Submission to the Productivity Commission's Draft Report on Mental Health

Attachment B

SAMHC's Responses to Draft Recommendations

Feedback on the Productivity Commission's Mental Health Draft Report		
Draft Recommendations	**Pg**	**Comments/Feedback**
5.3 — ensuring headspace centres are matching consumers with the right level of care	53	The Commission supports this recommendation, however, also supports considering the range of services provided by headspace centres being expanded to support young people beyond low-intensity services. This could include further rollout of the headspace Early Psychosis Program, and further support for young people seeking assistance with BPD, Eating Disorders, Bipolar Disorders, Trauma and Depression that is above the "mild to moderate" criteria that headspace centres have traditionally worked with.
6.1 — supported online treatment options should be integrated and expanded	56	The Commission supports this recommendation and has the following comments: - It is important that online treatment options should not replace alternative options; other treatment options need to remain available with online treatment options being an expansion of what is already available. - If CALD community members are being targeted for use of these services, development must be informed by people from these communities; developed in a way that is culturally appropriate and sensitive; aware of differing levels of mental health literacy and available in a wide variety of language groups. - This expansion of services through online options could reduce the 'treatment gap' for those with mild to moderate mental ill health, and ultimately reduce the duration and severity of mental ill health for these people. - Online treatment has the ability to reduce a number of barriers to accessing care (such as stigma and location), increase the uptake of treatment without placing large demands on the need for additional health professionals. - Issues with connectivity could present an issue with access in rural and remote locations.
6.2 — information campaign to promote supported online treatment	56	The Commission supports this recommendation and has heard the following from our consultations with South Australians: - language and definitions used in the information campaign must be aware of stigma related issues and be developed in consultation with consumer/lived experience feedback.

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5.7 — psychology consultations by videoconference	59	The Commission supports this recommendation. This change acknowledges the challenges for people in Monash Modified Model (MMM) areas 1-3 with physical disabilities, mental health disorders or psychosocial stress that prevent them from attending face-to-face consultations. Please also note in recent consultations with the community in Ceduna (MMM classification 7), Port Lincoln (MMM classification 6) and Cummins (MMM classification 6) the importance of face-to-face contact initially (before videoconference consultation) was highlighted as important to people across the region.
7.2 — psychiatry consultations by videoconference	59	The Commission supports this recommendation and recognises the flexible service delivery models proposed here to help ensure that people living in rural and remote locations receive more timely services and supports. The Commission supports the removal of item 288 from the MBS and has heard from South Australians living in country areas that face-to-face contact initially is seen as crucial for people experiencing distress, prior to videoconference consultation.
8.1 — Improve emergency mental health service experiences	60	The Commission strongly supports this recommendation with the following comments: - Our stakeholder consultations suggest that mental health workers play a valuable role assessing need and avoiding presentation to emergency departments, where possible. South Australians have told the Commission of the inadequate, stigmatising and distressing experiences they have had in emergency departments. - Examples such as Crisis Now services, run by RI International in America, demonstrate that mental health crisis services can be provided in a cost effective way, be an effective alternative to emergency departments and provide a better experience for consumers. Further details available at the Crisis Now website: https://crisisnow.com/about-crisis-now/
11.1 — the National Mental Health Workforce Strategy	61	The Commission supports this recommendation with the following comments: - The Commission and its stakeholders strongly support the increased utilisation of peer support workers and recommend the Strategy include any outcomes agreed to under Recommendation 11.4 - Aboriginal and Torres Strait Islander peoples are under-represented in mental health professions and action should be taken to increase their participation in this workforce.

