JFA
Purple Orange

Submission to the SA Mental Health Commission in relation to the South Australia's Mental Health Strategic Plan

Submitter details

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About the Submitter

JFA Purple Orange is a non-government, social profit organisation. Anchored on dialogue with people living with disability, their families, service providers, government and other stakeholders, we seek to identify policy and practice that has the prospect of advancing peoples chances of a good life. Our work is anchored on the principles of Personhood and Citizenhood. Our work includes research, evaluation, capacity building, consultancy, and hosted initiatives.

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1.0 Introduction to this Submission

JFA Purple Orange welcomes this opportunity to provide input to the SA's Mental Health Strategic Plan and supports the SA Mental Health Commission in leading the development of the Plan.

This is an important moment in the state's history as it will provide strategic direction on Mental Health for the State for the five-year period 2017–2022, at a time when there is significant uncertainty and concern as the full roll out of the National Disability Insurance Scheme begins.

It is also comes at a troubling time in South Australia following the independent review into and subsequent closure of the The Makk and McLeay Nursing Home at the Older Person's Mental Health Service, in Oakden.

Incidents like this, and associated revelations about possible failures to act early to safeguard vulnerable people, can cause South Australians to lose faith in a system that is meant to protect and support people when they are at their most vulnerable. Mental Health is a key barometric readings for society wellbeing. When the system fails, people suffer terribly.

Because mental health is influenced by many factors – such as employment, relationships, housing, mobility, income, health, trauma – it is imperative that the Government adopts a proactive, comprehensive and integrated approach to Mental Health. This demands a coherentstrategy that fully integrates with other mainstream services including housing, health, education, employment, justice and disability.

It is also crucial that the South Australian government commits to continued funding for community-based mental health services at the current level.

The SA Mental Health Strategic Plan 2017-2022 is a critical opportunity to move away from a 'back-foot', fragmented service system to one that systematically builds recovery and the restoration of life chances.

This submission is influenced by two main sources of information:

1) the ***Model of Citizenhood Support***: a conceptual framework for considering the protection and advancement of a person's life chances towards a meaningful and fulfilling life, and which we think has good relevance to the challenges in mental health
2) the ***Wellington mental health reform***: a root-and-branch rebuilding of the mental health service system in Wellington New Zealand 1997-1999. This was undertaken in response to a range of systemic issues, including catastrophic failure. The reform resulted in a much stronger and coherent mental health service system. The reform included a co-designed pathway, targeted treatment pathway options including those with specific cultural context, an evolved relationship with primary healthcare practitioners and other community resources, a well-resourced crisis response team, and a careful focus on patient information management. The reform outcomes included a greatly reduced reliance on 'back-foot' inpatient resources in favour of 'front-foot' resources such as step-up step-down community services, stronger mental health outcomes via primary healthcare, better patient flow between primary and specialist at the health, and better management of patient information (including access in emergency). These benefits were achieved without significant implications for recurrent costs. The other learning from the Wellington reform is the importance of maintaining arrangements for reflective practice and for leadership renewal. These were not features in the Wellington system post-reform and as a consequence the benefits have eroded over the subsequent 20 years, to the point that Wellington's mental health system is again beset with the same issues it had pre-reform 20 years ago

2.0 Summary of recommendations

Recommendation 1

That South Australia adopt a conceptual framework for understanding, planning and measuring the components of mental health recovery, in the context of valued roles and life chances.

Recommendation 2

That South Australia's mental health strategy include the co-designed development of a comprehensive, integrated client pathway that describes how a person moves through the mental health system

Recommendation 3

That South Australia's mental health strategy include a specific initiative designed to strengthen primary healthcare capacity in mental health, and to strengthen the interface between primary healthcare and specialist mental health services

Recommendation 4

That South Australia's mental health strategy include a tailored community initiative designed to reduce demand on inpatient beds by the heaviest users of those beds

Recommendation 5

That South Australia's mental health strategy include arrangements to develop best practice treatment pathways across a range of diagnostic groups, and in ways that can build capacity of mental health practitioners and primary healthcare practitioners

Recommendation 6

That South Australia's mental health strategy include arrangements to develop a specific pathway anchored on Aboriginal and Torres strait islander cultural values and traditional wellbeing practices, and characterised by Aboriginal leadership of that pathway

