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The Commissioners  
Mental Health Inquiry  
Productivity Commission  
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Dear Commissioners

## Response to Productivity Commission mental health inquiry draft report

Victoria Legal Aid (VLA) welcomes the Productivity Commission mental health inquiry draft report (**Draft Report**).

Through our work providing specialist mental health legal services, non-legal advocacy and other legal services to people with mental health issues engaged in legal systems, VLA sees the intersection between people's mental health and other social, economic and legal issues. We see the way a lack of access to housing, disability services, employment, income support and/or mental health services in the community, and experiences of isolation, family violence and/or discrimination, can damage people's mental health and undermine their recovery.

We note the significant costs of mental health care for people and the role of poverty in undermining mental health and recovery.

Informed by the experience and expertise of our clients and consumers, we have identified priorities for reform in our submissions to:

- the Commission's Inquiry into the Economic Impact of Mental Ill-Health, *Intersections Between Mental Health and the Legal System and Impacts for People and Communities (VLA Productivity Commission Submission)*;<sup>1</sup> and
- the Royal Commission into Victoria's Mental Health System, *Roads to Recovery: Building a Better System for Victorians Experiencing Mental Health Issues (Roads to Recovery)*.<sup>2</sup>

<sup>1</sup> Victoria Legal Aid, *Submission to the Productivity Commission's inquiry into the Economic Impact of Mental Ill-Health: Intersections between mental health and the legal system and the impacts for people and communities* (April 2019) <<https://www.legalaid.vic.gov.au/sites/www.legalaid.vic.gov.au/files/vla-submission-to-the-productivity-commissions-inquiry-into-the-economic-impact-of-mental-ill-health-april-2019.docx>> (**VLA Productivity Commission Submission**).

<sup>2</sup> Victoria Legal Aid, *Submission to the Royal Commission into Victoria's Mental Health System – Roads to Recovery: Building a Better System for Victorians Experiencing Mental Health Issues* (July 2019) <<https://www.legalaid.vic.gov.au/sites/www.legalaid.vic.gov.au/files/vla-submission-roads-to-recovery-july-2019.docx>> (**Roads to Recovery**).



This response identifies:

1. Recommendations in the Draft Report that we strongly support, including areas for further consideration by the Commission;
2. Gaps or omissions that would benefit from the Commission's attention in the final report;
3. Recommendations and findings in the Draft Report that we encourage the Commission to strengthen or modify; and
4. Recommendations that we support in principle, but do not have the practice experience to comment on in detail.

We also enclose responses to five questions the Commissioners asked Louise Glanville, CEO of VLA, when she appeared as a witness at the public hearing for the Commission's mental health inquiry on 18 November 2019 regarding:

- legal representation before mental health tribunals;
- community treatment orders;
- court diversion programs and mental health supports;
- mental health issues and the experience of civil legal issues; and
- access to services for people leaving prison.

We reiterate that consumers – people with lived experience of mental health issues – should shape and have influence over the process and outcomes of this inquiry.

## 1. Recommendations that we strongly support

We commend the Productivity Commission for its ambitious long-term vision for reform to the mental health and intersecting systems that affect the mental health and wellbeing of the Australian community. The Draft Report has significant potential to help inform a system that responds to people's physical, mental, emotional and economic needs, and that enables people to live the best lives they can, as determined by them.

We strongly support the following draft recommendations.

- **Improved resourcing for legal representation at mental health tribunals<sup>3</sup>** and the Commission's recognition of the important role legal representation plays before mental health tribunals.<sup>4</sup> In our response to the Commission's question on notice we outlined the value of legal assistance in Tribunal matters as described by mental health consumers, some differences in outcomes for represented and unrepresented consumers and some of the systemic changes legal representation can bring about. We note that any resourcing increase for the legal assistance sector should recognise the important role that specialist and regional community legal centres play in meeting the legal needs of mental health consumers.

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<sup>3</sup> Draft Recommendation 16.6 — legal representation at mental health tribunals.

<sup>4</sup> For a further discussion of systemic benefits of legal representation before mental health tribunals see Victoria Legal Aid, *Response to question on notice regarding legal representation before mental health tribunals* (January 2020).

