

Report 6 of 2022

Managing access to mental health services



Report of the Auditor-General

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Managing access to mental health services

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By authority: C. McArdle, Government Printer, South Australia

*The Auditor-General's Department acknowledges and respects
Aboriginal people as the State's first people and nations, and
recognises Aboriginal people as traditional owners and occupants of
South Australian land and waters.*



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5 September 2022

President
Legislative Council
Parliament House
ADELAIDE SA 5000

Speaker
House of Assembly
Parliament House
ADELAIDE SA 5000

Dear President and Speaker

**Report of the Auditor-General:
Report 6 of 2022 *Managing access to mental health services***

Under section 31(2) of the *Public Finance and Audit Act 1987* (PFAA), I have conducted a performance audit of SA Health's management of access to mental health services.

I present to each of you my independent assurance report on the findings of the audit.

Copies of this report have also been provided to the Treasurer and the Minister for Health and Wellbeing.

Content of the report

Our audit assessed whether SA Health has effective processes in place for the provision of access to mental health services, including assessing the actions taken to address COVID-19 impacts on mental health. We concluded that there are key planning, monitoring and reporting processes for the provision of access to mental health services that were not operating effectively. Because of these gaps, SA Health is not able to demonstrate how well it is performing in providing the public with access to the right mental health services at the right time.

My responsibilities

Performance audits conducted under section 31(2) of the PFAA are assurance engagements that assess whether public sector programs or activities are achieving economy, efficiency and effectiveness in using available resources. These engagements conclude on the performance of the programs or activities evaluated against identified criteria.

The Auditor-General's roles and responsibilities in undertaking performance audits are set out in the PFAA. Section 31 of the PFAA empowers me to conduct these audits, while sections 37 and 38 deal with the reporting arrangements.

The audit of SA Health's management of access to mental health services was conducted in line with the Standard on Assurance Engagements *ASAE 3500 Performance Engagements*. We complied with the independence and other relevant ethical requirements for assurance engagements.

Acknowledgements

The audit team for this Report was Salv Bianco, Philip Rossi and Stephen Gladigau. They were assisted by Vincents Assurance and Risk Advisory.

The audit was undertaken while SA Health was responding to the COVID-19 pandemic. We appreciate the cooperation and assistance given by staff of the Department for Health and Wellbeing, Wellbeing SA, the South Australian Mental Health Commissioners and local health networks during this challenging time.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Richardson', with a stylized flourish extending to the right.

Andrew Richardson
Auditor-General

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1 Executive summary

1.1 Introduction

We assessed whether SA Health¹ has effective processes in place for the provision of access to mental health services, including assessing the actions taken to address COVID-19 impacts on mental health.

The Department for Health and Wellbeing (DHW) helps the Minister for Health and Wellbeing (the Minister) to set the policy framework and strategic directions for health services in South Australia, including mental health and wellbeing services (among a full portfolio of health services provided).

In South Australia, the vision for providing mental health services is documented in several plans and strategies. These include the South Australian Mental Health Strategic Plan 2017–2022, the South Australian Mental Health Services Plan 2020–2025 and the South Australian Health and Wellbeing Strategy 2020–2025.

The strategic plan identifies that at some point in their lives, 45% of South Australians will experience a diagnosable mental illness. A viable mental health and wellbeing service is essential to all South Australians, given that family, friends and work colleagues of those with a diagnosable mental illness are also impacted.

No single government department or agency has end-to-end responsibility for mental health and wellbeing, and each South Australian government agency contributes to a part of the mental health and wellbeing of every South Australian.

The mental health services overseen by SA Health are wide ranging, including services to assist those who experience a mental health episode or disorder (an undiagnosed mental health condition) and those who experience a mental illness (a diagnosed mental health condition). These services are provided through DHW-led initiatives, the South Australian local health networks (LHNs), community organisations, non-government organisations (NGOs) and not-for-profit (NFP) organisations that receive funding from the SA Government.

The National Mental Health Policy 2008 defined access to mental health care as ‘Access to the right care at the right time’.²

The former South Australian Mental Health Commission (SAMHC) conducted research and interviews with over 2,270 South Australians from August 2016 to May 2017 and noted that:

¹ SA Health is the health portfolio of services and agencies responsible to the Minister for Health and Wellbeing. It comprises the Department for Health and Wellbeing, local health networks and the SA Ambulance Service.

² Department of Health 2009, *National Mental Health Policy 2008*, Australian Government, viewed 18 August 2021, <<https://www.health.gov.au/resources/publications/national-mental-health-policy-2008>>.

People told the Commission that they found it difficult to know where and how to access appropriate and timely help for mental health issues, ranging from mild distress to crisis to ongoing community support.³

By its very nature, mental health and wellbeing varies from person to person and community to community. With unknown and unpredictable events like catastrophic bushfires and pandemics arising, the need for mental health services is also changing. Individual needs are shifting across the continuum of care requirements. As a result, the challenge of providing access to mental health services in South Australia is significant.

1.2 Conclusion

We concluded that there are key planning, monitoring and reporting processes for the provision of access to mental health services that were not operating effectively. Because of these gaps, SA Health is not able to demonstrate how well it is performing in providing the public with access to the right mental health services at the right time. The key gaps are:

- planning documents had insufficient details on what success is and did not include strategies on how to address gaps in the demand for services. Also, outcome measures and reporting mechanisms were insufficient
- ineffective processes to capture and analyse data on mental health services, limiting the ability to assess performance and outcomes
- some reporting on access to mental health services not being timely and not highlighting gaps between services required and available
- the absence of an administrative framework outlining how the SA Mental Health Commissioners are to carry out their work, impacting their ability to deliver mental health initiatives.

We also noted that DHW had initiated a range of mental health related actions in response to the COVID-19 pandemic, including:

- implementing South Australia's response to the National Mental Health and Wellbeing Pandemic Response Plan
- providing a COVID-19 mental health virtual support network.

We acknowledge DHW's advice to us that in 2020 and 2021 it prioritised responding to COVID-19 over progressing structural and process improvements. As the State now moves towards living with COVID-19, there is an increased emphasis on addressing service improvement priorities, including access to mental health services. DHW should consider the recommendations in this report when identifying and managing these service improvements.

³ SA Mental Health Commission Submission 477 – Mental Health – Public Inquiry, 2019.

1.3 What we found

Our findings are summarised in figure 1.1, with more details provided in sections 4 to 8.

Figure 1.1: Findings

Review area	Findings
Governance, roles and responsibilities for mental health services (section 4)	<p>DHW has established a governance framework and processes for the provision of mental health services.</p> <p>Governance arrangements in place generally support the oversight and delivery of access to mental health services.</p> <p>The authority for the document specifying the role and responsibilities of the SA Mental Health Commissioners is not clear.</p> <p>The administrative arrangements in place to allow the SA Mental Health Commissioners to carry out their work are not clear. This has prevented them from effectively managing the delivery of initiatives to improve access to mental health services.</p> <p>The charter between the SA Mental Health Commissioners and Wellbeing SA outlining their respective responsibilities is still being developed. Legal advice has been sought on the charter and therefore it has yet to be agreed and signed.</p>
Planning and access to mental health services (section 5)	<p>Three key planning documents for providing access to mental services have been developed.</p> <p>Measures of success in the State’s mental health services plan lack specific targets and are not sufficiently detailed for evaluation.</p> <p>Mental health plans do not describe current capacity or demand for mental health services.</p> <p>Mental health strategies and plans are not funded from the outset and supported by implementation plans.</p> <p>Mental health strategies and plans are not updated over their life.</p> <p>A close out review of the current strategic plan needs to be conducted and a new strategic plan for mental health services beyond 2022 developed.</p>
Monitoring and evaluation of access to mental health services (section 6)	<p>Evaluation tools and outcome measures are yet to be established for key mental health plans.</p> <p>There is no process to monitor, evaluate and report on initiatives in the State’s mental health strategic plan.</p>

Review area	Findings
	<p>Processes to capture and analyse data on mental health services are manual and controls over datasets provided by public and non-government organisation providers are not effective.</p> <p>Performance targets for delivering mental health services in emergency departments are not being achieved.</p> <p>Forward-looking indicators and performance targets for some key areas of access to mental health services are not established.</p> <p>Key performance indicators (KPIs) to monitor the implementation and delivery of some projects in the mental health services plan are not established.</p> <p>The process for capturing data from NGO mental health service providers needs to improve.</p>
Reporting on access to mental health services (section 7)	<p>Some key reports on mental health services are not timely due to complexities in data collection and analysis.</p> <p>There is limited reporting on the achievement of mental health outcomes in the State's health and wellbeing strategy.</p> <p>Reporting on mental health services does not provide information to highlight the gap between services required and services available.</p>
Forward planning and strategies for ongoing access to mental health services (section 8)	<p>Mental health strategies and plans outline strategies designed to cover both current and future mental health service needs.</p> <p>There is limited monitoring of the implementation of recommendations and actions from prior audits and reviews on mental health services.</p>

1.4 What we recommended

Our recommendations to address our findings are summarised in figure 1.2.