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11.4 — strengthen the peer workforce	63	The Commission supports this recommendation and proposes that this occur in collaboration with the state and territory Mental Health Commissions. Further to this, the Commission heard strongly from the NGO sector, people with lived experience and a number of mental health services providers, about the important value of peer support, peer workforces and peer led services. As well as playing a key role in the NGO sector, suggestions and examples were made of other roles where peer workers could potentially play a valuable part. These included delivery of targeted or widespread mental health first aid training, peer-led crisis respite centres, provision of peer based support services particularly in country areas, and potential roles within emergency departments, sub-acute services and with SA Police or other first responder organisations. South Australians are seeking a systematic and planned approach to a professionalised peer workforce or peer led models to ensure consistency in access, support and accredited qualification for this workforce across services.
11.5 — improved mental health training for doctors	64	The Commission supports with recommendation but notes that training must be co-designed by people with lived experience.
11.7 — attracting a rural health workforce	65	The Commission supports this recommendation and additionally recommends more considered and appropriate rural workforce recruitment strategies. The Commission is aware some rural and remote regions are advertising for positions at multiple locations or offering choices of location within a wider region that can be problematic e.g. Port Lincoln (MMM classification 6) and Ceduna (MMM classification 7) currently advertise jobs / roles together for that region. The Commission has heard strongly from community members in Ceduna that their region is disadvantaged by this. In addition to this, there is a lack of incentives for workers to stay in the region (e.g. unaffordable housing, increased cost of living, risk of burnout due to complex needs and turnover of staff) and therefore appropriate supports for the health workforce needs to be prioritised and appropriately resourced.
10.3 — single care plans for some consumers	67	The Commission supports these recommendations noting that it is particularly relevant to those individuals experiencing co-morbidities, being released from institutions (hospitals and prisons); require housing related support services (15.1 & 15.2, 24.3) and other wellbeing or support services. During our consultations, South Australians have been clear in their frustrations about multiple care plans for difference services and based on this, the SAMHC supports these recommendations.
10.4 — care coordination services	68	
12.1 — extend the contract length for psychosocial supports	68	The Commission supports these recommendations noting that NGOs have told the Commission of the difficulty in workforce planning and continuity of services when given one-year contracts.
12.2 — guarantee continuity of psychosocial supports	69	

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12.3 — NDIS support for people with psychosocial disability	69	
15.1 — housing security for people with mental illness	75	The Commission supports all of the short and long term recommendations with the following comments: - Recommendation 10.3 is particularly relevant to those experiencing mental ill-health and requiring housing support services. - Care plans should coordinate whole-of-person, whole-of-life services including: mental health, physical health and well as social and wellbeing determinants of an individual. - The Commission strongly supports "no exits into homelessness." - Recommendation 10.3 is particularly relevant to those requiring housing support services, or at risk of homelessness, see comments related to Recommendation 15.1. - Linked with Recommendation 15.1, social housing workers also need knowledge and readily available information on the available mental health services in the area an individual is being housed, share this information in appropriate ways and assist in the referral/application process. - Some Housing First programs should be tailored to particularly vulnerable population sub-groups with mental illness, including, young people, women with children, older people and Aboriginal and Torres Strait Islander people.
15.2 — support people to find and maintain housing	76	
16.1 — support for police	78	The Commission strongly supports this recommendation and notes that the Productivity Commission should consider the value of the peer workforce in relations to police and emergency response teams. See response to recommendation 8.1 and 11.4. Further to this, the Commission has heard positive feedback in relations to co-response models and the co-location of mental health professionals within police buildings, and that the implementation of peer-led mental health support made up of those who currently serve within the police force, or have previously served, should be strongly considered.
16.2 — mental healthcare standards in correctional facilities	79	The Commission supports these recommendations noting that greater access to social workers and potentially to peer workers is likely to be beneficial. In addition, the Commission heard that additional training for prison officers in mental health and trauma informed practice would be helpful to increase understanding and provision of support for mental health needs of prisoners. The Commission also heard that the provision of mental health care for forensic clients is intensive at the point of admission but not at the point of discharge. For forensic clients with cognitive impairments, there is a need for specialist services that can also provide appropriate housing and support on release.
16.3 — mental healthcare in correctional facilities and on release	79	