Recommendation 7

That South Australia's mental health strategy include a strong interface with, and highly intentional proactive actions from other mainstream services including (but not limited to) housing, employment, education and health

Recommendation 8

That South Australia's mental health strategy focus on a 'front-foot' service system, where the majority of available mental health public funds are invested in proactive, community-based services

Recommendation 9

That South Australia's mental health strategy include robust investment in non-clincial support services, in community-based step-up services, and in community-based step-down services such as the previously piloted Intensive Home Based Support Service

Recommendation 10

That South Australia's mental health strategy facilitates the advancement of co-design, coproduction (including peer networks), health literacy and supported decision-making

Recommendation 11

That South Australia's mental health strategy include provision for leadership development and renewal across all aspects of the mental health service system

Recommendation 12

That South Australia's mental health strategy include the design and implementation of an authentic outcomes measurement framework, anchored on life chances

Recommendation 13

That South Australia's mental health strategy facilitate the development of a system-wide approach to reflective practice, so that the mental health service system becomes a learning system, with a corresponding impact on best practice pathways to recovery

Recommendation 14

An emphasis on a strategic plan for supporting people who live in rural/remote parts of the state to have access to timely mental health services and review and programs which support social connectedness and have transport/infrastructure support mechanisms embedded.

Recommendation 15

That the South Australia mental health strategy include provision of Mental Health First Aid training to be rolled out across the SA sector using a best practice guideline.

Recommendation 16

That South Australia's mental health strategy facilitate the development of a system-wide approach to patient information, so that the right information is available at the right time to support a coordinated, effective response

3.0 Principles that should underpin a mental health strategy and system

We believe there are seven key principles that need to underpin an effective mental health strategy.

These are:

1. A focus on the protection and recovery of a person's life chances, including careful regard for the person's cultural identity
2. Clinically comprehensive services, anchored on a co-designed pathway covering step-up and step-down services, including:
    a. the role of primary health care
    b. specialist provision for specific demographics within mental health, such as women's mental health, borderline personality disorder, etc.
    c. access to specific service pathways designed for and by people identifying as Aboriginal or Torres strait islanders

3. Integration with other mainstream community resources such as housing, family support, income support and employment
4. Emphasis on 'front-foot' investment that reduces the incidence of crises and the cost of responding to crises (and the consequential cost to the person's life chances)
5. Co-design and co-production, where the perspective of people with lived experience of mental illness is included in strategic/systemic decisions and also in operational delivery
6. Leadership development and renewal
7. Outcomes measurement, and associated reflective practice, are critical in the development and evolution of best practice recovery pathways

4.0 A focus on the protection and recovery of a person's life chances

Our submission begins with the contemplation of context. Words like prevention and recovery are used extensive in the language of mental health systems, and it is important to examine these concepts to be really clear about their mechanics.

For this, we use our *Model of Citizenhood Support*, which carries the following thread. Each of us seeks to build a good life for ourselves. We're all different but there are some things we might commonly hope for – friends, family, a good job, enough money to live on, good health, a place of our own, opportunities to grow and learn. When a person has these elements in their life in fair measure, it can be said that the person has good levels of Citizenhood; the person has a range of roles in their life that are meaningful and fulfilling to that person and which also bring the person into valued membership of community life and economy.

This good life of Citizenhood largely depends on the availability of life chances –assets and opportunities that we can call on. When these are absent or compromised, we can lose *Citizenhood*, which in turn can result in illness and loss of capacity.

These life chances, and by association the presence or absence of capacity, can be understood by thinking about a person's assets. Our life chances comprise four different, interrelated, types of assets we can call upon, termed the *Four Capitals*. These are:

- Personal Capital (how the person sees herself/himself),
- Knowledge Capital (what the person knows and can do)
- Material Capital (the tangible things in our lives, including money) and
- Social Capital (having people in our lives).

It is our contention that a person has increased risk of mental illness when:

1) their roles of Citizenhood (for example work roles, family roles, community membership roles, choice-making roles, etc) are low or are threatened, and/or
2) Their personal assets are low or are threatened. These include Personal Capital (for example challenges to self-image, self-confidence, personal health, or hope for the future, etc) Knowledge Capital (for example loss of existing skills and knowledge, disengagement with learning and growth, difficulties accessing important information), Material Capital (for example poverty, homelessness, poor housing, poor access to utilities, infrastructure, and transportation) and Social Capital (loneliness, isolation, grief and loss)

These concepts of Citizenhood and Four Capitals can help reveal what types of investment and assistance might be helpful for someone to recover their life chances when challenged by the experience of mental illness. It provides a framework that can contemplate and measure sustainable recovery outcomes.

