



# South Australian

## Mental Health Strategic Plan 2017–2022

*SA: a great state of mind.*



Government of South Australia

SA Mental Health Commission



## Front Cover

KINTSUKUROI WOMAN | ARTIST: TARA-JADE DINI-BROWN

*I've been in love with the concept of kintsukuroi since I first came across it – and it immediately reminded me of broken people as opposed to people. The idea that “breaks” could be strengthened, made beautiful and acknowledged as an integral part of history spoke to me as a woman who has been frequently broken/cracked. That the scars of my body and those I endure within my mind as part of my Bipolar, should be honoured; that my wounds can be filled with gold and myself made whole, strengthened.*

Kintsukuroi – the Japanese art of repairing pottery with lacquer mixed with powdered gold or silver, and understanding the piece is more beautiful for having been broken – breaks and repairs are not hidden but are strengthened and considered an important part of history.

Thanks to Tara-Jade for her artistic contribution to the SA Mental Health Commission's consultations. She is among thousands of South Australians who generously sent in submissions, surveys, artwork and joined face-to-face conversations across the state. The stories, views and concerns they shared are the essence of South Australia's Mental Health Strategic Plan.

## South Australian Mental Health Strategic Plan 2017–2022

14 December 2017

**Copyright © Government of South Australia**  
**ISBN: 978-1-74243-960-0**



Except for the South Australian Mental Health Commission branding, Government of South Australia branding, piping shrike emblem and all artwork and photography, this work is released under a Creative Commons Attribution 4.0 International License. To view a copy of this license, visit <http://creativecommons.org/licenses/by/4.0/>

South Australian Mental Health Commission  
PO Box 189, Rundle Mall, ADELAIDE SA 5000  
Australia

Tel: 1300 293 220  
Email: [samhc@sa.gov.au](mailto:samhc@sa.gov.au)

## Suggested citation

South Australian Mental Health Commission, 2017.  
South Australian Mental Health Strategic Plan 2017–2022.

An electronic version of this document is available at:  
[samentalhealthcommission.com.au](http://samentalhealthcommission.com.au)

# South Australian Mental Health Strategic Plan 2017–2022

*SA: a great state of mind.*



**Government of South Australia**  
SA Mental Health Commission

## Contents

Acknowledgements	2
Forewords	4
Prelude – a picture of the future	7
Executive summary	8
Introduction	10
Our vision and principles	12
Prevalence and determinants of mental illness	14
Strategic and environmental context	17
What South Australians told us	20
Core strategies and strategic directions	26
Strategic direction 1	28
Strategic direction 2	30
Strategic direction 3	32
Strategic direction 4	34
Strategic direction 5	36
Strategic direction 6	38
Strategic direction 7	40
Reporting	42
Abbreviations	42
Glossary	43
References	44

# Acknowledgements

**The South Australian Mental Health Commission offers its appreciation and sincere thanks to all contributors for their time, candour and willingness to participate in the many and varied ways the plan has been developed.**

We listened to a broad and diverse range of South Australian individuals, organisations and groups from the centre of Adelaide to some of the farthest reaches of the state. People told us of the things they do to build and strengthen their mental health and wellbeing. Some also had their own powerful, personal experiences of mental illness and of our state's mental health services. Others are working at the heart of the mental health system, in hospitals and in the community, both public and private and in non-government organisations.

Many South Australians relayed their experiences as a carer, friend or family member of someone with mental health issues. Many had voices typically less well heard but with important experiences and stories to share – people of diverse cultures, languages, sexualities and genders, speaking with the wisdom of years or with the insight of youth.

The development of this plan has been greatly enhanced by the guidance and contribution provided by the members of the Commission's Project Steering Group, Mental Health Services Reference Group, Promotion Prevention Early Intervention and Research Reference Group, Community Advisory Committee and initial Youth Advisory Group. The Commission is greatly appreciative of the time, passion and commitment these key stakeholders provided to the development of the plan.

We were impressed by the depth and complexity of the experiences, challenges and insights that were shared from both personal and professional perspectives. There was tremendous diversity which we hope we have honoured while seeking to find common themes and a shared vision that unites us. We believe that together we can achieve a more resilient, compassionate and connected South Australian community.

---

*We acknowledge and respect the traditional custodians of country throughout South Australia and acknowledge the deep feelings of attachment and relationship they have to their ancestral lands. We gratefully acknowledge people with lived experience of mental illness and their families and friends, who generously inform, challenge and guide our work.*

# Our partners in developing the plan



## Project Steering Group

- Lived experience advisors
- SA Health
- Department of the Premier and Cabinet
- Department of Treasury and Finance
- Department for Education and Child Development
- Department for Communities and Social Inclusion
- Department for Correctional Services
- Department for Child Protection
- Office of the Public Advocate
- SA Police
- Adelaide PHN
- Country SA PHN
- Ramsay Health Care SA
- Mental Health Coalition of SA
- SA Health and Medical Research Institute
- SA Mental Health Commission

## Project Reference Groups

- Central Adelaide LHN
- Northern Adelaide LHN
- Southern Adelaide LHN
- Country Health SA LHN
- Women's and Children's Health Network
- The SAHMRI Resilience and Wellbeing Centre
- Flinders Foundation
- Adelaide PHN
- Country SA PHN
- Mental Health Coalition of SA
- Drug and Alcohol Services SA
- Local Government Association of SA
- Uniting Communities
- Life Without Barriers
- Centacare
- NEAMI National
- Mind Australia
- Mental Illness Fellowship SA
- University of South Australia
- SA Health
- Office of the Chief Psychiatrist
- Department for Education and Child Development
- Department for Child Protection
- Department for Correctional Services
- SA Council for Social Services
- SA Police
- Royal Flying Doctor Service
- SA Ambulance Service
- The Royal Australian College of General Practitioners (SA & NT)
- SA Mental Health Commission

## Community Advisory Committee

- Lived experience
- Aboriginal community
- Alcohol & other drugs
- NGO sector
- Public education
- Private education
- Rural & remote lived experience
- CALD communities
- University sector
- Children and young people
- TAFE
- Forensics/corrections community
- Gender and sexually diverse community
- Veterans and first responders
- Mental health clinicians
- Public mental health
- Older persons mental health

## Interim Youth Advisory Committee

- Lived experience
- Experiences of trauma
- Children of families with a mental illness
- Guardianship of the Minister
- CALD backgrounds
- Migrants
- Young parents
- Disability
- Unemployed/job seekers
- High school/university students
- Homelessness and poverty
- Headspace
- Gender and sexually diverse

## SA Community

- People with lived experience
- Carers, families and friends
- Members of community organisations
- Members of the broader SA community
- Peak bodies and professional organisations
- Groups with a particular interest in mental illness, mental health and wellbeing



# Forewords

## Minister for Mental Health and Substance Abuse

The South Australian Government established the South Australian Mental Health Commission in October 2015 in order to take a more holistic approach to mental health in our state and to further demonstrate our strong commitment to strengthening the mental health and wellbeing of South Australians.

### **A key task allocated to the Commission was to lead the development of a Mental Health Strategic Plan for the state.**

The Commission has delivered on that task and I'm pleased to release the *South Australian Mental Health Strategic Plan 2017–2022*. This plan sets the strategic direction for building a resilient, compassionate and connected community that takes a whole-of-person, whole-of-life, whole-of-government and whole-of-community approach to building, sustaining and strengthening the mental health and wellbeing of South Australians.

In developing this plan, the Commission has aimed to reflect and honour the diversity of individuals, groups and organisations who shared both their professional and personal experiences. The Government greatly values and appreciates the extensive contribution South Australians from across the state have made in developing this plan.

It is a fact that around 45% of South Australians will experience a diagnosable mental illness at some time in their life. The 55% of South Australians who don't experience mental illness are likely in some way to care for or be impacted by those who do. This plan is aimed at addressing those two statistics. It is a plan for all South Australians, not a few. For it to be successful, all South Australians need to take ownership of this plan and recognise that they each have a critical role to play.

Together, we need to build South Australians' mental health and wellbeing to ensure greater social cohesion and inclusion for our people. This plan presents a unique and exciting opportunity to set the direction for greater productivity and prosperity by growing the mental wealth of our state.

Now the hard work begins to strengthen and promote the mental health and wellbeing of all South Australians. We must also all ensure that people experiencing mental illness can count on the support and access to treatment that they need, in the same way as people with physical health challenges are able to.

The Commission will now co-ordinate, oversee and evaluate the implementation of this plan. It will also continue to promote public awareness of mental health and wellbeing and to destigmatise mental illness.

I sincerely thank the SA Mental Health Commissioner and his team for their excellent work in producing this plan and I look forward to the next steps in building a resilient, compassionate and connected community for all South Australians.

**Peter Malinauskas MLC**  
*Minister for Mental Health and Substance Abuse*





## South Australian Mental Health Commissioner

**From the outset of my appointment, I was determined that South Australia's Mental Health Strategic Plan would be dynamic and focussed on strengthening the mental health and wellbeing of all South Australians.**

This plan is built on the views and often powerful personal experiences generously shared by South Australians of all ages, from both metropolitan and non-metropolitan areas of our state.

We listened to people with lived experience of mental health issues, their families, carers and loved ones, and we listened to those working in the mental health system, in other organisations, the private sector and in the broader community. Importantly, we reached out and listened intently to people from diverse groups with important stories to tell whose voices may not previously have been so well heard.

South Australians told us they not only want great services; they want to know how to find them easily and not have to tell their story over and over again. They want services that are recovery focused and work together efficiently and effectively without duplication or gaps. Services that recognise that everyone is different in their own way and are cognisant of that without discrimination.

People also told us that good mental health was about far more than services. It's about having a roof over your head, having an income, living a contributing life and participating meaningfully in society. Most importantly, they told us it's about community connectedness and having supportive friends and family.

Rural and remote communities showed us how, in the face of limited services and isolation, they can come together as a community and wrap support around each other through good times and bad. We saw the true spirit of community connectedness in country libraries and urban shopping centres; on the vast array of sports arenas throughout our state; and in the homes, halls and clubs where specific population groups come together with purpose.

We saw the impact on business leaders when they realised how little was being done to address mental health and wellbeing in the workplace and how detrimental that is to their workforce and productivity.

My intent is that this plan will be dynamic and constantly evolving. In the Commission, we will not stop listening as we oversee the implementation of this plan and evaluate our success to inform future decisions.

Now is the time for all South Australians to accept that they are responsible for – and each play a significant role in – the success of this plan in impacting the mental health and wellbeing of our people. By doing this, they will ensure that the vision of **South Australia – a great state of mind** is realised.

A handwritten signature in black ink, appearing to read 'Chris Burns', with a stylized flourish at the end.