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16.4 — incarcerated Aboriginal and Torres Strait Islander people	80	The Commission supports this recommendation and has heard of the importance of those who have an ongoing mental illness, prior to release, being connected with a relevant community-based service (and their care information should be shared with this service) to enable individuals with mental illness to receive continuity of care post-release. In the case of Aboriginal and Torres Strait Islander people, services within correctional facilities and therefore post-release care should be culturally capable. Further to this is concern relating to transitions from the justice system into assisted housing, where follow-up care is critical. Please refer to housing related recommendations (15.1 and 15.2) for further details.
17.2 — social and emotional development in preschool children	83	The Commission generally supports these recommendations, however, the medium-term recommendation that "State and Territory Governments should expand the provision of parent education programs through child and family health centres" does not take into account that some state education funded child/family programs already exist in this space. In addition, in some locations, there are non-government programs funded by the federal Department of Social Services that are already providing programs (e.g. under Communities for Children). This recommendation could be revised to reflect the need for local education, health, social services representatives should work together to identify gaps in the availability of parent education programs and fund them appropriately (or similar).
17.3 — social and emotional learning programs in the education system	84	The Commission supports this recommendation, noting that there is a wide variety of approaches used by schools to deliver social and emotional learning programs. To develop guidelines for accreditation of external programs it may be necessary for comparative evaluation of the outcomes achieved by available programs. During our consultations, the Commission has heard about work happening to build wellbeing and resilience in schools and universities. However, there is a need for a coordinated approach that meets the needs of all children and young people. The Commission's Youth Advisory Group members stated that there should be increased utilisation of peer support workers, including youth peer workers within mental health services.
17.4 — educational support for children with mental illness	85	The Commission supports this recommendation but it should explicitly state that the review of Disability Standards for Education needs to include feedback from parents of, and students living with mental illness, to understand how the standards are affecting them.
17.5 — wellbeing leaders in schools	86	The Commission supports this recommendation; refer to recommendation comments at 17.3.

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17.6 — data on child social and emotional wellbeing	87	The Commission supports this recommendation, however noting that there could explicitly be a focus on the need for (de-identified or other appropriate) data sharing between education and health departments to ensure all currently available data on child and youth mental health and wellbeing is being used to inform policy and programs in both areas. The Australian Government's development of an education evidence based on mental health and wellbeing needs to acknowledge that many states already have well developed approaches, and this recommendation should incorporate existing data collection methods and sources when creating its evidence base.
18.1 — training for Educators in tertiary education institutions	88	The Commission supports this recommendation, noting that training such as Mental Health First Aid or safeTALK should be offered to tertiary educators, equipping them with basic knowledge regarding mental health and suicide prior to undertaking a position within tertiary education. It could also be recommended that all tertiary institutions have an obligation to provide free mental health support to students. The Commission's consultations have revealed that there is a need for a coordinated approach that meets the needs of all children and young people.
18.2 — student mental health and wellbeing strategy in tertiary education institutions	89	The Commission supports this recommendation, recognising that on-site counselling and support services should be mandatory for all tertiary institutions in order to meet the Higher Education Standards Framework. Tertiary institutions should also provide training and guidance for staff.
18.3 — guidance for tertiary education providers	89	The Commission supports this recommendation, noting that our consultations revealed that international students report a lack of understanding regarding Australian mental health services. In response to this, the Commission has heard that tertiary institutions should provide, as part of the international student orientation curriculum, education on mental health, including how to access support services. Our community engagement has also highlighted a view that universities have a duty of care to provide quality, free mental health and wellbeing support to international students, regardless of healthcare cover.
19.1 — psychological health and safety in workplace health and safety laws	90	The Commission supports this recommendation with the view that workplaces can greatly influence mental health and wellbeing, and the work already occurring in South Australian workplaces should be considered and expanded upon.
19.2 — codes of practice on employer duty of care	90	The Commission fully supports the development of codes of practice in regards to psychological health in the workplace, especially a practical guide to achieving the standards to assist understanding of employer duty of care.