- **Greater access to non-legal advocacy services**,<sup>5</sup> like those provided by our non-legal Independent Mental Health Advocacy (**IMHA**) service, and the Commission’s recognition of the important role non-legal advocacy services play in facilitating supported decision-making. IMHA delivers supported decision-making training to all designated mental health services in Victoria. We encourage the Commission to consider making the following recommendations, as set out in the independent evaluation of IMHA.<sup>6</sup>
  - Referral to IMHA should be automatic for any person subject to compulsory treatment through an ‘opt out’ system; and
  - Oversight and funding bodies should coordinate and adequately invest to ensure that services comply with legislation are recovery-oriented and least restrictive, and that consumers are supported to make decisions.

We further note that access to legal and non-legal advocacy services is improved by system changes like improved information sharing processes.<sup>7</sup>

- **Ensuring access to the right level of care**,<sup>8</sup> and the recognition that government must reconfigure the mental health system to ensure this occurs.<sup>9</sup> We note that what are considered to be a person’s ‘treatment needs’ must be by reference to what that person identifies for themselves, rather than a narrow or clinical perspective.<sup>10</sup>
- **Enhancing consumer participation**.<sup>11</sup> Embedding consumer leadership and advocacy is a fundamental part of a rights-focused system. This should extend beyond mental health services, and all systems that are dealing with people experiencing mental health issues should commit to consumer leadership so that their services are relevant and responsive to the people using them.<sup>12</sup> We encourage the Commission to consider recommendations for embedding consumer leadership into all proposed service reforms.
- **Housing security for people with mental health issues**<sup>13</sup> **and support for people to find and maintain housing**.<sup>14</sup> In particular, we support policies to prevent exits from institutional care into homelessness and encourage development of Specialist Disability Accommodation. We encourage the Commission to consider the bidirectional relationship between housing insecurity and mental health issues, and how safe, affordable housing is critical for improving health, supporting mental health, keeping families together, avoiding

<sup>5</sup> Draft Recommendation 16.7 — non-legal individual advocacy services.

<sup>6</sup> Dr Chris Maylea, Susan Alvarez-Vasquez, Matthew Dale, Dr Nicholas Hill, Brendan Johnson, Professor Jennifer Martin, Professor Stuart Thomas, Professor Penelope Weller, *Evaluation of the Independent Mental Health Advocacy Service (IMHA)* (November 2018). These recommendations arose from the independent evaluation of the IMHA service, but we encourage the Commission to consider their applicability to other non-legal individual advocacy services.

<sup>7</sup> Information sharing practices in Victoria, New South Wales and Queensland are outlined in Victoria Legal Aid, *Response to question on notice to the Royal Commission into Victoria’s Mental Health System* (30 July 2019) <<https://www.legalaid.vic.gov.au/sites/www.legalaid.vic.gov.au/files/vla-letter-responding-to-question-on-notice-30-july-2019-redacted.pdf>>.

<sup>8</sup> Draft Recommendation 5.9 — ensure access to the right level of care.

<sup>9</sup> Draft Recommendation 23.3 — structural reform is necessary.

<sup>10</sup> The importance of self-determination and a recovery-focus in mental health services is set out in part 1 of Roads to Recovery, above n 2. See also Victorian Department of Health and Human Service, *Framework for recovery-oriented practice* (August 2011).

<sup>11</sup> Draft Recommendation 22.3 — enhancing consumer and carer participation, Draft Recommendation 22.4 – establishing targets for outcomes.

<sup>12</sup> Roads to Recovery, above n 2, part 2.

<sup>13</sup> Draft Recommendation 15.1 — housing security for people with mental illness.

<sup>14</sup> Draft Recommendation 15.2 — support people to find and maintain housing, Draft Recommendation 24.3 – the National Housing and Homelessness Agreement.

offending and promoting social and economic participation. We encourage the Commission to make broader recommendations to increase the supply of social housing.<sup>15</sup> We also encourage the Commission to ensure that the recommendation to connect tenants to mental health services facilitates early access to voluntary supports to help people maintain their tenancies rather than increasing reliance on compulsory treatment.