**Chris Burns CSC**  
*Mental Health Commissioner*

## South Australian Mental Health Commission Community Advisory Committee

**People with lived experience of mental health issues and those with a passion for mental health and wellbeing have been central to the development of the South Australian Mental Health Strategic Plan.**

Members of our communities are impacted by mental health and wellbeing, and all will benefit from the inclusive and diverse approach used during consultation and formulation of the key priorities.

Two groups, a Community Advisory Committee (CAC) and an initial Youth Action Group (iYAG), were formed to assist the South Australian Mental Health Commission with their work and vision for changing the way that mental health and wellbeing is understood, supported and nurtured in our state.

Great interest was shown in the public application process for the CAC and many more wished to join than there were places for. Each person appointed has an impressive range of experiences, skills and networks that are representative of the people who call South Australia home. The initial focus of the CAC has been on input into the development of the plan.

Similarly, the iYAG comprises young people with strong community links across the diversity of people with lived experience of mental health issues. Together, they are committed to embedding and empowering the younger population in South Australia. Members of the iYAG have developed and designed how children and young people can contribute to the Commission in ways which are sustainable and have a lasting positive impact on the Commission and SA's Mental Health Strategic Plan into the future.

Through their conversations with the broader community, CAC and iYAG members listened to what is important to people in South Australia and the differences that can be made for our mental health and wellbeing. This role has enlightened, challenged and inspired the members and has in a very real way shaped the development of the strategies and vision for change.

Some people face more challenges than others in developing and maintaining healthy bodies and minds. It is difficult to achieve this in isolation. Families, communities and governments need to work together to achieve a great state of mind. Through person-centred care, that is recovery-focussed and trauma-informed, and by receiving



the right help in the right place at the right time we will focus on building, strengthening and maintaining the mental health and wellbeing of South Australians. This all supports our hope of growing our state's mental wealth.

The human elements of experience and continuing to actively include the voice of people most impacted by government policies, service options and community misunderstanding must remain at the heart of any planning and implementation of reform for mental health and wellbeing in South Australia.

The vision for a resilient, compassionate and connected community is within reach. It starts with all of us.

**Ellie Hodges**  
Co-chair  
SA Mental Health  
Commission Community  
Advisory Committee

**Judy Hardy**  
Co-chair  
SA Mental Health  
Commission Community  
Advisory Committee



# Prelude – a picture of the future

## **In forging a resilient, compassionate and connected South Australian community we must envision, with hopeful eyes, a future of good mental health and wellbeing for all.**

In the South Australia we aspire to, we are treated kindly and with dignity wherever we are – at school, at work, at home and in our community. The people around us recognise and respect our unique capabilities and strengths, and we are able to use and build on them. We have opportunities to be stimulated and challenged, to help us develop and grow. If we struggle, people respond quickly to help us in a way that works for us. We have safe places to relax, learn and play and we can build strong connections in our neighbourhoods and communities. Our community celebrates the diversity of our people and we embrace differences as a strength.

Growing up in this South Australia we are welcomed and supported as we grow. Our parents and communities help us to understand how our minds work, how to build healthy bodies and strong relationships, and how to understand, face and overcome difficulties, challenges and losses that are inevitably part of life. As a community, we understand the vital importance of protecting and nurturing our children and we are working to substantially reduce child abuse and neglect. We know though, that some people still experience or have experienced trauma and we provide the very best therapeutic supports to welcome them and care for them.

As we grow and develop we are able to navigate life transition points and are supported as we change and learn. This includes moving from being a child to becoming an adult, to figuring out who we want to be through study or entering the workforce, to becoming a parent, to starting or ending relationships, losing a loved one, changing careers, experiencing trauma and other hardships, and approaching the end of life (to name a few of the hurdles of being human).

Our community is well informed and understands what builds and maintains mental health and wellbeing. This enables us to know and choose the right actions to support our own wellbeing, and also to offer our help to others if and when it is needed. Research and exploration into mental health and wellbeing is funded and insights gained are regularly shared with the community. Our workplaces, schools, universities and colleges know how to help and support us to work around the experience of mental health issues so that our education or career is interrupted as little as possible. Discrimination and stigma against people experiencing mental illness is as unacceptable as racial and sexual discrimination.

We are not ashamed to ask for help when we are going through a tough time. We know if we need help, there will be supports for us, and we know how to find them or how to get them to find us. Services and people listen to what we know about ourselves and what we believe will help us. Services work with us, when and where we need them, to choose the kind of care and supports that we need, build therapeutic relationships with us, and work in partnership with families and communities to help our recovery.

Our leaders demonstrate the importance of mental health and wellbeing by embedding it in their decision-making and planning. They seek knowledge and wisdom from their own or others' experience of mental illness to ensure meaning and relevance.

A resilient, compassionate and connected South Australian community starts here. Together, we can build a great state of mind.

# Executive summary

## Context

Right now, one in five (over 280,000) South Australians aged 16–85 is experiencing a diagnosable mental illness. At some point in their lives, 45% of South Australians will experience a diagnosable mental illness. Those South Australians that don't experience a diagnosable mental illness will be impacted by family members, friends or work colleagues that are experiencing a diagnosable mental illness. Mental health and wellbeing are issues for every South Australian.

For too long the stigma associated with mental illness has prevented open discussion and positive engagement focussed on strengthening the mental health and wellbeing of all South Australians. Substantial work with a broad agenda for mental health reform has been undertaken at both a national and state level over the past two decades. Despite this, many people do not get the care they need and mental illness has continued to significantly impact on the ability of many South Australians to lead meaningful and contributing lives. Mental illness remains a significant contributor to disability, reduced productivity and suffering in our community.

This plan sets a 20-year vision for mental health and wellbeing in SA, focussing on state-wide strategic directions

over the next five years. It is not only about mental illness, but aims to shift the focus to a whole-of-person, whole-of-life, whole-of-government and whole-of-community approach to building, sustaining and strengthening the mental health and wellbeing of all South Australians.

The plan sets the foundation for work to commence immediately on the development of future actions to address key areas for change highlighted by South Australians.

## Development of the Plan

In developing this plan, the SA Mental Health Commission (the Commission) undertook extensive consultations with South Australians. The consultations encompassed a diverse range of individuals, organisations and groups including people with lived experience of mental health issues, their carers and friends, people leading and working in mental health and other sectors, people from a range of different social and cultural groups, and people from population groups known to be at higher risk of developing mental illness. Our consultations provided invaluable insights into what is working, or maybe not working so well, and future possibilities for strengthening the mental health and wellbeing of South Australians.

## Vision and strategic directions

Our 20 year vision is that South Australia is internationally recognised as a resilient, compassionate and connected community that takes a whole-of-person, whole-of-life, whole-of-government and whole-of-community approach to building, sustaining and strengthening the mental health and wellbeing of South Australians in order to grow the state's mental wealth.

Drawing on the input from thousands of people across South Australia and from work being done at local, national and international levels in mental health and wellbeing reform, the plan translates this vision into three core strategies underpinned by seven strategic directions.

These are presented in 'The Strategic Plan at a Glance' on the following page.

Aspirational goals and short term objectives have been identified for each strategic direction in the plan. The Commission will now be responsible for identifying key stakeholders to lead and/or partner in researching, developing, implementing and evaluating actions designed to achieve these goals and objectives.

In some areas, we will need to build on the good work already occurring and make sure this is accessible to all who need it. In other areas, we will need to adapt what we are doing to meet the needs of specific population groups. And in other areas, we will need new approaches to better meet the needs of all South Australians.

## Governance and reporting on the Plan

The South Australian Mental Health Commission is not the owner of this plan. It is a plan for all South Australians. With key stakeholder organisations, the Commission will establish a transparent monitoring, evaluation and reporting framework for the implementation and operationalisation of this plan.

# The Strategic Plan at a glance

## Our vision

*South Australia: a great state of mind.*

South Australia is internationally recognised as a resilient, compassionate and connected community that takes a whole-of-person, whole-of-life, whole-of-government and whole-of-community approach to building, sustaining and strengthening the mental health and wellbeing of South Australians in order to grow the state's mental wealth.

## What are our foundation principles?

- Dignity
- Person first
- Support and connection
- Meaning and purpose
- Inclusion and diversity
- Recovery
- Equity
- Collaboration and partnership
- Communication

## What do we want to achieve and how will we get there?

### 3 Core Strategies

#### Core strategy 1:

**Promotion, community education and early intervention for our people and communities to strengthen mental health and wellbeing, prevent mental illness, raise awareness and reduce stigma**

#### Core strategy 2:

**Services and care which provide quality and seamless support aligned to need**

#### Core strategy 3:

**Strong leadership, governance and improved outcomes**

### 7 Strategic Directions

#### **Strategic direction 1:**

Strengthen mental health and wellbeing and prevent mental illness through high impact promotion, prevention and early-in-life intervention strategies

#### **Strategic direction 2:**

Community education to improve awareness and reduce stigma

#### **Strategic direction 3:**

Provide integrated services that work better together

#### **Strategic direction 4:**

Provide quality supports and services that are easily accessible and meet individual, family and carer needs

#### **Strategic direction 5:**

Provide the right support for our diverse communities

#### **Strategic direction 6:**

Improve governance of services which support mental health and wellbeing to ensure person-centred, recovery-focused and outcomes-oriented approaches

#### **Strategic direction 7:**

Measure, monitor and communicate progress toward improvements in mental health and wellbeing outcomes

# Introduction

**Mental health and wellbeing is more than the absence of mental illness... it is a state in which a person has the skills and resources to navigate adversity, meet their needs, and live in a way they find meaningful. A person can have good mental health and wellbeing whether or not they have experienced or continue to experience mental illness.**

Mental health and wellbeing are relevant to every South Australian. Mental health issues can have a substantial impact on personal, social and economic aspects of the lives of individuals, their friends, families and the community. It is well-recognised that mental illness is among the greatest causes of disability, diminished quality of life and reduced productivity in our community. It is also recognised that good mental health and wellbeing increases life satisfaction and has positive impacts on social inclusion, community contribution, workplace productivity, family life and physical health. We know too that people can, and do, live well when they experience or have experienced mental illness.

Substantial work with a broad agenda for mental health reform has been undertaken at both a national and state level over the past two decades around planning and service provision to prevent, maintain and improve mental health and wellbeing. There has been an increasing focus on provision of recovery-oriented mental health services and trauma-informed care and practices to support and enhance mental health in our community. Despite this, many people

do not get the care they need and mental illness has continued to significantly impact on the ability of many South Australians to lead meaningful and contributing lives. Mental illness remains a significant contributor to disability, resource use, reduced productivity and suffering in our community.

