

Submission to The Productivity Commission into Mental Health.

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Key message

The primary aim of this submission is to facilitate a fit for purpose approach to mental health across Australia to ensure everyone achieve daily calm, happy flow aligned to a legacy worth leaving.

The secondary aim of this submission is to facilitate systemic culture transformation from a dysfunctional approach nationally which is harming people through over-medication, disinformation and toxic public sector service delivery through organisations such as Centrelink and the National Disability Insurance to a systemic co-redesign through lived experience leadership aligned to improving mental health outcomes – from medication to humanity, healing and improving mental and physical health.

The third aim of this submission is to voice a decade of personal experience dealing with a diagnosis of bipolar disorder brought on by work stress working in the Victorian public sector resulting in a six month psychotic episode in 2011 and having no legal underpinning of my care since that time despite in 2011 seeing General Practitioners and psychiatrists whilst psychotic (where no action was taken to protect my health and wellbeing), dealing with various treating clinicians randomly to try to understand my symptoms, experiencing a relapse in 2016 resulting in a hypomanic episode lasting 12 months caused by intense stress caused by Centrelink – an issue which my Federal MP dealt with effectively and referred to both the relevant Minister at the time and also Prime Minister Turnbull. I am now almost fully healed, am involved in mental health advocacy, am writing my second book “Achieving Authenticity” and looking at becoming a stand-up comedian to raise awareness of good mental health and reduce stigma around bipolar disorder. I am also a fully qualified lifecoach. I have healed despite mental health services not because of.

Please note: there may be the occasional typing error or grammatical error as this submission was drafted in a short period of time after the Xmas and New Year holiday break in which there was limited time to read a two Volume report consisting of Volume 1 containing 650 pages and Volume 2 containing 602 pages. It would be interesting to see if the Federal Minister for Health or anyone in the Federal Department of Health has read each volume thoroughly, from cover to cover.

The context

Why do we need a Productivity Commission Report into Mental Health?

Announcement

Federal Minister for Health, Greg Hunt, MP, issued a Media Release

<https://www.greghunt.com.au/new-productivity-commission-inquiry-to-shine-a-light-on-mental->

[health/](#)) announcing the decision to invite The Productivity Commission to examine the value for money (economy, efficiency and effectiveness) of mental health service provision.

The text frames this submission:

“New Productivity Commission Inquiry to shine a light on mental health

The Morrison Government will establish a Productivity Commission Inquiry into the role of mental health in the Australian economy and the best ways to support and improve national mental wellbeing.

Mental health challenges not only have a devastating personal impact, but significantly affect individuals’ employment and productivity. This has an effect on incomes, living standards, physical wellbeing, and social connectedness.

Mental health also affects businesses, the hospital system, and social services, and therefore has a large effect on Australia’s economy.

This comprehensive inquiry will reveal the true impact of mental illness on the economy, and provide recommendations on how the Government can most effectively improve population mental health, and social and economic participation.

The Federal Government will spend an estimated \$4.7 billion this year on mental health. Once state and territory government funding is added to this, the investment in mental health rises to around \$9 billion per year – that is equivalent to \$1 million per hour – every hour of every day.

Treasurer Josh Frydenberg said: “It is crucial that we know that this funding is delivering the best possible outcomes for individuals and their families, and that is one of the issues the inquiry will investigate.”

Minister for Health, Greg Hunt, said he has worked closely with the Prime Minister and Treasurer to finalise the terms of reference and establish the inquiry.

“Every year around four million Australians deal with some form of chronic or episodic mental health condition. Sadly, one in five Australians affected by mental illness do not seek help because of stigma,” Minister Hunt said.

“I have consulted with state and territory health and mental health ministers to seek their views on the scope and terms of reference of the inquiry and have welcomed their support.

“As we enter Mental Health Week it is important that we continue to shine a light on mental health and work hard to ensure we are providing the best possible support to Australians living with mental illness.”

The Productivity Commission will undertake broad consultation, including holding hearings in regional Australia and inviting public submissions. It will then make recommendations on measures to improve population mental health to help people lead full and productive lives.

The inquiry is due to begin later this month and the final report should be provided to the Government within 18 months.

