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

Chris Burns CSC – SA Mental Health Commissioner

8 October 2018
Sir Sidney Barton Pope (1905-1983)

Pope's Beverley plant making ammunition for the R.A.A.F. during World War 2,

Sir Sidney Barton Pope being knighted in 1959 by Field Marshall Sir William Slim
Mental Health Prevalence in Australia

- **Severe**
  - TERTIARY/INPATIENT
  - 3.1%

- **Moderate**
  - SECONDARY/OUTPATIENT
  - 4.6%

- **Mild**
  - PRIMARY/COMMUNITY
  - 9.0%

- **At Risk**
  - COMMUNITY/SELF-HELP
  - 23.1%

- **Well**
  - AWARENESS
  - 60.2%

% of Australian Population

SA Mental Health Commission
samentalhealthcommission.com.au
20% of South Australians have experienced a diagnosable mental illness in the last year

45% of South Australians will experience a diagnosable mental illness in their life

Mental Health impacts every South Australian

65% of those South Australians who experience a diagnosable mental illness can’t or don’t access mental health services

55% of South Australians will care for someone who is experiencing a diagnosable mental illness
Key Task for SA Mental Health Commission

To lead the development of the South Australian Mental Health Strategic Plan.
My Eyes See Untold Hope
South Australian Mental Health Strategic Plan 2017–2022

SA: a great state of mind.

Government of South Australia
SA Mental Health Commission
Proportion (%) of total and non-fatal burden by disease group, 2011

Source: Australian Institute of Health and Welfare, Australian Burden of Disease Study: impact and causes of illness and death in Australia 2011
Mental Health in the early years

50% of diagnosable mental illness onsets between the ages of 11 and 14

75% of diagnosable mental illness onsets before the age of 24

Human brain development commences three weeks after conception

90% of human brain development occurs in the first five years of life
RESILIENCE

GOAL SETTING
WITH REALISTIC expectations

SELF-ESTEEM

LEARNING from their MISTAKES

Understanding and ACCEPTANCE of their OWN strengths and weaknesses

SELF-CONTROL

Problem SOLVING SKILLS

Ability TO RECOGNISE their own EMOTIONS and those of others

Social SKILLS and ABILITY to SEEK assistance FROM OTHERS

WILLINGNESS to OVERCOME difficulties rather than AVOID PROBLEMS

OPTIMISTIC thinking PATTERNS
Mental Health and Wellbeing in the Workplace

Every $1 invested in strengthening mental health and wellbeing in the workplace has an average return of $2.30

Average time off work for mental health compensation claims is 15.3 weeks compared to 5.5 weeks for all claims

1 in 5 South Australian workers have taken time off work in the last year because they felt mentally unwell

19,000 work weeks lost every year in SA due to mental health-related compensation claims

77% of all disease-related compensation claims in SA are for mental health issues

Average mental health compensation payment per claim is $24,500 compared to $9,000 for all claims

Only 52% of Australian workers believe their workplace is mentally healthy
The Hon. Josh Frydenberg MP
Treasurer

The Hon. Greg Hunt MP
Minister for Health

MEDIA RELEASE
7 October 2018

New Productivity Commission Inquiry to shine a light on mental health

The Morrison Government will establish a Productivity Commission Inquiry into the role of mental health in the Australian economy and the best ways to support and improve national mental wellbeing.

Mental health challenges not only have a devastating personal impact, but significantly affect individuals’ employment and productivity. This has an effect on incomes, living standards, physical wellbeing, and social connectedness.

Mental health also affects businesses, the hospital system, and social services, and therefore has a large effect on Australia’s economy.

This comprehensive inquiry will reveal the true impact of mental illness on the economy, and provide recommendations on how the Government can most effectively improve population mental health, and social and economic participation.
Mental Health First Aid Training

19.8 The parties agree that a program to provide mental health first aid training to employees covered by this Enterprise Agreement will be established within five months of approval of this Enterprise Agreement.

19.8.1 The employer will facilitate the participation of employees (up to the total number of Health and Safety Representatives (HSR) and First Aid Officers at the workplace) in two-day accredited Mental Health First Aid (MHFA) training programs at the employer’s expense.

19.8.2 HSRs and First Aid Officers will be given priority to participate in the MHFA training, where appropriate.

19.8.3 Public sector agencies will facilitate the release of participating employees to attend the MHFA training, subject to operational and business requirements, including employees from regional and remote locations.

