
SUBMISSION

National Preventive Health Strategy

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Department of Health, National Preventive Health Taskforce

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Lived Experience
A U S T R A L I A

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Introduction

Lived Experience Australia (LEA) is a representative organisation for Australian mental health consumers AND carers, formed in 2002. Our core business is to advocate for systemic change, empowerment of consumers and carers in their own care, promoting engagement and inclusion of consumers AND carers within system design, planning and evaluation and most importantly, advocating for consumer choice and family and carer inclusion.

LEA strongly supports the National Preventive Health Strategy. Prevention is a foremost priority with early intervention an equally priority. Australia must have a long-term focus for health of our citizens.

LEA has pleasure in providing responses to the specific questions within the consultation and thanks the Department for allowing us to provide this feedback.

Overview

Whilst LEA notes 7. *Protecting mental health* is a singular focus area, we believe that the points below and the Strategy itself, must have a far greater emphasis on mental health and wellbeing and should be integral to all of the areas of the Strategy.

In most if not all of the key facts and strategic guidance charts, seems to have overlooked those specifically pertaining to mental ill-health. Policy achievements by 2030 must focus and include this cohort.

LEA agrees with the targets with the caveat of issues mentioned below, around making mental health identifiable across all aspects of the strategy. Mental ill-health affects people in so many ways, that LEA believes it is crucial to detail this throughout.

Question 5. AIMS

LEA strongly agrees

1. We are aware mental illness can be detected for some in early teenage years, and it is critical that early intervention is needed before the mental illness becomes chronic.

Young children can also be identified to be at risk of mental illness ie

1. those particularly sensitive young children
2. those from vulnerable populations/areas and home environments
3. those with a history of child abuse, those in families where DV is prevalent

These children need to be identified and strategies put in place to strengthen their resilience.

The Target must consider and include the increasing risks of children/teenagers to domestic violence, drug and alcohol use.

2. Preventative Health is critical, this means those on psychotropic medications which have side effects affecting their physical health, are cared for as others who are on a Chronic Disease Management Plan (CDMP).

LEA considers those on lifelong antipsychotic medications should have the availability of the CDMP. Under this scheme, people will be monitored more closely, and the target outlined will be achievable.

3. Whilst people with serious mental illness are from the broader population, the illnesses themselves mean that many lose employment, housing, social connection etc, are on Disability Support Pensions or Centrelink benefits and are clearly marginalised.

Health equity is a very important issues, and LEA strongly supports the Targets.

4. Prevention and identification of risk factors is essential for people with mental illness. LEA agrees with the Target but would suggest consideration of a greater investment into this area as a holistic approach is required for people with mental illness

Question 6. Principles

Multi-sector collaboration

Many people with mental illness say that collaboration and communication between services, between medical practitioners, service providers, GPs, public and private, mental health and housing, drug and alcohol, prisons, forensic etc is a major issue. Having to repeat their story over and over, reliving the traumas in their life including their mental illness, should be prevented.

LEA strongly agrees and supports this principle and would like to see real improvements in the mental health system.

Enabling the workforce

Sadly, the mental health system does not seem able to support the workforce to fully embed preventative health measures to the extend required. Smoking cessation, dietary, exercise, abstinence of illicit drugs and alcohol needs to be featured in greater focus and the workforce educated to provide this information and support.

LEA strongly agrees and supports this principle and would like to see real improvements in the mental health system.

Community engagement

LEA strongly agrees and supports this principle. We know that when a natural or other disaster occurs, the coming together of the local community to jointly offer support in the immediate term, offers a great deal in prevention of escalation of mental ill-health.

Empowering and supporting Aust

LEA agrees and supports this principle and believe that it is particularly relevant to people with mental illness.

Adapting to emerging threats and evidence

LEA agrees and supports this principle. Preventative health is incredibly important to reduce or eliminate the impacts on Australian's mental health and wellbeing.

The equity lens

LEA strongly agrees and supports this principle, and we refer to the comments made previously about the vulnerability of people with serious and complex mental ill-health. Many do not have a regular GP.

Question 7. Enablers

LEA agrees

Funding for preventative initiatives is crucial and must have a long-term focus with sufficient funds to meet the needs.

Partnerships and community engagement is also crucial. People with serious mental ill-health do not have the illness in isolation. It impacts on many of the individual's close connections including the ability to function within the family, employment and in the community. Isolation is a key factor and LEA strongly supports this enabler.

LEA strongly supports information and health literacy as a crucial enabler across the whole of the health system to enable Australians to make the best decisions about their own care. This is particularly relevant for people with mental ill-health.

COVID for example has seen a great deal of misinformation and it is crucial that the Australian Government makes reliable information available for Australians to make informed decisions and choices.

LEA Agrees and strongly supports research and evaluation. We know that science needs to keep up to date with new techniques, medications, procedures and diseases. This also impacts on monitoring and surveillance.

The health care of Australians is crucial, and the Government has a responsibility to keep us safe. Monitoring and surveillance are part of this process.

LEA strongly supports preparedness as an enabler, and a National strategic plan will be crucial however, probably prior to 2030.

Question 8. Policy achievements

agree.

These will give some idea as to the effectiveness of the Strategy and provide an indication of progress.

However, implementation will be the key. They are broad enough generally and should provide a means of measurement and evaluation.

The critical point is that the individual is at the centre of health care. That means that all services must have the person-centred approach, be integrated, apply to the 'whole person' and the policies will be required to provide that 'wrap around' requirement if we are to see the benefit and meet the agenda of the Strategy.

Question 9. Focus Areas

LEA Agrees

Reducing tobacco use in people with serious mental illness will be a challenge. We would urge the inclusion of targeting those with mental ill-health within the Strategy as a particularly relevant group. ATSI peoples are identified, so too should this group.

A healthy diet is also problematic in people with serious mental illness. Psychotropic medications are well known for weight gain and lethargy. This group should be included as a targeted population.

Because of effects of medication (ie lethargy, tiredness, lack of motivation etc) means that many people with mental illness do not undertake physical activity. LEA believes this group should be included as a targeted population.

Illicit drugs and alcohol are known risk factors and a greater number of people with mental illness have these issue.

Question 10. Targets for focus area

LEA Agrees

Question 11. Policy

LEA agrees

Question 12. Continuing strong foundations

LEA strongly agrees

Sustainable action is the imperative of the Strategy which will need to include organisations, programs etc delivered by multiple agencies, and not just reliant on the Federal Government.

Feedback

Government engagement with community and advocacy organisations such as LEA will be imperative to populate key messages to key target populations.

LEA can offer the Government a number of things. We have nearly 20 years' experience in understanding the needs of mental health consumers and carers and would provide Government with clear advice, experiences and perspectives.

LEA aims to support policy development and planning with insights based on mental health lived experience and our research. Importantly, LEA can assist government understand how to look through the lens of people with mental ill-health to improve outcomes in the wider health system based on lived experience.

Contact

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