The Morrison Government is committed to making a difference and has made mental health a key pillar in our Long Term Health Plan.

Our commitment is also reflected in our extra \$338.1 million investment in suicide prevention, research, and programs for older Australians in this year’s Budget.

7 October 2018

The Productivity Commission

The core function of the Commission is to conduct public inquiries at the request of the Australian Government on key policy or regulatory issues bearing on Australia's economic performance and community wellbeing.

In addition, the Commission undertakes a variety of research at the request of the Government and to support its annual reporting, performance monitoring and other responsibilities.

The Commission's four main 'output' streams

- Public inquiries and research studies requested by the government.
- Performance monitoring and benchmarking and other services to government bodies.
- Self-initiated research and annual reporting on productivity, industry assistance and regulation.
- Competitive neutrality complaints.

How we operate (<https://www.pc.gov.au/about/operate>)

There are three features of the Productivity Commission's structure and operations which underpin the effectiveness of its contribution to public debate and policy formulation.

The Commission is independent

The Commission operates under the powers, protection and guidance of its own legislation. Its independence is formally exercised under the Productivity Commission Act through the Chairman, Deputy Chairman and Commissioners, who are appointed by the Governor-General for fixed periods.

The Productivity Commission has its own budgetary allocation and permanent staff, operating at arm's length from other government agencies. While the Government largely determines its work program, the Commission's findings and recommendations are based on its own analyses and judgments.

The Commission reports formally through the Treasurer to the Australian Parliament, where its inquiry reports are tabled. However, with the statutory requirement to promote public understanding of policy issues, its reports and other communications activities are also directed at the wider community.

Its processes are transparent

The Commission's advice to government, and the information and analysis on which it is based, are all open to public scrutiny. Its processes provide for extensive public input and feedback through hearings, workshops and other consultative forums, and through the release of draft reports and preliminary findings.

It adopts a community-wide perspective

The Commission is obliged under its statutory guidelines to take a broad view, encompassing the interests of the economy and community as a whole, rather than just particular industries

or groups. Environmental, regional and social dimensions of its work are also carefully considered, informed by public consultation and the Commission's own research capability.

The Commission's legislative 'instructions'

- Improve the productivity and economic performance of the economy.
- Reduce unnecessary regulation.
- Encourage the development of efficient and internationally competitive Australian industries.
- Facilitate adjustment to structural change.
- Recognise the interests of the community generally and all those likely to be affected by its proposals.
- Promote regional employment and development.
- Have regard to Australia's international commitments and the trade policies of other countries.
- Ensure Australian industry develops in ecologically sustainable ways.

“Draft report release

The Commission is seeking further information and feedback following the release of the draft report on 31 October 2019.

Submissions are due by **Thursday 23 January 2020.**”

<https://www.pc.gov.au/inquiries/current/mental-health#draft>

This document is a response to the release of the draft report on 31 October 2019.

So what?

What will improve as a result of the work of The Productivity Commission?

What is a fit for purpose mental health system?

What outcomes are The Productivity Commission seeking to achieve in the short, medium and longer term?

What does success look like, sound like, feel like should all of recommendations of The Productivity Commission’s work in mental health in Australia be implemented aligned to the intention of their report and aligned to the public’s perception of the Government’s obligation to deliver value for money in public policy and service delivery aligned to community needs and requirements?

These questions need to be answered satisfactorily in the eyes of those living with a mental health diagnosis if the work of The Productivity Commission’s work. For too long, those with a mental health diagnosis have been ignored by all levels of Government. For far too long, taxpayer-funded services have failed to deliver value for money in terms of economy, efficiency and effectiveness for those with a mental health diagnosis. And for far too long, taxpayer-funded services have actually resulted in people suiciding, experiencing worsening mental health and becoming disengaged from society, community and the productive workforce rather than feeling empowered through engaging with taxpayer-funded services, experiencing improving mental health and feeling able to contribute to society, community and the productive workforce.

The current mental health system is currently not fit for purpose.

There is no evaluation framework through which any level of Government, either Federal, State or local, is able to evaluate the outcomes achieved through taxpayer-funded expenditure into mental health.