Figure 1.2: Recommendations

Review area	Recommendations
Governance, roles and responsibilities for mental health services (section 4)	<p>Document the authority for the instrument that documents the role and responsibilities of the SA Mental Health Commissioners.</p> <p>Establish an administrative framework describing the arrangements in place to enable the SA Mental Health Commissioners to perform their functions.</p> <p>After receiving legal advice, finalise the draft charter between the SA Mental Health Commissioners and Wellbeing SA.</p>

Review area	Recommendations
Planning and access to mental health services (section 5)	<p>Review and update measures of success in the mental health services plan with detail on required plan outcomes.</p> <p>Review and update existing mental health plans with strategies to address identified gaps between the capacity and demand for mental health services.</p> <p>Develop annual implementation plans that identify the funding and approach to deliver projects included in the State’s mental health strategies and plans.</p> <p>Revise mental health strategies and plans for changes in the health and wellbeing environment.</p> <p>Conduct a close out review of the current mental health strategic plan and use it to inform the development of a new strategic plan for mental health services beyond 2022.</p>
Monitoring and evaluation of access to mental health services (section 6)	<p>Finalise monitoring and evaluation processes, including outcome measures, for the mental health services plan and the health and wellbeing strategy, and ensure these processes are developed when developing any future mental health plans.</p> <p>Monitor, evaluate and report on initiatives in the mental health strategic plan.</p> <p>Improve processes to collect, analyse and report on mental health service data.</p> <p>Implement strategies to improve performance for delivering mental health services in emergency departments.</p> <p>Establish forward-looking indicators and performance targets for key areas of access to mental health services. Develop KPIs to monitor the delivery of projects in the mental health services plan.</p> <p>Identify and obtain mental health service data from NGO service providers needed to effectively manage mental health services in South Australia.</p>
Reporting on access to mental health services (section 7)	<p>Report mental health service activity as close as possible to the occurrence of the activity.</p> <p>Review and report on the achievement of mental health outcomes in the health and wellbeing strategy.</p> <p>Obtain information on any gaps between the demand for mental health services and service providers’ capacity to provide them, and report these gaps to mental health oversight groups.</p>

Review area	Recommendations
Forward planning and strategies for ongoing access to mental health services (section 8)	Establish a register of mental health audit and review recommendations and agreed actions, and report regularly on their implementation.

1.5 Response to our recommendations

DHW, the SA Mental Health Commissioners and Wellbeing SA responded positively to our detailed findings and advised us how they would action our recommendations. DHW stated:

DHW has welcomed the opportunity to work with the auditors who have undertaken this work.

Recommendations of this audit have either been accepted, or in some cases actions have been taken or planned to address the auditors advice. This is detailed in the body of the report.

Progress against meeting the auditors' recommendations will be publicly reported.

Detailed responses to each of our recommendations are provided in sections 4 to 8.

The Acting Chief Executive of DHW also provided a reply to our report to Parliament, which is included as Appendix 5.

2 Background

2.1 Introduction

DHW has the lead role in South Australia for planning and commissioning state funded mental health and wellbeing services, and delivering the legislative, policy and strategic directions established by the SA Government.

At a policy and planning level, DHW works with the Commonwealth Department of Health and the primary health networks (PHNs)⁴ to establish consistent national practices, understand local needs, and monitor the capability and capacity of services.

DHW works in conjunction with LHNs and the NFP and NGO sectors to deliver mental health services to the people of South Australia.

In addition, National Disability Insurance Scheme (NDIS) providers delivered mental health services to around 3,000 South Australians in 2020-21, with a total annual commitment of \$242 million as at 30 June 2021.

In December 2017, the then Minister for Mental Health and Substance Abuse released the South Australian Mental Health Strategic Plan 2017–2022, developed by the former SAMHC. The SAMHC engaged broadly to develop it through a project steering group, reference groups, a community advisory committee, a youth advisory committee and the general community.

The strategic plan identifies that good mental health is ‘more than services’ and includes areas affecting overall wellbeing. These include community connectedness, supportive friends and family and participating meaningfully in society. It also recognises that the provision of mental health services is more than providing hospital beds for acute services. The core strategies outlined in the plan are promotion, quality services and strong governance, leadership and improved outcomes.

The former SAMHC provided a thorough assessment of progress against these strategies, including the initiatives commenced to implement the strategic plan, in its 2019-20 annual report. This was its last annual report before it was abolished in January 2020.

2.1.1 Impact of the 2017 Oakden review and 2018 Aspex Consultancy review

The environment for the governance, leadership and oversight of mental health services has changed since 2015, when the former SAMHC was created. The review of the Oakden Older Persons Mental Health Service was released in April 2017. It made six primary recommendations on the provision of mental health services for older people. They included amendments to the model of care, staffing and leadership and clinical governance models.

⁴ PHNs are independent organisations funded by the Commonwealth Department of Health. There are 31 PHN regions in Australia. PHNs assess the needs of their community and commission health services so that people in their region can get coordinated health care where and when they need it. Department of Health 2021, *What Primary Health Networks Are*, Australian Government, viewed 21 June 2022, <<https://www.health.gov.au/initiatives-and-programs/phn/what-phns-are>>.

In December 2018 Aspex Consulting reviewed the governance arrangements for the provision of mental health services in South Australia. The review recommended changes to roles, responsibilities and reporting including:

- appointing additional management roles in the Office of the Chief Psychiatrist
- restructuring the Office of the Chief Psychiatrist's Mental Health Strategy Unit.

2.1.2 Impact of the 2019-20 Black Summer bushfires and COVID-19 pandemic

In the late spring and early summer of 2019 severe bushfires affected major parts of South Australia, including the Yorke Peninsula, Adelaide Hills and Kangaroo Island, with impacts to life, property and natural reserves. Financial claims exceeded \$186 million from over 3,000 claims made across South Australia.⁵ Once the bushfires were contained, recovery efforts commenced. Mental health services were commenced by the Barossa Hills Fleurieu Local Health Network, and the Women's and Children's Health Network's Child and Adolescent Mental Health Services.

Within weeks of commencing operations in 2020, Wellbeing SA started coordinating targeted mental wellbeing programs (non-clinical services) for people affected by the fires, including the Bushfire Mental Health, Wellbeing and Resilience Grants Program. Almost concurrently, the COVID-19 pandemic started, with the first confirmed cases in South Australia announced on 1 February 2020. On 11 March 2020, the SA Government announced a \$350 million stimulus package to help 'drive the South Australian economy and secure local jobs'. By 13 March 2020 school closures started, culminating with state border closures from 24 March 2020 and mandatory self-isolation for people diagnosed with COVID-19 and their close contacts.

Wellbeing SA led two key aspects of the SA Government's response to COVID-19:

- it rapidly increased and re-oriented its South Australian Population Health Survey Module system to assist the SA Government response and provide timely data, including the impact of COVID-19 on the mental health and wellbeing of South Australians
- it led the delivery of the statewide wellbeing strategy 'Open Your World', established to build community resilience and support mental, physical and social wellbeing in response to COVID-19.

During this time anxiety increased for many Australians,⁶ with reports of despair, fear, anger, boredom, loneliness, anxiety and stress increasing significantly between March 2020 and April 2020. The Australian Bureau of Statistics reported that 68% of people were concerned

⁵ Australian Institute for Disaster Resilience, *South Australia, November 2019 – February 2020 Bushfires – Black Summer*, viewed 18 July 2022, <<https://knowledge.aidr.org.au/resources/black-summer-bushfires-sa-2019-20/>>.

⁶ Liddy M, Hanrahan C, Byrd J 2020, 'How Australians feel about the coronavirus crisis and Scott Morrison's response', *Australian Broadcasting Commission*, viewed 14 October 2021, <<https://www.abc.net.au/news/2020-04-28/coronavirus-data-feelings-opinions-covid-survey-numbers/12188608>>.

or very concerned about their health due to COVID-19⁷ and increases in Medicare supported mental health telehealth items were reported during the period March to April 2020.⁸

A generally recognised effect of the pandemic was the detrimental impact on the mental health of South Australians, and the Australian community at large. This resulted in an increased demand for mental health services and required a specific response. DHW has worked to mitigate the mental health impacts by applying additional resources, such as COVID-19 telehealth services and assistance to people in quarantine and isolation, to expand the capacity of existing services and introduce new initiatives where needed.

The mental health impacts from the pandemic are ongoing. Funding provided by the SA Government in the 18 months since February 2020 exceeded \$1 billion and included economic stimulus for job rescue and employment, COVID-19 support and other wellbeing assistance measures. In addition, the Commonwealth Government provided funding to support the wellbeing of South Australians during the pandemic. Some measures were specifically targeted at reducing the impacts of domestic violence, supporting regional and remote communities and assisting vulnerable people.

