



Submission

Feedback on proposed changes to the following Bills to be presented by Minister Wade to the SA Parliament

- 1. Controlled Substances (Confidentiality and Other Matters) Amendment Bill 2020**
- 2. Health Care (Governance) Amendment Bill 2020**

24 June 2020

**To: Mr Chris Picton MP
Shadow Minister for Health and Wellbeing
ShadowHealth@parliament.sa.gov.au | Level 2, Parliament House**

Dear Shadow Minister Picton (Chris)

Thank you for the opportunity to provide feedback on the Government's proposed legislation, to help inform the Opposition's response to the Controlled Substances (Confidentiality and Other Matters) Amendment Bill 2020, and the Health Care (Governance) Amendment Bill 2020.

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

The areas Lived Experience Australia wishes to comment on are as follows:

1. Controlled Substances (Confidentiality and Other Matters) Amendment Bill 2020

LEA applauds the proposed changes that will help to ensure implementation of a Real Time Prescription Monitoring system for Schedule 8 medicines in South Australia.

People with emerging and established mental health problems undertake a range of means to cope with their distress and seek help from health professionals. We know that 'doctor shopping' may be a particularly relevant concern for people who attempt self-harm with licit drugs, or people with mental health concerns self-medicating their mental distress with prescription substances.

We also know that the impacts of this type of help-seeking can be quite stressful and frustrating for families of people who seek out medicines in this way. This is particular so for families of those with a diagnosis of Borderline Personality Disorder where the person may seek licit substances to medicate their distress, to deliberately self-harm, and as a call for help. Therefore, measures that improve the way the system monitors this behaviour in real time are seen as useful. However, we caveat this statement by also saying that such a measure is only helpful to the person if proper and readily available care and support alternatives to help them manage their distress (the reasons why they seek out medications in this way in the first place) are available to them. We understand that many people with mental distress do not access or are unable to access adequate mental health support in the community. This can

sometimes be because they feel stigmatised by health professionals when trying to seek help for their needs.

We also acknowledge concern for excessive pain killer use, eg. panadeine forte, etc. We know that there is a strong association between chronic pain and mental health conditions (particularly in the veteran population but also in other groups). We also know that there is significant potential for stigmatising labelling within systems of care for people who seek medication scripts from multiple GPs, and for people with chronic pain. Again, real time monitoring will act as a control measure; however, it needs to occur in tandem with other quality measures of healthcare provision to these individuals. Otherwise, we are concerned that their help-seeking will shift 'underground' to source what they need from alternative illegal sources, and individuals who may take advantage of them. Many people with complex mental health conditions are already vulnerable to being taken advantage of by unscrupulous others.

In summary, we applaud this amendment but caution that it needs to be considered alongside other measures to ensure people with mental illness and not further stigmatised or disadvantaged. Additionally, we advocate for timely access to responsive services to address any underlying mental health or other conditions, including those with mental illness who are not sufficiently supported.

2. Health Care (Governance) Amendment Bill 2020

Lived Experience Australia has some concerns about this Bill, as it relies on the LHNs to be run effectively, to have exceptionally good governance, transparency, and accountability. We are very concerned about the implications of concerns raised by the ICAC Commissioner, as this relates to various parts of the health system and individuals, including those in leadership roles within LHNs.

In particular, we know that South Australia's mental health services and system has a long history of problems that have spanned decades. People with mental health conditions and their families have seen reforms come and go over decades, and many changes in leadership at the state and LHN level; and yet many issues remain problematic. We are concerned that LHNs, and mental health services in particular, have become increasingly hospital and emergency department focused, with less focus on community mental health services. We are concerned that the economic imperative is the predominant driver for the LHNs, rather than the quality of care to consumers.

We understand that the decision to dissolve the Health Performance Council, was taken mainly because it was seen as duplicating activities that are done adequately in other parts of the system (for example, within Wellbeing SA). We also understand that the assumption and expectation is that LHNs will be increasing autonomous and be able to report on their information and activity. We have concerns about independence of reporting when an organisation is reporting on itself, without independent oversight, given the above concerns we have about the governance of mental health services, in particular.

Lived Experience Australia thanks Shadow Minister Picton and would welcome the opportunity of further expanding on any of the issues raised within this Submission or any other area pertaining to mental health issues affecting people in South Australia, and nationally.



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