There is no effective leadership across mental health services delivering improving mental health outcomes, there is no effective leadership delivering lived experience leadership to guarantee culture and service delivery is aligned to patient need.

There is no effective accountability framework across Federal, State, local government to report to the general public on where value for money is being achieved, where people are receiving the support they need to their time of crisis and where people are flourishing post-diagnosis to inform broader systemic learning across the broader mental health environment.

Legislation is weak and incomplete at all levels of Government – Federal, State and local government.

Leadership is weak and incomplete across all levels of Government.

Policy is weak and incomplete across all levels of Government.

Strategy is weak and incomplete across all levels of Government.

Culture is weak and dysfunctional across all levels of Government relating to mental health service provision.

Funding is inconsistent, non-strategic, not linked to outcomes achieved, unplanned, incoherent, slightly manic in fact.

In fact the whole approach historically to mental health could be considered bipolar – sometimes energy is invested and a manic approach by politicians is shown and then they forget mental health exists as a taxpayer-funded service and the whole sector becomes depressed, forlorn and forgotten about and then suicide rates rise.

So, what does a fit for purpose mental health system look like, sound like, feel like?

Firstly, it is important to define fit for purpose in mental health – calm, happy flow.

Secondly, it is important to define what success looks like, sounds like, feels like

And thirdly, it is important to define what failure looks like, sounds like, feels like

Why are those grappling with their mental health being failed by politicians and the public sector? Why are taxpayers not receiving value for money from the billions being “invested” into mental health service provision? Why is suicide still an issue? Why is and has there been historically a lack of leadership in delivering fit for purpose mental health services? What is the probability of the work of The Productivity Commission and the Victorian Royal Commission into Mental Health delivering fit for purpose mental health outcomes and reducing levels of suicide to almost zero?

Relevant references include the following report which I have already submitted links to The Productivity Commission about:

1. NAO reports into mental health
2. UK Parliament Treasury Minute into Mental Health
3. VAGO Report into mental health
4. ANAO lack of work into mental health
5. Australian Federal Parliament work into mental health

6. Victorian State Parliament work into mental health
7. Royal Commissions into mental health

What's success look like, sound like, feel like in mental health?

Success looks like, sounds like and feels like this:

- I. A national day for each diagnosis – we already have World Bipolar Day. On this day, the relevant Federal Health Minister will report to Parliament and the public on progress in delivering value for money in mental health; specific to the relevant diagnosis. This report will detail the progress in implementing the recommendations of The Productivity Commission, the progress in reporting patient experience across the range of mental health services and the outcomes being achieved from the monies being invested in mental health across the States and Territories. This report will align to the National Reporting Framework and Scorecard approach currently employed by The National Mental Health Commission;
- II. An online tool through which anyone grappling with their mental health can readily access a self-diagnosis approach to help them better understand the signs and symptoms they are experiencing. The UK National Health Service already employs such an online approach, and this is easily transferable to Australia. This tool can be linked into General Practitioner and mental health supports online and localised to the individual's location or place of residence;
- III. All the solutions are already available about mental health. With each diagnosis, there are many with lived experience who have healed and reconfigured their reality to a place of calm, happy daily flow. These leaders could facilitate healing of those freshly diagnosed. They could offer information and advice and advocate for those diagnosed. They could offer professional coaching should they decide to explore accreditation with the International Coaching Federation, the Society of Neuro-Linguistic Programming and the community of mbraining coaches (www.mbraining.com);
- IV. Stability is key in dealing with signs, symptoms and diagnosis. Acute facilities need to be readily available for those most in need but there needs to be a more open approach to ensure only those acute are in acute facilities; people are often kept in acute facilities either for too long or too short a period of time. Lived experience leaders need to oversight these facilities to ensure human rights are being respected;
- V. Accommodation is key post-discharge and this needs to be available to support healing to wellness;
- VI. Support Groups are already helping those diagnosed with bipolar disorder. Bipolar Life (www.bipolarlife.org.au) and Victoria's Bipolar/ Mood Disorder Meetup Group already supports those diagnosed with the latter having some 430+ members currently. It meets monthly in the city, is free to those who join meetup and is self-

organising and self-managing guided by a Code of Conduct that those joining accept to abide by on application to join the Group. This Group provides a way of sharing information and well as offering social connection and support in a fit for purpose manner. This model could be further invested in to support other diagnoses;