The Four Capitals framework can apply to a person, to a family, to an organisation and to a service system. As such, it can also be used to assess and advance the capacity of a mental health service system to have a genuine impact.

In keeping with this type of conceptual framework, South Australia's Mental Health Strategic Plan needs to be anchored on an anatomy of wellness, through which the components of a mental health service system can be planned, commissioned, delivered and measured.

Recommendation 1

That South Australia adopt a conceptual framework for understanding, planning and measuring the components of mental health recovery, in the context of valued roles and life chances.

5.0 A comprehensive, co-designed pathway

The anchor point to the success of the Wellington mental health reform was the development of a comprehensive 'client pathway', which mapped the sequence of steps from referral to discharge, what should happen at each point, involving whom, and with what tools.

This pathway was developed in collaboration with a range of community stakeholders including mental health consumers, families, GPs, not-for-profit agencies, mainstream community leaders, and elders within Maori and Pacific Island communities.

As such, it was a co-design process before the word co-design was known.

This approach produced a very effective backbone for the mental health service. However, because of the co-design process, it also helped build stronger relationships with a wide range of stakeholders, as system partners.

Key to the success of this co-design was a commitment to transparency, honesty and perseverance, and a commitment to the process itself. This greatly reduced the incidence of complex mental health issues being debated in the media via unhelpful sensationalist bites.

Recommendation 2

That South Australia's mental health strategy include the co-designed development of a comprehensive, integrated client pathway that describes how a person moves through the mental health system

6.0 Strengthening primary healthcare capacity to manage main mental health diagnoses in general practice

A streamlined pathway between primary health and specialist mental health services is critical to an integrated service system.

This was demonstrated in the Wellington mental health reform, where a review of a partnership between primary and specialist services showed gains in terms of GP capacity to manage axis 1 diagnoses in general practice, clinical outcomes (both mental and physical health outcomes), and patient satisfaction.

The service features included:

- Development of best practice guidelines and tools for managing DSM IV axis 1 diagnoses (such as major depression, bipolar disorder and schizophrenia)
- GP capacity-building via CME sessions
- development of a capitated funding approach to patient care, to reduce financial disincentives for people on lower income to attend a GP consultation
- provision of a clinical position to manage the interface between primary healthcare and special services, especially in relation to case coordination and discharge planning for people with chronic mental illness and provision of fast track re-entry into specialist services when required

This initiative enabled hundreds of people to be discharged from the caseloads of community mental health teams, making it easier for GPs to refer other patients in to specialist mental health outpatient services. As such, the initiative helped unblock patient flow between primary healthcare and specialist mental health outpatient services.

Recommendation 3

That South Australia's mental health strategy include a specific initiative designed to strengthen primary healthcare capacity in mental health, and to strengthen the interface between primary healthcare and specialist mental health services

7.0 Tailored community response for heavy users of inpatient services

In the Wellington mental health reform, data confirmed there was a particular cohort of mental health patients who consumed the larger share of inpatient resources.

Therefore, the Wellington mental health reform focused on the development of an initiative that could help keep this cohort more well, and reduce their demand for inpatient mental health services.

The cohort comprised people living less predictable or itinerant lifestyles. The initiative, termed involves a partnership with an inner-city primary healthcare practice, and focused on the provision of on-the-street casework focusing on the fundamentals of daily life.

As a result of this initiative, the consumption of inpatient bed days by this cohort drops to nearly zero over the subsequent two years, reflecting an improvement in mental and physical well-being. Also, the costs of the service were vastly outweighed by the savings in inpatient bed days. The savings were converted to other step-up, step-down community resources.

Predicting that a similar cohort may well feature in the consumption of South Australia's inpatient mental health resources and crisis response resources, this type of initiative arguably is a key feature of an effective mental health strategy.