2.2 Definition of mental health

The World Health Organisation defines mental health as:

*a state of wellbeing in which the individual realises their own abilities, can cope with the normal stressors of life, can work productively, and fruitfully and is able to make a contribution to their community.*⁹

Mental health issues range from mild and occasional events to severe and acute mental distress. Treatments include prevention, early intervention and diagnosis, support and recovery. Some of the activities and services that are provided under the definition of mental health services include:

- public education campaigns for awareness and to reduce stigma
- resilience training courses in schools and workplaces
- stress management skills and education
- programs to educate on the dangers of drugs, alcohol and tobacco and their impact on people's health
- counselling services offered in schools, through health care providers and at work (for example, employee assistance programs)

⁷ Australian Bureau of Statistics 2020, *Household Impacts of COVID-19, Australia 1-6 April 2020*, viewed 14 October 2021, <<https://www.abs.gov.au/statistics/people/people-and-communitites/household-impacts-covid-19-survey/1-6-apr-2020>>.

⁸ Australian Government, Australian Institute of Health and Welfare 2022, *Mental health services in Australia*, 16 August 2022, <<https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/covid-19-impact-on-mental-health>>.

⁹ Pan America Health Organization, *Mental Health*, Pan America Health Organization, viewed 16 December 2021, <[https://www.paho.org/en/topics/mental-health#:~:text=The%20World%20Health%20Organization%20\(WHO,to%20his%20or%20her%20community%E2%80%9D](https://www.paho.org/en/topics/mental-health#:~:text=The%20World%20Health%20Organization%20(WHO,to%20his%20or%20her%20community%E2%80%9D)>.

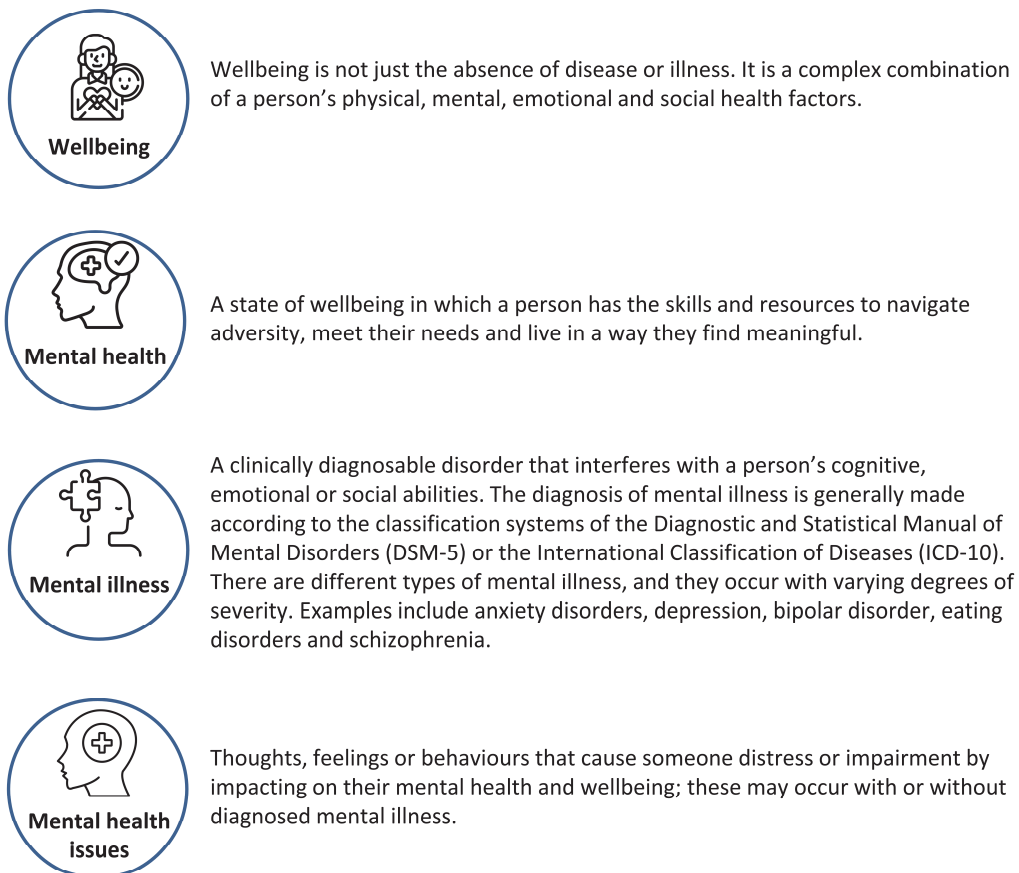
- specific mental health services provided by Headspace clinics for adolescents and young adults
- lifestyle changes and treatments recommended by counsellors, practitioners and peers
- medical intervention, including the use of medicines
- psychological treatments, including cognitive behaviour therapy and psychotherapy.

The former SAMHC included the following statement in its strategic plan to help people understand the meaning of mental health:

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.¹⁰

The definitions in figure 2.1, included in the SA Mental Health Strategic Plan 2017–2022, have been used in this report as they have been developed through extensive consultation with a broad range of South Australian community sector and interest groups.

Figure 2.1: Mental health definitions



Source: South Australian Mental Health Strategic Plan 2017–2022.

¹⁰ South Australian Mental Health Commission 2017, *South Australian Mental Health Strategic Plan 2017–2022*, Government of South Australia, Adelaide.

Mental health issues can be due to a wide range of factors. Some examples of factors that could result in a period of poor mental health include:

- social isolation or loneliness
- homelessness or poor housing
- unemployment
- drug and alcohol misuse
- trauma and stress
- childhood abuse, trauma and neglect
- domestic violence, bullying and other forms of abuse.

2.3 Overview of South Australia's mental health services

Recognising that mental health is a state of wellbeing, the provision of mental health services are those services that work towards providing a positive 'state of wellbeing, where persons have the skills and resources to navigate adversity, meet their needs and live in a way they find meaningful'.¹¹ The range of mental health service providers is broad and includes:

- the promotion and awareness of mental health by Wellbeing SA, LHNs, NFPs, NGOs and the SA Mental Health Commissioners
- the provision of acute mental health services in hospitals managed by LHNs
- the provision of non-hospital based clinical and non-clinical services, including general practitioners, that assist in diagnosis, reintegration and recovery
- establishing service centres, such as the Urgent Mental Health Care Centre (UMHCC) located in Grenfell Street, Adelaide
- the delivery of services to people for social housing, employment, ageing, youth, local government, drug and alcohol assistance, justice and child protection – all of which can aid a person's mental health and wellbeing.

Mental health services include a range of proactive, early intervention strategies. People may receive services voluntarily. If they have a mental illness, and have impaired decision-making capacity and require protection from harm, they may be placed on inpatient or Community Treatment Orders (CTOs), as described in the *Mental Health Act 2009*. A CTO allows a person with a mental illness to receive compulsory, community-based treatment for mental illness. A patient may also be placed under an Inpatient Treatment Order (ITO). An ITO enables compulsory care in hospital.

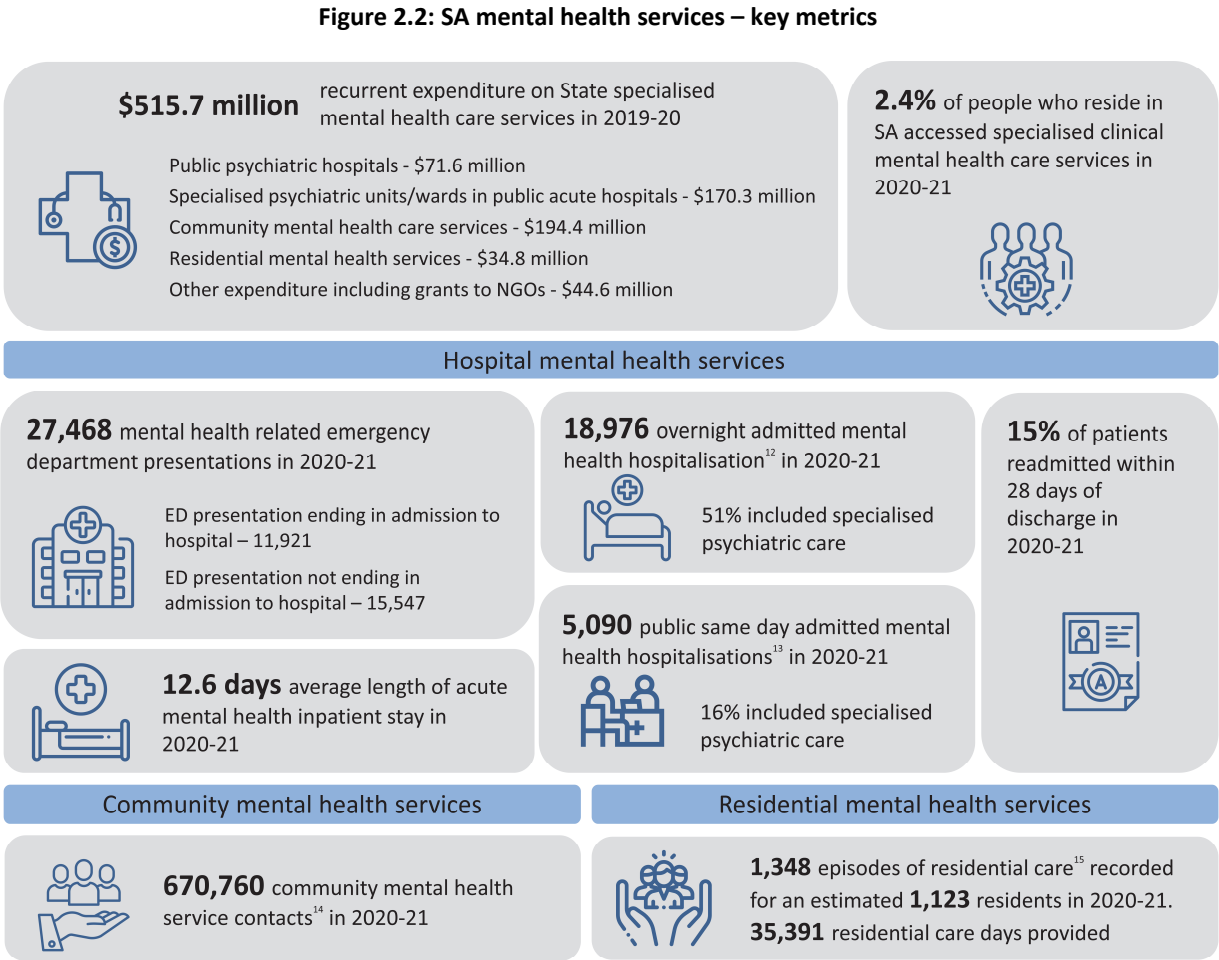
ITOs are subject to the oversight of a psychiatrist or authorised medical practitioner and can be subject to review by the South Australian Civil and Administrative Tribunal. Special-purpose facilities that form part of DHW's mental health services include wards for different age groups, for acute care, for rehabilitation and some diagnostic groups. Care can be either voluntary or involuntary under an ITO, in either a general ward or a closed ward – Psychiatric Intensive Care Units. Patients can also be admitted to a forensic mental health facility either as forensic patients (under provisions of the *Criminal Law Consolidation Act, 1935*) or as prisoners who require treatment (under the *Mental Health Act 2009*).