- VII. Support Groups also facilitate the sharing of what works in a safe environment. For example, through the sharing of books on bipolar disorder, memoirs of those diagnosis which detail both the diagnosis and the journey to healing can help significantly in helping people to wellness;
- VIII. Podcasts, blogs, social media fora including Facebook and Twitter are already evolving in providing support both more generally for mental health and mental illness but also for specific diagnoses;
- IX. Healing communities already exist in many parts of Australia. Neighbourhood Houses offer a portal through which individuals grappling with their mental health can feel a sense of social inclusion and a way of connecting with ways of improving their mental health. Social prescribing is a way forward in this regard and some Primary Healthcare Networks are already funding initiatives to support healing communities. Men's Sheds are another model that works and should be further support across Federal, State and local government; the current approach lacks leadership and is too piecemeal – all councils should ensure they have a Men's Shed located in each of their suburbs to support male youth and adult men of all ages to engage productively and socialise effectively. This would strengthen community cohesion, reduce crime and social isolation and loneliness and reduce the risk of homelessness, family violence and drug and alcohol taking;
- X. Everyone with a mental health diagnosis should receive a wrap-around approach to their journey of healing. They should be offered a peer support mentor whose role is to support the individual to connect with appropriate information on healing, appropriate memoirs, appropriate social supports and appropriate ways of helping them improve their overall health and wellbeing. All this support should be co-ordinated through a trustworthy online approach not associated with Federal Government or State Government but separated from officialdom and aligned to an organisation such as the Victorian Mental Illness Awareness Council;
- XI. A union for the mentally ill should be created and funded by Federal Government to advocate for those with a mental health diagnosis irrespective of whether they are under a compulsory treatment order or not and an individual at the moment of being informed of the diagnosis should be connected with all relevant information including that the union exists to advocate on their behalf and the individual diagnosed should receive financial support during their healing journey to be a member of the Union. Once they are well, they can choose to leave the Union or continue through self-funded membership;

The transformation required across mental health services and organisation is a chasm to be bridged so wide and deep it needs to be informed through a human rights inspection approach. Therefore the Australian Human Rights Commission (<https://www.humanrights.gov.au/>) should be legislated to empower them to inspect and report on said inspections of all mental health services

and organisations to ensure human rights is embedded in all organisations funded to support those with a mental health diagnosis.

Success should also align to the effectiveness of existing documents, frameworks, strategies, legislation and initiatives which should be strengthened in leadership, implementation, accountability and evaluation:

1. Legislation: what is the Federal legislation relating to provision of mental health services? Is there any? The Victorian State Government's legislation relating to mental health is deeply flawed and needs abandoning and a new legislative framework put in its place co-designed with those with lived experience facilitated by the Victorian Mental Illness Awareness Council and Independent Mental Health Advocacy and the Mental Health Complaints Commissioner who all have the detail of what's working and what is not;
2. Framework: there is no existing framework through which mental health services are provided across the country – this results in chaos and confusion which is deleterious to good mental health. There is needs to be a co-design approach facilitated through lived experience leadership which underpins the provision of mental health training, mental health service provision, research and evaluation of outcomes arising from service delivery outputs;
3. Roles and responsibilities: Federal/ State/ local government/ not for profit sector – currently total lack of clarity and total lack of accountability – needs a complete overhaul. The Federal Department of Health's website details a "Mental Health Statement of rights and responsibilities" unyet does nothing to implement the document (source: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-m-rights2>);
4. Accountability: as above. The Victorian Auditor-General's Office has published two reports into mental health which highlight the fragmented and illegal approach to mental health in Victoria. The Australian National Audit Office could usefully take a leadership role to ensure future mental health funding is delivering value for money and report to the Federal Parliament say annually to provide assurance to the country that Federal funding is being spent wisely for which there is no evidence that this is currently happening. The Australian Federal Government have published various documents on mental health unyet they sit on their website and no-one is accountable for implementing the contents or recommendations. For example The Australian Health Ministers' Advisory Council published "A national framework for recovery-oriented mental health services is an 88 page document that sites on the Federal Government website and nothing has resulted from the document – nothing (source: <https://www.aihw.gov.au/getmedia/2b9068ff-268e-469f-879f-36120196a743/Recovery-Framewk-Implementation-Strategy-MHDAPC.pdf.aspx>). The Victorian State Government funded and have on their website "Guidelines for supported decision-making in mental health services" produced by RMIT University, Monash University and The University of Melbourne (source: <https://www2.health.vic.gov.au/mental-health/practice-and-service-quality/mental-health-act-2014-handbook/recovery-and-supported-decision-making>) unyet nothing has resulted from this research. And why is the Victorian Department of Health and Human Services funded universities to conduct work into an area which should be part of its core business? The Royal Australian and New Zealand College of Psychiatrists have published "Bipolar Disorder – your guide" under the theme "Your Health In Mind"