Recommendation 4

That South Australia's mental health strategy include a tailored community initiative designed to reduce demand on inpatient beds by the heaviest users of those beds

8.0 Developing best practice treatment pathways for all major mental health diagnoses

The Wellington mental health reform included initiatives that identified and adopted best practice in relation to a number of demographics within the mental health community. These included (but weren't limited to):

- people living with anxiety, phobias etc
- people living with borderline personality disorder
- women, including postnatal
- people living with an intellectual disability and a mental illness

This provided a targeted approach, and also, through a consultancy-style service, contributed to the capacity-building of mental health practitioners and primary healthcare practitioners

It is essential that a mental health strategy contemplates the advancement of best practice pathways across a range of diagnostic groups.

Recommendation 5

That South Australia's mental health strategy include arrangements to develop best practice treatment pathways across a range of diagnostic groups, and in ways that can build capacity of mental health practitioners and primary healthcare practitioners

9.0 Specific arrangements for people identifying as Aboriginal or Torres strait islanders

The Wellington mental health service included a choice of two pathways for people identifying as Maori. One option was to access mainstream mental health services on the same basis as anybody else. The second option was to access a Maori mental health pathway, anchored on Maori cultural values and traditional wellbeing practices (in addition to conventional clinical treatment).

Given the various experiences of cultural dislocation that may impact on people identifying as Aboriginal or Torres strait islanders, it is important that there is the option for people to be supported by a service pathway characterised by an Aboriginal cultural context and Aboriginal leadership.

Recommendation 6

That South Australia's mental health strategy include arrangements to develop a specific pathway anchored on Aboriginal and Torres strait islander cultural values and traditional wellbeing practices, and characterised by Aboriginal leadership of that pathway

10.0 Integration with mainstream community services

The social model of health and/or disability takes a broad, 'whole of person' approach. This social model recognises that people with mental health issues must move beyond being 'patients' and become people living their life in the community[1].

Because of the range of circumstances that can contribute to psychological distress, and to psychological recovery, it is important the strategic plan properly contemplates the role of other key mainstream areas such as housing, education, health, family support, employment, community access, etc.

This might include actions to reduce the risks of people developing mental illness because of circumstances relating to domestic violence, bullying, chronic unemployment, poor housing, etc.

For example, in relation to housing, there is strong evidence both internationally and in Australia demonstrating that where housing needs are addressed people experience improved mental health outcomes[2].

For further example, in relation to community presence, the NSW program Pathways to Community Living says evidence suggests people with severe and enduring mental illness experience better quality of life and improved health and social outcomes if they can be supported to live in the community; in an environment that they can call home and that provides opportunities to engage with their community[3].

[1] Community Mental Health Australia (CMHA: 2012). Taking Our Place — Community Mental Health Australia: Working together to improve mental health in the community. Sydney: CMHA
[2] Ibid
[3] https://nswmentalhealthcommission.com.au/sites/default/files/Examples%20of%20Reform%20Initiatives%20and%20Innovative%20Practice%20across%20NSW.pdf

Also, in relation to education, the NSW education Wellbeing Framework recognises the pivotal role of teachers in providing learning experiences and opportunities that connect character development in children and young people with wellbeing, which in the longer term will shape the values and attitudes of the society in which they live.

Therefore, it is important the strategic plan include a strong interface with, and highly intentional proactive actions from, other mainstream services.

Recommendation 7

That South Australia's mental health strategy include a strong interface with, and highly intentional proactive actions from other mainstream services including (but not limited to) housing, employment, education and health

11.0 A balance of investment in proactive services

Often, fragmented, crisis-driven mental health service systems spend most of their funds in crisis response and in in-patient care. We term these 'back foot' services. While a comprehensive mental health service system will likely include crisis response capacity and inpatient capacity to help reduce risk of self-harm or harm to others, these should not be the 'centre of gravity' for the service system, nor should they be where the majority of funds are invested.

Instead, the majority of mental health service system investment should be in 'front-foot' services, which proactively assist people to preserve or reclaim life chances.

This does not in and of itself imply a wholesale increase in government investment, because it can, at least in part, be funded through the repurposing of portions of funding that are currently focused on back-foot services. This was successfully demonstrated in the Wellington mental health reform, where a process redesign anchored on best practice pathways towards recovery and wellbeing, saw a systematic migration of resources away from back-foot arrangements and into front-foot arrangements.

Therefore, we consider it absolutely critical that the South Australia mental health strategy construct its elements and costs in such a way that the balance of investment, and the centre-of-gravity, is on proactive, community-based services.

