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57th Barton Pope Lecture
Radford Auditorium, Art Gallery of South Australia
7:30pm, 8 October 2018
Chris Burns CSC
SA Mental Health Commissioner

***“Looking for the Slip, Slop, Slap of mental health and wellbeing -
it sounds like a breeze when you say it like that.”***

(1. Title slide)

Thank you for that kind introduction.

I acknowledge the traditional owners of the land on which we meet tonight, the Kurna people, and, in a spirit of reconciliation, pay my respect to their Elders – past and present.

I would also like to acknowledge the highly professional and committed mental health clinicians and workforce we have here in South Australia.

Importantly, I would like to acknowledge those with lived experience of mental illness – consumers and carers, including clinicians, all of whom are absolutely critical to the functioning of my commission and the outputs we produce.

I would like to thank Dr Sally Tregenza, Chair of the South Australian Branch of the Royal Australian and New Zealand College of Psychiatrists and Ms Carol Turnbull, the CEO of Ramsay Health Care Mental Health Services in South Australia for their very kind invitation for me to deliver this 2018 Annual Barton Pope Lecture.

I note that this is the 57th iteration of the Barton Pope Lecture, with the first being delivered in 1959.

I am honoured to have been invited to join a highly esteemed list of presenters of this oration which includes governors, ministers, academics, clinicians, industry leaders and, indeed, a famous footballer.

As my bio suggests, I am none of these, although I'd like to think I had the makings of a promising football career playing on the wing for the Port Wakefield Colts before I was drawn to a military career.

My background is in defence and defence industry and you might well wonder how that led to me seeking to be appointed as the State's inaugural Mental Health Commissioner.

I have long had a keen interest in the mental health and wellbeing of the soldiers under my command and employees for whom I was responsible.

Since leaving the military, I have been actively engaged in caring for our veterans and their families.

It has been that experience that motivated me to apply for the role of Mental Health Commissioner.

When he appointed me, the Minister of the day assured me he had more than adequate clinical advice.

He stated his preference was to have a commissioner who could take a strategic and holistic approach to the mental health and wellbeing of all South Australians.

He wanted to break the paradigm of looking at mental health and wellbeing in the State through the prism of time spent in our emergency departments and the number of acute beds in our hospitals.

(2. Sir Barton Pope being knighted by Sir William Slim slide)

My military experience inculcated in me the importance of reflecting on the lessons of the past before embarking on the future. Not having had a long career in mental health care I was not familiar with the history of Sir Barton Pope.

I have since learnt that he was a leading industrialist, playing a major role in the expansion of secondary industries in South Australia.

He started his manufacturing business as a young man with a backyard workshop and subsequently founded the Pope group of companies employing over 3000 South Australians.

(2. Pope Defence Industries build slide)

During World War II, Pope's company produced ammunition for the Royal Australian Air Force at its Beverley facility. So, he was a defence industrialist too.

Sir Barton Pope was always in the forefront of promoting good employer-employee relationships. He supported and assisted various charitable and patriotic organizations and appeals.

He was also the co-founder of the South Australian Association for mental health, which established the first Chair of Psychiatry in South Australia at the University of Adelaide.

So, I feel somewhat aligned with Sir Barton Pope with his background in industry and leadership and his involvement in the mental health and wellbeing of South Australians.

(3. Blank slide)

For those who may not be aware, the South Australian Mental Health Commission is relatively new, having only been established three years ago. I joined the Commission a little over two years ago.

At that time, the public discourse around mental health and wellbeing focused on questioning why people experiencing mental illness spent so long in our emergency departments and why there weren't enough acute beds to care for those people?

(4. Fence or an Ambulance slide)

Effectively, we were stuck in the mindset of parking the ambulance at the bottom of the cliff and waiting for the crisis to happen as characterized in Joseph Malins, a Fence or an Ambulance poem of 1895.