¹¹ *ibid.*

In summary, mental health services are provided by a varied group of South Australian departments and agencies, community bodies and NFPs, led by guidance from the Office of the Chief Psychiatrist and Wellbeing SA, advice from the SA Mental Health Commissioners and a dedicated workforce of carers and practitioners.

2.4 South Australia mental health system – key metrics

Figure 2.2 shows key metrics on mental health services in South Australia.



Source: Australian Institute of Health and Welfare and DHW.

¹² These are hospitalisations where a patient undergoes a hospital’s formal admission process, completes an episode of care, is in hospital for more than one day and separates from the hospital.

¹³ In public hospitals a separation is classified as same day admitted mental health care if admission and separation occurred on the same day.

¹⁴ Community mental health service contacts are where clinically significant services are provided by a specialised mental health service provider to patients/clients, other than those admitted to psychiatric hospitals or designated psychiatric units in acute care hospitals and residents in 24-hour staffed specialised residential mental health services. A patient can have one or more service contacts over a year. They are not restricted to face-to-face communication and can include telephone, video link or other forms of direct communication.

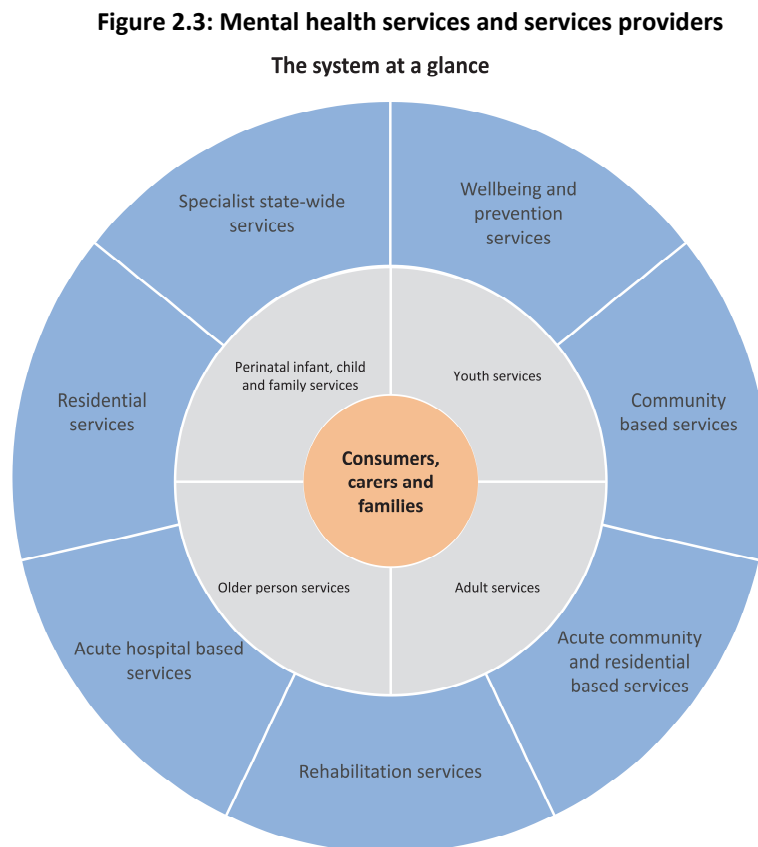
¹⁵ This is a period of care between the start of residential care (either through the formal start of the residential stay or the start of a new reference period (that is, 1 July) and the end of residential care (either

2.5 Defining access to mental health services

The National Mental Health Policy 2008 defines access to mental health care as ‘Access to the right care at the right time’.¹⁶ This definition sought to confirm that ‘People with mental health problems and mental illness will have timely access to high quality, coordinated care appropriate to their condition and circumstances, provided by the most appropriate services’.¹⁷

Currently in most jurisdictions around Australia, access is generally measured by the waiting times for mental health beds in dedicated specialist inpatient and community residential facilities. This measurement is a national funding reporting requirement under the National Health Funding Agreement.

Figure 2.3 shows the services and service providers that exist within the system as identified in the SA Mental Health Services Plan 2020–2025.



This overview of the services provided supports the vision in the SA Mental Health Services Plan 2020–2025:

the formal end of residential care, commencement of leave intended to be greater than seven days, or the end of the reference period (that is, 30 June)). An individual can have one or more episodes of care during the reference period.

¹⁶ Department of Health 2008, *National Mental Health Policy*, Australian Government, Canberra.

¹⁷ *ibid.*

The SA Department for Health and Wellbeing will commission mental health services of the highest quality, that are effective and safe, uphold human rights, enhance wellbeing and support people to fully participate and thrive in their chosen community.¹⁸

Access, therefore, is much more than the ability to visit a doctor or occupy a hospital bed, and may include telehealth services, counselling, seminars and workshops, education, prevention and rehabilitation services.

We noted that at the time of the audit due to the extent of non-government services, as well as the many initial, anonymous and in-confidence interactions with NFP bodies such as Lifeline and Beyond Blue and services provided by Headspace clinics, statistics and provision of service data was not readily available to determine the timely (right care at the right time) provision of services for many people seeking mental health services. Notwithstanding this, we note that PHNs and the Commonwealth have some data about the service providers they fund.

Further, the Fifth National Mental Health and Suicide Prevention Plan provides for the development of regional mental health plans between LHNs and PHNs. Statistics are generally available for these services from the Australian Institute of Health and Welfare but can take some time to become available.

2.6 Overview of the impacts of COVID-19 on mental health services

COVID-19 hit Australia in January 2020 and resulted in over 5.42 million cases and 6,700 deaths by mid-April 2022.¹⁹

On 15 March 2020, the Chief Executive of DHW declared a public health emergency under the *South Australian Public Health Act 2011* for a period of 14 days. Subsequently, on 22 March 2022 the State Coordinator for South Australia declared the outbreak of COVID-19 in South Australia to be a major emergency under the *Emergency Management Act 2004*. This was extended every 28 days as required by the legislation up until May 2022.

Across Australia the pandemic has resulted in each state and territory enacting emergency provisions and health orders including the closure of borders, the temporary shutdown of businesses and schools, bans on public gatherings, requirements for social distancing, forced isolation of diagnosed people and quarantine orders for travellers.

¹⁸ Department for Health and Wellbeing 2020, *South Australian Mental Health Services Plan 2020–2025*, Government of South Australia, Adelaide.

¹⁹ Australian Government, Department of Health 2022, *National coronavirus health alerts: COVID-19 case numbers and statistics*, April 18, 2022, Department of Health, Canberra, <<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-case-numbers-and-statistics#covid19-summary-statistics>>.