19.8.4 The training of participating employees under this provision is to be completed within the life of the Enterprise Agreement.

19.8.5 Participating employees must be released to participate in the training as soon as practicable following their selection to undertake the training, subject to operational and business requirements.

Training and Development

20. Training and Development

20.1 The parties are committed to, and acknowledge the mutual benefit to the employer and employee of planned human resource development and the provision and participation in relevant development opportunities (including accredited training).
Mental Health First Aid is for everyone, everywhere!
SA Mental Health Commission

Managing your WELLBEING

SELF-CARE GUIDE:
For SA Members of Parliament & Staff

Your mental health is as important as your physical health.

An estimated 1 in 4 people will experience a traumatic event, even be first responders.
There's the day-to-day strain on your time and well-being.
Managers have the responsibility of their staff’s mental health.
Thanks to Mindframe, SA Electorate Services, the Office of the Minister for Health & Wellbeing, the Public Service Association and Clinical Psychologist/Educator Adrian Booth, SA Mental Health Training Centre.

Taking care of your own mental health and wellbeing enables you to cope with daily challenges, build healthy working relationships and work productively.

My thanks to Mindframe, SA Electorate Services, the Office of the Minister for Health & Wellbeing, the Public Service Association and Clinical Psychologist/Educator Adrian Booth, SA Mental Health Training Centre.

~ SA MENTAL HEALTH COMMISSIONER CHRIS BURNS

SA Mental Health Commission
samentalhealthcommission.com.au
In 2017 the suicide rate in South Australia was 12.8 per 100,000. (11.0 per 100,000 in 2008)

224 deaths due to suicide in South Australia.

Nationally, eight deaths by suicide in Australia each day

Deaths by suicide in Australia occur among males at a rate three times greater than that for females.

For every death by suicide, it is estimated that as many as 30 people attempt to end their lives

That is approximately 93,800 suicide attempts each year in Australia.
Road Fatalities vs Suicides in South Australia

Source: SAPOL traffic statistics and ABS Causes of Death, Australia, 2017
## Causes of death in Australia - 2017

<table>
<thead>
<tr>
<th>Age</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
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</thead>
<tbody>
<tr>
<td>&lt; 1</td>
<td>Infant/congenital</td>
<td>Other ill-defined causes</td>
<td>Infant/congenital SIDS</td>
<td>Spinal muscular atrophy</td>
<td>Injury accidental threats to breathing</td>
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<td>1–14</td>
<td>Injury</td>
<td>Land transport accidents</td>
<td>Infant/congenital</td>
<td>Injury accidental drowning &amp; submersion</td>
<td>Cancer Brain cancer</td>
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<tr>
<td></td>
<td>Suicide M: 36% F: 31%</td>
<td></td>
<td></td>
<td></td>
<td>Other ill-defined causes</td>
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<tr>
<td>15–24</td>
<td>Injury</td>
<td>Land transport accidents M: 22% F: 19%</td>
<td>Injury accidental poisoning</td>
<td>Injury Assault</td>
<td>Other ill-defined causes</td>
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<tr>
<td></td>
<td>Suicide M: 25% F: 14%</td>
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<td></td>
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<tr>
<td>25–44</td>
<td>Injury</td>
<td>Accidental poisoning</td>
<td>Injury Land transport accidents</td>
<td>Cardiovascular Coronary heart disease</td>
<td>Other ill-defined causes</td>
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<tr>
<td></td>
<td>Suicide M: 25% F: 14%</td>
<td></td>
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<tr>
<td>45–64</td>
<td>Cardiovascular</td>
<td>Cancer</td>
<td>Injury Suicide M: 5.5% F: 3%</td>
<td>Cancer Breast cancer</td>
<td>Cancer Colorectal cancer</td>
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<tr>
<td></td>
<td>Coronary heart disease</td>
<td>Lung cancer</td>
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<td>65–74</td>
<td>Cancer</td>
<td>Lung cancer</td>
<td>Cardiovascular Coronary heart disease</td>
<td>Respiratory COPD</td>
<td>Cancer Colorectal cancer</td>
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<tr>
<td></td>
<td>Lung cancer</td>
<td>Coronary heart disease</td>
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<td>75–84</td>
<td>Cardiovascular</td>
<td>Mental/neurological Dementia &amp; Alzheimer disease</td>
<td>Cardiovascular Cerebrovascular disease</td>
<td>Cancer Lung cancer</td>
<td>Respiratory COPD</td>
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<tr>
<td></td>
<td>Coronary heart disease</td>
<td>Mental/neurological Dementia &amp; Alzheimer disease</td>
<td>Cardiovascular Cerebrovascular disease</td>
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<tr>
<td>85+</td>
<td>Cardiovascular</td>
<td>Mental/neurological Dementia &amp; Alzheimer disease</td>
<td>Cardiovascular Cerebrovascular disease</td>
<td>Respiratory COPD</td>
<td>Cardiovascular Heart failure</td>
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<tr>
<td></td>
<td>Coronary heart disease</td>
<td>Mental/neurological Dementia &amp; Alzheimer disease</td>
<td>Cardiovascular Cerebrovascular disease</td>
<td></td>
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</tbody>
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**Source:** Australian Institute of Health and Welfare National Mortality Database and ABS Causes of Death, Australia, 2017
Full-time-equivalent specialised mental health care staff 2015–16

