

Response to the Mental Health Governance Review, Lived Experience Perspective's

By the Lived Experience Leadership & Advocacy Network (LELAN)

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The SA Lived Experience Leadership & Advocacy Network (LELAN) welcomes the opportunity to provide comment on the *Mental Health Governance Review* and *Interim Response to the Report* by the South Australian Government. LELAN acknowledges and is encouraged by the government's commitment 'to making changes to improve Mental Health Services' (Interim Response, p.3) in the state.

LELAN is an emerging organisation in South Australia that is *by, for and with* people with lived experience of mental health issues, those with personal lived experience (consumers) and those that support, care for or are allies. Our purpose is to amplify the voice, influence and leadership of lived experience to drive change. LELAN achieves this through: developing the capability and influence of people with lived experience; nurturing organisational and sector capacity for engaging and partnering with people with lived experience; and impacting system improvement agendas to benefit people with lived experience.

Due to LELAN's particular expertise, networks and partnerships for the benefit of people with mental health issues this response is through the eyes of people with lived experience. It provides insights and considerations for SA Health in regards to: strengthening governance arrangements more aligned with recovery and personalised care; alternative options for positions and structures within the Office of the Chief Psychiatrist and Mental Health Strategy; improving engagement and partnership with people with lived experience; and the importance of an independent organisation with specific focus on the mental health and wellbeing of South Australians.

LELAN's Executive Director was present at both the Peak Body session and the Community Forum on April 4th. This response includes comment on the report as a whole and each of the recommendations made. We appreciated the acknowledgement by the Deputy CEO of SA Health, Mr Don Frater, that mental health services and 'the Department has failed people' and that the inclusion of people with lived experience is an area that requires leadership and must be improved.

The Review

Concern was raised by the lived experience community regarding the limited number of stakeholders consulted for the review and how heavily it was weighted toward representatives from the Office of the Chief Psychiatrist. Of greatest concern however, is the lack of input from people with lived experience into the review and where there may be impact from recommended changes, such as the moving of stakeholder engagement / coordination from the SAMHC to Wellbeing SA, no consideration has been given to their needs, preferences or existing relationships with the various entities.

Such exclusion of people with lived experience is contrary to best practice and what has been core to state and national policy documents for over two decades. The necessity of involving people with lived experience *at all levels* of service planning, design, monitoring, review and governance is a fundamental component of the Fifth National Mental Health & Suicide Prevention Plan, the National Safety & Quality Commission's accreditation Standard's, the SA Mental Health Strategic Plan 2017-2022 developed by the Mental Health Commission and the forthcoming Mental Health Services Plan in South Australia.

Due to the short consultation timeframe, the very limited notice of a single metropolitan-based community forum, brevity of the survey questions and the fact that the survey was conducted through survey monkey rather than the yourSAy site most of the people that LELAN has spoken with have questioned the authenticity of the consultation. They are disheartened by the approach, in disbelief regarding media

reporting about the Commission being 'abolished' (Advertiser article, March 23rd), question how people with lived experience will ever be listened to by the system and hold real concerns for the future of mental health services in South Australia.

Recommendation 1 and 2

LELAN was pleased to learn that a number of the short / medium term recommendations related to the functions of the Chief Psychiatrist and Director, Mental Health Strategy roles have been actioned. However, the identification of conflicts of interest in the responsibilities of these roles remaining with one person – that even 'exposes the system to risk' (Review, p.7), that will not be resolved during the term of the current incumbent and that is identified in the Review itself as one of four 'pitfalls to be avoided' (Review, p.67) is concerning and something that needs to be reconsidered.

In relation to the appointment of a Deputy Chief Psychiatrist and changed organisational structure within the department, LELAN invite's further exploration of alternative and better matched options for the positions that are created. Other jurisdictions may provide models for consideration. For example, Victoria has a Chief Psychiatrist as well as a Chief Mental Health Nurse and within a Health Service District in Queensland there is a Director for Social Inclusion & Recovery which is a lived experience designated position. Expanding clinical leadership roles beyond Psychiatrists aligns with the multi-disciplinary nature of teams who are at the frontline of service provision and is preferred by people with lived experience.

Dedicated lived experience positions within future structures of the Office of the Chief Psychiatrist and Mental Health Strategy is an area to strengthen. LELAN notes that development opportunities and career pathways for people with lived experience as well as their capacity to lead reform in project, policy and oversight roles are extremely limited. Ideally the 'proposed long-term approach' (Review, p.47) would include the appointment of a person with lived experience, and appropriate other capabilities, at Director level and overseeing the Consumer Consultant and Carer Consultant positions. This 'team' would liaise with both the Chief Psychiatrist and Mental Health Strategy arms of the organisation rather than being aligned solely with one as depicted.