(source: <https://www.yourhealthinmind.org/getmedia/cbd55d69-ad65-492f-9f7e-4cb35b94ee4f/Bipolar-disorder-your-guide.pdf.aspx?ext=.pdf>). The Royal College also published “Bipolar Disorder: Australian treatment guide for consumers and carers” unyet no mental health services follow this guidance
(source: https://www.ranzcp.org/files/resources/college_statements/clinician/cpg/mood-disorders-cpg);

5. Evaluation: there is no systematic routine of mental health nationally. The National Mental Health Commission reports annually but this delivers little improvement in outcomes achieved for there is minimal evaluation of outcomes in mental health. Google provided “Disparities in access to health care in Australia for people with mental health conditions” published in the Australian Health Review in 2018
(source: <https://www.ncbi.nlm.nih.gov/pubmed/30011389>);
6. Reporting: again, The National Mental Health Commission reports annually and periodically in topics but the reporting, monitoring and evaluation framework currently employed in not value for money and needs deep reform to be fit for purpose;
7. Systemic cultural improvement in delivering of outcomes aligned to community expectations and good practice: the current approach to mental health nationally is so broken it needs complete reform across all elements through co-design with lived experience. Some elements mostly unfunded by Federal or State Government including peer support groups are fit for purpose and delivering outcomes aligned to need unyet the Government fails to acknowledge or recognise them let alone support them financially despite the fact these peer support and lived experience approach to mental health actually work.

Organisational performance of existing organisations worsens mental health outcomes and this needs to be urgently transformed through lived experience leadership representative being placed on the Boards and Senior Management of all relevant organisations providing services to those with a mental health diagnosis.

The following organisations have a duty of care towards those with a mental health diagnosis and need to align themselves to meeting the needs and expectations to support healing from a diagnosis rather than the deleterious approach currently in practise:

1. Centrelink is a toxic organisation which has resulted in a number of people suiciding as a result of Centrelink’s performance or lack thereof. The approach and culture is so bad, there’s needs to be a root and branch review of the approach Centrelink applies to those with a mental health diagnosis by an independent panel of mental health experts including those with lived experience to ensure any proposed improvements are fit for purpose. Centrelink threw me off income support when I was dealing with the passing of my mother, I had to go to my Federal Member of Parliament who resolved the issue and also referred to the issue to the relevant Minister at the time for his opinion on my treatment, an opinion that Minister failed to provide;
2. The National Disability Insurance Scheme also requires a root and branch for the same reasons and with the same approach. I have not engaged with it as I feel it would risk me relapsing into psychosis or depression or both – it’s that bad;

