

ANDRIS MARKOV'S / Draft Productivity Commission report / 21 November 2019

I make this submission today wearing 3 relevant hats...as a consumer of mental health myself (bipolar disorder type 2)...as the former carer of a teenage daughter with drug induced psychosis (crystal meths)... and as a person with stage 4 throat cancer (i.e. comorbidity that has complicated my MH experience).

Having read the Draft Productivity Commission report on Mental Health carefully I was both pleased and disappointed at the content. Key responses from me are:

1. It is a realistic and accurate summary of where we are at currently.
2. It acknowledges that significantly increased resourcing is urgently needed.
3. It shows good use of current, relevant, evidence-based data.
4. However, I am extremely disappointed that the draft report appears to lack any innovative, creative or enlightening breakthrough aspects to guide our fractured national mental health system into a fit-for-purpose, systemic overhaul.
5. To a large extent it appears to be re-stating gaps /problems the sector already knows about and has been asking to be overhauled for years (since before the 2014 National MH Commission Review). Basically 'nothing about us without us'.
6. Like the out of date, biomedical system that we have inherited, it seems to fail to fully realise the critical importance of **personal recovery** as well as clinical and social recovery with any insight. It's not to do with curing symptoms; it's to do with a good, sustainable quality of life...a radical systemic change is needed.
7. Not enough focus on how to realistically identify / achieve meaningful, person centred care. This includes acknowledging that many MH consumers are high functioning achievers and like clinicians, experts in their field. Stop pathologizing mental illness which acts counter to empathy, open dialogue and inclusiveness.
8. The game changing value of implementing effective, accessible, diverse community MH services is undervalued. There is far too much focus on acute treatment / hospital facilities (i.e. 90% of funding) despite recommendations to revise this ratio of expenditure to more productive and cost-effective facilities.
9. The inequity of power imbalance (i.e. clinical, political, administrative over consumers and carers) is counterproductive to improving the quality of people's life experiences and leads to unrealistic platitudes like a target of zero suicides.

To summarise: I believe the final recommendations of the Productivity Commission's Report on Mental Health should reflect lived experience and that there are sustainable mechanisms to ensure lived experience really drives change...decision making in mental health can't be done the same way anymore.