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20.1 — national stigma reduction strategy	94	The Commission supports this recommendation. Further to this, and as part our consultations, the Commission heard a call for widespread community education to improve awareness around mental health and mental illness, reduce stigma, discrimination and associated suffering, and to increase people's understanding of when, where and how to seek help. Greater community awareness and understanding of mental health and wellbeing has the potential to improve people's lives by reducing the stigma and shame currently associated with mental ill-health, and by increasing people's willingness and ability to help others and seek help themselves. People with trans or other gender diverse identities also advised the Commission that experiences of stigma and discrimination in relation to their gender identity impact negatively on their mental health and frequently lead to a difficulty in being able to discussing/raising personal issues and/or accessing services. This can be particularly difficult for people of CALD background where their sexual and cultural identities may clash to coexist. Many told the Commission about the double life that they live in order to address the stigma and discrimination experienced within their own ethnic communities because of their sexual and gender identity as well as within the LGBTIQ mainstream community because of their ethnicity. The Commission also receive feedback on rethinking/considering the language and definitions used around mental wellbeing, mental health and mental illness in order to reduce confusion and mitigate potential harm from misunderstanding. In addition to this, the Commission recommends that the NMHC work in partnership with state and territory Mental Health Commissions in fulfilling this recommendation as each state and territory Mental Health Commission currently have existing roles addressing stigma within their jurisdictions. The Commission also recommends that adequate funding be provided in order for sustained change to be achieved (over a period of years) – similar to the programs undertaken by the Scottish Government, such as See Me: https://www.seemescotland.org/.
20.2 — awareness of mental illness in the insurance sector	95	The Commission supports this recommendation noting the need to include people with lived experience in discussions on this issue.

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22.1 — a National Mental Health and suicide prevention Agreement	99	The Commission is in full support of this recommendation, and is enthusiastic about the improvement that this agreement could have. The Commission has frequently heard reports of frustration and confusion due to the system being difficult to navigate. Community members have also reported that it does not matter to them who (federal or state government) is funding the services and supports, just that the support is there when people need it. Further views heard by the Commission include: - it is crucial to including those with lived experience and carers as key partners in the development. - clarity regarding who is providing services for those at risk of suicide, and accountability for outcomes relating to interventions is an important aspect for the agreement. - for people in rural and remote areas of South Australia, they report the need for locally co-ordinated services delivered by people who live locally. - the significant importance that the social determinants of health play on people's mental health and that mental health is bigger than just health.
22.2 — a new whole-of-government mental health strategy	100	The Commission supports this recommendation and the role the NMHC would have in monitoring and reporting on its implementation of the strategy.
22.3 — enhancing consumer and carer participation	101	The Commission wholeheartedly supports this recommendation and believes collaboration with and participation of consumers and carers is of particular importance to improving the mental health and wellbeing of Australians.
22.4 — establishing targets for outcomes	101	The Commission supports this recommendation noting that there is a need to include management and private services and feedback from people with lived experience and consumers.
22.5 — building a stronger evaluation culture	102	The Commission supports this recommendation and agrees that the NMHC should be a statutory organisation – with legislation stating what its long-term role is and how it should operate. The Commission agrees that the NMHC should lead evaluation of mental health and suicide prevention programs funded by Australian, State and Territory Governments. The Commission also notes that NGOs and private services should be included in the consultation and evaluation processes.

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24.3 — the National Housing and Homelessness Agreement	106	The Commission is in full support of this recommendation, noting the significant impact housing stress can have on an individual's mental health, and how mental ill-health can impact upon an individual's ability to maintain a stable and safe house situation. The need for secure and appropriate housing was raised many times, to the Commission during consultation, as a key factor in not only helping to prevent the onset or worsening of mental health problems, but also as a key barrier to timely discharge from hospital for many people. Several service providers in both city and country locations called for a greater number of mental health supported accommodation packages such as those available through the Housing and Accommodation Support Partnership (HASP) Program. A need for a variety of supported accommodation ranging from 24/7 support to less supported is required in metropolitan and country SA. It was also noted that, in general, housing options might not always be appropriate for some people who experience chronic conditions or have complex circumstances. For people with complex needs, alternative housing options and models need to be considered. The Commission also heard that more case management and service coordination across multiple agencies and services was needed. It also reduces the need for clients to retell their story to different agencies. Refer also to comments related to recommendations 15.1, 15.2, 10.3 and 10.4.
25.2 — routine national surveys of mental health	108	The Commission supports this recommendation with particular focus on collecting data with an outcomes focus. The Commission has heard that collecting data on the quality of the services, the appropriateness of the services and the outcomes of using services could present persuasive data to assist in reorienting services. Further to this, it is strongly recommended that people with lived experience help design the survey.
25.4 – strengthen monitoring and reporting		The Commission supports this recommendation and agrees that monitoring and evaluation should be more focused on the consumer and carer experience as well as the outcomes they experience. The Commission also agrees that mental health reporting should be expanded beyond the health portfolio.
25.7 — principles for conducting program evaluations	111	The Commission supports this recommendation noting that consultation needs to include the perspectives of people with lived experience.
25.8 — requiring cost-effectiveness consideration	111	The Commission supports this recommendation, however, the long-term and short-term nature of cost effectiveness needs to be explained. The meaning of cost-effectiveness needs to be explained in greater detail so that the complexity can be understood, for example, cost might be borne by health but costs could be saved in both justice and child protection in the long term.