Recommendation 3

It is difficult to provide informed comment on this recommendation as much is unknown about the exact function of the Commission for Excellence and Innovation in Health and Wellbeing SA or how they will be operationalised. In trying to access further information we discovered timelines on the SA Health website related to the development of a discussion paper and consultation for each entity. LELAN is unsure whether these timelines are on track, the nature of the proposed consultation or the extent of involvement of people with lived experience, if any. Given there are ramifications for people with mental health issues if the recommended changes for moving 'stakeholder engagement / coordination', 'mental health leadership, advocacy and education' and workforce development (peer support workforce)' (Review, p.64) from the SA Mental Health Commission to Wellbeing SA go ahead it is vital that people with lived experience as well as peer workers are actively and meaningfully involved in the process.

Whilst this recommendation is discussing structures and responsibilities within the Department for Health and Wellbeing, LELAN invites particular consideration be given to how each entity will themselves engage and partner with people with lived experience of mental health issues. Given the requirement for this to

occur and the propensity for it to be an afterthought, tokenistic or on the terms of the government department or organisation rather than about authentic involvement this is something that must be clearly articulated, embedded and resourced within all governance and operational structures.

LELAN is an identified stakeholder in the work that SA Health and Health Consumers Alliance (HCA) are currently completing in regards to the Statewide Consumer and Community Engagement Strategic Framework. LELAN believes that, in addition to this Strategic Framework, specific work needs to be done in the area of engaging and partnering with people with lived experience and must be formulated *by, for and with* people with lived experience. Lived experience offers particular expertise and experience that needs to be centred in the development of such a framework due to: the particular needs of people with mental health issues; the complexity of service responses to them; greater injustices and potential for harm in support approaches; best practice promoting the necessity of true co-design approaches within the mental health sector; and a growing focus on formalising and professionalising the peer workforce.

This recommendation aligns with Western Australia, Queensland and New South Wales who in the last six months have each released their own Engagement Frameworks specific to lived experience. This is an area that is also supported by people in the South Australian lived experience community and organisations that support them. Evidence of this also exists in the over 60 people, including Statutory Officers and representatives from government departments, who attended a forum facilitated by the OCP's Lived Experience Reference Group in March 2018 focused on the development of such a framework. This was supported by, and then halted by, the Office of the Chief Psychiatrist.

Recommendation 4

LELAN supports system efficiencies and better integration but never at the cost of statutory independence or protecting the rights and interests of people with lived experience of mental health issues. We support strengthened inter-agency protocols for timely, supportive and appropriate resolution of complaints and recommend that pathways, processes, timeframes and expectations – of all parties – associated with complaints are clear to service users, families, organisations and community members.

Recommendation 5

Recommendation 5 is the one that has received the most focus within the lived experience community. A change.org petition was started online, receiving hundreds of signatures, and at the Community Forum the proposed removal of the Mental Health Commission as an independent organisation was vehemently questioned and opposed.

LELAN supports a Mental Health Commission in South Australia and believe now is the time to clearly define the scope, function, outcomes, how they should involve people with lived experience and the legislative status of the Commission. Maintaining an independent entity with a broader focus than public mental health services and with capacity for cross-sector collaboration and partnership is an important part of the mental health ecosystem that will otherwise be lost.

Many in the lived experience and non-lived experience community believe that the potential of the Commission has not been realised due to it being an administrative unit only. Within the Review document

itself a previous report's 'ten recommendations about best practice for the establishment of a commission' (p.57) shows that the Commission established in 2015 did not meet best practice. LELAN supports a strengthened Commission with statutory powers and protected independence which aligns with models in other jurisdictions.

As an example, we highlight what has been happening in New Zealand over the past decade. Previously they had an independent Mental Health Commission that was disestablished, with associated powers downgraded and functions moved within the Office of the Health and Disability Commission. In response to a large Inquiry into Mental Health and Addiction in 2018 a recommendation was made to 'establish a new Mental Health and Wellbeing Commission' with the primary purpose being system leadership (further information related to purpose, functions and powers can be accessed [here](#)).

If the Commission remains, LELAN recommends that the role of lived experience within the Commission is strengthened and mandated. As well as having at least one designated lived experience position we support the NSW and National Mental Health Commission model of appointing Deputy Commissioners, a number of which must have lived experience.

If the decision to merge the Commission into Wellbeing SA remains supported LELAN recommends that visible protections are put in place to ensure an appropriate level of activity and resourcing within the agency remains focused on mental health. Past experience shows that promotion and prevention has not been done well in our state and how easily mental health slips off people's radar when there is not direct accountability or requirement for outcome.

LELAN has welcomed the opportunity to provide meaningful feedback on the proposed changes to mental health governance in South Australia. As an organisation we also welcome the opportunity to engage in further dialogue with the Minister and relevant agencies or people to find a solution that best meets the needs of all stakeholders and strengthens lived experience leadership across the health sector. We are committed to the inclusion of lived experience voices and input in all decision making and future operations of the Mental health sector in our state.

Further conversation or clarification regarding this submission can be made via Ellie Hodges, Executive Director, via ehodges@lelan.org.au or 0422 888 157.

