would be rich with lived experience and through a fit for purpose culture, would be focused on helping individuals living with a mental health diagnosis help themselves.

- To what extent has the workforce participation of carers increased due to the Australian Government's Carers and Work Program?

No experience so can't comment.

- What will the transition to the NDIS mean for those receiving employment support?

No experience so can't comment.

- Which State or Territory Government programs have been found to be most effective in enabling people with a mental illness to find and keep a job? What evidence supports this?

No experience so can't comment.

- How could employment outcomes for people experiencing mental ill-health be further improved?

Federal Government could lead by example and employ people with lived experience. There could usefully be a lived experience employment strategy focused on delivering employment opportunities for those with lived experience, support services enriched by lived experience and designed to help those dealing with a mental health diagnosis to heal, recovery and seek meaning and purpose leading to some form of employment.

Questions on general employment support to firms

- What examples are there of employers using general disability measures (through supported wages and assistance to provide workplace modifications) to employ people with a mental illness? How could such measures be made more effective to encourage employers to employ people with a mental illness?

No experience so can't comment.

- Are there other support measures that would be equally or more cost effective, or deliver improved outcomes?

Mental health diagnoses are not valued in employment setting currently. Whilst there has been some patchy progress in employing people with autism, there is a still much stigma across Australia workplaces. There has been a lack of strategic leadership from Federal Government in addressing mental health stigma and this should be a priority for any Government wishing to see improving mental health outcomes - addressing stigma results in opportunities through employers looking at the strengths and resilience offered by someone who is dealing with a mental health diagnosis rather than being biased by the misconceptions of mental illness.

Questions on mentally healthy workplaces

- What types of workplace interventions do you recommend this inquiry explore as options to facilitate more mentally healthy workplaces? What are some of the advantages and disadvantages of the interventions; how would these be distributed between employers workers and the wider community; and what evidence exists to support your views?

It's almost like a national recognition - we have been awarded a Federal Government Recognition Award as being a mentally healthy workplace. Again this requires leadership, politically and policy-based. It also requires lived experience to be involved in leading design, development and delivery of such an initiative.

- Are employers pursuing the potential gains from increased investment in workplace mental health which have been identified in past studies? If so, which employers are doing this and how? If not, why are the potential gains not being pursued by employers?

I'm not seeing nor sensing this is happening.

- What are some practical ways that workplaces could be more flexible for carers of people with a mental illness? What examples are there of best practice and innovation by employers?

No experience so can't comment.

- How can workplace interventions be adapted to increase their likelihood of having a net benefit for small businesses?

Federal and State/ Territory Governments could lead by example through employing more people with lived experience and delivering policy and strategy around offering people with lived experience employment opportunities.

- What role do industry associations, professional groups, governments and other parties play in supporting small businesses and other employers to make their workplaces mentally healthy? What more should they do?

Such organisations have begun to play significant leadership roles addressing mental health stigma. There is much more that could be achieved through a more courageous and compassionate leadership approach in supporting those dealing with a mental health diagnosis, more organisations promoting what they are doing to support those people grappling with mental health diagnoses and showing that living with a mental illness does not preclude you from gainful employment focusing on strengths, skills and resilience of the individual.

- What differences between sectors or industries should the Commission take account of in considering the scope for employers to make their workplaces more mentally healthy?

A more courageous and compassionate approach in supporting those grappling with their mental health should deliver significant productivity gains. Of course, different sectors and industries have to assure health and safety of employees but this should not preclude or exclude people living with a mental health diagnosis - such action should be considered a contravention of an individual's human rights and illegal.

- Are existing workers' compensation schemes adequate to deal with mental health problems in the workplace? How could workers' compensation arrangements, including insurance premiums, be made more reflective of the mental-health risk profile of workplaces?

No experience so can't comment.

- What overseas practices for supporting mental health in workplaces should be considered for Australia? Why? Is there formal evidence of the success of these practices, such as an independent evaluation?

No experience so can't comment.

Questions on regulation of workplace health and safety

- What, if any, changes do you recommend to workplace health and safety laws and regulations to improve mental health in workplaces? What

evidence is there that the benefits would outweigh the costs?

Is there any current reference to mental health in workplace health and safety laws? Moreover there is often a huge gap between what the laws and regulations state and what actually happens in the workplace. There needs to be a significant campaign to address the issues around mental health stigma and living with a mental health diagnosis.

- What workplace characteristics increase the risk of mental ill-health among employees, and how should these risks be addressed by regulators and/ or employers?