This plan sets a 20-year vision for mental health and wellbeing in SA, focussing on state-wide strategic directions over the next five years to set us on the path of achieving this vision. It is not only about mental illness, but aims to shift the focus to a whole-of-person, whole-of-life, whole-of-government and whole-of-community approach to building, sustaining and strengthening mental health and wellbeing.

This strategic plan sets the foundation for work to commence immediately on the development of future actions to address key areas for change highlighted by South Australians.

## A note about language

The Commission understands that mental wellbeing, mental health and mental illness can be complex and difficult to capture in language. Frequently when people use the term mental health they are in fact referring to mental illness, especially when they are talking about mental health services. Whilst mental illness refers to clinically diagnosable disorders that interfere with a person's cognitive, social or emotional abilities, mental health applies to everyone and exists on a continuum between good and poor.

After extensive discussion with people with lived experience of mental health issues and based on feedback received during the consultation process in the development of this plan, we have used the following terms and definitions throughout the plan.

Part of the complexity of mental health and mental illness is understanding that the absence or presence of mental illness is not the sole determiner of a person's level of mental health and wellbeing or ability to live a meaningful life.

We note that development of appropriate, agreed and consistent terminology is worthy of its own project in the future.

### Wellbeing:

**Wellbeing is not just the absence of disease or illness. It is a complex combination of a person's physical, mental, emotional and social health factors.**

### Mental health:

**A state of wellbeing in which a person has the skills and resources to navigate adversity, meet their needs and live in a way they find meaningful.**

### Mental illness:

**A clinically diagnosable disorder that interferes with a person's cognitive, emotional or social abilities. The diagnosis of mental illness is generally made according to the classification systems of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) or the International Classification of Diseases (ICD-10). There are different types of mental illness and they occur with varying degrees of severity. Examples include anxiety disorders, depression, bipolar disorder, eating disorders, and schizophrenia.**

### Mental health issues:

**Thoughts, feelings or behaviours which cause someone distress or impairment by impacting on their mental health and wellbeing; these may occur with or without diagnosed mental illness.**

Throughout this plan, 'people with lived experience' refers to people with lived experience of mental health issues. This includes people living with (or who have lived with) mental illness, or people who are caring for or otherwise supporting (or who have cared for or otherwise supported) a person who is living with (or who has lived with) mental illness. Based on feedback from people with lived experience, we have deliberately not used the term 'consumer'. This term implies choices which many feel do not currently exist, and it does not always resonate with people who may have lived experience but who have not accessed mental health or support services for one reason or another.

Whilst we have used the term lived experience to include carers of persons with mental illness, we know that carers have their own unique needs and can provide a diverse range of roles. They can include hidden carers, young carers, children of parents with mental illness, and many other people.

Other terminology used throughout this plan is explained in the Glossary.



# Our vision and principles



## Our vision

South Australia: a great state of mind.

South Australia is internationally recognised as a resilient, compassionate and connected community that takes a whole-of-person, whole-of-life, whole-of-government and whole-of-community approach to building, sustaining and strengthening the mental health and wellbeing of South Australians in order to grow the state's mental wealth.



## Our principles

These principles underpin each of the core strategies and strategic directions outlined in this plan:

- 1) **Dignity:** South Australians are treated with dignity and respect, and their human rights are upheld, in their interactions with mental health and wellbeing services and in the broader community.
- 2) **Person first:** People across the lifespan are recognised for their own unique capacities, strengths and needs in building, maintaining and strengthening their mental health and wellbeing, and that of their communities.
- 3) **Support and connection:** Networks of support and connection are recognised as integral to, and are included in, building, sustaining and strengthening the mental health and wellbeing of our loved ones and communities.
- 4) **Meaning and purpose:** Opportunities for people to explore meaning and purpose, through activity and/or learning, are recognised as integral to building positive self-identity and community connection.
- 5) **Inclusion and diversity:** People are recognised as having unique social, cultural and spiritual needs and these are included in building, maintaining or sustaining mental health and wellbeing.
- 6) **Recovery:** People are recognised as having unique capabilities to heal, learn, develop and grow with regard to their own experience of building, sustaining and maintaining mental health and wellbeing.
- 7) **Equity:** Mitigating social and health inequities arising from differing access to social supports such as housing, employment, healthcare and education due to life circumstances is integral to building, sustaining and maintaining our community's mental health and wellbeing.
- 8) **Collaboration and partnership:** People with lived experience, services and communities work together to respond to, build and strengthen mental health and wellbeing, with a commitment to co-production at all levels.
- 9) **Communication:** People, services and communities connect, provide and respond to feedback and information in order to enhance mutual understanding.

# Prevalence and determinants of mental illness

“We have to recognise that mental illness is a huge cost in every respect, whether you measure it in dollars or whether you measure it in human happiness. And all of us have a vested interest in the mental health of all Australians. It is part of the mental wealth of our nation – a critical concept.”

– AUSTRALIAN PRIME MINISTER  
MALCOLM TURNBULL, 11 AUGUST 2016

Statistics indicate that at least 765,000, or almost half of all South Australians aged 16–85 years, are likely to have experienced symptoms of mental illness at some time in their lives. In any twelve-month period, almost one in five or nearly a quarter of a million South Australians are likely to experience symptoms of one of the common forms of mental illness (anxiety, depression or mood disorders, substance use disorders)<sup>1</sup>. For many of these people, early identification, support and intervention are provided by general practitioners and other community or primary care providers. Many also report not seeking professional help<sup>2</sup>. It is estimated that approximately 53,000 South Australians experience severe mental illness in any twelve-month period, either episodic or chronic, often with substantial effects on ability to function in society and at home, and in great need of care and support.<sup>3</sup> In addition to primary care services, many people with severe mental illnesses also receive support from specialist mental health and other services in South Australia.

For people experiencing comorbid substance use disorders and other mental illnesses in South Australia, specialist mental health services and specialist drug

and alcohol services are available. For some people with high prevalence, low complexity substance use disorders and/or other mental illnesses, appropriate support and intervention may be provided by one or other of these specialist services. However, for others, and for those with severe and complex substance use disorders and/or other mental illnesses, effective shared care protocols and/or innovative service design may be required.

This plan is not only focussed on those experiencing or who have experienced mental illness, but is also focussed on prevention of mental illness and promotion of mental health and wellbeing for people with or without mental illness. Mental health and wellbeing are critical to the health and prosperity of our community. A flourishing community is one where people experience high quality of life and community connectedness alongside good physical and mental health<sup>7</sup>.

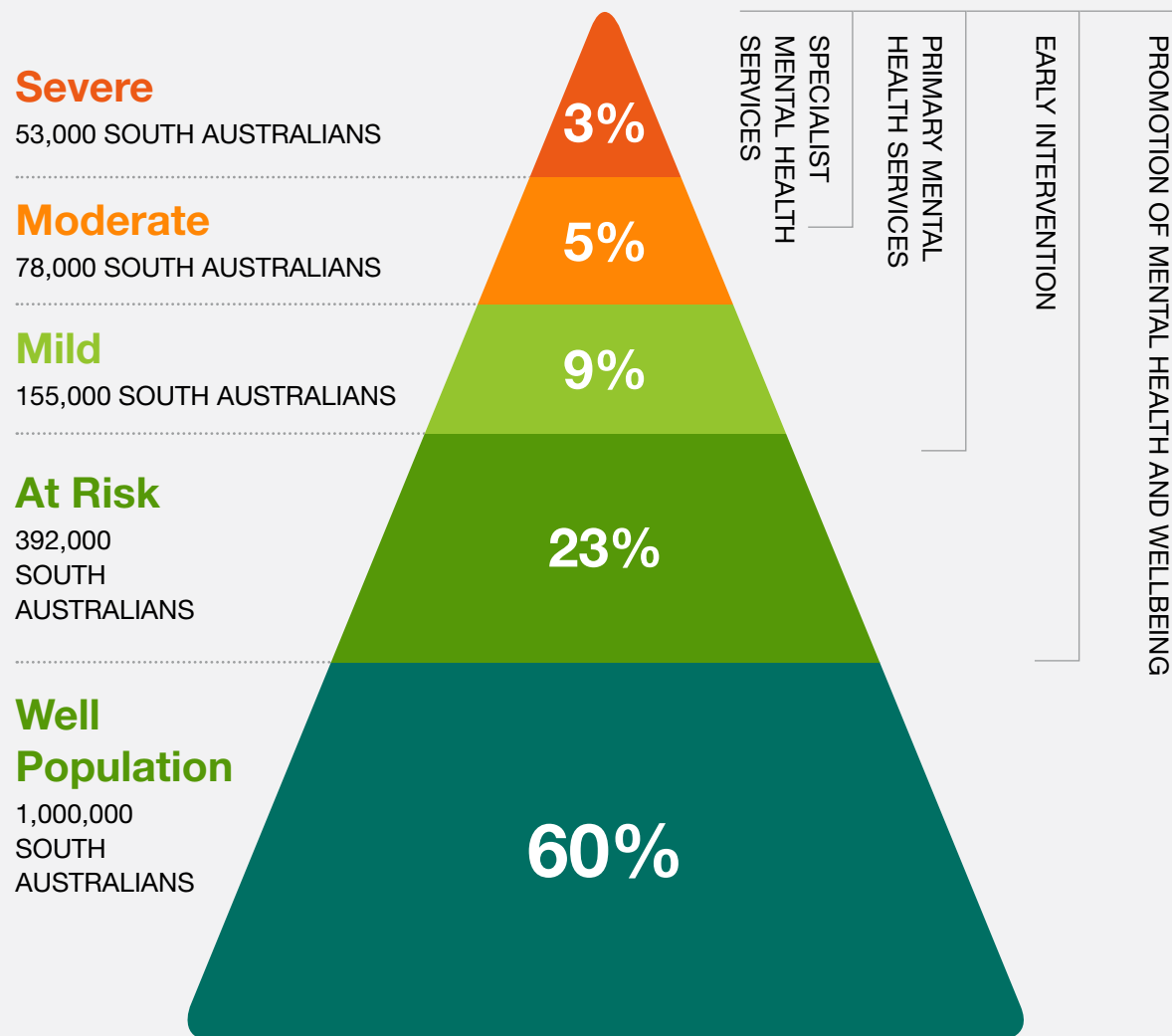
Determinants of mental health and mental illness include not only the ability to manage our thoughts, emotions, behaviours and interactions with others, but also include ‘social determinants’ such as financial and housing security, social supports, living standards,

working conditions and early-in-life care and support. These factors can be present throughout life, including from before birth to old age. To increase both individual and social protective factors and to reduce risk factors for mental illness, actions need to be taken at several levels including individual, family, community, structural and whole of population<sup>8,9</sup>.