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Request for Information	**Pg**	**Comments/Feedback**
22.1 — governance arrangements for NMHC	102	The Commission supports the NMHC becoming a statutory authority and be given strategic, evaluation and monitoring and reporting responsibilities. The Commissions believes that the NMHC should have a skills based board that would act to ensure that the NMHC fulfils its obligations and be apolitical in terms of what it recommends. In addition, the Commission proposes the following: • there should be state and territory Mental Health Commissions established in every state and territory: – these Mental Health Commissions should be statutory organisations which include a clear mandate which includes working strongly with the NMHC; or alternatively: – the NMHC be expanded to establish offices in each state and territory and a process of transition from current state and territory commissions to the NMHC occur. • the state and territory based Mental Health Commissions should be independent of other state or territory departments and their focus be on working across government, non-government and the private sectors. • the state and territory based Mental Health Commissions should provide strategic advice and guidance to the proposed Regional Commissioning Authorities and work together to provide seamless mental health services which, whilst necessarily differ according to where they are operating , will nevertheless strive to be equitable and accessible.
25.2 – Proposed indicators to monitor progress against Contributing Life Outcomes	109	The Commission fully supports the development of indicators that monitor and report on mental health as a whole-of-person, whole-of-system, whole-of-life approach to mental health and wellbeing. In 2019, the Commission investigated how to measure wellbeing in South Australia. The following table was presented as part of the findings of this task, and could help inform further development indicators against the Productivity Commission's 'Contributing Life Outcomes': *Table 1: 11 Wellbeing Indicator Domains, Example indicators and possible data sources* (noting that some of the content of the table below is South Australian specific)

Table 1: 11 Wellbeing Indicator Domains, example indicators and possible data sources

Domain	Example indicators	Proposed data source
Mental health	Prevalence of psychological distress	SA Health South Australian Monitoring and Surveillance System ABS National Health Survey ABS Australian Health Survey
	Prevalence of mental health conditions within adults	SA Health South Australian Monitoring and Surveillance System SA Health Mental Health Data
	Prevalence of emotional, mental health or behavioural problems within children and youth	SA Health South Australian Monitoring and Surveillance System SA Health Mental Health Data AIHW Aboriginal and Torres Strait Islander adolescent and youth health and wellbeing 2018
	Rates of suicide	SA Health South Australian Monitoring and Surveillance System South Australian Suicide Registry
Physical health	Life expectancy	ABS. 3302.0 Deaths Australia ABS Population Projects Australia 2012-2101 ABS Population Projects by Region 2012-2061
	Self-reported health status	SA Health South Australian Monitoring and Surveillance System Unleashed 2014 Industry and Community Data: Aboriginal and Torres Strait Islander Social Health Atlas of Australia
	Sufficient physical activity based on guidelines	SA Health South Australian Monitoring and Surveillance System
	Sleep duration and quality	SA Health South Australian Monitoring and Surveillance System
	Prevalence of obesity	SA Health South Australian Monitoring and Surveillance System Health Omnibus Survey
	Rates of chronic health conditions	SA Health South Australian Monitoring and Surveillance System ABS National Health Survey ABS Australian Aboriginal and Torres Strait Islander Health Survey
	Rates of smoking	Alcohol and Other Drug Treatment Services National Drug Strategy Household Survey ABS Health Omnibus Survey National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) Collection DASSA
	Rates of alcohol consumption	
	Rates of drug use	
Personal	Life satisfaction	SA Health South Australian Monitoring and Surveillance System ABS Health Omnibus Survey
	Quality of life	
	Subjective (individual) mental wellbeing	
	Job satisfaction	2018 Australian Public Service Commission Employee Census
Social	Social support in times of crisis	ABS General Social Survey SA Health South Australian Monitoring and Surveillance System
	Quantity and quality of interpersonal relationships	
	Perceptions of social connectedness	
	Social participation and engagement	