A number of organisations have completed studies into the mental health effects of the COVID-19 pandemic. The University of New South Wales and the Black Dog Institute considered the impact of the pandemic on Australian adults and observed that:

78 percent of survey participants reported that their mental health problems had worsened during the outbreak and its peak.’ This included ‘One in four (25.9 percent) were very worried about getting infected, and one in two (52.7 percent) were worried their friends and family would be infected. Nearly half were worried about loneliness, financial troubles, and uncertainty. Psychological distress levels were higher, with 62 percent, 50 percent, and 64 percent of participants reporting raised levels of depression, anxiety, and stress, respectively.’²⁰

The University of South Australia, in a report commissioned by SA Health to inform the COVID-19 response, noted that:

It is highly likely that the onset of the COVID-19 pandemic has created new mental health issues in the South Australian population, as well as exacerbated existing pre-pandemic mental health and suicide related issues.’²¹

There is evidence from Australian and overseas research that the pandemic has had an impact on the mental health and wellbeing of the population. The Organisation for Economic and Cooperative Development stated that:

From March 2020 onwards, prevalence of anxiety and depression increased and, in some countries, even doubled. Periods when the highest rates of mental distress were reported correlated with periods of intensifying COVID-19 deaths and strict confinement measures. Across countries, the mental health of unemployed people and those experiencing financial insecurity was worse than that of the general population – a trend that pre-dates the pandemic, but seems to have accelerated in some cases.’²²

The increase in requests for services has had an impact on DHW’s ability to meet its mental health services objective of ‘right care, in the right place, at the right time philosophy’. The impact has been different for different types of services, as has the extent of the impact on the demand for services. For example, the impact on telephone services and youth services has been more substantial than the impact on adult services.

²⁰ Newby, J 2020, ‘Three quarters of Australians claim their mental health has worsened by COVID-19’, *Black Dog Institute*, viewed 15 October 2021, <<https://www.blackdoginstitute.org.au/media-releases/three-quarters-of-australians-claim-their-mental-health-has-worsened-by-covid-19/>>.

²¹ Procter, N, McDonough, J, Macedo, D and Gunn, K 2021, ‘Mental Health and Suicide Prevention in South Australia as we enter the Next Stage of Pandemic’, *University of South Australia*, October 2021.

²² Hewlett, E, Takino, S, Nishina, Y and Prinz, C 2021, ‘Tackling the mental health impact of the COVID-19 crisis: An integrated whole of society response’, *Organisation for Economic Co-operation and Development*, viewed 22 November 2021, <<https://www.oecd.org/coronavirus/policy-responses/tackling-the-mental-health-impact-of-the-covid-19-crisis-an-integrated-whole-of-society-response-0ccafa0b/>>.

3 Audit mandate, objective and scope

3.1 Our mandate

The Auditor-General has authority to conduct this audit under section 31(2) of the *Public Finance and Audit Act 1987*.

3.2 Our objective

We assessed whether SA Health has effective processes in place for the provision of access to mental health services, including an assessment of the activities taken to address COVID-19 impacts on mental health.

Our audit commenced in mid-2021, when the impacts of COVID-19 were well documented and states and territories had agreed to a national plan to end the lockdown of state and territory borders.²³

3.3 What we reviewed and how

We assessed whether SA Health had:

- a clear and well-formed plan of action to address access to mental health, including additional COVID-19 impacts
- clearly defined roles and responsibilities to deliver on the plan
- identified the relevant ‘at need’ sectors of the community and geographic regions, including those specifically identified as COVID-19 affected community sectors
- established an effective method of monitoring and reporting on the progress and results of the plan
- processes to provide access to mental health services across the State, inclusive of any additional access requirements for COVID-19 impacts
- a process to address reasonably foreseeable future mental health access needs, including those emanating from COVID-19, bushfires and other events.

Our assessment considered the development and implementation of the plans that promote and provide access to mental health services in South Australia, including the:

- South Australian Mental Health Strategic Plan 2017–2022
- South Australian Mental Health Services Plan 2020–2025
- South Australian Health and Wellbeing Strategy 2020–2025
- South Australian Health COVID-19 pandemic response plan.

²³ Australian Government 2021, *The National Plan to transition Australia’s National COVID-19 Response*, viewed 22 August 2021, <<https://www.australia.gov.au/national-plan>>.

We also sought the views of the LHNs through the Mental Health Leadership Group (MHLG) and DHW's Enterprise Data Branch, which has representatives from the LHNs assisting in the data collection, governance and reporting functions.

3.4 What we did not review

Our audit was limited to the areas outlined in section 3.3. We did not:

- review the time frames or quality of specific medical treatment for individuals in need of mental health services
- review the overarching governance arrangements of DHW (as a department) or the LHNs (limiting our views to the provision of access to mental health services)
- evaluate the effectiveness of the implementation of recommendations from previous reviews, reports or audits, such as the Oakden and Aspex Consulting reviews.

4 Governance, roles and responsibilities for mental health services

What we found

DHW has established a governance framework and processes for the provision of mental health services. These are documented in the Shared Governance Model and in the SA Health Charter of Responsibility.

The governance arrangements in place generally support the oversight and delivery of mental health services.

The authority for the Instrument of Appointment documents detailing the role and responsibilities of the SA Mental Health Commissioners was not clear.

There were anomalies in the Instrument of Appointment documents.

The draft charter between the SA Mental Health Commissioners and Wellbeing SA outlining their respective responsibilities is still being developed. Legal advice has been sought on it and as a result it has yet to be agreed and signed.

The administrative arrangements in place to enable the Commissioners to carry out their role and function were not clear. We found that there was no administrative framework detailing:

- funding arrangements, including specific budget and resource allocations
- expenditure/contracting authority
- agreed decision-making mechanisms
- management of ministerial directions
- administrative and reporting arrangements.

The lack of clarity has prevented the SA Mental Health Commissioners from effectively managing the delivery of initiatives to improve access to mental health services included in the State's strategic mental health plan.

What we recommended

DHW, Wellbeing SA and the SA Mental Health Commissioners should work together to:

- document the authority for the SA Mental Health Commissioners' Instrument of Appointment and the process for revising it to reflect changes in circumstances and priorities
- establish an administrative framework describing the arrangements for the SA Mental Health Commissioners to perform their functions.

The parties should also consider the outcomes of the independent review of the *Mental Health Act 2009* once it has been completed and update the framework and arrangements with the Commissioners as required.

SA Mental Health Commissioners and Wellbeing SA should:

- review the wording of the Instrument of Appointment requiring the SA Mental Health Commissioners to perform the objectives and functions of the abolished SAMHC
- review the implications (if any) of the Governor’s proclamation requiring references to the SAMHC in an Act, a statutory instrument or any other kind of instrument, contract, agreement or other document be replaced with the term Wellbeing SA
- finalise the charter between the SA Mental Health Commissioners and Wellbeing SA as soon as practical.

4.1 Introduction

Governance, in the context of an organisation, involves the relationships between the component parts, such as staff, management, the executive, board and stakeholders. This includes such things as the organisational structure, charters, strategies, plans and role statements through which the objectives of the organisation are established, monitored and achieved.

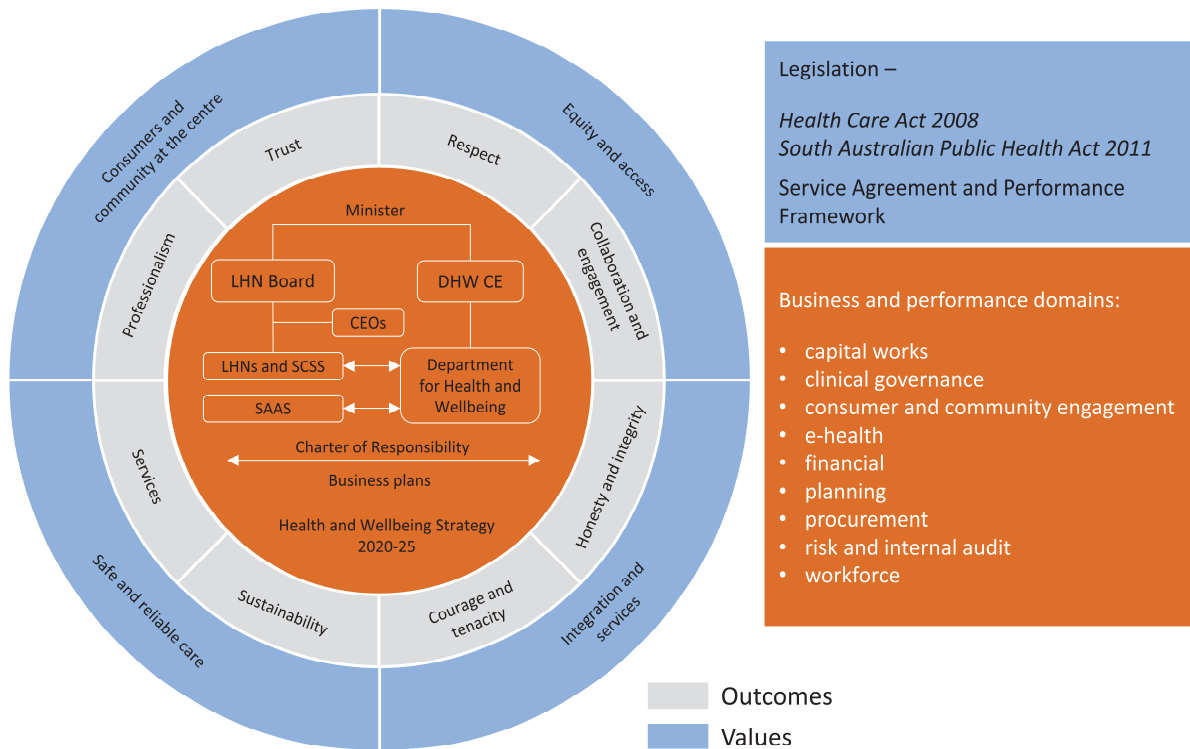
The overarching governance documents for DHW include the empowering legislation – the *Health Care Act 2008* and *South Australian Public Health Act 2011* – and for mental health services, the *Mental Health Act 2009* and their related regulations. These are supplemented by the organisation structures, SA Health Charter of Responsibility, role statements and reporting arrangements that establish, promote and demonstrate good governance within DHW.