Recommendation 8

That South Australia's mental health strategy focus on a 'front-foot' service system, where the majority of available mental health public funds are invested in proactive, community-based services

In addition to timely, recovery-focused clinical treatment, this front-foot approach includes three main types of community service:

- Services that uphold and advance the wellness of people living with ongoing mental illness
- Services that take a highly intentional approach to de-escalation when thing become difficult (step-up services)
- Services that accelerate a return to normal life chances after using intensive specialist services such as inpatient services(step-down)

It is important South Australia's mental health strategy has sufficient investment in all three types of service, because all three can make an important contribution to good outcomes for people and to the sustainability of the mental health service system.

Upholding and advancing wellness

In terms of upholding and advancing wellness, Australia has many examples of mental health drop-in and related services that provide a welcoming space where people can access information, assistance, and build capacity.

Currently, these types of service may be at risk of losing funding sustainability because of the mistaken perception that funding can be secured through NDIS participants' individual budget choices. Therefore it is important that their role within a mental health service system is acknowledged, and that the mental health strategy provides for their continued presence.

We are concerned that through the process of negotiating the bilaterals and the comparative costs therein, there may have been some unsafe assumptions about the extent to which locally-funded programs can be dropped so that the released funding can go in as part of the bilateral agreement.

Non-clinical community mental health programs are a good example, where a state or territory jurisdiction may have concluded that the advent of the NDIS means that the target benefits associated with these local programs will become the purview of the Scheme rather than, say, the local health department/directorate. If people want these programs, then they will seek them through their NDIS individualised funding packages.

This type of thinking is flawed. The first problem is that not every beneficiary of such local programs will become an NDIS participant with an individual budget. So they will lose out.

The second problem is that it is easy to underestimate the impact of such programs. Because of their 'non-clinical' nature, they can be undervalued or even somewhat dismissed by the health system. However, they can place a critical role in terms of mental health first aid, grassroots case management and de-escalation. If a person with lived experience of mental illness starts to become unwell, it is often these types of service than can provide a 'stich-in-time-saves-nine' type of support.

Because good programs like this often fly under the radar, it is easy for them to be undervalued. The consequence of their defunding and removal, is that it creates a gap in the mental health service system, and can increase the chances that people are not picked up early, become more unwell, and eventually show up at the local emergency room or via the police. By that time, there may have been avoidable damage done in the person's work relationships, housing relationships, etc, that will now bring unwelcome consequences and costs, and also a larger-cost service response might have to be used, for example an inpatient stay.

Therefore, we argue that because such services make not only a contribution to NDIS-type considerations but also to the clinical mental health pathway, it is premature for a state or territory jurisdiction to divest itself of involvement in such services until such time that it is

absolutely certain that it is not creating a gap that will be costly not only to its own purse but also to the life chances of the people affected.

Step-up services

In terms of step-up, these same services can provide a key role in de-escalation when a person enters crisis. Also, the Wellington mental health reform included a step-up service that provided an individualised budget approach to hospital avoidance, by packing short terms supports around the person.

Step-down services

In terms of step-down, the importance of this was recently demonstrated in SA through a collaborative community-based service funded via Commonwealth one-off funding. The service, called the Intensive Home Based Support Service (IHBSS) involved a collaboration between specialist mental health services and three non-government service providers, who provided non-clincial home-based supports to people who otherwise would be consuming more inpatient bed days. The initiative was independently evaluated after the first 12 months, and delivered promising results in terms of patient outcomes, patient satisfaction, agency satisfaction, and costs. Unfortunately, it seems the service was not able to attract recurrent funding from SA, and was discontinued. This seems deeply counter-intuitive.

Recommendation 9

That South Australia's mental health strategy include robust investment in non-clincial support services, in community-based step-up services, and in community-based step-down services such as the previously piloted Intensive Home Based Support Service

12.0 Co-design, and co-production, health literacy and supported decision-making

The knowledge and experience of people with lived experience about mental health systems and services are among the most important sources of information and should help guide any change that needs to take place.

Co-design

We have already outlined the impact of a co-designed client pathway, which included the consumer voice, in the success of the Wellington mental health reform. Put more generally, the voice of people living with mental illness must be actively involved in all aspects of mental health policy development, system planning, service delivery, service evaluation, etc.

Coproduction

In terms of coproduction, there are plenty of examples in mental health and elsewhere, where aspects of service delivery can be led by consumer-governed organisations. Similarly, there are examples where peers can undertake potent roles in service delivery.

