

## **What can the SA Mental Health Commission do for you?**

### **Report of a Consumer and Carer Forum held in January 2016.**

#### **Purpose of the Forum:**

The establishment of the SA Mental Health Commission was announced in **October 2015**. Dr Stephen Christley, SAs former Chief Public Health Officer is the interim Mental Health Commissioner.

In **November 2015**, as part of the early consultation program, Stephen met with the Health Consumers Alliance to discuss his interim role and what could be progressed in the time leading to the appointment of the ongoing Commissioner.

Engaging with South Australian consumers and carers to seek their views about what the Mental Health Commission should do was seen as a priority.

HCA offered to facilitate a forum, providing opportunity for consumers and carers to suggest and advise on the work required going forward. The forum was held on Wednesday **20 January 2016**.

#### **Background to the SA Mental Health Commission:**

In other states in Australia, mental health commissions have been providing strategic advice to governments on the changes needed in mental health.

The Australian Government and state governments in New South Wales, Western Australia and Queensland have also established mental health commissions. Mental health commissions share a fundamental goal, and demonstrated ability to propel reform in mental health.

The South Australian Mental Health Commission will lead the development of the next SA mental health plan, undertake policy development to improve mental health service delivery and most importantly, will work closely with the mental health sector and the community. It will be established as an independent unit, independent from SA Health, providing advice directly to the Minister for Mental Health and Substance Abuse.

The Mental Health Coalition of SA (MHCSA) had advocated for the establishment of a SA Mental Health Commission. HCA and MHCSA both welcome it's creation. In particular, the need for a Commissioner who can listen carefully to the views of people who have experienced mental illness, their families and carers, and use this understanding to ensure the improvements made to our system are practical and appropriate to the experiences of people who use these services.

#### **Participants:**

The 'What can the SA Mental Health Commission do for you?' Forum was held on Wednesday, 20 January 2016 from 11 am until 1pm at HCA. Fifty two people participated, representing consumer, carer, government, non-government, service delivery, clinical and research sectors.



Michael Cousins, Chief Executive HCA, facilitated the forum.

Stephen Christley, the interim Commissioner provided an overview and Michael Cousins led an interactive session of questions, suggestions and advice from the participants.

### **Discussion:**

#### **Interim Commissioner's overview**

- Interim role is from November 2015 until March - April 2016
- Commissioner likely to be appointed in April 2016
- Major goal is to improve the life of people in need of mental health services and support.
- The outputs will be a Mental Health Plan for South Australia and an Evaluation method to continually track what is happening in mental health so people can expect matching services and care.
- Recent appointment of a new Minister to Mental Health and Substance Abuse
- Tasks to date include setting up office separate to SA Health, preparing for the appointment of the commissioner, talking and listening to NGOs, PHNs, LHNs and people with lived experience of mental health illness.
- Exploring how the Commission will go about forming the SA Mental Health Plan, and what the evaluation method will look like. How to make sure people with lived experience have a say and influence the plan.
- Learnings so far include: Consumer and Carer voices are clear and unified; How we are structured in SA means sometimes the dots are not joined; Some NGOs would like to do more if it was clearer about how; There are some good partnerships happening.
- The SA Mental Health Plan needs to take a step by step approach and ensure all levels of government are involved.
- SA Commissioner will engage with the National Mental Health Commission and other state commissioners.
- Confirmation that the advice and suggestions made today will be passed onto the Commissioner, this work will not be lost.

#### **Participants' questions, advice and suggestions to the interim commissioner**

- **Consultation with consumers, carers and communities**

Advised to design a process that incorporates all stakeholders in developing the SA Mental Health Plan so there is a comprehensive view. Then, bring people together to identify solutions should there be differing experiences or views.

Suggest the process needs to work out what are 'communities' and how to engage with them in a way that works. Need to do preliminary work on sorting out the right engagement strategy.

Advised that consumers and carers need to be at the 'top of the tree' currently this is not the case and this is the change that is required to ensure improvement in mental health.

Suggest that the Commissioner or the Commission have a clear allocation of resources to ensure someone listens to consumers and carers.

Suggestion to comprehensively engage consumers and carers with clinicians when developing the mental health plan, in particular to ensure that it starts with prevention and across the spectrum to specialist care. Try not to have separate conversations.

- **Coordination of services and care**

Advised there is often no coordination between NGOs and acute care. This needs to be addressed beyond verbal communication to sustainable systems that focus on consumers.

Advised that care in country SA is not well coordinated, in particular the link between hospital and community. The delays in seeing psychologists and counsellors is unacceptable.