Certain groups of people are known to be at higher risk of developing mental illness or experiencing mental health issues because they have greater exposure and vulnerability to risk factors including difficult social, economic and environmental circumstances<sup>8</sup>. These population groups include but are not limited to:

- Children who are neglected or maltreated
- People living in poverty
- People living with chronic health conditions
- People who belong to minority groups
- Aboriginal and Torres Strait Islander people
- Older people
- People discriminated against including those who identify as lesbian, gay, bisexual, transgender and intersex (LGBTI)
- People in custody or who have been in custody
- People exposed to conflict, natural disasters or other humanitarian emergencies
- People who have experienced trauma.<sup>8</sup>

**Figure 1: Annual prevalence of mental illness in South Australia**



Source: Based on Australian Government analysis<sup>4</sup> and research conducted for the Queensland Mental Health Commission<sup>5</sup> applied to the South Australian population<sup>6</sup>; note that prevalence figures exclude sole diagnosis of substance use disorders.

Risk and protective factors at each stage of life can impact mental health and wellbeing. Disadvantage often starts before birth or in early childhood and can be compounded over the life course. Recent research shows that adverse childhood experiences are significant predictors of adult physical and mental health and wellbeing at both an individual and a population level<sup>10,11,12</sup>. Adverse childhood experiences may include abusive or neglectful parenting, domestic violence, sexual abuse, parental substance abuse or mental illness, and divorce or bereavement in the family. Australian research has shown that between 4–14% of infants as young as 18–36 months of age exhibit ‘externalising’ behavioural problems such as aggression, or ‘internalising’ behavioural problems

such as anxiety and depression, both associated with the presence of maternal stress or harsh parental discipline<sup>13</sup>.

Mental illnesses are the third leading cause of disease burden in SA, behind cardiovascular disease and cancer<sup>14</sup>. However, for South Australians 24 years and under, mental illnesses are estimated to be the leading cause of burden of disease in our community<sup>14</sup>. The age of onset of around half of the more common mental illnesses is by 14 years<sup>15</sup>, and around three-quarters by the age of 24 years<sup>16</sup>.

Expenditure by governments in Australia on services for people with mental illness totalled \$8.0 billion in 2014–15, representing 7.7% of total government health spending<sup>17</sup>.

It has been estimated that total direct expenditure on supporting people with mental illness may actually be as high as \$28.6 billion<sup>18</sup>. This includes provision of services including income support, housing assistance, community and domiciliary care, employment and training opportunities.

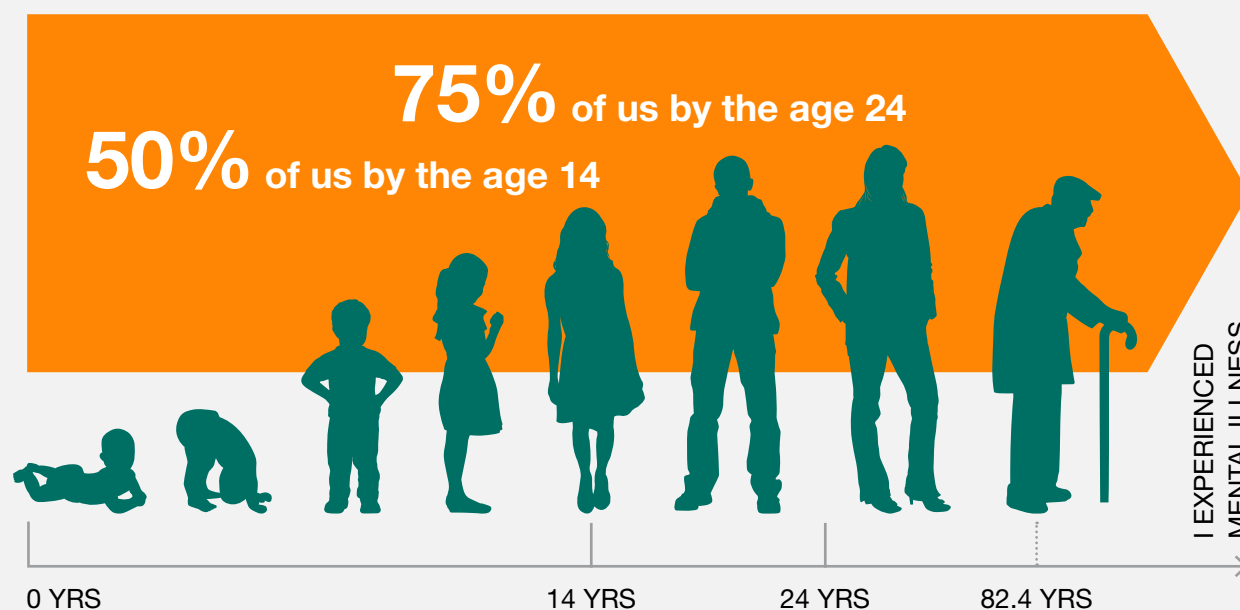
Outside of these economic costs, we know that mental illness impacts people's lives with regard to their sense of purpose, belonging and community connectedness, experience of stigma and discrimination, and their sense of self and feeling that they are living the life they wish to live. It also impacts the lives of carers, families, friends, neighbours, workplaces and the broader community.

## IN OUR LIVES...

About  
**50%** of us will  
have a lived experience  
of mental illness.

The other  
**50%** of us  
will know or care for  
someone experiencing  
mental illness.

## AND WHEN DO WE FIRST BECOME MENTALLY UNWELL?



# Strategic and environmental context

**There are multiple providers of wellbeing supports and services for people experiencing mental health issues in South Australia – more than at any other time. South Australia needs a strategic direction and strong leadership which brings them all together – to work together to ensure that South Australians are able to access quality services and supports they need at the time that they need them.**

## Strategic context

The SA Government in 2015 established the SA Mental Health Commission, with a key task to lead the development of a new *South Australian Mental Health Strategic Plan* (this document). Previous to this, *Stepping Up: A Social Inclusion Action Plan for Mental Health Reform 2007–2012* provided direction around mental health reform and service provision in South Australia.

This new plan has been developed in the context of current SA policies, strategies, plans or actions, particularly where these are directly relevant to mental health and wellbeing. These include:

- *South Australia: State of Wellbeing* statement published in October 2016, which summarises wellbeing as the balance between challenges faced by individuals, and the supports, resources and opportunities available to people subject to their aspirations
- *State Public Health Plan – South Australia A Better Place to Live* which presents public health as being inclusive of developing resilient communities and restoring our sense of connectedness and wellbeing, with Local Councils playing a key role in leading and coordinating public health planning for their communities
- *South Australian Alcohol and Other Drug Strategy 2017–2021* which aims to reduce alcohol and drug related harm, reduce its impact on children, young people and families, and on priority populations including people with mental health conditions
- *South Australian Tobacco Control Strategy 2017–2020* which includes targets and actions to reduce smoking in high prevalence groups including people with mental illness
- *South Australian Suicide Prevention Plan 2017–2021* which has three priority actions for suicide prevention including making people the priority, empowering the community, and translating evidence into practice; noting that prevention in this context encompasses awareness, prevention, intervention and postvention
- *SA Health Partnering with Carers Strategic Action Plan 2017–2022*, developed in collaboration with Carers SA to examine key issues and identify priorities relevant to partnering with carers and the community, and to better engage carers in healthcare decisions
- *SA Health Mental Health Services Pathways to Care Policy (2014)* which articulates an integrated way of working and service delivery, and supports strong partnership with the diverse network of care and treatment offered in the non-government sector and with other government agencies
- *South Australia's Mental Health and Wellbeing Policy 2010–2015* which provides policy directions aimed at promoting mental health and wellbeing and preventing mental illness, protecting the human rights of people with mental illness, prioritising early intervention and timely access to high quality, appropriate and integrated mental health services, and supporting recovery
- *A Fresh Start: Government of South Australia's response to the Child Protection Systems Royal Commission Report: The Life They Deserve (2016)*, which includes creation of a new child protection system better targeted at prevention and early intervention, and better support for vulnerable families.

## Priorities in the Fifth National Mental Health Plan

- 1) **Achieving integrated regional planning and service delivery**
- 2) **Suicide prevention**
- 3) **Coordinating treatment and supports for people with severe and complex mental illness**
- 4) **Improving Aboriginal and Torres Strait Islander mental health and suicide prevention**
- 5) **Improving physical health of people living with mental illness and reducing early mortality**
- 6) **Reducing stigma and discrimination**
- 7) **Making safety and quality central to mental health service delivery**
- 8) **Ensuring that the enablers of effective system performance and system improvement are in place**

The plan also notes the stated vision of the South Australian Health and Medical Research Institute (SAHMRI) Wellbeing and Resilience Centre, which is to build SA as the State of Wellbeing using a public health approach to building mental health<sup>19</sup>.

At a national level, the plan has been developed in the context of the National Mental Health Strategy<sup>20</sup>. As part of the National Mental Health Strategy, the *Fifth National Mental Health and Suicide Prevention Plan 2017–2022* (the Fifth Plan) has been developed and was endorsed and released by the Council of Australian Governments (COAG) Health Council on 4 August 2017. Under the Fifth Plan, all governments have committed to locally planned and commissioned mental health services, with the Commonwealth committing to this through Primary Health Networks (PHNs) and the State through Local Health Networks (LHNs) working in partnership with PHNs.<sup>21</sup>

The plan has also been developed noting the findings and recommendations arising from the National Mental Health Commission *Contributing Lives, Thriving Communities – Review of Mental Health Programs and Services (2014)* report<sup>22</sup>. These recommendations were aimed at supporting the mental health and wellbeing of people to allow them to live contributing lives and participate as fully as possible as members of thriving communities.

Also at a national level and relevant to this plan, the *National Framework for Recovery-Oriented Mental Health Services* was released in 2013, and the new *National Drug Strategy 2017–2026* was released in July 2017. The *National Disability Insurance Scheme (NDIS)* is currently being rolled out, and people with mental illness who currently receive government support provided via non-government organisations (NGOs) are

seeking clarity about their eligibility for support under the NDIS or for ongoing support from other sources.

The Australian Government has ratified a number of international human rights conventions which also place a responsibility on our community and mental health system to meet agreed international standards. Australia has ratified the:

- Convention on the Rights of Persons with Disabilities
- Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
- Convention on the Rights of the Child
- International Covenant on Economic, Social and Cultural Rights
- Convention on the Elimination of All Forms of Discrimination Against Women
- International Convention on the Elimination of All Forms of Racial Discrimination
- United Nations Declaration on the Rights of Indigenous Peoples.







# What South Australians told us

A heartfelt thank you to the more than 2,270 South Australians who generously shared their stories and ideas on mental health and wellbeing. Their views are the essence of this Plan.