- Equality of **mental healthcare standards in correctional facilities**<sup>16</sup> and **improved mental healthcare in correctional facilities and on release**.<sup>17</sup> Lack of access to mental health support and transition planning while in custody and lack of sufficient supports upon release from custody put people at risk of longer term involvement in the criminal justice system.
- Access to **culturally appropriate supports and services for incarcerated Aboriginal and Torres Strait Islander people**.<sup>18</sup> In relation to the recommendation that these services be designed, developed and delivered by Aboriginal and Torres Strait Islander organisations, the focus should be on Aboriginal and Torres Strait Islander expertise, including staff both within and beyond Aboriginal Community Controlled Organisations. Self-determination must be a guiding principle of service planning and provision. Self-determination is also a key factor in recovery.
- The need for recognition of **psychological health and safety in workplace health and safety laws**.<sup>19</sup> As we recommended in our submission to the Australian Human Rights Commission's national inquiry into sexual harassment, *Change the culture, change the system: urgent action needed to end sexual harassment at work*, we strongly support recommendations to amend Workplace Health and Safety Plans to reflect the physical and psychological health risk that workplace sexual harassment presents. Further, we recommend imposing an enforceable positive duty on employers under anti-discrimination laws.<sup>20</sup>
- Greater access to **care coordination services**.<sup>21</sup> Our experience with the NDIS shows us that NDIS plans work best for people with more complex needs when they have care coordination services, but this does not always occur. We see how people have fallen into the gap that has been created by the transition from case management to NDIS-funded

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<sup>15</sup> See *Everybody's Home* (2018) <<https://everybodyshome.com.au>>. The relationship between poverty, housing and mental health is discussed in *Roads to Recovery*, above n 2, part 4.1 and Victoria Legal Aid, *Submission to the Productivity Commission's inquiry into the Economic Impact of Mental Ill-Health: Intersections between mental health and the legal system and the impacts for people and communities* (April 2019) part 4 (**VLA Productivity Commission submission**).

<sup>16</sup> Draft Recommendation 16.2 — mental healthcare standards in correctional facilities.

<sup>17</sup> Draft Recommendation 16.3 — mental healthcare in correctional facilities and on release. See also Victoria Legal Aid, *Response to question regarding access to services for people leaving prison* (January 2020).

<sup>18</sup> Draft Recommendation 16.4 — incarcerated Aboriginal and Torres Strait Islander people.

<sup>19</sup> Draft Recommendation 19.1 — psychological health and safety in workplace health and safety laws, Draft Recommendation 19.2 — codes of practice on employer duty of care.

<sup>20</sup> We recommended that the model WHS laws be amended, specifically that: "In order to provide greater guidance for employers the general duty in the Model Work Health and Safety Bill 2016 (Cth) should be supplemented by: Amending the Model Work Health and Safety Regulations 2019 (Cth) to map out specific procedural requirements for addressing sexual harassment as a workplace hazard including policies and training that draw on best practice; and developing a sexual harassment code of practice which draws on best practice to provide practical guidance to employers as to how to comply with their obligations and which must be taken into account in determining whether a duty has been breached. See Victoria Legal Aid, *Submission to Australian Human Rights Commission's National Inquiry into Sexual Harassment in Australian Workplaces – Change the culture, change the system: urgent action needed to end sexual harassment at work* (February 2019) 8.

<sup>21</sup> Draft Recommendation 10.4 — care coordination services.

support coordination. Individuals should not be disadvantaged in accessing or navigating services because of complexity in funding or governance arrangements.

- We also strongly support recommendations to ensure continued **access to high quality mental health and psychosocial supports for people, regardless of whether or not they are NDIS participants.**<sup>22</sup>
- **Improving emergency mental health service experience.**<sup>23</sup> Our experience shows the current crisis-focused system does not support people to manage their own health in the way they have identified works for them. We must ensure that people with lived experience are at the centre of designing and delivering reforms.
- **Improving income support for people with mental health issues and carers.**<sup>24</sup> We have concerns about the quality and effectiveness of current employment services and assessment tools. We support measures to increase quality and flexibility of services and tools to better meet the specific needs of jobseekers with mental health issues or carer obligations, and improved oversight and accountability to ensure quality of service provision.

## 2. Identified gaps in the Draft Report

While we appreciate the broad scope of the Draft Report, we encourage the Commission to consider and address the following important areas for reform in the final report.