<table>
<tr><td rowspan="3">Culture</td><td>Participation and attendance of cultural events and activities</td><td>ABS ‘Attendance at Selected Cultural Venues and Events’ Data</td></tr>
<tr><td>Participation rates in sport and physical recreation</td><td>ABS ‘How Australians Use Their Time’ Data
ABS ‘Participation in Sport and Physical Recreation’</td></tr>
<tr><td>Support for cultural diversity</td><td>ABS General Social Survey</td></tr>
<tr><td rowspan="3">Citizenship</td><td>Volunteering rates</td><td>Adelaide City Council Volunteers Data
SA Government Office for Volunteers: Volunteering in SA Report</td></tr>
<tr><td>Voting enrolment</td><td>Adelaide City Council Election Statistics
Australian Electoral Commission Federal Election Results</td></tr>
<tr><td>Participation in community</td><td>ABS General Social Survey</td></tr>
<tr><td rowspan="3">Education and training</td><td>Year 12 (SACE equivalent) completion rate</td><td rowspan="3">ABS (SA) Education and Work Data
SACE Board of South Australia Annual Report Data
Australian Vocational Education and Training (VET) Statistics
SA Health South Australian Monitoring and Surveillance System</td></tr>
<tr><td>Engagement in vocational education and training (VET)</td></tr>
<tr><td>Engagement in further education</td></tr>
<tr><td rowspan="4">The environment</td><td>Air quality</td><td>EPA Air Quality Monitoring Sites
National Environment Protection Council – National Environment Protection (Ambient Air Quality) Measure</td></tr>
<tr><td>Water quality</td><td>SA Water Water Quality Data
Torrens Lake Water Quality Dataset
SA Health Safe Drinking Water Act Annual Report</td></tr>
<tr><td>Accessibility to green spaces</td><td>Parks Visitation Survey</td></tr>
<tr><td>Smoke free public zones</td><td>Health Omnibus Survey</td></tr>
<tr><td rowspan="4">Security</td><td>Perceptions of safety</td><td>SA Health South Australian Monitoring and Surveillance System</td></tr>
<tr><td>Crime rates</td><td>Attorney General’s Department: Crime Mapper (South Australia)
SAPOL Crime Statistics
Office of Crime Statistics and Research</td></tr>
<tr><td>Child protection</td><td>SA Department for Child Protection Report</td></tr>
<tr><td>Family and domestic violence</td><td>SA Health South Australian Monitoring and Surveillance System</td></tr>
<tr><td rowspan="4">Economy</td><td>Household income earnings</td><td>Department of the Premier and Cabinet: Regional Profiles
ABS Household Income and Wealth (based on Survey of Income and Housing)</td></tr>
<tr><td>Employment rate</td><td>Department for Industry and Skills: South Australian Labour Force Data
Department for Industry and Skills: Regional Labour Force Data</td></tr>
<tr><td>Housing costs</td><td>RenewalSA and SAILIS (South Australian Integrated Land Information System) Data</td></tr>
<tr><td>Service accessibility</td><td>AIHW: Healthy Communities</td></tr>
<tr><td>Fairness, equity and social justice</td><td>Proportion of Australians that feel they are able to have a say within a community on important issues</td><td>ABS General Social Survey</td></tr>
</table>