## Who we heard from

The engagement and consultation approach for the South Australian community was developed with the aim of not only recognising previously reported findings from consultations around mental health, but also to ensure that all population groups, however marginalised and previously unheard, could have a say. This included people who had never previously engaged in consultations around mental health for various reasons such as finding the consultation process alienating or never hearing about it. We wanted to hear from as many people as we could, and we wanted as much depth and richness of information as possible.

The Commission co-designed engagement approaches with people from the broad community including people with lived experience. These approaches encouraged people to communicate in their 'own language' and share their stories

or provide submissions in a variety of ways. These included online submissions, semi-structured interviews, an online survey, facilitated or 'do-it-yourself' options including group conversations or community forums, and creation of art, poems, comics, and zines. Facilitators supported the development of clear written material to accompany any creative submissions that might be misinterpreted. Key question and discussion themes asked what is working with respect to mental health promotion and/or mental illness prevention or support, what is not working so well, and what might the future look like.

The Commission heard from or spoke to over 2,270 South Australians as part of these consultations. This encompassed a diverse range of individuals, organisations and groups. It included people with lived experience of mental health issues, their carers and friends. It also included people working in the mental health system, in hospitals, in the community and in health and other service systems more broadly.

The Commission also heard from South Australians in other areas of government, in the private sector, in non-government organisations, and from community groups. We listened to people from Aboriginal and Torres Strait Islander backgrounds, culturally and linguistically diverse (CALD) backgrounds, the education sector, the prison sector, youth, older persons, care leavers, gender and sexually diverse (GSD) persons, rural and remote communities, mental health service providers, veterans and first responders, amongst others. Many people spoke to us about how they maintained their mental health and wellbeing in the presence or absence of mental illness.

South Australians then had a further chance to comment on our report of themes emerging from the initial consultation process. Over 570 South Australians provided comment on the *Development of SA Mental Health Strategic Plan: Key Findings Discussion Paper* via on-line survey, written response or Facebook.







## What we learnt

What we learnt from the community consultations around what is working, not working so well, and future possibilities for mental health and wellbeing in South Australia were published by the Commission in the *Development of SA Mental Health Strategic Plan: Key Findings Discussion Paper*. A summary of these findings is provided below, and a more detailed report of what South Australians told us is available on the Commission website in the *Development of SA Mental Health Strategic Plan: Key Findings Paper – Full Report*.

Much of what we learnt is consistent with what has been found in other reports across Australia, for example the National Mental Health Commission *Contributing Lives, Thriving Communities – Review of Mental Health Programs and Services (2014)* report.

### Importance of promotion, prevention and early-in-life intervention

There is a call for a coordinated approach to the promotion of mental health and wellbeing and early-in-life intervention with the aim of strengthening mental health and wellbeing, preventing mental health issues and reducing their impact across the human lifespan.

We heard of many examples of communities helping people support one another and find meaningful things to do. However, we also heard the need for a universal or whole-population approach to promote wellbeing and improve community connectedness to address a pervasive sense of loneliness and isolation in our communities.

Alongside a whole-population approach, we heard that there is a need for targeted and coordinated approaches aimed not only at building wellbeing but also preventing mental illness at key life stages and at key life transition points – early in life in our homes and families, in our schools and universities, in workplaces, in retirement, in aged care, and as we transition between or experience major change in any of these stages.

*“When you have kids who come from a trauma background, resilience is not even close to what they need. Fundamentally if we want to change the trajectory for these kids we need to be thinking about antenatal intervention and early-in-life intervention.”*

– CHILD AND ADOLESCENT MENTAL  
HEALTH SERVICES REPRESENTATIVE

*“The workplace is unprepared. Managers are unskilled and colleagues often don’t know what to do. Let’s help... by having strategies in place and training for managers so people feel confident to disclose knowing they will be cared for by the employer.”*

– SURVEY RESPONDENT

*“We need to be able to have conversations to work out whether there are really mental health problems or whether there are life difficulties the person needs help with. If the latter, we need links to places and people to teach life management skills especially for teenagers and young adults. They need to know that normal is not having to feel on top of life every single second of every day.”*

– NOT-FOR-PROFIT ORGANISATION

### **Importance of community education to improve awareness and reduce stigma**

There is a call for widespread community education to improve awareness of mental health and mental illness, reduce stigma and discrimination and associated suffering, and to increase people’s understanding of when, where and how to seek help. We heard that it may be timely to rethink the language and definitions we use in order to reduce confusion and misunderstanding not only around mental wellbeing, mental health and mental illness, but also around recovery, trauma and diversity.

We heard that alongside broad community education campaigns, targeted approaches may also be required to address specific needs of various population groups, for example based on age or cultural differences. In some of our CALD communities, we heard that being open about struggles with mental health could have serious negative repercussions not just for them but for entire families. For many Aboriginal and Torres Strait Islander people, mental health and mental illness are part of a broader understanding of social and emotional wellbeing which takes a more holistic view of health and the importance of connection to land, culture, spirituality, ancestry, family and community.

People also told us that not all service providers responding to persons in crisis or distress have skills or training to provide skilful or compassionate responses to a range of needs. People were asking for targeted education to improve understanding and awareness for people in specific roles which are more likely to provide services for people at risk of or experiencing mental illness. These include general practitioners, staff in emergency departments, first responders, people working in the justice system, correctional services or the education sector.

### **Importance of services that work better together**

There is a call for integrated service delivery which recognises social and other determinants of mental health issues, and aims to meet whole-of-person and whole-of-life needs and improve mental health outcomes.

Whilst several examples were provided where South Australians felt that service integration was working well, we heard that overall there is a need for greater integration between health and mental health services to reflect the relationship between physical health, mental health and drug and alcohol disorders.

There is a call for greater integration across multiple service sectors and providers to ensure that people receive the care and services they need and do not fall through cracks in the system. People told us of the importance of a safe secure home, money to meet their needs and meaningful activity, to not only maintain mental health, but also to assist in recovery from mental health issues. Where services and sectors are working well together to address people’s needs, we heard that this is currently often based on personal relationships rather than systemic structures or processes.

*“When services worked collaboratively, you were not the repository for knowing everything – you could ask others. When you came together with goodwill, usually you would come up with something that worked for someone... [Now] there’s a massive disconnect [between services]. It’s all about flow through and discharge, asking ‘is the person well enough to go home?’”*

– MENTAL HEALTH ALLIED HEALTH PROFESSIONAL

*“Don’t wait till I hit rock bottom. I need something now!  
Don’t make me ‘prove’ I’m in crisis to access services.”*

– MEMBER OF COMMUNITY SUPPORT GROUP

### Importance of services which are easily accessible and meet people’s needs

There is a call for much greater clarity and simplicity for people experiencing mental health issues, and their families and carers, around how to access timely and appropriate supports. These supports must be suited to their needs, and be available across a service continuum involving hospital, community or home based support, with appropriate referral and follow-up measures in place. Alternative workforce models, including expanded peer workforce roles and peer led services, may assist in providing timely and appropriate access to care and support. We heard that technology and digital mental health services and support may play a key role, particularly for young people and/or those in rural and remote communities.

We heard that people do not know where to go for assistance with mental health concerns ranging from mild distress to crisis to ongoing community support, or that once contact was made, the service system was difficult to navigate. This was described as particularly difficult for people in rural and remote communities, and for some population groups who may have difficulty accessing services which are culturally appropriate or suited to complex needs.

South Australians are seeking affordable services that respond early and provide a continuum of care, aiming to ‘intervene before the crisis’ wherever possible but providing crisis care, rehabilitation and ongoing support for those who need it.

South Australians want services that are responsive to and understanding of peoples’ differing needs, experiences and backgrounds. A range of options for support and care need to be offered to meet individual needs at different times, responding to people’s uniqueness rather than a ‘one-size-fits-all’ approach. We heard that there is a need for services which take a whole-of-health and whole-of-person approach, recognising and responding to a range of causes of mental health issues not just the biological or physical. We also heard the need for services that welcome, include and support people to guide their own care planning wherever possible, and that support family and carer input.

### Importance of providing the right support for our diverse communities

There is a call for services and interventions which recognise that some population groups are at higher risk of having or developing mental health issues, or have diverse needs which may require targeted approaches for prevention of, and intervention for, mental health issues.

We heard that diversity of needs may be based, amongst other things, on geographic location, life stage, background experiences, co-morbidities, cultural or spiritual beliefs, gender or sexual orientation. Examples of population groups who may require targeted responses include but are not limited to people in rural and remote locations, Aboriginal and Torres Strait Islander people, people from CALD communities,

people who are gender and/or sexually diverse, children in out-of-home care, other at-risk children, care leavers, people in custody, veterans, first responders, new parents, youth, people who have attempted suicide or who are bereaved by suicide, people with co-morbidities, and carers of people with mental illness. People may also require targeted support at key transition points in life stages.

South Australians who experience particular kinds of mental illness may also require targeted and ongoing support – these include but are not limited to people with severe and complex mental illness, borderline personality disorder, eating disorders, and people experiencing co-existing mental illnesses, substance use disorders, or other co-morbidities.

*“We need programs where people with mental health issues are really listened to. Not making assumptions that depression affects all people in the same way and therefore can be treated in the same way.”*

– SURVEY RESPONDENT



### Importance of strong leadership, governance, planning and funding

There is a call for clear and accountable leadership and governance structures for mental health reform and service oversight, and a culture within mental health services which fosters excellence in person-centred care. South Australians and organisations are seeking greater sustainability in funding models which support innovation, opportunities for collaborative or shared approaches to developing best practice in care delivery, and excellence in service provision.

Alongside reports of mental health services working well, many mental health service staff expressed frustration at their inability to provide what they believe is integrated, holistic, person centred and recovery oriented care due to what was reported as risk-averse cultures, lack of available and consistent training opportunities, and inadequate clinical time available for building therapeutic relationships.

There is growing support for sustainable services run by not-for-profit organisations, and recognition of community groups that provide lower intensity support aimed at building wellbeing resulting in hospital avoidance.

There is a call for agreed performance indicators which can be broadly applied, measure meaningful information and connect the person's journey between as well as within services. Data collections and performance indicators should align with those already being collected and reported wherever possible to avoid unnecessary additional collection and reporting requirements.

### How we used this information

Findings associated with each of these themes have shaped our vision and informed long term goals and short term objectives under each of the strategic directions in this plan.

If any South Australian feels that the Commission has not reflected their specific input, this is not because the Commission did not heed it. We endeavoured to summarise the diversity of input that we read and heard in the *Development of SA Mental Health Strategic Plan: Key Findings Paper – Full Report*, but we recognise that there are substantial differences in how mental illness is understood, subjectively experienced, the meaning people ascribe to language, and the theories, resources and experiences people find helpful.