- **Regulating and reducing compulsory and coercive treatment** to support autonomy and dignity and reduce the negative impact of compulsory treatment when it does happen. We note the reform objective 'in-patient services that reflect the treatment needs of consumers' and encourage the Commission to consider recommending mechanisms to:
  - Reduce the use of compulsory or coercive treatment;<sup>25</sup>
  - Reduce the use of restraint and seclusion;<sup>26</sup>

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<sup>22</sup> Draft Recommendation 12.2 — guarantee continuity of psychosocial supports; Draft Recommendation 12.3 — NDIS support for people with psychosocial disability. See also Victoria Legal Aid, *Ten Stories of NDIS 'Thin Markets': Reforming the NDIS to meet people's needs*, (June 2019) <<http://www.legalaid.vic.gov.au/sites/www.legalaid.vic.gov.au/files/vla-submission-to-the-ndis-thin-markets-project-june-2019.docx>> and National Legal Aid, *Putting people first: Removing barriers for people with disability to access NDIS supports* (November 2019) <<https://www.legalaid.vic.gov.au/sites/www.legalaid.vic.gov.au/files/vla-submission-putting-people-first-removing-barriers-for-people-with-disability-to-access-ndis-supports-11-2019.pdf>>.

<sup>23</sup> Draft Recommendation 8.1 — improve emergency mental health service experiences.

<sup>24</sup> Draft Recommendation 14.4 — income support recipients' mutual obligation requirements; Draft Recommendation 14.1 — employment support assessment measures — we understand the issue of misclassification of jobseekers with mental health issues identified in the Draft Report to be widespread; Draft Recommendation 14.2 — tailor online employment services — we note that an expectation to 'inform service providers of relapse in mental illness in a timely manner' may be unrealistic and operate punitively for participants without appropriate safeguards and oversight; Draft Recommendation 13.2 — employment support for mental health carers - Our clients report that job active programs are not tailored to meet the needs of job seekers with carer responsibilities. The early identification and streaming of this group of jobseekers would minimise the risk of them being required to meet onerous mutual obligations requirements and enhance the chance of them securing better vocational outcomes through meaningful engagement with employment support; Draft Recommendation 13.1 — reduce barriers to accessing income support for mental health carers - we support, in principle, increased flexibility around restrictions on work, study and volunteering for carers in receipt of income support, and would support the use of "regular care" instead of "constant care" to better reflect the realities of care provision; Draft Recommendation 14.3 — staged rollout of individual placement and support model - We support, in principle, the IPS model which has the potential to deliver intensive, targeted employment support. Clear guidelines, adequate safeguards and ongoing monitoring are necessary to ensure the co-location of employment support services and health services does not erode the consumer-health service relationship or undermine the consumer's self-determination.

<sup>25</sup> See Roads to Recovery, above n 2, part 1.

<sup>26</sup> Ibid.

- Improve data reporting regarding differences in practices across inpatient units;<sup>27</sup>
- Create safer services for women and gender diverse people.<sup>28</sup>
- Ensuring that people experiencing mental health issues are treated fairly in other systems and services and that **the impacts of family violence or other trauma are properly recognised and responded to**, particularly in the family law, child protection and family violence systems.<sup>29</sup> This includes:
  - Where mental health issues are identified in response to a victim of family violence that a family violence safety notice, risk assessment and safety planning should also be considered;
  - Recognising the need for a specialised mental health response for children and adolescents – for example, children caught up in the family violence court system may have undiagnosed mental health issues driving behaviour; and children in the child protection and out of home care systems have a lack of access to mental health supports; and
  - Where mental health issues are present for a parent, this should not be cause for automatic pre-judgement or assumption that parenting capacity is low or, if admitted into a mental health unit, an automatic cause for limited contact with their children during admission. Child protection and mental health services should work together to keep parents and children together as a family unit where appropriate by determining what services could be put in place for the parent and where relevant children and ensure contact is maintained and supports are put in place for discharge.
- **Making sure tailored and culturally safe services** are available to meet the needs of diverse communities while respecting and promoting consumers’ rights, dignity and autonomy. This includes building diverse workforces such as Aboriginal Liaison Officers and a requirement that interpreters are used and information is accessible. Services should be meet the specific needs of CALD communities, LGBTIQ people, women and older people, as well as Aboriginal and Torres Strait Islander people and young people, whose particular needs the Commission has directly recognised.
- Acknowledging the **relationship of poverty, social security and mental health**. Recent years have seen a widening gap between the Disability Support Pension (**DSP**) and Newstart Allowance, and significant hurdles to qualification for the DSP,<sup>30</sup> including changes to the impairment tables and the burden of ‘program of support’ requirements. In addition to the negative impact on mental health caused by lack of access to an adequate income, people’s mental health can be negative affected by the approach Centrelink has taken to pursuing people for alleged overpayments.