DHW has documented the Shared Governance Model (shown in figure 4.1 and documented in the SA Health Charter of Responsibility). This model shows the relationships and organisation structure from the Minister to LHN Boards, DHW Chief Executive and LHN Chief Executive Officers. As shown by the arrows in figure 4.1, there is a mutual relationship between DHW and the LHNs that is essential to service delivery success.

Wellbeing SA and the SA Mental Health Commissioners report directly to the Minister. They contribute to the health portfolio but do not report to DHW. Instead they work in partnership with DHW to deliver the Minister’s priorities. They are not part of the Shared Governance Model or the SA Health Charter of Responsibility.

The SA Health Charter of Responsibility documents the roles and responsibilities of participants across the South Australian health system, including mental health services. Key elements of it are the core values (outer blue circle) and desired outcomes (grey circle) that surround the organisation structure.

Figure 4.1: Shared Governance Model



Source: SA Health Performance Framework 2020-21.

4.1.1 Roles and responsibilities for mental health

Responsibilities for mental health are shared between DHW, the Chief Psychiatrist and the LHNs. Wellbeing SA and the SA Mental Health Commissioners support and provide advice to this group and other service providers on health and wellbeing strategies. As previously noted, Wellbeing SA and the SA Mental Health Commissioners are not part of the Shared Governance Model.

DHW

DHW is responsible for overall leadership and strategic direction, informing national initiatives and coordinating system-wide responses to national health initiatives. This includes policy, legislation and coordination.

DHW Commissioning and Performance Division

DHW’s Commissioning and Performance Division is responsible for commissioning services, monitoring performance and interacting daily with the LHNs that are responsible for providing day-to-day mental health services.

The services are documented in the SA Health Performance Framework and include details of how the following health entities are expected to operate together in delivering a system of service:

- DHW

- LHNs
- Commission on Excellence and Innovation in Health
- Wellbeing SA (for hospital avoidance programs).

The Chief Psychiatrist

The Chief Psychiatrist is a statutory role and has a dual role with the responsibilities of Director of Mental Health Strategy in DHW. The overall aim of this single person-dual function position is to provide a single point of focus for mental health advice.

The Chief Psychiatrist's statutory functions are prescribed in the *Mental Health Act 2009* and include:

- promoting continuous improvement in the organisation and delivery of mental health services
- monitoring the treatment of voluntary and involuntary patients and the use of restrictive practices
- monitoring the administration of the *Mental Health Act 2009* and the standard of mental health care
- advising the Minister on issues relating to mental health and any concerns about the care or treatment of patients in South Australia.²⁴

Local health networks

The primary service providers of community based and hospital mental health services are the LHNs, general practitioners and private service providers within the broader health network. All providers are aware of their role in the provision of mental health services and they maintain strong relationships with DHW through regular meetings and the provision of service statistics, which form an essential part of the funding model for health services in Australia.

The LHNs are accountable for providing access to mental health services to South Australians, and they work with DHW to identify and address performance concerns. Performance includes ensuring sufficient availability and quality of services.

The LHNs are engaged to provide services on behalf of DHW through a formal service agreement each year, consistent with the requirements of the *Health Care Act 2008* and the National Health Reform Agreement. The service agreement documents the strategic priorities, key services, performance indicators, sources of funding and any other matters on the provision of services by each individual LHN.

Each LHN service agreement covers the full range of health offerings, not just mental health services, and are specific for each health region. It documents expectations of the levels of access to care and the quality of clinical outcomes, as well as the governance, accountability and reporting requirements needed to deliver the range of health services.

²⁴ Office of the Chief Psychiatrist 2021, *About us*, SA Health, Government of South Australia, viewed 10 February 2022, <<https://www.chiefpsychiatrist.sa.gov.au/about-us>>.

Wellbeing SA

Wellbeing SA was established as an attached office under the *Public Sector Act 2009* on 6 January 2020 to lead the cross-government and cross-sector strategies required to rebalance the health and wellbeing system and lead a renewed focus on prevention. It reports directly to the Minister.

Wellbeing SA supports a broad range of health services, including targeted mental health activities focused on suicide prevention and mental health after the bushfires and engaging with the community to support mental health and wellbeing. Important partnerships include:

- providing support to and working collaboratively with the SA Mental Health Commissioners
- supporting the Lived Experience Leadership and Advocacy Network, linking people with lived experience to advocacy and representative opportunities
- supporting international students, the South Australian LGBTQIA+ community and South Australian senior citizens through specialised community advisor groups
- implementing the State Suicide Prevention Plan and developing the next South Australian Suicide Prevention Plan (2022 to 2026)
- supporting statewide suicide prevention networks
- working in partnership with the Mental Health Coalition and DHW to design and support a program of events for Mental Health Month.²⁵

SA Mental Health Commissioners

There are three part-time SA Mental Health Commissioners (total 1.1 FTEs). They are supported by a part-time administrative assistant. Additional administrative support and the budget to deliver their responsibilities is provided by Wellbeing SA.

The SA Mental Health Commissioners' Instrument of Appointment outlines their general responsibilities. It states:

The focus of the Commission is on working in partnership with people with lived experience of mental illness and their families and carers, Wellbeing SA, providers of mental health and related services, SA Government agencies, the NGO sector and state and national mental health bodies to achieve whole of government strategies to support the mental health and wellbeing of the South Australian community.

²⁵ Wellbeing SA 2021, *Supporting mental health and wellbeing*, Government of South Australia, viewed 10 February 2022, <<https://www.wellbeingsa.sa.gov.au/our-work/mental-health-wellbeing/supporting-mental-health-wellbeing>>.

The SA Mental Health Commissioner's role includes implementing the SA Mental Health Strategic Plan 2017–2022.²⁶ In addition, they work in partnership with the Office of the Chief Psychiatrist to implement activities and projects in the SA Mental Health Services Plan 2020–2025.

The SA Mental Health Commissioners are accountable directly to the Minister for performing their functions.

4.1.2 Key mental health service delivery oversight groups

Mental health leadership group (MHLG)

The MHLG is a cross-service, monthly meeting facilitated by the Office of the Chief Psychiatrist and attended by relevant Directors of Mental Health across the LHNs, DHW and a consumer and carer representative.

The MHLG facilitates an operational level of discussion on the delivery of mental health services, sharing insight, knowledge and seeking advice from each other, to improve service delivery across the State. Standing agenda items include an executive report from DHW to the LHNs, examples of lived experiences that are used to inform each other of opportunities for improvement, a status report on the implementation of the SA Mental Health Services Plan 2020–2025 and updates from each of the LHNs on issues, opportunities and progress in service delivery.

Additional topics are discussed as they arise. For example, in 2020-21 significant time was provided in the agendas to discuss the impact of COVID-19 on mental health needs and services (for example, system preparedness, planning and telehealth responses).

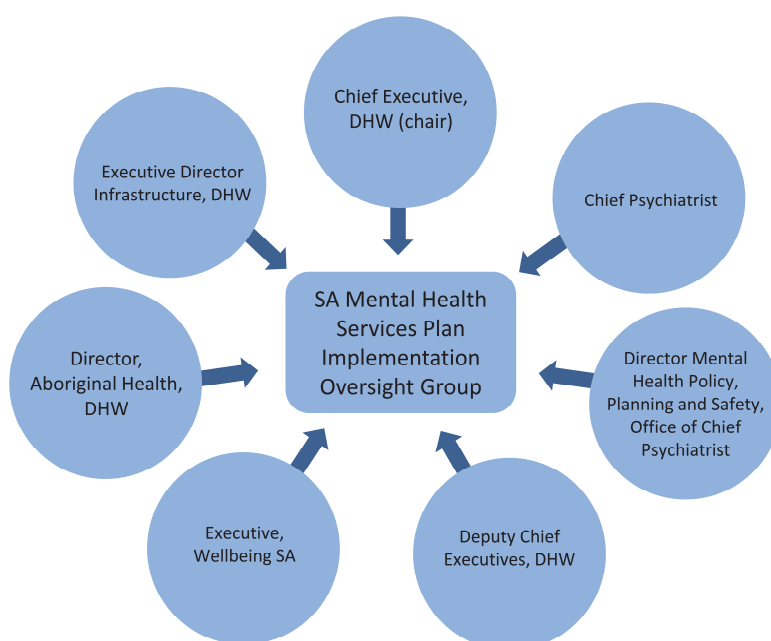
Implementation Oversight Group (IOG)

The Chief Executive, DHW chairs the monthly IOG for the SA Mental Health Services Plan 2020–2025. This forum is facilitated by the Office of the Chief Psychiatrist and is used as a two-way mechanism for reporting on progress and guiding future implementation of the SA Mental Health Services Plan 2020–2025.