Peer networks

This can include *peer support networks*. More and more research is supporting the important unique role peers can play in delivering appropriate supports to people with lived experience in inpatient and community based services. Intentionally using their lived experience in a purposeful way provides a powerful message of hope and encouragement to others that recovery is real and possible.

For example, reform initiatives and innovative practice across NSW Richmond PRA's experience demonstrates that outcome. Over the last twelve months they have increased their peer workforce from about 20 to over 90 and have made a commitment to make access to a peer worker available in all of their service locations. They also have a totally peer run service that helps people learn new skills, and provides an alternative to unnecessary hospitalisations through a short term accommodation facility with peer support services.

There are exciting community-based initiatives that we can learn from, such as Tupu Ake in Papatoetoe, New Zealand. It is a peer-led acute service for people struggling with mental illness in the community and provides a real alternative to hospital admission.

https://nswmentalhealthcommission.com.au/sites/default/files/141002%20Living%20Well%20-%20A%20Strategic%20Plan%20(1).pdf

This particularly runs true for young people who respond to peer support. For example batyr is a for purpose organisation that aims to engage, educate and empower young people to have positive conversations about mental health. batyr offer a range of programs that 'give a voice to the elephant in the room.'

From training young people to share their lived experience of mental ill health, to running dynamic programs in schools and universities, batyr aims to smash the stigma surrounding mental health and encourage young people to reach out for help when they need it[4]

Health literacy

It is important there is a core focus on health literacy (eg skills, knowledge, motivation and capacity of a person to access, understand, appraise and apply information to make effective decisions about health and health care and take appropriate action) for mental health consumers, especially as we know from research that poor health literacy impacts on understanding health info and advice, medication consumption and compliance, use of preventative screenings and services, and increased frequency to hospital/health services.

Individuals with mental health conditions are known to have lower health literacy as a consumer group and this affects informed decision making and actions related to health.

Supported Decision Making

Finally, there is increasing dialogue and practice around Australia on the issue of supported decision-making (SDM), especially as a viable and compelling alternative to substitute decision making. For people living with mental illness, we consider it of critical importance that they have a central role in the decisions about their treatment and supports.

Therefore, it is important that the mental health strategy facilitates the advancement of co-design, coproduction, health literacy and supported decision-making.

[4] http://www.batyr.com.au/about-us/#ZxfhEsFoMovSFWPm.99

Recommendation 10

That South Australia's mental health strategy facilitates the advancement of co-design, coproduction (including peer networks), health literacy and supported decision-making

13.0 Leadership development and renewal

We see greater recognition of the fundamental role of leadership in the development and enhancement of mental health systems as an important part of the Strategic Plan. It should place significant emphasis on professional development of those working in the mental health sector in order to optimise their leadership capabilities.

This leadership must be supported through investments in organisations at the local community level.

In the US, the Department of Health and Human services recognises that in times of crisis, many will turn to trusted leaders in their communities before they turn to mental health professionals[5]. When leaders know how to respond, they become significant assets to the overall health system.

Faith and community leaders can help educate individuals and families about mental health, increasing awareness of mental health issues and making it easier for people to seek help. Community connectedness and support, like that found in faith-based and other neighborhood organisations, are also important to the long-term recovery of people living with mental illnesses.

We note that the sustainability of the Wellington mental health reform was critically compromised by the failure to attend to leadership development and renewal. Once the reform was completed, no arrangements were installed to develop leaders and renew leadership of the reform. As time passed and leaders moved on into other roles, the system lost knowledge capital, incoming leaders made decisions that weren't necessarily cognisant

[5] https://www.mentalhealth.gov/talk/faith-community-leaders/

of the reform story, and as a result the system began to lose coherence and cohesion. As a result of this, over a 20-year period all the reform gains appear to have been lost.

Recommendation 11

That South Australia's mental health strategy include provision for leadership development and renewal across all aspects of the mental health service system

14.0 Outcomes measurement, and reflective practice in support of best practice recovery pathways

Systems need to evolve in light of their experiences. In this way they can deepen their impact on their target beneficiaries. This means the system needs to include arrangements for measuring authentic outcomes. That is, *outcome measures* in terms of impact on a person's life chances, as opposed to *output measures* such as consumption of bed days or clinical contacts, or *process measures* such as planning mechanisms and complaints mechanisms, or *input measures* such as numbers of staff with particular qualifications.