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<sup>27</sup> Ibid part 6. We note information request 25.3 and draft finding 25.1 and wish to highlight the importance of de-identified data about service performance being publicly available to service users.

<sup>28</sup> Ibid part 5.

<sup>29</sup> Ibid part 4.

<sup>30</sup> See VLA Productivity Commission Submission, above n 1, part 4.2.

### 3. Recommendations and findings that should be strengthened or modified

We support the intention of the following recommendations and findings, and provide suggestions for these recommendations and findings to be strengthened to better support people with mental health issues.

- **Improving support for police responding to mental health crisis situations.**<sup>31</sup> While it is unavoidable that police will at times be the first responders to people experiencing a mental health crisis, and should be better supported when doing so, we encourage the Commission to consider making clear recommendations that police should respond to mental health crises as a last resort. We encourage the Commission to consider recommendations regarding welfare responses to mental health issues being prioritised to reduce reliance on police responding to people experiencing mental health crises. We also recommend clarifying that mental health professionals should only provide information to police where necessary to prevent a serious and imminent risk of harm, and that the health information privacy of people is considered.
- **Increased access to court diversion programs.**<sup>32</sup> We note the Commission's draft finding regarding court diversion programs and encourage the Commission to recommend the expansion of, and increased investment in, court diversion programs to improve access for a greater number of people. Our response to the Commission's question taken on notice at the public hearing on 18 November 2019 sets out the benefits of court diversion programs in Victoria.<sup>33</sup>
- **Prevention and early intervention to reduce contact with the criminal justice system.**<sup>34</sup> We encourage the Commission to consider how to ensure draft findings 16.1 (prevention and early intervention to reduce contact with the criminal justice system) and 16.2 (police responses rely on community mental health services) do not lead to an increase in compulsory treatment as a form of apparent early intervention.
- **Expanding Health Justice Partnerships.**<sup>35</sup> We note the Commission's draft finding that integrated approaches show promise in helping people access legal support early.<sup>36</sup> We note the response we provided to the Commission's question on notice regarding civil legal need for people experiencing mental health issues and encourage the Commission to consider a recommendation for the expansion of Health Justice Partnerships and other models of providing legal assistance integrated with social and health expertise.
- **Disability Standards for Education.**<sup>37</sup> In Victoria, the risk of being ordered to pay the respondent's costs and the requirement to identify a comparator discourages litigation under the *Disability Discrimination Act 1992* (Cth). Should the Disability Discrimination Act be amended to remove the comparator and costs risk, we would support a review of the

<sup>31</sup> Draft Recommendation 16.1 — support for police.

<sup>32</sup> Draft Finding 16.3 – court diversion programs.

<sup>33</sup> Benefits of court diversion programs in Victoria are discussed further in Victoria Legal Aid, *Response to question taken on notice regarding court diversion programs and mental health supports* (January 2020).

<sup>34</sup> Draft Finding 16.1 – prevention and early intervention to reduce contact with the criminal justice system.

<sup>35</sup> Draft Finding 16.4 – Health Justice Partnerships.

<sup>36</sup> Civil legal issues affecting those with mental health issues is discussed further in Victoria Legal Aid, *Response to question taken on notice regarding mental health issues and the experience of civil legal issues* (January 2020).

<sup>37</sup> Draft Recommendation 17.4 – educational support for children with mental illness.

Disability Standards for Education on that basis and especially a clarification of what is required of schools under the Standards.

- **A social determinants of health approach.**<sup>38</sup> We encourage the Commission to consider how to promote a social determinants of health approach in all its recommendations.

#### 4. In principle support

In addition to the recommendations for which we indicated our strong support above, in principle we support the following recommendations and their intentions.

As discussed above, our practice experience is in the provision of specialist mental health legal services, non-legal advocacy and other legal services to people with mental health issues engaged in legal system. Our recommendations for reform are informed by this experience, together with the leadership and expertise of our mental health consumer advisory group, *Speaking from Experience*.