Stress, intense stress, and a dysfunctional work culture resulted in my experience a six month psychotic episode and subsequent diagnosis of bipolar 1. I could have avoided the stress by not taking up employment at the State Government organisation, but I was not aware of the risks inherent in taking up employment at the organisation.

Maybe there is scope for some form of cultural evaluation of a workplace culture or stress environment to inform existing and future potential employees.

Questions on coordination and integration

- How effective are the governance and institutional arrangements for mental health in Australia in achieving the objectives agreed by COAG Health Council in the Fifth Plan? How can they be improved?

I would suggest ineffective as there seems to be a huge gap between what COAG and Federal Government decrees and what actually happens on the frontline. There is a lack of performing monitoring, a lack of interest in outcomes and a lack of value attached to the voices of lived experience. There is also a lack of evaluation which has resulted in the continuing failure of services to support individuals in healing and recovery.

- To what extent do current governance and institutional arrangements promote coordination and integration of mental health services and supports across health and non-health sectors and different levels of government?

There is no co-ordination or integration of mental health services and supports - there are hardly any services and no supports in Stonnington that I have been aware of over the past eight years of being part of the mental health system.

The governance is weak across the system and there is a lack of performance monitoring around outcomes, it seems to be purely focused on inputs and process

which is hardly an indicator of how well the system is performing and an incentive to encourage the system to improve its performance.

- What are the barriers to achieving closer coordination of health, mental health and non-health services and how might these be overcome?

There are no barriers, e-mail, phone, fax - there are no barriers. There is a lack of interest between psychiatry and general practice in the individual and this is the biggest weakness in the system. My GP lacks interest in my mental health - stating the system is under-funded so what can we expect. And my psychiatrist fails to report on what's happening during my bi-monthly appointments with him. There has been no discussion around goals or around planning so I sense I just drift from one appointment to the next. How is this supposed to help someone's mental health?

- Is the suite of documents that comprises the National Mental Health Strategy effectively guiding mental health reform? Does it provide government and non-government stakeholders with clear and coherent policy direction? If not, what changes could be made?

No. Federally and State-wide, the mental health system is awash with meaningless documents that deliver no change, no improvement and fail to reflect the reality of urgency in the need to deliver fit for purpose mental health services focused around helping people heal, recovery and reconfigure their lives towards meaning and purpose.

- Are there aspects of mental health governance where roles and responsibilities are unclear or absent? Are the mechanisms for holding government decision-makers accountable for system performance sufficiently well-defined?

The whole system of mental health governance is ineffective and needs deep reform. There needs to be a refocus on delivering of improving mental health outcomes, on system improvement, on lived experience to inform service redesign to better deliver services that meet the needs of those grappling with their mental health.

Questions on funding arrangements

- what have been the drivers of the growth in mental health expenditure in Australia? Are the same forces likely to continue driving expenditure growth in the future? What new drivers are likely to emerge in the future?

The key drivers have been the increasing incidence of people experiencing

mental health challenges. There is a wealth of information about mental health diagnoses unmet there is a lack of political and policy leadership across the mental health system in delivering more educations across the web, social media and through, for example, educational and employment establishments.

- Can you provide specific examples of sub-optimal policy outcomes that result from any problems with existing funding arrangements?

Sub-optimal policy outcomes result from ineffective policy and evaluation frameworks that are not fit for purpose. There is a lack of interest and a lack of accountability across the mental health system at all levels of Government and hence whilst billions are spent on mental health, there is little evidence on effectiveness of this expenditure.

- How could funding arrangements be reformed to better incentivise service providers to deliver good outcomes, and facilitate coordination between government agencies and across tiers of government?

Incentives could be focused around delivering of fit for purpose services and delivering of improving mental health outcomes. Establishing a culture of evaluation, a culture of lived experience leadership and a culture where the voices of those grappling with their mental health are core to measuring the effectiveness of service delivery is key.

- Are the current arrangements for commissioning and funding mental health services – such as through government departments, PHNs or non-government bodies – delivering the best outcomes for consumers? If not, how can they be improved?

The current approach to mental health is a patchwork quilt trying to paper over the cracks of previously failed attempts to deliver a fit for purpose system. Successive Governments have delivered half-attempts and then lost interest. By placing the voices of lived experience at the core of success, it is more likely that a system will emerge that actually meets the needs of those grappling with their mental health rather than a system that continues to fail to deliver anything.

- How does the way the Medicare Benefits Scheme operate impact on the delivery of mental health services? What change might deliver improved mental health outcomes?

