



**Lived  
Experience**  
AUSTRALIA

**National Secretariat**

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Patrons: Professor Alan Fels AO | Mr John McGrath AM

**TO: National Mental Health Commission,**

**Consultation for VISION 2030**

**ON LINE SUBMISSION**

**30 November 2020**

**Response ID ANON-RAYQ-573V-J**

Submitted to Vision 2030 Roadmap  
Submitted on 2020-11-30 16:42:06

**Introduction**

**1 What is your name?**

**Name:**  
Janne McMahon

**2 What is your email address?**

**Email:**  
jmcMahon@livedexperienceaustralia.com.au

**3 Are you completing this survey from an organisation perspective or from an individual perspective?**

Organisation

**4 Which state are you located in?**

SA

**5 What is your experience or connection with the mental health system in Australia?**

**What is your experience or connection with the mental health system in Australia?:**  
We are a national peak consumer AND carer organisation with a focus on the private sector for the last 19 years, formed in 2002. We have advisory forums in each state and the ACT and obtain grass roots information on the issues faced by consumers and carers more broadly.

We are an active, professional, national systemic advice and advocacy organisation, a company limited by guarantee, and have approximately 2000 members and friends.

**Introduction: Organisations**

**6 What is your organisation name?**

**Organisation:**  
Lived Experience Australia

**7 What best describes your organisation's area of work? Note you can select more than one option.**

Mental health, Education, Policy, Research

**If you selected other, please specify the area:**

**8 Is there any information about your organisation you would like to provide?**

**Please provide any information about your organisation that you would like us to know:**  
We are active in training, research, advice and advocacy. We have input into mental health reform processes, service design, implementation, and evaluation. All board and staff have a lived experience of mental ill-health

**9 Which states does your service cover?**

All (National)

**PART TWO: Priorities**

**10 Do you agree with the identified priorities?**

Yes

**If not, please provide details on why:**  
Just an additional comment: Integration should be across all, ie Improving wellbeing not just whole of governance, but across and between services and service providers, including access, community based care, private practice, CMOs etc.

**11 How would you rank these priorities?**

Priority ranking - Improving wellbeing:  
3

Priority ranking - Working together:  
4

Priority ranking - Harnessing Information:  
6

Priority ranking - Facilitating access:  
1

Priority ranking - Building community-based care:  
2

Priority ranking - Delivering quality, personalised care:  
5

## 12 What do you see as the main challenge with implementing the Vision 2030 priorities?

What do you see as the main challenge with implementing the Vision 2030 priorities?:

fragmented system, very little integration, very collaboration, communication or cooperation between services, public/private systems, service providers.

Lack of financial investment by states and territories.

## PART THREE: Opportunities

### 13 Does Roadmap have the right opportunities to achieve Vision 2030?

Yes

### 14 Are there other opportunities you would like included?

Are there other opportunities you would like included?:

This does not address services, integration, partnerships, etc provided in the private sector. By that we mean:

- 1) Private psychiatric hospitals - health insurance funding and the current restrictions etc that apply between policies and between hospitals
- 2) Office based practice, ie psychiatrists, GPs, and allied health in their own practices

This is a big sector and should be mobilised and equal monitoring applied.

Data collection: this also is a big area where the private sector ie private hospitals, health insurers, MBS and PBS collect and analyse data. This data should also have a prominent place in reporting. At present the AIHW reports in their annual report of Mental Health Services in Australia, but has been to date a very minimal amount of data, minimal amount of recognition of the large number of people who access these services.

There are 68 private hospitals in Aust, around 22% of the clinical workforce work is employed, and many office based practices which I dont have up to date data on, but very significant if psychologists are taken into consideration.

There is very little reference to supporting families/carers. Given the responsibilities carers carry, support for them should be a major consideration within VISION 2030. COVID has shown how so many carers have been affected etc.

Families/carers are not usually clinicians, therefore they need education about what to do in a crisis, medications and side effects, how to manage the person they care for, etc.

They play an important partnership role, see Practical Guide for Working with Carers of People with a Mental Illness [www.livedexperienceaustralia.com.au](http://www.livedexperienceaustralia.com.au)

Also the Information Booklet for Carers, which provides a wide reach of support. This should be made available to all services. again see our website.

### 15 What impact will the proposed opportunities and priorities have on you or your organisation?

What impact will the proposed opportunities and priorities have on you or your organisation?:

What LEA can do is provide a 'one stop shop' for knowledge, skills, perspectives, etc into service planning, design, implementation and evaluation for both consumers and carers.

Priorities for LEA include provision of representatives/advice/systemic advocacy across the specific areas where this is required. LEA has skilled consumer and carer representatives that are across many of the areas identified, including but not limited to -

- suicide prevention areas

-support programs for job seekers with mental illness

-issues for the peer workforce, ie professional scope, external supervision etc for both

consumer and carer peer workers

- also wellbeing coaches, recovery coaches of the NDIA etc.

-structures to enable a specialist workforce - we have been represented on the MBS taskforce committees in relation to mental ill health

-accreditation - we have reps working in this area currently

-education - we have online training for lived experience advocates; clinical providers; services/organisations

-this also relates to online education

- LEA seeks membership of the National Mental Health Workforce Strategy evaluation

-workforce required for psycho-social disability - NDIS - we currently have a quarterly update with NDIA Mental Health advisor: Gerry Naughtin and staff

-we understand the development of data measures, domains, etc

- LEA has a specific role within the organisation - Lived Experience Suicide Prevention Officer, so any representation would be welcomed  
-we hear from the grass roots of people with lived experience so we are able to provide first hand knowledge of service and integration gaps - LEA has just undertaken a national survey of the 'missing middle' that is why people don't engage, and why they disengage from mental health supports/services. This is a landmark survey and we will make the data available to the NMHC, Government etc.  
-mh legislation differs across Aust, LEA is keen to see this eventuate in time as one mental health legislative Act consistent across Aust.  
-we are involved in evaluation of different programs etc.  
-LEA is always keen to support innovation and new schemes of service delivery  
-given that LEA has state advisory forums, we can understand the need for collaborative approaches and provide perspectives into this area.  
-we have had the opportunity to develop a model of care for the BPD Co services in SA  
-LEA has undertaken a national survey into the adult mental health centres and have a lot of relevant information from consumers and carers.  
LEA will be pleased to support, promote and distribute information for both consumers and carers across the mental health sector.

#### **16 What can be done immediately or must be done first?**

**What can be done immediately or must be done first?:**

- include LEA in membership of relevant committees/working groups going forward
- crisis accommodation, case management services for victims of DV, sexual abuse
- incentivise family-focused and carer inclusive care
- suicide prevention and intervention
- mobilise the peer workforce
- single care plans ie could this be an element of the 'My Health record'

#### **PART FOUR: General**

#### **17 How would you like to see the Roadmap integrated with ongoing policy and reform?**

**How would you like to see the Roadmap integrated with ongoing policy and reform? :**

There needs to be an integration of the elements of VISION 2030 with current existing or new proposals for mental health reform ie Victorian Royal Commission, Suicide Prevention Strategy, etc

What we need is all of the reform process to be investigated for common areas, common themes and extract these as a first priority.

#### **18 We welcome views not covered by the questions above. Do you have any further comments or suggestions?**

**We welcome views not covered by the questions above. Do you have any further comments or suggestions?:**

The only one is to reiterate the inclusion and involvement of the private mental health sector.

LEA would be keen to be involved via engaging consumer and carer representatives, input into consultation processes, discussion papers etc.

**Please feel free to upload further information:**

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