I was tasked with taking an actuarial approach to building and strengthening the mental health and wellbeing of all South Australians in order to grow the State's mental wealth.

Building the fence at the top of the cliff if you like, but acknowledging that the fence won't stop everybody and you still needed to have that ambulance at the base of the cliff.

(5. Mental Health Prevalence slide)

I learnt very early that the nature of mental illness is complex and multidimensional.

We know that mental illness affects not only mortality, but also people's social and emotional wellbeing.

It influences people's ability to live a contributing life through personal, social and economic factors, and the ability to contribute and feel connected within a community.

A quick look at the prevalence of mental illness in our community bears-out the need for looking at the issue of mental health and wellbeing across the complete prevalence spectrum and not just focusing on the three percent of the population in need of acute, tertiary and inpatient care.

This chart highlights that focusing on promotion, prevention and early intervention strategies impacts the majority of the population. Rather than waiting for the crisis to occur and then managing it in the EDs and acute beds.

The other thing this chart highlights is that the mental health and wellbeing of South Australians is not the purview of one profession, nor is it the responsibility of one agency of government or one sector of the community.

It is a whole-of-community issue.

(6. Mental Health impacts every South Australian slide)

This is borne out by the statistics which most of you would well know, but there is value in reinforcing.

(6. Mental Health impacts every South Australian slide – build 1)

20%, one in five, South Australians have experienced a diagnosable mental illness in the last year. And, in the course of their lives, 45% of South Australians, almost half the population, will experience a diagnosable mental illness.

(6. Mental Health impacts every South Australian slide – build 2)

Sadly, for those who do experience a diagnosable mental illness, more than 65% of them can't or, importantly, don't access the services and supports they need to manage their ill-health effectively.

(6. Mental Health impacts every South Australian slide – build 3)

So, if 45% of South Australians are going to experience a diagnosable mental illness in their lifetime, it is imperative that we recognise and acknowledge that, inevitably, the 55% who don't experience a diagnosable mental illness will, knowingly or unknowingly, more likely on multiple occasions, need to care for someone who is experiencing a diagnosable mental illness.

They will not just be family members. They will be friends, work colleagues, or everyday members of our community. Each and every one of us has a role to play in supporting them while building and strengthening the mental health and wellbeing of South Australians.

(7. Key Task for SAMHC slide)

The first key task assigned to the Commission was the development of a mental health strategic plan for the State.

Experience from Commissions in other states was that they took three to four years to consult and develop their strategic plans. Our early guidance was that we did not have that much time to develop our plan.

Not surprisingly, we identified early that the plan would need to be based on detailed research and consultation.

Our early research indicated that there have been many reviews, studies, examinations and evaluations of South Australia's mental health ecosystem in the past decade.

All of those studies and reviews produced multiple recommendations, of which only a selected few were actioned or enacted.

This has induced a sense of cynicism in the workforce and the community.

(8. Consultation slide 1)

On the back of these perceptions, at the outset of our consultations, our expectation was that we would hear of dissatisfaction with the standard and quality of mental health services delivered in the State and the difficulties associated with accessing those services.

We did hear a bit of this, but, in the main, people were much more sanguine and strategic in their thoughts and perceptions of the total mental health situation in South Australia.

Our first key lesson was that the community was tired of being consulted and, importantly, not listened to – the phrases *consultation-fatigue* and *consult-told* were often heard.

(9. Consultation slide 2)

We also learnt that the community was very skeptical of the practice of initiating a review every time something went wrong.

Their cynicism was heightened, with each review producing multiple recommendations of which a select few were enacted.

Key to the success of the consultations we conducted was our commitment to engaging with and listening to people with lived experience of mental illness in everything we undertook.

The phrase '*nothing about us, without us*' truly resonated and guided my team and me throughout the process.

(10. Consultation slide 3)

We consulted extensively and were emphatic that having consulted widely we would go back to those we did consult with and ask if we heard their views and interpreted their ideas and comments correctly.