With this in mind, we provide in principle support for, but have not commented on the proposed mechanisms in detail, the recommendations intended to:

- improve regional availability of high quality mental health services;<sup>39</sup>
- ensure safe, appropriate and separate services for children and young people including child and adolescent mental health beds;<sup>40</sup>
- ensure availability of culturally safe services for Aboriginal and Torres Strait Islander people;<sup>41</sup>
- ensure the rights of people with mental health issues are protected and promoted in their interactions with the justice system through the development of disability justice strategies;<sup>42</sup>
- improve awareness of mental health issues in the insurance sector;<sup>43</sup>
- strengthen governance, accountability, data and transparency, including the need for monitoring and reporting that focuses on outcomes for consumers;<sup>44</sup>
- develop protocols for single care plans, which may assist consumers to better navigate the mental health system and be supported where they receive services from multiple providers;<sup>45</sup>

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<sup>38</sup> Draft Finding 20.1 – social exclusion is associated with poor mental health.

<sup>39</sup> Draft Recommendation 7.1 – Planning regional hospital and community mental health services, Draft Recommendation 11.7 – attracting a rural health workforce.

<sup>40</sup> Draft Recommendation 8.2 – child and adolescent mental health beds.

<sup>41</sup> Draft Recommendation 16.4 – incarcerated Aboriginal and Torres Strait Islander people, Draft Recommendation 20.3 – traditional healers, Draft Recommendation 21.2 – empower indigenous communities to prevent suicide.

<sup>42</sup> Draft Recommendation 16.5 – disability justice strategies.

<sup>43</sup> Draft Recommendation 20.2 – awareness of mental illness in the insurance sector.

<sup>44</sup> Draft Recommendation 25.4 – strengthened monitoring and reporting, Draft Recommendation 22.5 – building a stronger evaluation culture, Draft Recommendation 25.1 – a data linkage strategy for mental health data, Draft Recommendation 25.3 – strategies to fill data gaps, Draft Recommendation 25.5 – reporting service performance data by region, Draft Recommendation 25.6 – standardised regional reporting requirements, Draft Recommendation 25.7 – principles for conducting program evaluations.

<sup>45</sup> Draft Recommendation 10.3 – single care plans for some consumers.

- address a lack of flexibility in the current system that prevents people from accessing services in line with their needs and preferences, especially counselling services;<sup>46</sup> and
- facilitate greater access to better qualified medical professionals<sup>47</sup> (noting also the need to make sure people can access the workers and services that work for them, including diverse professionals such as psychiatrists,<sup>48</sup> nurses,<sup>49</sup> social workers, and peer workers).<sup>50</sup>

We commend the Commission for its wide-ranging consideration of how people can be enabled to reach their potential in life, have purpose and meaning, and contribute to the lives of others. We welcome the Commission’s recognition of the key role that psychosocial supports, housing, the justice system, workplaces and social security can play in people’s mental health, and the need for a systemic approach and investment across the board.

The opportunity for a re-design of the mental health system led by consumers is articulated by VLA’s senior consumer consultant, Wanda Bennetts:

*“Now is the time for a total rethink and genuine cultural shift. We need more services, better services and importantly, we also need alternative services. Let those of us most impacted by the system lead the way in designing a new system that works for us. We want services that are amazing – that you would consider good enough for yourself or your families and friends.”*

We would welcome the opportunity to discuss any of these points in further detail. Again, congratulations on your work informing improved services and systems for people experiencing mental health issues in the Australian community.

Yours faithfully

**LOUISE GLANVILLE**  
Chief Executive Officer  
Victoria Legal Aid

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<sup>46</sup>Draft Recommendation 22.3 — enhancing consumer and carer participation, Draft Recommendation 5.2 – assessment and referral practices in line with consumer treatment needs, Draft Recommendation 5.8 – increase consumer choice with referrals, , Draft Recommendation 5.4 — MBS-rebated psychological therapy, Draft Recommendation 5.7 – psychology consultations by videoconference, Draft Recommendation 5.5 – encourage more group psychological therapy.

<sup>47</sup> Draft Recommendation 11.5 — improved mental health training for doctors, Draft Recommendation 11.6 — mental health specialisation as a career option.

<sup>48</sup> Draft Recommendation 11.2 — increase the number of psychiatrists.

<sup>49</sup> Draft Recommendation 11.3 — more specialist mental health nurses.

<sup>50</sup> Draft Recommendation 11.4 — strengthen the peer workforce.