

Submission to the Productivity Commission's Draft Report on Mental Health

Attachment A

SAMHC's Response to the PC's Draft Report: Key Themes

The SA Mental Health Commission (the Commission) has provided a tabulated response to the Recommendations presented in the Draft Report at [Attachment B](#). In addition to this response, the Commission would like to highlight three areas that are of significant importance when considering mental health and wellbeing:

> **Emergency Department Alternatives**

South Australians have been very clear in their conversations with the Commission that regardless of where they live, Emergency Departments (EDs) do not work well for them when they are in distress and / or experiencing an exacerbation of their mental health symptoms and / or experiencing suicidality. The Commission has heard from many people about the experiences they have had in Emergency Departments that have been stigmatising, traumatising and unhelpful. Clinicians have also been clear about the difficulty in providing compassionate and timely services to people needing mental health support in EDs. The Australian College of Emergency Medicine held a summit in 2018 and released the following communique <https://acem.org.au/News/Oct-2018/Mental-Health-in-the-Emergency-Department-Summit-C>

Alternatives to EDs include Safe Haven Cafes (such as that provided by St Vincent's in Melbourne) are operating in Australia. Outside of Australia (although coming very soon to Queensland) models such as the Crisis Now model in USA operated by RI International provide services which are 24/7, accept everyone who comes to them for help, provide services which are compassionate and peer led and demonstrate considerable savings to the health system.

The Commission considers this to be one of the preeminent issues in considering care for people experiencing distress and / or mental health issues and strongly supports to development of ED alternatives across Australia.

> **Peer workforce and lived experience**

In all of its undertakings, the Commission listens to and values the perspectives of people with lived experience of mental ill-health. The Commission is in strong support of the crucial role and insight people with lived experience of mental illness, and their carers, can have on the development and implementation of mental health services by being able to apply the learnings and knowledge they have gained through their own experience.

The Commission fully supports the recommendation to establish a professional organisation to represent peer workers as well as develop recognised qualifications and professional career development for those with lived experience.

The Commission, in the meantime, encourages the expansion of lived experience programs, such as the Lived Experience Workforce Program (LEWP), where people are employed for their specific skill set, including their first-hand experience of mental health issues and recovery (as a consumer or carer).

> **Housing and Homelessness**

The Commission has heard strongly from its partners and from many South Australians on the significant impact social determinants of health have upon their mental health and their ability to cope. Of particular importance is housing.

The Commission heard on numerous occasions the utmost importance of having ongoing access to secure and appropriate housing to maintain mental health, but also that having this need met plays a role in preventing mental illness from worsening. The Commission heard that housing issues, such as short tenancy agreements, lack of available housing options and the increasing cost of housing, cause significant stress and anxiety, limiting peoples' ability to fully recover.

The Commission fully supports the recommendation about no discharge into homelessness but notes that homelessness and inappropriate housing situations can be a barrier to timely discharge from hospital for many people. The Commission heard from several service providers in both city and country locations of South Australia that there is a need for a greater number of mental health supported accommodation packages, such as those available through the Housing and Accommodation Support Partnership (HASP) Program. An increase in this type of program would provide a safe place for people experiencing mental health issues to go, and for those also experiencing housing distress, it would also provide more options for hospitals to discharge people into, increasing the availability of acute mental health bed in hospitals for those in crisis.

Further to this, the Commission has also heard that an increase in supported housing options would provide much needed support to people who experience chronic conditions and complex circumstances, where general housing options may not be appropriate. The Commission's engagement with the South Australian community highlighted a significant need for a variety of supported accommodation options, ranging from 24/7 support to less supported, in both urban and rural settings. Linking these housing solutions with ED alternatives, as mentioned above, could have a significant impact on the improved mental health of those accessing these services. Options, such as this, also provide an opportunity to connect people with a variety of different support services in one location, increasing their potential to gain the support they need to improve their physical, mental health and wellbeing.