So, what did we hear?

South Australians told us that they are lonely, that we have lost our sense of community connectedness.

That they don't believe there is enough emphasis or investment made in mental health and wellbeing prevention and early-in-life intervention.

(11. Consultation slide 4)

They told us that there is a need for greater education in order to improve awareness and reduce the stigma and discrimination associated with mental ill-health.

They made the point loud and clear that we have to constantly address the social determinants that impact on the mental health and wellbeing of South Australians.

If a person has a roof over their head, knows where their next meal is coming from, can generate an income, feels like they are contributing to society and have family and friends supporting them; they have a good foundation for their mental health and wellbeing.

When just one of those social determinants is absent, the foundation becomes unstable.

(12. Consultation slide 5)

South Australians highlighted that existing services need to work better together and the providers of those services need to collaborate more to bridge gaps and eliminate duplication.

They let us know that they want access to the right care, at the right time and in the right place.

And they want services that better meet people's needs, cognizant that there are groups of South Australians that require special care.

They told us there had to be more coordinated, long-term strategic level planning of supports for the mental health and wellbeing of South Australians.

(13. Consultation slide 6)

That there needs to be increased investment and funding for those supports and the research that enables them.

And there has to be more independent monitoring and evaluation of the total mental health ecosystem not just selected elements.

Their strongest message to us was that the best place to treat the majority of people experiencing mental ill health is in the community they live in, not the emergency departments and acute beds of our hospitals.

(14. Front Cover of Plan slide)

So, it should have surprised nobody that the first core strategy of our newly minted strategic plan focused on promotion, prevention and early intervention. The *slip, slop, slap* of mental health and wellbeing if you like.

(15. Burden of Disease slide)

Burden of disease analysis provides a measure of the impact of illness and death from a disease compared to a disease-free life.

Mental and substance use disorders were responsible for 12% of the total burden of disease in Australia in 2011, representing the third most burdensome group of diseases behind cancer and cardiovascular diseases.

Mental and substance use disorders were also the leading cause of non-fatal burden, accounting for almost one-quarter of all years lost due to disability.

Just over one-quarter of the burden due to mental and substance use disorders was attributed to anxiety disorders, and a similar proportion to depressive disordersⁱ.

(16. Mental Health in early years slide)

A not so well-known fact in the general community is that for the South Australians who will experience a diagnosable mental illness in their life time, for half of them, that illness will onset before they turn 15 years of age. For three quarters of them it will onset before they turn 25.

From a purely actuarial approach, that means that if we don't focus our slip, slop, slap of mental health and wellbeing campaign on those in the first quarter century of their lives, then we risk missing the opportunity to impact 75% of those who will experience a diagnosable mental illness.

So, I would like us to think about how our slip, slop, slap of mental health and wellbeing campaign can impact that first 25 years of our next generations of South Australians.

(16. Mental Health in early years slide – build 1)

Key to this is understanding and acknowledging that human brain development commences three weeks post conception and that 90% of our brain development occurs in the first five years of lifeⁱⁱ – before we send the kids to school.

This is the period when the bonds between parents and a child form. It is critical that we inform and nurture the creation of those bonds. We know that up to one in five women and one in 10 men experience perinatal anxiety or depression.

There will never be enough, but I hope you might agree that there is a lot of perinatal support for mothers. More importantly, expectant and new mothers are more likely to seek out and be receptive to perinatal support.

On the other hand, the blokes are not as engaged. Post-conception, some of them have limited understanding of the physical aspects of the experience and sometimes feel isolated and excluded from the experience.

It is critical for the mental health and wellbeing of future generations of South Australians that we turn this paradigm around.

As a community we need to wrap around and support expectant and new parents to build the family and community bonds that are the foundation of our State's future

(17. SMS4dadsSA slide)

By way of example, at the Commission we are piloting an SMS4dads project which, from week 20 of pregnancy to six months post birth, expectant and new dads receive three SMS messages a week to inform them of that stage of their child's development.