We heard many brilliant ideas, innovative models, profound ideological conflicts and stories of hard won personal wisdom which we have not ignored. We received research papers, review findings and other references which South Australians felt were important for consideration alongside other feedback. If any of this input is not reflected in this broad Strategic Plan, rest assured that it has been heard and read, and will be used to inform subsequent action. It will also inform where additional research is required to guide the Commission to promote and strengthen the mental health and wellbeing of South Australians now and into the future.

The Commission is committed to continuing to talk, listen and reflect with South Australians about mental health and wellbeing so that we can continue to review and address the ongoing needs of our community.



# Core strategies and strategic directions

Drawing on the input from thousands of people across South Australia and from work being done at local, national and international levels in mental health and wellbeing reform, the SA Mental Health Strategic Plan translates our vision into three core strategies underpinned by seven strategic directions.

## The three core strategies are:

1

Promotion, community education and early intervention for our people and communities to strengthen mental health and wellbeing, prevent mental illness, raise awareness and reduce stigma.

2

Services and care which provide quality and seamless support aligned to needs.

3

Strong leadership, governance and improved outcomes.

The core strategies and subordinate strategic directions identified in this plan aim to address the needs of South Australians in the coming years. Many of the areas of need overlap and impact each other, reflecting the many and varied interrelated factors that influence mental health and wellbeing.

In order to achieve our vision, the core strategies and strategic directions involve a combination of approaches. In some areas, we will need to build on the good work already occurring and make sure this is accessible to all who need it. In other areas, we will need to adapt what we are doing to ensure we are meeting the needs of specific population groups. And in other areas, we will need new approaches, new options and/or systems to better meet the needs of all South Australians to build, sustain and strengthen their mental health and wellbeing.

The core strategies and strategic directions are broad, as they represent the big pieces of the puzzle which will work together to build the mental wealth of our state. Identified with each strategic direction are longer term aspirational goals and five-year short term objectives. Decisions regarding prioritisation of areas for future action will be based on additional research under each of the strategic directions, incorporating and progressing what we learnt during consultations for this plan, and in agreement with key stakeholder organisations and the Minister for Mental Health and Substance Abuse.

# 1

## Core strategy one:

Promotion, community education and early intervention for our people and communities to strengthen mental health and wellbeing, prevent mental illness, raise awareness and reduce stigma.



Improving the mental health and wellbeing of the population, and preventing mental health issues or reducing their impact wherever possible, requires promotion, prevention and early intervention strategies from before birth across the life span and in everyday settings where impact is greatest. Community education and removal of barriers to enable participation in work, education, community life and meaningful activity will help to eliminate stigma and discrimination around mental illness.

### Strategic direction 1:

Strengthen mental health and wellbeing and prevent mental illness through high impact promotion, prevention and early-in-life intervention strategies

**Build the capacity of individuals, families, carers and communities to maintain mental health and wellbeing and prevent mental health issues wherever possible.**



### What are our long term goals?

- Increase the number and proportion of people across South Australia and within key population groups who experience good mental health and wellbeing
- To the greatest extent possible, reduce the number of South Australians who experience mental health issues, or who die by suicide
- South Australians receive the right type of support, as early as possible, to start life well, develop and learn well, live well, work well and age well
- South Australians feel part of a compassionate and connected community where they are supported to participate meaningfully and reach out for help when required

*The intervention I had early in life with my boys has resulted in me being a better wife to my husband and a better mother to my boys.*

– LANA

### What are our short term objectives?

- Coordinate a high impact evidence-based universal (whole population) mental health and wellbeing promotion and education campaign that builds on work currently being undertaken and leverages current best practice to build skills in strengthening mental health and wellbeing for all South Australians
  - Coordinate and provide strategies and opportunities to build the wellbeing of infants, children and young people with a focus on those who experience disadvantage or vulnerability, and provide support to parents, families, friends and caregivers across South Australia to promote and build good mental health and wellbeing
  - Build the capacity of early childhood centres, schools and tertiary institutions to foster and support good mental health, wellbeing and resilience, and to support early detection and intervention
  - Establish specific support for at-risk young people who are transitioning to adult services, for example children under the guardianship of the Minister
  - Develop a coordinated approach to build mentally healthy workplaces, workforce capability and capacity around managing mental health issues, and increase employment of people with lived experience of mental health issues
  - Increase the capacity of and opportunities for older adults to stay mentally active, maintain social connectedness and maintain or strengthen social engagement with their communities
- Develop and deliver a range of strategies to promote wellbeing and prevent mental health issues to target groups based on key life transition points
  - Support local communities to develop approaches and build capacity to strengthen the mental health and wellbeing of their members and build opportunities for increasing community connectedness and reducing isolation
  - Support local communities to enhance support for people living with mental illness to engage in meaningful activity in the community

### Who is responsible?

The SA Mental Health Commission will identify and be responsible for seeking agreement of key stakeholders to lead and/or partner in future actions to achieve the goals and objectives associated with this Strategic Direction.

### When will this happen?

Work will commence in 2018.

*Image left – Lana Earle:  
Mother, and her sons.*

1

2

3



## Core strategy one:

### Strategic direction 2:

Community education to improve awareness and reduce stigma

**Raise mental health awareness and understanding through high impact promotion and education in families, schools, universities, workplaces and communities.**



*Reducing stigma is so important; it means I can seek help without feeling judged or embarrassed.*

*– ZAC*



### What are our long term goals?

- Greater community awareness and understanding of mental health and wellbeing, including understanding that some level of negative emotion is part of the human experience
- Increased understanding of the importance of mental health and wellbeing in the same way as South Australians understand the importance of physical health and wellbeing
- Increase the capacity of South Australians to support those with mental health issues and to take action to foster good mental health and wellbeing in the community
- Increase South Australians' understanding and capacity to improve and maintain their own mental health and wellbeing
- Reduce stigma and discrimination against South Australians experiencing mental health issues

### What are our short term objectives?

- Universal awareness and education campaigns or programs based on available evidence regarding effectiveness (including cost effectiveness) of various approaches including: opportunities to meet, talk with and hear stories from people with lived experience of mental health issues; appealing and easily definable messages around mental health and wellbeing; a positive strengths-based language; contribution of positive mental health not only to individuals but to South Australian social and economic prosperity; involvement of "champions" as spokespersons
- Targeted awareness and education campaigns as required to address specific needs of particular population groups to reduce stigma and discrimination around mental health issues in their communities, for example based on age or cultural differences
- Targeted awareness and education campaigns around mental health, trauma and diversity for identified service providers who may be working with people at risk of or experiencing mental illness (e.g. general practitioners, staff working in emergency departments, first responders, people working in the justice system, correctional services or the education sector)
- A planned and systematic approach to the provision of evidence-based, quality, affordable training in mental health and wellbeing, including the teaching of learnable skills

- Develop and institute a zero-tolerance policy of stigma and discrimination around mental health and wellbeing in workplaces, institutions and services
- Government agencies take a lead in role modelling and demonstrating mentally healthy workplaces and initiatives

### Who is responsible?

The SA Mental Health Commission will identify and be responsible for seeking agreement of key stakeholders to lead and/or partner in future actions to achieve the goals and objectives associated with this Strategic Direction.

Work will be coordinated with that being undertaken as part of the implementation of the *Fifth National Mental Health and Suicide Prevention Plan 2017–2022*, in particular Priority Area 6 around reducing stigma and discrimination.

### When will this happen?

The SA Mental Health Commission commenced work on this in 2017 and will continue to coordinate and progress actions around this strategic direction.

*Image left – Zac Cannell:  
Social Worker and Community Advocate.*

1

2

3

# 2

## Core strategy two:

Services and care which provide quality and seamless support aligned to needs.

Helping people find the right combination of supports, services and interventions that meet individual, family and carer needs is critical to maintaining people's wellbeing or recovery. Supports, services and interventions include primary health care, community-based and specialised mental health services, peer support, and supported housing, education and employment. Provision of seamless support aligned to needs may require greater collaboration and partnership between services, improving access to existing supports and services, or developing new services based on evidence, best practice and tailored approaches to address the needs of some communities.

### Strategic direction 3:

Provide integrated services that work better together

Foster greater collaboration and integration between support and service providers to achieve better outcomes and improved experiences for people in need. Reduce barriers to collaboration and leverage collective expertise and experience to deliver more effective help and support.



## What are our long term goals?

- South Australians receive continuity of care that is delivered seamlessly by skilled, qualified and compassionate workers
- Government structures, policies, and processes facilitate collaboration and communication between clinicians, persons experiencing mental health issues and their carers as a standard approach
- Government structures, policies, and processes facilitate collaboration and communication between and within services to improve outcomes based on the unique needs of the person – structures and processes are only separate where they lead to better outcomes for the individual
- Service and support providers take a holistic whole-of-life and whole-of-person approach to meeting and supporting individual needs – they are respectful of each other's skills and are trusted by the people who use them

*Services working together to meet a person's whole range of needs from safe and affordable housing, good health, meaningful activity (study, training, work, volunteering), supportive relationships and being connected with the community.*

– ANN-MARIE, PHIL & PHIL

- An educated and integrated workforce that ensures people requiring help are able to access the right people and services to get the support they need

## What are our short term objectives?

- Organisational leaders spearhead and provide incentive for collaborative action to improve mental health outcomes for people and their communities with links between mental health and health, drug and alcohol, social housing, employment, ageing, youth, local government, justice, child protection, community organisations, other service providers
- Coordinated mental health related policies, service delivery models, interagency processes and infrastructure between government departments and across sectors to support partnerships and integration, such as common referral pathways, appropriate discharge support and prompt follow-up for people experiencing mental illness and/or those who have attempted suicide and their families and carers
- Review of organisational and workforce capacity to support the provision of integrated care
- Move towards establishment of a central framework to develop and implement shared incentives and/or performance indicators for state operated mental health services and non-government service providers including clear referral and follow-up processes
- Move towards establishment of a central framework for management of funding, commissioning and contracting of non-hospital mental health clinical and non-clinical services which rewards integrated ways of working

- Staff in all areas of mental health and wellbeing including primary health, community-based and specialised mental health, clinical and non-clinical services and peer workers, have the best possible training, knowledge and resources to support compassionate, person-centred mental health care that is recovery-focused and trauma-informed

## Who is responsible?

The SA Mental Health Commission will identify and be responsible for seeking agreement of key stakeholders to lead and/or partner in future actions to achieve the goals and objectives associated with this Strategic Direction.

Work will be coordinated with that being undertaken as part of the implementation of the *Fifth National Mental Health and Suicide Prevention Plan 2017–2022*, in particular Priority Area 1 around achieving integrated regional planning and service delivery, and Priority Area 3 around coordinating treatment and supports for people with severe and complex mental illness.