Recommendation 12

That South Australia's mental health strategy include the design and implementation of an authentic outcomes measurement framework, anchored on life chances

It is also important for SA to support and foster ways for system stakeholders to undertake reflective practice, such as communities of practice, and as other jurisdictions have done. The Victorian Mental Health Interprofessional Leadership Program brings together existing and emerging mental health leaders from across the nursing, allied health, medical and

lived-experience workforces, supporting them to lead and coach within interdisciplinary teams.[6]

Funded by the Department of Health and Human Services, the program seeks to build a culture of innovation by supporting new and innovative ways of thinking, and creating a community of practice to facilitate knowledge exchange and support, and to drive practice change and service development in critical areas, specifically recovery-oriented practice and supported decision-making.

The ultimate aim of this program is to establish a state-wide community of practice for mental health interprofessional leaders.

Similarly, the Values in Action project in the ACT, and its element relating to reflective practice led by 'frontline practice leaders', has brought dividends in the advancement of person-centred practice for the agencies involved.

Recommendation 13

That South Australia's mental health strategy facilitate the development of a system-wide approach to reflective practice, so that the mental health service system becomes a learning system, with a corresponding impact on best practice pathways to recovery

15.0 Rural and remote

A key component of effective networks in rural locations is greater collaboration between existing mental health services. Collaboration is especially necessary in rural areas, where access to health care services is known to be difficult. However, South Australia is a large

[6] https://www.nwmh.org.au/professionals/learning/western-cluster-learning-development/interprofessional-leadership

state with few regional centres and a largely scattered rural population. Key strategies such as video-conferencing and various telephone-based services, like Lifeline, Kids Help Line and Mensline are in place to address the issue of geographical distance. However, it continues to be necessary for rural and remote communities to have face-to-face services closer to home. These services would include after hours access, particularly for mental health emergenices and the availability within regional hospitals to be appropriate resourced for mental health issues. For example, regional hospitals need to have adequate facilities and knowledge to appropriately treat patients with challenging or aggressive behaviour, and to safely detain people when needed – and only when needed.[i]

A major factor involved in the State's rural and remote healthcare system is promotion of the services available to individuals and the level of support provided for knowledge around how to access the available services. It is critical that services are well-promoted and easily accessible as it is well-known that early intervention can lessen or even prevent deterioration or crises of mental health related conditions

Recommendation 14

An emphasis on a strategic plan for supporting people who live in rural/remote parts of the state to have access to timely mental health services and review and programs which support social connectedness and have transport/infrastructure support mechanisms embedded.

16.0 Mental Health First Aid Training

Mental Health First Aid Australia states that evaluations 'consistently show that MHFA training is associated with improved knowledge of mental illnesses and their treatments, knowledge of appropriate first aid strategies, and confidence in providing first aid to individuals with mental illness, benefits which are maintained over time. Some studies have also shown improved mental health in those who attend the training, decreases in stigmatising attitudes and increases in the amount and type of support provided to others.'

There is a need to train front-line service providers of all kinds to identify mental health problems and illnesses early, promote mental health, and prevent mental illness and suicide wherever possible.

MHFA is useful training to embed in university courses and has the potential to enhance mental health literacy and reduce stigmatising attitudes and social distance.

Recommendation 15

That the South Australia mental health strategy include provision of Mental Health First Aid training to be rolled out across the SA sector using a best practice guideline.

17.0 Information management

Following some particularly dramatic failures within Wellington's mental health service system, subsequent enquiry revealed the importance of having a 'primary file' that carries all key planning and risk information relating to a person's connection to mental health services.

The Wellington mental health reform included the development of a primary fle mechanism that greatly reduced the risk of information duplication and information gaps, helping to ensure that a clinician had access to accurate, relevant information when coordinating a proactive or reactive service.

Therefore, it is important that South Australia's mental health strategy contemplate how information is managed across the system, so that the right information is available at the right time.

Recommendation 16

That South Australia's mental health strategy facilitate the development of a system-wide approach to patient information, so that the right information is available at the right time to support a coordinated, effective response

18.0 Concluding remarks

We hope this submission assists the SA Mental Health Commission in its development of an effective mental health strategy for South Australia.

We request the opportunity to meet with the Commission to further elaborate on the material covered in this submission.

End of document

[i] Mental health Issues in Rural and Remote SA, Health Performance Council, SA Government, 2013