By way of example, at week 21 of pregnancy the expectant dad gets a virtual in-utero text message from their baby that says: 'hey Dad, just opened my eyes down here, not a lot to see but can't wait to see you. If you want to know more about this stage of my development – go to this link'.

Importantly, every three weeks, dads get a text message checking in on how they are traveling. They get a multi-choice option of indicating if they are: feeling really good thanks, all good, I'm okay, not so great or really struggling.

If they indicate that they are really struggling – we have a 24/7 service funded by the Federal government Primary Health Networks that reaches out to them immediately and offers support.

If they indicate they are not travelling so well we have a state government service provided by SA Health that reaches out to them within three days.

My challenge is that when this pilot proves to be a success, how do we establish it as a permanent program available to support all expectant and new dads in South Australia?

The answer of government funding for operations and sustainment of programs like this cannot always be the default solution.

The private sector needs to step up and assume some responsibility for building and strengthening the mental health and wellbeing of future generations of South Australians.

Hopefully in the future, all expectant and new dads will be able to use the networks and platforms of our big telcos to receive SMS for dads' messages.

Wouldn't it be great if those telcos would support and sponsor an initiative such as this?

(18. Blank slide)

Soon after those first five years of brain development our kids enter the education system leaving the fulltime care of their parents and family.

Few could deny that this is a significant and occasionally traumatic transition point in a young person's life.

It can also be traumatic for the parents.

(19. Resilience slide)

There are some great examples in South Australia of schools building the resilience of their students through positive psychology programs.

While some people might doubt the effectiveness of these programs; I have had the opportunity to witness them in person and have been convinced by the clear impact the programs have on the kids.

In particular I would like to acknowledge and compliment the work of Gabe Kelly and her team at the SAHMRI Wellbeing and Resilience Centre and the work of Nick Lee and Tom Nehmy at Healthy Minds.

From what I have seen, the resilience and positive psychology programs empower the kids with a toolbox of life skills that afford them the capacity to remain well, recover and thrive in the face of adversity.

Unfortunately, the schools are not compelled and receive limited funding to run programs such as these and there is limited consistency across the board. Often the success of a program is reliant on the generosity and good will of teachers and principals.

I think we need to look at the compulsory incorporation of resiliency and positive psychology programs into our school curriculums.

This year in the United Kingdom mental health education was made compulsory in all schools.

Through their program children will be taught how to build mental resilience – as well as how to recognise when their peers are struggling with mental health issues.

While we must always look to improve the social determinants that impact the mental health and wellbeing of all South Australians, building a strong foundation of a resilient society capable of facing adversity and emerging the better for it is critical to building our state's mental wealth.

The important thing is that the resiliency built through positive psychology programs commenced in our schools is not lost when the kids leave those schools.

The transition from leaving school to embarking on a working career or entering tertiary or vocational education can be a traumatic time in a person's life.

It is imperative that resiliency and positive psychology programs transition seamlessly into our tertiary education institutions and the workplace.

These years are critical to South Australian adolescents and we have to support them through these times.

I would highlight here that if we want to be recognised globally as a location where international students thrive; we need to make a greater effort to build the resilience and support the mental health and wellbeing of those international students who are isolated from their families and communities and in our care.

As importantly, the resiliency and positive psychology programs should not cease when South Australians are not in tertiary education or the workforce.

Resiliency is just as important, if not more important, for our unemployed, those who can't work and our older persons who have left the workforce.

(20. Mental Health in Workplace slide)

While on the subject of the workplace, a 2014 PWC report identified that mental health conditions present substantial costs to organisations.

Each year, mental health conditions cost Australian workplaces \$4.7 billion in absenteeism through taking multiple sick days or long-term leave; \$6.1 billion in presenteeism where employees turn up for work but are not functioning properly; and \$145.9 million in compensation claims.