Salaried medical officers
Nurses
Allied health professionals

Source: Australian Institute of Health and Welfare, Mental health services in Australia: Specialised mental health care facilities Table FAC.36
### Recurrent expenditure ($'000) on state and territory specialised mental health services, states and territories, 2015–16

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
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<tr>
<td>Per capita ($)</td>
<td>224.19</td>
<td>197.30</td>
<td>213.70</td>
<td>298.75</td>
<td>257.65</td>
<td>222.96</td>
<td>263.22</td>
<td>260.43</td>
<td>226.52</td>
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</tbody>
</table>

Source: Australian Institute of Health and Welfare, Mental health services in Australia: Expenditure on mental health services Table EXP.1
Average length of acute inpatient stay (days), states and territories, 2015–16

<table>
<thead>
<tr>
<th>Region</th>
<th>2015–16</th>
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<tbody>
<tr>
<td>National total</td>
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<tr>
<td>New South Wales</td>
<td>15.1</td>
</tr>
<tr>
<td>Victoria</td>
<td>13.8</td>
</tr>
<tr>
<td>Queensland</td>
<td>10.8</td>
</tr>
<tr>
<td>Western Australia</td>
<td>14.1</td>
</tr>
<tr>
<td>South Australia</td>
<td>10.5</td>
</tr>
<tr>
<td>Tasmania</td>
<td>10.8</td>
</tr>
<tr>
<td>Australian Capital Territory</td>
<td>14.5</td>
</tr>
<tr>
<td>Northern Territory</td>
<td>11.3</td>
</tr>
</tbody>
</table>

Source: Australian Institute of Health and Welfare, Mental health services in Australia: Key performance indicators for Australian Public Mental Health services Table KPI.4
### Mental Health-Related Emergency Department Presentations in Public Hospitals, by States and Territories, 2016–17

<table>
<thead>
<tr>
<th>State</th>
<th>2016–17</th>
</tr>
</thead>
<tbody>
<tr>
<td>New South Wales</td>
<td>3.4</td>
</tr>
<tr>
<td>Victoria</td>
<td>3.1</td>
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<tr>
<td>Queensland</td>
<td>3.9</td>
</tr>
<tr>
<td>Western Australia</td>
<td>3.8</td>
</tr>
<tr>
<td>South Australia</td>
<td>4.8</td>
</tr>
<tr>
<td>Tasmania</td>
<td>3.9</td>
</tr>
<tr>
<td>Australian Capital Territory</td>
<td>3.3</td>
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<tr>
<td>Northern Territory</td>
<td>4.2</td>
</tr>
<tr>
<td>National Total</td>
<td>3.6</td>
</tr>
</tbody>
</table>

Source: Australian Institute of Health and Welfare, Mental health-related emergency department presentations in public hospitals, by states and territories 2016–17 Table ED.4
PEER WORK IN AUSTRALIA
A NEW FUTURE FOR MENTAL HEALTH

Editors — J. Meagher, A. Stratford, F. Jackson, E. Jayakody & T. Fong
Then an old sage remarked: "It's a marvel to me
That people give far more attention
To repairing results than to stopping the cause,
When they'd much better aim at prevention.
Let us stop at its source all this mischief," cried he,
"Come, neighbors and friends, let us rally;
If the cliff we will fence, we might almost dispense
With the ambulance down in the valley."
"Looking for the Slip, Slop, Slap of mental health and wellbeing - it sounds like a breeze when you say it like that."

Chris Burns CSC – SA Mental Health Commissioner

8 October 2018