## When will this happen?

Work will commence in 2018.

*Image left to right – Ann-Marie Hayes: Executive Director, Early Years and Child Development Division, DECD. Phil Fagan-Schmidt: Executive Director Housing SA. Phil Jones, Program Manager Metropolitan, Community Mental Health, Uniting Care Wesley Port Adelaide.*

1

2

3



## Core strategy two:



### Strategic direction 4:

Provide quality supports and services that are easily accessible and meet individual, family and carer needs

**Strengthen public and private sector, community and family responses to the needs of people living with, or at risk of, mental illness. Quality services will include timely, localised and accessible support solutions which are person-centred and recovery oriented.**

*With communities supporting communities we can truly flip mental illness on its head.*

– ANGELA & JOANNE

## What are our long term goals?

- South Australians living with or at risk of developing mental illness, and their families and carers, know how to easily access a range of relevant, high quality, mental health and related supports, services, and interventions – when, where, and how, they need them
- South Australians have choices and are included in decisions about what kind of support, intervention and services they are able to pursue to support their needs and fit with their recovery
- South Australians have access to tiers of support which meet their mental health needs in the least intensive, most appropriate and cost-effective manner possible

## What are our short term objectives?

- Build on work already being undertaken at a local, state and national level to develop one point of entry for all South Australians wishing to build wellbeing or alleviate mental distress, to access a range of appropriate support options including crisis and non-crisis clinical, non-clinical, government, non-government and private services based on need rather than diagnosis
- Develop systems and processes that support maintaining currency of navigational and point of entry information and referral databases
- Develop and make available a range of person-centred and recovery-focussed options for care and support that offer different tiers and types of support for promotion of mental health and wellbeing, prevention of mental health issues, and recovery-focussed interventions for mental illness, including development of digital support and technology where appropriate
- Guidelines developed and implemented to establish a professionalised peer workforce that includes robust selection procedures, a training hierarchy, accreditation procedures, adequate remuneration, clearly defined career structures, leadership development and accountability processes

## Who is responsible?

The SA Mental Health Commission will identify and be responsible for seeking agreement of key stakeholders to lead and/or partner in future actions to achieve the goals and objectives associated with this Strategic Direction.

Work will be coordinated with that being undertaken as part of the implementation of the *Fifth National Mental Health and Suicide Prevention Plan 2017–2022*, in particular Priority Area 1 around achieving integrated regional planning and service delivery, and Priority Area 8 around ensuring that the enablers of effective system performance and system improvement are in place.

## When will this happen?

Work will commence in 2018.

1

2

3

*Image left to right – Angela Cordon: Mental Health Community Advocate. Joanne Clarke: CEO, West Coast Youth and Community Support Inc.*

## Core strategy two:

### Strategic direction 5:

Provide the right support for our diverse communities

**Recognise that targeted solutions may be required to provide accessible and appropriate support for specific groups of people including those in rural and remote communities.**



*We need to be genuinely interested and patient, seek to understand the unique experience of the individuals and communities and together address the issues.*

– ENAAM



## What are our long term goals?

- Improved mental health for vulnerable South Australians and communities with unique geographic, cultural, social, physical or developmental needs. These may include but are not limited to people in rural and remote locations, Aboriginal and Torres Strait Islander people, people from CALD communities, people who are gender and/or sexually diverse, children in out-of-home care, other at-risk children, people who experienced childhood neglect or abuse, care leavers, people in custody, veterans, first responders, new parents, youth, people who have attempted suicide or who are bereaved by suicide, people with co-morbidities, and carers of people with mental illness. People may also require targeted support at key transition points in life stages.

## What are our short term objectives?

- Based on further exploration of need, develop and deliver targeted awareness, prevention and early intervention initiatives to address specific needs of particular population groups
- Develop and deliver of a range of person-centred and recovery-oriented options for intervention, care and support that recognise the needs of specific groups who may require a targeted response based on, but not limited to, geographic location, life stage, background experiences, co-morbidities, cultural or spiritual beliefs, gender or sexual orientation
- Develop and deliver innovative options for intervention, care and support where these are not currently available for people with particular kinds of mental illness – this may include but are not limited to people with severe and complex mental illness, borderline personality disorder, eating disorders, and some people experiencing co-existing mental illnesses, substance misuse or other co-morbidities

## Who is responsible?

The SA Mental Health Commission will identify and be responsible for seeking agreement of key stakeholders to lead and/or partner in future actions to achieve the goals and objectives associated with this Strategic Direction.

Work will be coordinated with that being undertaken as part of the implementation of the *Fifth National Mental Health and Suicide Prevention Plan 2017–2022*, in particular Priority Area 4 around improving Aboriginal and Torres Strait Islander mental health and suicide prevention, and Priority Area 3 around coordinating treatment and supports for people with severe and complex mental illness. It will also be coordinated with work being undertaken as part of *A Fresh Start: Government of South Australia's response to the Child Protection Systems Royal Commission Report: The Life They Deserve (2016)*.

## When will this happen?

Work will commence in 2018.

1

2

3

# 3

## Core strategy three:

Strong leadership, governance and improved outcomes.

Change will not be possible without a whole-of-government and whole-of-community approach to mental health and wellbeing policy and reform. It will require strong leadership and clear governance, accountability and transparency to ensure that seamless support, aligned to needs, is provided across the government, community and private sectors. It will be fostered by South Australians with lived experience of mental health issues in leadership roles, and by building strong infrastructure to support appropriate data collection, research and workforce development. Strategic investment, clear indicators of progress, and a strong social movement are needed to drive change.

### Strategic direction 6:

Improve governance of services which support mental health and wellbeing to ensure person-centred, recovery-focused and outcomes-oriented approaches

**Identify clear responsibilities and accountabilities, develop an integrated service system, and reform funding models, to incentivise providers to work together more effectively and respond to the needs of South Australians.**

#### What are our long term goals?

- Service systems and funding models that leverage 'whole-of-government' and 'whole-of-community' to support mental health and wellbeing
- More flexible cross-agency funding models that foster innovation, are informed by data and focussed on whole-of-person and whole-of-life outcomes
- A service system that prioritises and effectively responds to individuals experiencing mental health issues

#### What are our short term objectives?

- Scoping and analysis of current and planned services and funding systems relevant to mental health and wellbeing across South Australia, identification of gaps and duplications, and development and implementation of plans to bridge the gaps and eliminate duplication



- Establish clear and agreed agency responsibilities for developing, coordinating, implementing, monitoring, evaluating and ongoing review of mental health reforms
- Establish a formal governance structure that allows South Australians with lived experience of mental health issues to participate in planning, delivering and evaluating activities related to mental health and wellbeing in South Australia
- Explore flexible and innovative cross-agency funding models which recognise the importance of person-centred care, collaboration and partnership between service providers, continuity of care, innovation and sharing of information to promote recovery
- Service planning and investment that reflects population need and is supported by evidence-based standards of person-centred and recovery-oriented care, thorough analysis of the existing service system, and with resourcing aligned to appropriate models of care, changing workforce configurations, professional development and capacity, recruitment and retention needs

### Who is responsible?

The SA Mental Health Commission will identify and be responsible for seeking agreement of key stakeholders to lead and/or partner in future actions to achieve the goals and objectives associated with this Strategic Direction.

Work will be coordinated with that being undertaken as part of the implementation of the *Fifth National Mental Health and Suicide Prevention Plan 2017–2022*, in particular Priority Area 8 around ensuring that the enablers of effective system performance and system improvements are in place.

### When will this happen?

Work will commence in 2018.

*Image left to right – Geoff Harris: Executive Director, Mental Health Coalition of South Australia. Carol Turnbull: CEO, Ramsay Health Care. Professor Tarun Bastiampillai: Executive Director, Department of Health – Mental Health Strategy and Professor of Psychiatry, Flinders University. Deb Lee: CEO, PHN Adelaide. Taegan Soper: Lived Experience Workforce Coordinator, Central Adelaide Local Health Network.*



*Good leadership and working together at all levels will provide truly contemporary, collaborative and integrated service delivery and support for the wellbeing of the community.*

– GEOFF, CAROL, TARUN, DEB & TAEGAN

1

2

3



## Core strategy three:



### Strategic direction 7:

Measure, monitor and communicate progress toward improvements in mental health and wellbeing outcomes

Identify the most useful measures and tools to inform timely decision-making and help us evaluate our progress toward improving the overall mental health of all South Australians, noting that significant work has already been undertaken at the national level to identify indicators and data sets. We will share information about progress, and our communication will be timely and relevant to South Australians.

*Having measures for meaningful outcomes in place will ensure South Australians of all ages have an effective voice.*

– ED & AZMIRI



### What are our long term goals?

- Robust indicators to help measure, monitor and report on progress towards achieving the plan's vision, goals and objectives, which will inform decision-making and provide feedback about whether our actions are having a positive impact (our 'vital signs')
- Share our collective progress toward our goals with all South Australians and strengthen support for future actions
- Systems and structures to facilitate improved mental health-related data collection, research and knowledge exchange across service provider organisations, people receiving their care and support, and the community

### What are our short term objectives?

- Identify and utilise existing data sets and agree a set of core measures that will be used to monitor progress against goals and objectives
- Leverage national strategies for development of new data sets, or develop local approaches where feasible and agreed, to address information gaps
- Develop and implement an agreed reporting process which provides timely public reports on progress against objectives
- Develop capacity in South Australia for modelling and simulation of mental health and wellbeing in order to improve decision making, and monitor and improve outcomes

### Who is responsible?

The SA Mental Health Commission will identify and be responsible for seeking agreement of key stakeholders to lead and/or partner in future actions to achieve the goals and objectives associated with this Strategic Direction.

Indicators to measure progress towards achieving each of our goals will be agreed and/or developed as part of this Strategic Direction. Work will be coordinated with that being undertaken as part of the implementation of the *Fifth National Mental Health and Suicide Prevention Plan 2017–2022*, wherever possible using indicators identified in the Fifth Plan where they can be applied to the South Australian population.

### When will this happen?

Work will commence in 2018.

*Image left to right – Ed Osborne: Student.  
Azmiri Mian: Social Worker Educator,  
Researcher and EAP Consultant.*

1

2

3

# Reporting

**The South Australian Mental Health Commission is not the owner of this Strategic Plan, as this is a plan for whole-of-government and whole-of-community.**

With key stakeholder organisations, the Commission will establish a transparent reporting framework for the implementation and operationalisation of this plan to be agreed by stakeholders and the Minister for Mental Health and Substance Abuse.

Reporting will be regular, easily accessible on the Commission's website and will also be included in the Commission's Annual Reports.