3. The Federal and State and Territory Police forces need to come together to share good practice and develop a more integrated systemic approach both nationally and locally both to support leadership, management and employees but to also ensure their approach in dealing with those in mental health crisis is fit for purpose. An independent regulatory body should be established to report on progress and publish their outcome evaluation reports annually;
4. The Disability Employment Services also require a root and branch review along the same lines as that for Centrelink and The National Disability Insurance Scheme. The Australian National Audit Office's report and findings should be revisited to ensure implementation and evaluation annually of the performance and achievement of outcomes aligned to community expectations for these Services. My experience with the Disability Employment Services has been superficial and I sense that it their overall approach – superficial as there is no real incentive to achieve fit for purpose outcomes due to policy flaws in service design and delivery configuration;
5. Peer workers and Peer/ lived experience leaders should be employed across each individual mental health organisation. A standard should be published that a mental health service is not fit for purpose unless it has at least one person with lived experience on the Board and one person with lived experience on the leadership team. Peer workers should be leading transformation of mental health services aligned to community expectations and services should be incentivised to focus on improving mental health outcomes;
6. General Practitioners: The Royal College of General Practitioner guidelines on mental health should be passed to each individual with a mental health diagnosis to inform treatment and Mental Health planning. My current General Practitioner shows minimal interest in my mental health. This could usefully be addressed and improved to provide a more fit for purpose approach to my overall health and wellbeing;
7. Psychiatrists: The Royal College of Psychiatry of Australia and New Zealand has published guidelines for example for the treatment of bipolar disorder. Unyet these guidelines bear no relation to the existing approach. Each individual diagnosed should be given a copy of the guidelines to inform expectations of the pathway of care they should expect to receive from their treating team lead by a peer worker who should be responsible for advocating and co-ordinating care across the various disciplines. My psychiatrist has never explained my diagnosis, the rationale for it, the pathway of healing, provided any information around bipolar, provided any information about the medication he has prescribed me, never provided any advice to help me heal. I can only conclude he does not understand bipolar disorder, nor does he understand the medication and it's role/ how it works;
8. Psychologists: The Australian Psychology Society is the accrediting organisation for psychologists in Australia (<https://www.psychology.org.au/>) and has a wealth of resources on its website unyet does little to promote these resources nor engage with other professions to ensure these resources are made available to those grappling with their mental health. The Society also does little in terms of raising awareness of good mental health, does little on social media or blogging or podcasting to promote the profession or raise awareness of what a good psychologist looks like, sounds like, feels like. They also do little to regulate the profession, to ensure standards are upheld and to ensure clients are receiving fit for purpose psychological support. There have been several cases where

psychologists have been found to have acted unprofessionally and that is a sign of weak regulation in a system that needs ethical regulation;

9. Counsellors: The Australian Counselling Association is the accrediting organisation (<https://www.theaca.net.au/>) has a wide range of resource on its website however, as with the The Australian Psychological Society, does little to promote itself or raise awareness so that clients are able to access fit for purpose counselling services;
10. Mental Health Social Workers: There could usefully be some clarification around their role as my only interaction with a mental health social worker was mildly random and they signed me off without my consent so I'm not sure whether they are of value or not. I can only assume there is some sort of professional accreditation and organising body though I'm not aware of them or what they do;
11. Chemists: The Royal College of Pharmacists should provide guidance to enable pharmacists to play the role of facilitator and educator around medication – why is it being taken, what it is for and what potential side effects exist and how they can be minimised. Pharmacists should also provide the medication leaflets detailing the information relating to the medication being prescribed;
12. Other modalities to support healing: I have found acupuncture, kinesiology, massage, reiki, hypnotherapy and naturopathy to be useful in my own personal journey of healing and I believe these modalities should be offered to those diagnosed to complement other approach to focus on the holistic journey of healing noting that mental health is not just the brain but the body too that needs healing from the stress and trauma it has experienced;
13. The Australian National Audit Office should be considered as an external mirror on progress in implementing recommendations of The Productivity Commission;

What's the likelihood of The Productivity Commission's work delivering value for money?

The Productivity Commission could usefully focus on its diverse audience in its work to deliver a fit for purpose report and outcomes for those diagnosed. I know from personal experience, in the context of having an IQ of 145, that trying to concentrate with bipolar disorder when your brain is in pain is at the best of time nigh on impossible. It hurts to think. We want to be a part of society and be functioning again, but we need understanding and help in getting us to where we want to be. A report of some 700 pages will not help anyone with a mental health diagnosis help themselves. The UK National Audit Office has a limit of 40 pages on all its reports to ensure a fit for purpose approach for its audience: Parliament.