In total, the World Economic Forum estimates that the direct and indirect costs of mental illness amount to 4 per cent of Gross Domestic Profit.

In addition to the costs I just outlined, these direct and indirect costs include things such as health care costs, disability benefits and lost earnings.

In Australia that 4% of GDP equates to more than \$60 billion per year or about \$4000 a year for each person who lodges a tax return.

In South Australia, mental illness represents the largest share of all disease-related serious workers' compensation claims with 19,000 out of 25,000 lost working weeks a year were due to mental illness. It is the only type of workplace injury which is increasing.

What is truly concerning is that a 2014 Beyond Blue report on workplace mental health found that 91% of Australians believe mental health in the workplace is important, yet only 52% believe their workplace is mentally healthy and only 56% believe their leadership values good mental health in the workplace.

A workplace can only be as healthy as the culture its leaders create and nurture.

The 2014 PWC report I mentioned earlier also identified that the successful implementation of an effective action to create a mentally healthy workplace can generate a positive return on investment or ROI of 2.3.

That is, for every dollar spent on successfully implementing an appropriate action, there is on average \$2.30 in benefits to be gained by the organisation.

We need to support employers to create and maintain mentally healthy workplaces. Not solely for the reason that it is their legal obligation to do so, but they also have a moral and ethical obligation to do so.

(21. Media Release slide)

I note that the Federal government announced yesterday that the Productivity Commission will investigate the impact of mental health on the Australian economy and identify the ways workplaces can better support people living with mental health conditions.

In announcing the inquiry, the government stated that “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”.

I would encourage people to consider contributing to this Productivity Commission inquiry.

(22. Blank slide)

In the last two years my Commission has conducted and participated in a number of business forums and events where we have spoken of the impact of mental ill health on productivity and the value of maintaining a mentally healthy workplace.

At an early forum I had an employer, who was a mate from my defence industry days, who at the start of the event questioned the need for him to attend the function. Because he believed that in his company, they didn't employ people who were mentally unwell.

I asked him to stick around and listen to what was going to be said. And that I wanted to have a chat with him before he left.

As the formalities were finishing, he came to me in an agitated state and apologised that he couldn't stay back for a chat, although he'd worked out what I was going to say.

He felt he had to get back to work as a matter of priority to start redressing his misconceptions of mental health in the workplace.

The business case is proven, all we need to do is change the culture through better informed and supported leadership.

(23. MHFA Employment Agreement slide)

As a small example of how this can be achieved, my Commission worked closely with the office of the public service commissioner and the public service association to negotiate into the most recent public sector enterprise agreement that there be equal number of mental health first aiders in the workplace as there are health and safety representatives and first aid officers.

This places a significant resource implication on the government as it now needs to train in excess of 2,000 public servants on the two-day mental health first aid course.

I would also highlight that the requirement for qualified mental health first aiders in the workplace has recently been adopted by the SA Police and the Metropolitan Fire Service.

These initiatives can only be a positive for the workplace and hopefully the spirit of it will transition from the public into the private sector.

(24. Mental Health First Aid slide)

I have been an advocate of the mental health first aid course for non-clinicians since doing the course shortly after I started in this role.

I had not heard of the course before then but soon wished I had.

The course empowers attendees with limited knowledge that is a great start point for creating understanding and raising awareness. That serves to breakdown the stigma and hopefully reduce the discrimination associated with mental ill-health.

I was very proud that the Commission, in partnership with Mental Health First Aid Australia, recently facilitated the conduct of the first ever older person's mental health first aid courses in Australia. We held one in the city and two in the country, all were oversubscribed and an outstanding success.

(25. Pocket Guides slide)

Earlier this year there was a major international suicide prevention conference here in Adelaide so we decided to conduct a workshop, in conjunction with Mindframe, for media professionals and students on the language to use around mental illness and suicide.

We included in the workshop a session on self-help. It was interesting to hear the journos open up about their experiences and the burden they bear in knowing how to discuss mental illness and suicide in the media.