# Abbreviations

<b>CAC</b>	Community Advisory Committee
<b>CALD</b>	Culturally and Linguistically Diverse
<b>CEO</b>	Chief Executive Officer
<b>COAG</b>	Council of Australian Governments
<b>Commission</b>	South Australian Mental Health Commission
<b>CSC</b>	Conspicuous Service Cross
<b>DECD</b>	Department for Education and Child Development
<b>DSM-5</b>	Diagnostic and Statistical Manual of Mental Disorders 5
<b>EAP</b>	Employee Assistance Program
<b>Fifth Plan</b>	The Fifth National Mental Health and Suicide Prevention Plan 2017–2022
<b>GSD</b>	Gender and Sexually Diverse
<b>ICD-10</b>	International Classification of Diseases 10
<b>iYAG</b>	Initial Youth Advisory Group
<b>LGBTI</b>	Lesbian, gay, bisexual, transgender and intersex
<b>LHN</b>	Local Health Network
<b>MP</b>	Member of Parliament
<b>NDIS</b>	National Disability Insurance Scheme
<b>NGO</b>	Non-Government Organisation
<b>PHN</b>	Primary Health Network
<b>SA</b>	South Australia
<b>SAHMRI</b>	South Australian Health and Medical Research Institute

# Glossary

<b>Burden of disease</b>	A measure used to assess and compare the relative impact of different diseases and injuries on populations.
<b>Carer</b>	A person who cares for or otherwise supports a person living with mental illness. A carer has a close relationship with the person living with mental illness and may be a family member, friend, neighbour or member of a broader community.
<b>Community managed sector</b>	The community managed sector is predominantly made up of not-for-profit organisations providing community-based support services that help keep people well in the community. They provide prevention, early intervention and rehabilitation programs and psychosocial services that support recovery from mental illness. Some also provide treatment-related counselling services.
<b>Community supports</b>	Services in the community that assist people living with mental illness to live meaningful and contributing lives and support them in their recovery. These may include services related to daily living skills, self-care and self-management, physical health, social connectedness, housing, education and employment.
<b>Comorbidity</b>	The presence of one or more diseases or disorders in a person, in addition to a primary disease or disorder. In the context of this plan, comorbidity refers to the presence of mental illness in addition to one or more other mental illnesses or other diseases or disorders.
<b>Early intervention</b>	The early identification of risk factors and provision of timely treatment, care or support for people experiencing early signs and symptoms of mental illness. It aims to prevent the incidence, severity and impact of mental illness.
<b>Lived experience (mental illness)</b>	People with lived experience are people who identify either as someone who is living with (or who has lived with) mental illness or someone who is caring for or otherwise supporting (or who has cared for or otherwise supported) a person who is living with (or who has lived with) mental illness.

<b>Local Health Networks</b>	Entities established by the state government to manage single or small groups of public hospital services and other community based health services, including managing budgets and being directly responsible for performance.
<b>Mental health</b>	A state of wellbeing in which a person has the skills and resources to navigate adversity, meet their needs and live in a way they find meaningful.
<b>Mental health issues</b>	Thoughts, feelings or behaviours which cause someone distress or impairment by impacting on their mental health and wellbeing; these may occur with or without diagnosed mental illness.
<b>Mental health services</b>	All services that have a primary function of providing treatment, care or support to people living with mental illness and/or their carers.
<b>Mental illness</b>	A clinically diagnosable disorder that interferes with a person's cognitive, emotional or social abilities. The diagnosis of mental illness is generally made according to the classification systems of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) or the International Classification of Diseases (ICD-10). There are different types of mental illness and they occur with varying degrees of severity. Examples include anxiety disorders, depression, bipolar disorder, eating disorders, and schizophrenia.
<b>Peer worker</b>	Workers who have a lived experience of mental illness and who provide valuable contributions by sharing their experience of mental illness and recovery with others. Peer workers are employed across a range of service settings and perform a variety of roles, including providing individual support, delivering education programs, providing support for housing and employment, coaching and running groups and activities.
<b>Person-centred</b>	Person-centred treatment, care and support places the person at the centre of their own care and also considers the needs of the person's carers.
<b>Prevention (of mental illness)</b>	Action taken to prevent the development of mental illness, including action to promote mental health and wellbeing, and action to reduce the risk factors for mental illness.
<b>Primary care</b>	Generally the first point of contact for people living with mental illness or experiencing mental health issues and their carers. Primary care providers include general practitioners, nurses, allied health professionals, pharmacists and Aboriginal health workers.
<b>Primary Health Networks</b>	Entities contracted by the Commonwealth Government to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time.

# References

<b>Recovery</b>	The <i>National Framework for Recovery-Oriented Mental Health Services: Guide for Practitioners and Providers</i> outlines that there is no single description or definition of recovery, because recovery is self-defined and different for everyone. It notes that central to all recovery paradigms are hope, self-determination, self-management, empowerment and advocacy. Also key is a person's right to a full inclusion and to a meaningful life of their own choosing, free of stigma and discrimination.
<b>Severe mental illness</b>	Characterised by a severe level of clinical symptoms and often some degree of disruption to social, personal, family and occupational functioning. Severe mental illness is often described as comprising three subcategories: <ul style="list-style-type: none"> <li>● Severe and episodic mental illness</li> <li>● Severe and persistent mental illness</li> <li>● Severe and persistent mental illness with complex multi-agency needs</li> </ul>
<b>Severe and complex mental illness</b>	Comprises people with severe and persistent mental illness, as well as people who have a severe mental illness plus complexities that are not disability related – for example, comorbid chronic physical illness, complex social factors, high suicide risk, or need for coordinated assistance across a range of health and disability support agencies.
<b>Specialised mental health services</b>	Services provided by psychiatric hospitals, psychiatric units or wards in hospitals, community mental health care services and residential mental health services.
<b>Trauma informed care</b>	An organisational and practice approach to delivering health and human services directed by a thorough understanding of the range of neurological, biological, psychological and social effects of trauma and its prevalence in society. It is a strengths-based framework that emphasises compassionate responding and physical, psychological and emotional safety for people requiring care, their families and carers, and service providers.
<b>Wellbeing</b>	Wellbeing is not just the absence of disease or illness. It is a complex combination of a person's physical, mental, emotional and social health factors.

- 1 Australian Bureau of Statistics (2008). *National Survey of Mental Health and Wellbeing: Summary of Results*, 2007, cat no. 4326.0.
- 2 Based on Australian Bureau of Statistics data (2008). Publication tables, *National Survey of Mental Health and Wellbeing: Summary of Results*, 2007, cat. no. 4326.0
- 3 *Population data: Based on Australian Bureau of Statistics data*, 2016. *Australian Demographic Statistics Table*, Australian Demographic Statistics, Jun 2016, cat. no.3101.0
- 4 Australian Government (2015). *Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services*
- 5 Diminic S, Harris M, Sinclair D, Carstensen G, Degenhardt L (2013). *Estimating the community prevalence and treatment rates for mental and substance use disorders in Queensland – Report to the Queensland Mental Health Commission*.
- 6 Based on Australian Bureau of Statistics data (2016). *Australian Demographic Statistics*, Jun 2016, cat. no. 3101.0
- 7 What works wellbeing centre UK (2017). Retrieved on 11 August 2017 from <https://whatworkswellbeing.org>
- 8 World Health Organisation (2013). *Mental Health Action Plan 2013–2020*.
- 9 World Health Organisation and Calouste Gulbenkian Foundation (2014). *Social determinants of mental health*. Geneva, World Health Organisation.
- 10 Ashton, K., Bellis, M. and Hughes, K. (2016) Adverse childhood experiences and their association with health-harming behaviours and mental wellbeing in the Welsh adult population: a national cross-sectional survey. *The Lancet*, 388 (S21), DOI: [http://dx.doi.org/10.1016/S0140-6736\(16\)32257-7](http://dx.doi.org/10.1016/S0140-6736(16)32257-7)
- 11 Ashton, K., Bellis, M.A., Hardcastle, K., Hughes, K., Mably, S. and Evans, M. (2016). *Welsh Adverse Childhood Experiences (ACE) Study*. Public Health Wales NHS Trust
- 12 Vincent, J.F., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P. and Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventative Medicine*, 14(4), 245-258
- 13 Bayer, J. K., Hiscock, H., Ukoumunne, O. C., Price, A., & Wake, M. (2008). Early childhood aetiology of mental health problems: A longitudinal population based study. *Journal of Child Psychology and Psychiatry*, 49, 1166-1174
- 14 Based on Australian Institute of Health and Welfare (2016) Supplementary data tables for South Australia, *Australian Burden of Disease Study*, cat. No. BOD 4
- 15 Kessler RC (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, volume 62, issue 6, pages 593–602. DOI: 10.1001/archpsyc.62.6.593
- 16 Jones BP (2013). Adult mental health disorders and their age at onset. *The British Journal of Psychiatry*, volume 202, issue s54, pages s5–s10. DOI: 10.1192/bjp.bp.112.119164
- 17 Based on analysis of Productivity Commission (2017). Chapter 13 and Sector E attachment tables, *Report on Government Services 2017*
- 18 Nous Group and Medibank Private (2013). *The Case for Mental Health Reform in Australia: A Review of Expenditure and System Design*. Retrieved on 3 November 2016 from [https://www.medibank.com.au/Client/Documents/Pdfs/The\\_Case\\_for\\_Mental\\_Health\\_Reform\\_in\\_Australia.pdf](https://www.medibank.com.au/Client/Documents/Pdfs/The_Case_for_Mental_Health_Reform_in_Australia.pdf)
- 19 South Australian Health and Medical Research Institute (2015). *Annual Report 2015*. Retrieved 31 May 2017 from [https://www.sahmri.org/m/downloads/SAHMRI\\_Annual\\_Report\\_2015.pdf](https://www.sahmri.org/m/downloads/SAHMRI_Annual_Report_2015.pdf)
- 20 Australian Government Department of Health. *National mental health strategy*. Retrieved on 1 April 2017 from <http://www.health.gov.au/internet/main/publishing.nsf/content/mental-strat>
- 21 *Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services* (2015). Retrieved on 31 May 2017 from <http://www.health.gov.au/internet/main/publishing.nsf/content/mental-review-response>
- 22 National Mental Health Commission (2014). *Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services*. Retrieved on 31 May 2017 from <http://www.mentalhealthcommission.gov.au/our-reports/contributing-lives-thriving-communities-review-of-mental-health-programmes-and-services.aspx>





This Strategic Plan



belongs to

South Australians



SA: a great state of mind.





Government of South Australia  
SA Mental Health Commission



*SA: a great state of mind.*  
**[samentalhealthcommission.com.au](http://samentalhealthcommission.com.au)**