It is also responsible for identifying implementation risks and opportunities, and undertaking collaborative discussion on mental health priorities, resource needs, policy, operations and infrastructure. IOG attendance is shown in figure 4.2.

²⁶ SA Mental Health Commission 2021, *Our Role*, Government of South Australia, viewed 10 February 2022, <<https://samentalhealthcommission.com.au/the-commissioners/our-role/>>.

Figure 4.2: IOG attendance



Mental Health Services Plan Implementation Steering Committee

In August 2020, an advisory group was established to provide advice and engagement for the implementation of the SA Mental Health Services Plan 2020–2025. In June 2021, a governance change was implemented to change the advisory group to a Steering Committee. The key responsibility of the Steering Committee is to endorse or amend proposals developed during the implementation process to ensure they align with the goals and objectives of the plan. The membership includes clinical representatives who work in LHNs, Lived Experience representatives, and representatives of Drug and Alcohol Services South Australia, culturally and linguistically diverse community providers, Aboriginal and Torres Strait Islander community engagement and the SA Mental Health Commissioners. The committee in its present form held its first meeting in July 2021 and meets on a monthly basis.

Strategic Mental Health Quality Improvement Committee (SMHQIC)

The purpose of the SMHQIC is to support the Chief Psychiatrist by providing a collaborative and consistent approach across health networks to the planning, implementation, monitoring and review of mental health safety, quality and risk. The membership includes representatives from LHNs, DHW and SA Ambulance Service Inc. The committee meets on a monthly basis. Its work aligns with safety and quality priorities in the plan.

4.2 Audit approach

We reviewed the SA Health Charter of Responsibility, the SA Health Performance Framework, role position statements and the *Mental Health Act 2009* to assess how roles and responsibilities are defined for mental health service delivery.

Through interview we evaluated whether key personnel understood their roles and accountability under these documents and whether they engaged appropriately with each other to fulfil these obligations.

4.3 Findings

4.3.1 The authority for the Instrument of Appointments detailing the role and responsibilities of the SA Mental Health Commissioners was not clear

Recommendation

SA Health should document the authority for the SA Mental Health Commissioners Instrument of Appointment and the process for revising it to reflect changes in circumstances and priorities.

Finding

On 5 December 2019, Governor's proclamations were gazetted that effective 6 January 2020:

- abolished the SA Mental Health Commission
- established Wellbeing SA as an attached office
- a reference to the SAMHC in an Act, a statutory instrument under an Act or any other kind of instrument, or a contract, agreement or other document had the effect as if it were a reference to Wellbeing SA.

In late 2019 the Governor appointed three part-time Mental Health Commissioners of the South Australian Mental Health Commission for three-year terms. One of them subsequently resigned and in June 2021 the Governor appointed a new commissioner for a three-year term commencing 1 July 2021.

The role and responsibilities of the SA Mental Health Commissioners are not specified in the *Mental Health Act 2009* or any other legislation. Rather, they are documented in a number of documents including:

- Instrument of Appointments
- Commissioner role statements
- the draft charter between Wellbeing SA and the SA Mental Health Commissioners.

We were advised that the Instrument of Appointment was the mechanism for instructing the Commissioners of their obligations.

We found that the Instrument of Appointment documents for each Commissioner were signed to evidence their acceptance of their role and responsibilities. We were advised that these documents were provided to the Commissioners at the time they accepted their appointment.

We were unable to establish the authority for the Instrument of Appointment as it was not specifically referred to in the Governor's appointment and we could not be provided with documentation identifying the specific authority for issuing the instruments. For instance, it was not clear whether the instrument was a statutory instrument made under an Act or was established under some other authoritative arrangement or mechanism.

DHW response

DHW will work with Wellbeing SA to take action to address the authority of the instrument of appointment. Longer term resolutions will be informed by the Mental Health Act Review.

SA Mental Health Commissioners response

The draft charter has yet to be completed. Wellbeing SA has explored an initial scope document (ie the draft charter) but the Commissioners have yet to be consulted on it.

The legal framework of the Instrument of Appointment requires confirmation.

Wellbeing SA response

The Instrument of Appointment was approved by the then Minister following Cabinet approval and Gazettal of the appointment of the three part-time Commissioners. Wellbeing SA implemented the Commissioner role in line with then SA Government and Minister's instructions. The review of the *Mental Health Act 2009* provides an opportunity to explore the Commissioner's role and document the legal framework to support the Commissioner's functions and update the Instrument of Appointment. The draft charter will be finalised in line with this review.

4.3.2 Anomalies with the Instrument of Appointment detailing the role and responsibilities of the SA Mental Health Commissioners

Recommendation

SA Mental Health Commissioners and Wellbeing SA should review and update the wording of the Instrument of Appointment to reflect the fact that the SAMHC was abolished in January 2020.

SA Mental Health Commissioners and Wellbeing SA should also review the implications (if any) of the Governor's proclamation stating that a reference to the SAMHC in an Act, a statutory instrument under an Act or any other kind of instrument, or a contract, agreement or other document will have effect as if it were a reference to Wellbeing SA.

Finding

The SA Mental Health Commissioner Instrument of Appointment states:

The Commissioner will report and be responsible to the Minister for Health and Wellbeing ('the Minister') for the performance of the functions of the

Commissioner as set out in Appendix A and will comply with all lawful and reasonable directions issued by the Minister, or any person with delegated authority of the Minister ('the Minister's delegate').

Appendix A states:

*The Mental Health Commissioner ('the Commissioner') is responsible, along with any other person(s) appointed as Commissioner to the South Australian Mental Health Commission ('the Commission') under section 68 of the Constitution Act 1934, to undertake the objects and functions of the **Commission**. The focus of the Commission is on working in partnership with people with lived experience of mental illness and their families and carers, Wellbeing SA, providers of mental health and related services, SA Government agencies, the NGO sector and state and national mental health bodies to achieve whole of government.*

Appendix A of the Instrument of Appointment states that the Commissioners are responsible for undertaking the objectives and functions of 'the Commission', notwithstanding that the SAMHC was abolished on 6 January 2020.

We also noted that in December 2019 the Governor proclaimed that, effective 6 January 2020, a reference to the SAMHC in an Act, a statutory instrument under an Act or any other kind of instrument, or a contract, agreement or other document will have effect as if it was a reference to Wellbeing SA. The impact of this proclamation on the Instrument of Appointment in terms of the roles and responsibilities of the Commissioners is unclear.

These anomalies can cause uncertainty about the role, responsibilities and obligations of the SA Mental Health Commissioners and Wellbeing SA.

SA Mental Health Commissioners response

The recommendation is supported. The Commission notes that there was no transition plan for the Mental Health Commissioner roles as part of the transition from the previous SAMHC, which has left variables in the interpretation of roles and functions and the implementation of appropriate supports and resources that were accessible for all.

Wellbeing SA response

The review of the *Mental Health Act 2009* provides an opportunity to explore the Commissioner's role and document the legal framework to support the Commissioner's functions and update the Instrument of Appointment.

4.3.3 The administrative arrangements in place to allow the SA Mental Health Commissioners to carry out their role and functions are not clear

Recommendation

The SA Mental Health Commissioners, DHW and Wellbeing SA should:

- work together to establish an administrative framework describing the arrangements in place to enable the SA Mental Health Commissioners to perform their functions
- consider the outcomes of the independent review of the *Mental Health Act 2009* once it is completed in February 2023, and update the framework and arrangements with the SA Mental Health Commissioners as required.

Wellbeing SA and the SA Mental Health Commissioners should finalise the charter as soon as practical.

Finding

Effective 6 January 2020 the staff and related administrative resources of the former SAMHC were transferred to Wellbeing SA.

The Instrument of Appointment states that the SA Mental Health Commissioners are responsible to the Minister for performing their functions. It also states that Wellbeing SA will provide a secretariat function and administrative support to the SA Mental Health Commissioners.

The draft charter between Wellbeing SA and the SA Mental Health Commissioners outlines the responsibilities of both parties. However, the charter has yet to be agreed and signed. We were advised that it is in the process of being finalised, with legal advice being sought.

Further, we found that the administrative arrangements in place to enable the Commissioners to carry out their role and functions were not clear. We found that there was no administrative framework detailing:

- funding arrangements, including specific budget and resource allocations
- expenditure/contracting authority
- agreed decision-making mechanisms
- the management of ministerial directions
- administrative and reporting arrangements.