It was also interesting, the next day we conducted a similar session in Parliament House with some of our elected representatives and their staffs to hear of their desire to be more informed and serve their constituents better.

(26. Suicide Statistics slide)

Most of you will have heard the suicide statistics for 2017 that were released two weeks ago.

Just one death by suicide is a tragedy, but to hear that 224 South Australians reached a point in their lives last year where they felt that they had no other option than to take their own life, is heartbreaking.

It is a further tragedy to learn that for each death by suicide, it is likely that 30 people attempted taking their own life. To know that, last year, over 6,700 South Australians might have tried to take their own life has got to send alarm bells through the community.

(27. Road Toll Comparison slide)

By way of comparison the State's road fatality toll last year was 100. That means more than twice as many South Australians died by suicide last year than were killed in fatal road accidents.

I'm afraid I can't tell you how many of those 100 road fatalities were the result of single vehicle, single occupancy accidents that may have been suicides.

(28. Youth Suicide Statistics slide)

What I find really concerning is the incidence of suicide in our younger South Australians. The highest cause of death in the 15 to 24 age group is suicide, accounting for 36% of male deaths and 31% of female deaths.

As a community we need to support our adolescent and young South Australian adults better so they don't reach the point of crisis where they believe their life has no value.

Reducing the incidence of suicide in our society is a whole-of-community issue, not one that is the purview of one agency of government or one sector of the population or one profession. We all own this issue and we all need to act.

(29. Blank slide)

So, I started my talk tonight by praising the highly professional and committed mental health clinicians we have here in South Australia.

What I didn't acknowledge was the workload and pressures they are operating under.

(30. Full-time-equivalent specialised mental health care staff slide)

When you analyse the 2015-16 data, our state is well served in terms of mental health specialists.

By comparison with all other states on a per head of population basis we are second only to the ACT in specialised mental health care Salaried Medical Officers.

We blitz the other states with the highest number of mental health nurses per head of population.

And we just pip the westies with the highest number of mental health related allied health workers per head of population.

(31. Investment slide)

So, is it about investment?

The figures show that South Australia spends 14% more than the national average on a per capita basis on mental health services.

(32. Length of Stay slide)

In South Australia the average length of stay is 10.5 days across acute inpatient units compared to the national average of 13.2 days.

According to the Australian Institute of Health and Wellbeing's latest statistics, South Australia had 39.4 inpatient and residential beds per 100,000 of population compared to the national average of 36.7 beds.

(33. ED Presentations slide)

Interestingly, South Australia has the highest rate of mental health presentations to emergency departments in Australia at 4.8% versus the national average of 3.6%.

So, by almost all measures our state has the resources it needs to run a good mental health service.

Which begs the question – why are our clinicians and medical staff so stretched?

(34. Blank slide)

What those statistics don't reveal is how effectively and efficiently we are using our resources.

In the main, these are clinical issues that are the purview of SA Health and will be addressed in the development of a new state Mental Health Services Plan under the leadership of the State's Chief Psychiatrist Dr John Brayley.

So, is there a non-clinical option? I do believe there is a disrupter that is worthy of consideration.

We need to free-up our clinicians to allow them to focus on those that are truly in need of their care and make best use of our limited and expensive clinical resources.

(35. Peer Workforce slide)

We currently have a very ad hoc and small peer workforce spread across our public, private and non-government sectors.

An essential criterion for a peer worker is that they have lived experience of mental illness, as a consumer and/or a carer.

Peer support involves training people with their own lived experience of a mental health issue to support and guide others who have further to go on their recovery journeys.

This enables them to sit beside someone experiencing mental ill health, or a carer, and empathise with them while providing support and guiding them through their recovery journey.

It's often the case that people in need of help will relate with and learn from peers who have 'walked the walk' of mental health recovery.