The Productivity Commission, going forward, could usefully do more to engage with those with a mental health diagnosis in terms of explaining its work, explaining its process, explaining its findings, explaining what its aims are and what it hopes to achieve. If this work is to achieve the outcomes, I hope we all seek, a new approach to mental health requires co-design and co-leadership across the spectrum from lived experience to "professional".

Many people with a mental health diagnosis are not even aware that The Productivity Commission are conducting work into mental health.

There has been no incentive for clinicians to communicate with patients about the work of The Productivity Commission. People with a mental health diagnosis often disengage from reality as it is just too hard, it is painful to try to be human, our thoughts and our feelings damage us because our autonomic nervous systems are in crisis and when we reach out for help, we find we are either patronised, ignored or castigated for being ill. People with a mental health diagnosis often do not read the newspapers, do not watch the news, do not connect with the world and what is happening in it. They have enough dealing with their own mental health condition(s).

The Productivity Commission in their final report need to be clear in detailing a theory of change from where we are now to where we need to be to ensure commitment and ownership of those diagnosed as if this work is to achieve delivery of a successful fit for purpose approach to mental health, everyone needs to be convinced this work will achieve successful and therefore gain the support of the broad range of individuals involved in both receiving and delivering mental health support.

The Productivity Commission needs to evidence how any new approach to mental health will align with the complex needs of those living with a mental health diagnosis.

The Productivity Commission also needs to address the accountability gap that has resulted in the failure of hundreds of previous reviews into mental health effecting no discernible improvement in frontline service delivery.

The National Mental Health Commission has produced a plethora of reports and there has been no discernible improvement in mental health service provision across Australia. There has been no improvement in evaluation and no discernible improvement in patient experience.

Billions have been invested and wasted on mental health research because there is no leadership and no motivation to implement what works in mental health.

Conclusions

1. Evidence on what is being achieved in terms of mental health outcomes aligned to community need and individual expectations does not exist. There is no evidence currently across Australia about what works in healing an individual post-diagnosis unyet many memoirs have been published of those who've journey from diagnosis to healing and reconfiguration of a sense of mission, purpose and contribution to society;
2. Evidence of any form of systemic leadership and management does not exist because there is no system in mental health. The current approach is fragmented and incentivised to work in silos not to be patient-focused, this needs a 180-degree turnaround through lived experience leadership at Board, leadership and management levels of each organisation providing services to those with a mental health diagnosis;

3. Currently there is no accountability within organisations, across organisations, or anywhere across Federal, State/ Territory, local government, health service organisation focused on the achievement of patient-focused outcomes achievement;
4. Currently there is no reporting of performance of mental health organisations. In the United Kingdom, the Care Quality Commission inspects and reports on the performance of mental health services. This inspection approach needs urgently to be effectively implemented in Australia to assure the public their taxpayer monies are being invested wisely;
5. Currently the culture within mental health services is focused on control through medication, this unethical and contravenes the Hippocratic Oath, contravenes individual's human rights and needs to deep cultural review and transformation through lived experience leadership transforming the culture, governance, leadership and management of each and every mental health organisation across the country;
6. Evidence of what works supporting healing post-diagnosis is pervasive in the form of evaluation reports into Neighbourhood Houses, social prescribing, men's shed, peer support groups. Unyet all levels of Government adopt a passive approach to supporting such groups – some grants are available and offered but there is no systemic approach to supporting and funding what works even though there is evidence that such initiatives work.
7. Federally, State and Territory and local government approaches to mental health are not fit for purpose and are often counter-intuitive in that they make people sicker not healthier through their policies, their practices and their treatment of people with a mental health diagnosis. This is not fit for purpose.

Recommendations

1. Mental health outcomes need to be incentivised to ensure their achievement is aligned to individual and community needs;
2. Systemic leadership and management needs to be transparent, evidenced and evaluated to ensure it is fit for purpose;
3. Accountability needs to be introduced and aligned to the delivery of fit for purpose outcomes aligned to individual and community needs;
4. Performance reporting needs to introduced and aligned to the delivery of fit for purpose outcomes aligned to individual and community needs and made transparent for both taxpayers and those receiving services to assure them they are in safe hands;
5. Healing through approach others than solely medication as the current control and medication-based culture is not fit for purpose and is actually harming people and violating their human rights. A lived experience/ peer support approach to healing needs to be embedded throughout the mental health system;
6. Redesigning a system underpinned by evidence of what works of which there is a plethora of evidence as detailed in this submission;

7. Transforming cultural and societal approaches to mental health to address stigma, reduce stress and inform individuals that calm, happy flow is achievable for each and every one of us.