Advised there are still excessive waiting lists for mental health services across the board.

Advised about the connection with the current roll out of the NDIS and the challenges consumers and providers are facing.

Advised the state and private mental health service system need to work together better, clearer communication would be a start.

- **Stigma**

Advised the stigma associated with having a mental health illness exists. Suggest focussed training to develop competencies in staff to identify and reduce the impact of stigma.

Suggested that lived experience workers are competent in reducing stigma associated with mental health. Opportunity to explore establishing a nationally trained peer lived experience workforce.

- **Workforce**

Acknowledged there needs to be a universal culture of system improvement and ongoing learning.

Advised the current workforce are not always trained in competencies around mental health clients. Often people coming through ED interact with staff untrained in caring for people with mental health issues.

Suggested that the role of the lived experience workforce, the peer workforce, is fundamental to providing supportive services aligned with consumers and carers needs.

Advised the workforce of peer workers needs to be grown and identified as a main element of mental health care and support.

Advised to develop a comprehensive workforce recruitment strategy, perhaps look at Victoria's work as it has been raised as best practice.

Advised pharmacists are underutilised workforce and could be considered for workforce training and competencies in mental health care and support.

Workforce competency training needs to extend to general practitioners who are not always as capable as they should be given their central role in mental health diagnosis and support.

Advised workforce training through Certificate 4 is vital and so are the subsidies that support people to do the training.

- **Pathways of care**

Advised that in WA 40% of people in mental health beds in the acute setting are there because of the delay in finding somewhere appropriate and safe for them to go. We need to focus on a solution.

Suggested focus is also around the existence of early intervention programs such as the beyond blue New Access pilot program run by Wesley Uniting.

Suggested that focus is put on James Nash house and the lack of rehabilitation services. This should be reviewed and include engagement with the families and friends who have someone in James Nash house.

Suggested that work needs to be done on the interface of drug and alcohol services that seem separate to mental health services. At some level this need to be incorporated into the mental health plan however based on individual circumstances and diagnosis.

Advised that there needs to be connectivity in the mental health plan with evidence around physical health and the impact undetected assessment can have on people with mental health issues.

Suggested that dental care is another problem associated with mental health treatment and experiences.

- **Gap between acute and community**

Advised on the necessity of getting State, Federal and NGO links, consumers want to know how this will work and stress that it needs to happen.

Advised about the recurrence of hospital admissions when a comprehensive acute across to community system of care is not implemented. This is exhausting both emotionally for consumers, families, and carers and financially unviable for the health system.

Acknowledgement of the historic structural and or political barriers with state and federal funding impacting on the gap between coordinated services form acute to community. Will the Commission make any in roads here?

- **Planning and Evaluation**

Suggested dedicated time to explore the diversity of issues in country South Australia related to mental health and support services.

Suggested that if the mental health plan does not address the lack of safe, appropriate and supportive accommodation following discharge then the plan will fail. Both the acute and community settings needs to acknowledge and then address this opportunity to ensure wellbeing of those affected.

Advised that improvement in mental health services so that consumers get a comprehensive service is a human rights and public health expectation. There needs to be a whole of government approach from early childhood until end of life approach to preventing, detecting, treating and caring for mental health issues.

- **Accountability**

Advised that NGOs are putting their hands up to do all sorts of supportive service work however this is often not their core business. It keeps the NGO funded however it is not always what the consumer or carers needs.

Suggest that reviewing the amount or number of services and what their roles are would be helpful for consumers. The intent seems good however coordination and collaboration is missing.

**Emerging Themes:**

1. Consulting consumers and carers is fundamental to getting the mental health plan right.
2. Systematically improving the coordination of services and care will make a difference.
3. Reducing stigma is a game changer.
4. Focusing on recruiting and comprehensively training an appropriate workforce is vital.
5. Addressing duplication of services and clarifying pathways of care is all about planning.
6. Building a bridge between acute services and community life cannot be delayed.
7. Continually planning, evaluation, measuring and review will ensure sustainability.
8. Leading by demonstrating accountability.

**Next steps:**

Stephen Christley will provide this report to the incoming Commissioner and incorporate the advice, suggestions and themes as they fit, in the work of the Commission.

HCA has provided this report publically via its website for consumers and carers interested in and wanting to contribute to improving the delivery of mental health services in South Australia.

HCA will continue to advocate, using this report as a guide, in all forums associated with the reform of mental health in South Australia. This work will also inform the development of HCA's mental health reform position statement due for publication on the website in March 2016.