Peer support is now seen as a pillar of mental health recovery, a reliable and cost-effective way of guiding people with mental health issues to meaningful and independent community living.

Peer workers complement the work of clinicians, they don't contradict it.

We've seen some great examples interstate and overseas of professionalised peer workforces in the mental health arena.

In these workforces, individuals are screened for suitability and carefully selected through a merit-based process.

They are trained and supervised.

There is an established career structure with the opportunity to improve their skills through further training and experience.

Experience of peer workers and clinicians combining in crisis response and management overseas has demonstrated significant reductions in first responder workloads, emergency department appearances and acute bed occupancies.

A peer workforce does not need to be government employed.

Overseas experience demonstrates alternatives that are commercially viable and deliver significant savings while freeing up clinicians to perform their vitally important roles.

In NSW a social impact bond program providing community-based services to people with a history of very high acute bed usage is demonstrating excellent results through use of mostly peer services.

It is difficult to imagine an aspect of our society that would not benefit from a professionalised peer workforce. From crisis response and management to inpatient care.

Peer workers could deliver resilience and positive psychology programs in schools, universities and tafes, freeing-up our teachers and instructors to do what they do best – educating our next generations of South Australians.

Peer workers could support employers to maintain mentally healthy workplaces and they can support our older persons.

They have a place in our courts, the corrections system, with first responders, in sports clubs and in the broader community.

I truly believe we need to take a serious look at developing a professionalised mental health peer workforce to augment and enhance the existing highly capable clinical mental health workforce we have in South Australia.

(36. Fence at top of cliff - Slip, Slop, Slap slide)

In conclusion, the slip, slop, slap sun smart campaign has been recognised as one of the most successful of its kind, principally because it changed attitudes and behaviours.

It made generational change – kids of the 80s are now parents themselves and are carrying on the behaviours needed to protect the next generation from skin cancer.

For our slip, slop, slap mental health campaign to be successful we need to do the same.

As the State's mental health commission - we have to facilitate and support the South Australian community in building that fence at the top of the cliff.

At all times acknowledging that we will always need a highly trained and capable clinical and medical mental health workforce to care for those on the acute end of the spectrum.

We have to raise awareness and better inform our community of the prevalence and impacts of mental illness on our society.

We have to breakdown and eliminate the discrimination associated with mental ill-health.

We need to encourage people to talk openly about their mental health and wellbeing, and be willing to put their hand up when they are not travelling so well, without fear of being judged.

And, when they do put their hand up for help, the appropriate support they need has to be available to them in the right place and at the earliest opportunity.

We need to invest in that first quarter century of life of our future generations of South Australians in order to achieve the maximum effect and minimise the impact of mental illness on them.

We need to ensure our workplaces are mentally safe and employers are supported to make that so.

We have to look at alternatives to the traditional ways of addressing challenges in the mental health system. And, I have offered one this evening in the concept of professionalised peer workforces.

(37. Title slide)

Once again, I thank the Royal Australian and New Zealand College of Psychiatrists and Ramsay Health for inviting me to deliver this 57th Barton Pope oration. It truly has been an honour.

And thank you for being here and listening to me tonight.

I hope I have encouraged you to think more about how we can promote mental health and wellbeing awareness. Where possible, prevent the onset of mental illness and when it does onset, recognise it and intervene as early as possible to minimize the impact on South Australians.

We have a vision to be a resilient, compassionate and connected community focused on building, sustaining and strengthening the mental health and wellbeing of South Australians in order to grow the State's mental wealth.

That is an achievable vision provided we look at applying the slip, slop, slap of mental health and wellbeing. It sounds like a breeze when you say it like that!

Thank you

(38. Blank slide)

Ends.....

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<https://www.mentalhealthcommission.gov.au/media/245240/Monitoring%20Mental%20Health%20and%20Suicide%20Prevention%20Reform%20National%20Report%202018.pdf>

ii <https://www.firstthingsfirst.org/early-childhood-matters/brain-development/>