Details of the author

David Clark was diagnosed with bipolar disorder in 2011 resulting from a six-month psychotic episode brought on by intense work stress whilst working in the public sector. He has achieved a sense of healing and reconfiguration of his mission, purpose and contribution to society through his own journey of understanding the source of his diagnosis which was childhood trauma. He has led his recovery single-handedly despite the mental health services not because of them.

In 2011 he became a Practitioner in Neuro-Linguistic Programming to better understand his mental health and the link between his thoughts, his language and his behaviour. In 2013 he qualified as a lifecoach and in 2014 he became a Master Practitioner in Neuro-Linguistic Programming to deepen his understanding of what he needed to help him heal. In 2015 he became an mBIT Coach to deepen his healing through understanding the inter-relationship between head brain creativity, heart brain compassion and gut brain courage based on the book "Using your multiple brains to do cool stuff" by Grant Soosalu and Marvin Oka. This transformed the progress of healing and helped deepen his understanding of bipolar. In 2016 he became a Master Coach in mBIT (multiple brain integration techniques as detailed in the website www.mbraining.com). However, he also relapsed in 2016 resulting from the processing of the passing of his mother in UK and the subsequent ceasing of support from Centrelink. This resulted in a 12-month hypomanic episode in which he experienced suicidal thoughts and almost became homeless.

Thankfully he not only recovered and maintained his accommodation, he successfully advocated for the reinstatement of the support from Centrelink via his Federal Member for Parliament. He published his memoir in 2015, Life is not always what it seems, in which he details his life including a high-performing international career in the UK National Audit Office and then emigrating to Australia when he experienced a series of depressions followed by his first psychotic episode at the age of 43, brought on by work stress whilst employed within the Victorian public sector.

He is now a qualified lifecoach and mental health advocate, a Rotarian advocating for a Men's Shed in Prahran where he lives and an active member of the Management Committee of Bipolar Life where he leads on Communication. He is also organiser of Victoria's Bipolar/ Mood Disorder Meetup Group.

He is currently writing his second book, "Achieving Authenticity – Being the Person You Were Born To Be" whilst also looking at becoming a stand-up comedian, a mental health blogger and podcaster and member of Board's of mental health organisations and other relevant bodies in the coming months and years ahead drawing on his professional background of 18 years working for both the UK National Audit Office (conducting value for money work auditing the introduction of clinical audit in Scotland and then England and Wales, then auditing the management of medical equipment then onto auditing the provision of hip replacement surgery in the NHS) but also the Victorian Auditor-General's

Office during which time he managed a performance audit into Patient Safety in Victoria. More information about him can be found via www.calmercoaching.com.

He can be contacted via e-mail at hello@calmercoaching.com or mobile on 0413 508 306.

This submission is also offered on behalf of Bipolar Life (www.bipolarlife.org.au) which facilitates peer support groups across Victoria and also runs workshops to help those diagnosed bipolar disorder to effectively manage their diagnosis and connect with a sense of healing and contribution to society and community.

And finally, slightly unconventionally, “Using your multiple brains to do cool stuff” by Grant Soosalu and Marvin Oka saved my life.

Everyone with a mental health diagnosis should be handed a copy of this book to help them better understand not only their reality at the time of diagnosis but also to enlighten them on the neuroscience underpinning their human become’ing; to inform them that their diagnosis is not their identity and that they can, whatever the crisis they have experienced and whatever the diagnosis they have received, heal and regain a sense of mission, purpose and connection and contribution to society with the right information and the right support.

An effective approach through lived experience leadership is totally attainable and it is my legacy to see what was not there over the ten years it took me to heal be available to others experiencing the most intense mental health crises.

We are not to blame for what others did to us. We are not to blame for wanting to be useful in society.

We deserve all that we need to heal and become once again useful, valued and valuable members of society and humanity.