I have little understanding of the Medicare Benefits Scheme and how it operates or impacts on the delivery of mental health services - how does this work?

- What government services and payments beyond those directly targeted at

mental health should this inquiry seek to quantify, and how should this be done?

The key to success of this inquiry is why successive governments have provided reams of documents around mental health and failed to make any change or improvements to the experiences of those grappling with serious mental health diagnosis - little has improved over the past few decades - despite piles of paper being produced and a wealth of announcements of expenditure and money spent on research into mental health.

Questions on monitoring and reporting outcomes

- Are decision-making forums for mental health receiving high quality and timely information on which to make the best strategic decisions?

What are these decision-making forums for mental health? I'm not aware of any openness or opportunities for those with lived experience to share their voices to improve the effectiveness of the functioning of the mental health system in Victoria.

There is a question around high quality and timely information - there is a lack of measurement of outcomes and lack of measurement of patient experience and hence a lack of information around the effectiveness of performance of mental health systems and services across the country.

- Does Australia have adequate monitoring and reporting processes to assure compliance with national standards and international obligations?

No. I was surprised that the national standards and international obligations took so long to find. The Federal Department of Health and State Department of Health website are not designed to help inform an individual grappling with their mental health, are not designed to help inform someone on how to access support and not designed to help inform someone on national standards nor international obligations. Quite the opposite.

- Is there sufficient independence given to monitoring, reporting and analysing the performance of mental health services?

There is no independent monitoring, reporting or analysis of the performance of mental health services. The Victorian Auditor-General's Office's report into mental health, due for publication, is the first of which I am aware into the delivery of services in the state and the extent to which they are fit for purpose.

- Which agency or agencies are best placed to administer measurement and

reporting of outcomes?

Independence is key. In the UK, the Care Quality Commission has a statutory duty to report on the performance of mental health services across the country. Their work has revealed major risks in the delivery of mental health services, major weakness and also highlighted examples of good practice. This has facilitated a culture of learning and whilst slow, there are signs of improvement in the extent to which UK mental health services are slowly becoming more fit for purpose.

- What does improved participation, productivity and economic growth mean for consumers and carers? What outcomes should be measured and reported on?

Purpose and meaning are contributing factors to good mental health and also to a productive workforce and well-functioning economy. This is key to the work of the Productivity Commission.

This is a long journey but one that needs to be explored. Mental health stigma is the biggest barrier to effective mental health and helping those deal with a mental health diagnosis engage with meaningful contributions to society. Federally led political and policy leadership could transform the extent of mental health stigma and change perceptions amongst employers and employees.

- What approaches to monitoring and reporting are implemented internationally? What can Australia learn from developments in other countries?

Again the UK's Care Quality Commission is an example of good practice on monitoring and reporting of performance.

- To what extent is currently collected information used to improve service efficiency and effectiveness?

From what I have seen, currently collected information is not used to improve service efficiency and effectiveness. There is a passive approach to information collection and little interest in making sense of it in looking an opportunities to improve performance or disseminate good practice.

About me

David Clark has devoted most of his career working in performance audit. Joining the UK National Audit Office (NAO) in 1990, he spent his early career qualifying as a chartered accountant whilst engaging in the financial audit of various taxpayer funded health bodies including the Department of Health.

After qualifying, he moved into performance audit and worked on reports into emergency departments, clinical audit, management of medical equipment and provision of hip replacement surgery in the National Health Service.

He subsequently moved into a post on the Value For Money (VFM) Development team, designing and delivering training to internal staff and external visitors, ultimately taking on the role of leading design and implementation of the VFM training programme.

Following on from this role, he took up a secondment to the Victorian Auditor-General's Office where he managed studies in public housing and subsequently patient safety in Victorian hospitals.

After returning to UK, he took on a change management role, supporting the implementation of an initiative to deliver productivity improvements within the NAO.

Returning to Australia, he engaged in roles in the Victorian Department of Health and the Victorian Health Service, moving onto a role as Program Manager in the Country Fire Authority. This last role led to him experiencing a six month psychotic episode and a subsequent diagnosis of bipolar disorder in 2011.

Since this time he has sought to understand the diagnosis and as a result is now a Master Practitioner in Neuro-Linguistic Programming (the link between our thoughts, language and behaviour), an mBIT Master Coach (www.mbraining.com) and runs a meetup support group (with 375 members) for those diagnosed with a mood disorder. He hopes to launch his coaching through www.calmercoaching.com and complete his second book, Achieving Authenticty-Being the Person You Were Born To Be in 2019. His memoir, Life is not always what it seems, was published in 2015.