The SA Mental Health Commissioners confirmed with us that they report directly to the Minister and receive operational support from Wellbeing SA as their host agency. They also advised that the current arrangement has made it difficult to effectively carry out their functions, including:

- managing the delivery of the SA Mental Health Strategic Plan 2017–2022
- engaging with the community and conducting research into mental health needs across South Australia.

This increases the risk that the identified strategies to improve access to mental health services are not realised, resulting in not providing the public the right care at the right time.

We note that the South Australian Law Reform Institute has been asked to conduct an independent legislative review of the *Mental Health Act 2009* and that one of the terms of reference is to consider whether the role of the SA Mental Health Commissioners should become statutory under the Act. A final report is due to be finalised in February 2023.

DHW response

DHW will work with the Commissioners and Wellbeing SA, to address the administrative framework in the short term and in the medium term a solution will be subject to the Mental Health Act review.

SA Mental Health Commissioners response

There is an opportunity to explore a wider focus for the legislation framework to support embedding the SA Mental Health Commissioners' role within the whole mental health system. The review of the *Mental Health Act 2009* would be an appropriate starting place, but a specific Mental Health Commission Act similar to interstate jurisdictions could also be explored.

Wellbeing SA response

The review of the *Mental Health Act 2009* provides an opportunity to explore the Commissioner's role and document the legal framework to support the Commissioner's functions and update the Commissioner's Instrument of Appointment to provide further clarity. The draft charter will be finalised in line with this review.

5 Planning for access to mental health services

What we found

Three key planning documents have been developed for the provision of mental health services in South Australia. They are the SA Mental Health Strategic Plan 2017–2022, the SA Mental Health Services Plan and the SA Health and Wellbeing Strategy 2020–2025.

We found that:

- the outcome statements, in particular the measures of success criteria, in the mental health services plan do not provide sufficient information or targets to indicate what success will look like
- the plans do not describe the current the level of services that DHW can provide (capacity), the mental health services that are required (demand) and strategies to address the gap between them
- the strategies and plans are not funded from the outset and not supported by implementation plans
- the strategies and plans are not updated over their life.

We also found there is a need to conduct a close out review of the SA Mental Health Strategic Plan 2017–2022 and develop a new strategic plan for mental health services beyond 2022.

What we recommended

DHW should:

- review and update the measures of success in the SA Mental Health Services Plan 2020–2025 to include specific detail on the required individual plan outcomes
- review and update the existing mental health plans to describe the level of services that can be provided, the demand and strategies to address identified gaps between capacity and demand for services
- develop annual implementation plans that identify the funding and approach to deliver projects for the SA Mental Health Services Plan 2020–2025 and SA Health and Wellbeing Strategy 2020–2025
- revise its strategies and plans for changes in the health and wellbeing environment.

The SA Mental Health Commissioners should work with DHW and relevant stakeholders to do a close out review on the SA Mental Health Strategic Plan 2017–2022 and develop a new strategic plan for mental health services beyond 2022.

5.1 Introduction

Planning is a fundamental task that informs decision making. It involves understanding the challenge, considering the options and documenting the activities that will be undertaken. As such, it is both a key governance process and a reference document to help assess progress on commitments. Planning also:

- establishes direction
- highlights and helps to address risk
- encourages innovation and taking opportunities
- reduces duplication and wasteful activities
- improves decision making.

Nationally, policy and strategic planning activities for mental health have had an increased focus over recent years. National policy and plans include the:

- National Mental Health Policy
- Fifth National Mental Health and Suicide Prevention Plan
- National Children’s Mental Health and Wellbeing Strategy
- Vision 2030 for Mental Health and Suicide Prevention
- National Mental Health and Wellbeing Pandemic Response Plan
- National Mental Health Workforce Plan.

In South Australia, the following strategies and plans for mental health services have been released in the past five years:

- South Australian Mental Health Strategic Plan 2017–2022
- South Australian Mental Health Services Plan 2020–2025
- South Australian Health and Wellbeing Strategy 2020–2025.

In the past eight years there have been multiple reviews covering various parts of mental health services, including the:

- Review of the South Australian stepped system of Mental Health care and capacity to respond to emergency demand (2013)
- Review of the South Australian Forensic Mental Health Service (2015)
- Review of the Oakden Older Persons Mental Health Service (2017)
- Review of Mental Health Governance in South Australia (2018).

In addition, the Transforming Health program of the then Labor government initiated in 2014, sought to redesign community mental health services and provided \$15 million to develop the new veterans’ mental health precinct at Glenside (the Jamie Larcombe Centre) to accommodate services previously provided by Ward 17 of the Repatriation General Hospital.

In 2020 DHW introduced a South Australia-specific response plan to COVID-19, in line with the national response to mental health for the pandemic. The response plan started in mid-2020 and was updated in mid-2021 for new variants and increases in pandemic activity in Australia.

Figure 5.1 provides an overview of the key mental health plans.

Figure 5.1: Mental health plans



5.1.1 The South Australian Mental Health Strategic Plan 2017–2022

The former SAMHC developed the South Australian Mental Health Strategic Plan 2017–2022, released by the SA Government in December 2017.

The former SAMHC consulted broadly in developing the plan and considered the national focus areas included in the Fifth National Mental Health and Suicide Prevention Plan.

The plan has three core strategies and seven strategic directions that are broadly consistent with the Fifth National Mental Health and Suicide Prevention Plan. They are detailed in Appendix A.

5.1.2 The South Australia Mental Health Services Plan 2020–2025

The main plan for the delivery of mental health services in South Australia is the SA Mental Health Services Plan 2020–2025 that was released on 2 November 2019.

The plan acknowledges that changes are occurring in the provision of mental health services, including that the mental health system in South Australia is ‘a patchwork of success and areas of failure’. It was developed after the 2017 Oakden report and has adopted the report’s recommendations.

The plan describes the need for DHW to become a safe steward of the State’s investment in mental health services (direct costs of over \$400 million in 2020).

The plan was developed based on:

- knowledge gained during the consultation for the SA Mental Health Strategic Plan 2017–2022
- the National Mental Health Service Planning Framework

- workforce considerations
- infrastructure and service availability
- analysis of the mental health service plan equivalents in each state around Australia, to identify a better practice services approach
- community consultation facilitated by the former SAMHC in November 2018 and December 2018
- practitioner and professional service consultation in January 2019.

Appendix B provides a summary of the SA Mental Health Services Plan 2020–2025 including key priorities and identified outcomes.

5.1.3 The South Australian Health and Wellbeing Strategy 2020–2025

The SA Health and Wellbeing Strategy 2020–2025 was developed as a guide for positioning the South Australian health system overall, not just those areas associated with mental health. The vision of the strategy is ‘South Australians experience the best health in Australia’.

The strategy’s focus is across different demographic sectors of the community (such as age, population, geography and culture) as well as key risk factors and chronic disease.

Mental health is considered a chronic disease and is recognised in the strategy. The demographics indicate that mental health is one of the larger chronic diseases in Australia.

While the strategy does not directly address mental health services, its goals promote access to health services and are consistent with the SA Mental Health Strategic Plan 2017–2022 and the SA Mental Health Services Plan 2020–2025.

The strategy’s summary framework is provided in Appendix C.

5.2 Audit approach

We assessed the plans used by DHW for the provision of mental health services. We reviewed key documents and interviewed key individuals to assess how DHW intended to provide access to mental health services and maintain or supplement the plans over time.

5.3 Findings

5.3.1 The mental health services plan measures of success are not sufficiently detailed to enable evaluation

Recommendation

DHW should review and update the measures of success in the SA Mental Health Service Plan 2020–2025 to include explicit detail on the required individual plan outcomes.

Finding

Our review of the outcome statements and measures of success criteria in the SA Mental Health Services Plan 2020–2025 found that they do not provide sufficient information to indicate what success will look like. For example, measures of success are written as ‘the proportion of ...’, ‘a reduction in ...’ or ‘increased access to ...’. However, these do not provide an indication of change in the level of outcome and do not provide a specific target.

We note that in comparing other mental health plans across jurisdictions, most state health bodies do not commit to a numeric target for improvement and instead use statements such as ‘improve’, ‘reduce’ etc.

The Productivity Commission in its recommendations calls for Commonwealth, State and Territory Governments to agree on a set of targets that specify key mental health and suicide prevention outcomes that Australia should achieve over a defined period of time. The recommendations also state that they should ensure these targets are relevant and fit-for-purpose, and include both quantitative and qualitative evidence and data. The Productivity Commission also requires governments to publish these targets and an explanation of how they were set and how they will be monitored and reported.²⁷

These recommendations were adopted by the Commonwealth and states in the National Mental Health and Suicide Prevention Agreement, signed by the Treasurer of South Australia in February 2022, which contains priority data and indicators for development during the 10-year life of the agreement. However, we note the agreement does not establish the numeric targets, which are still to be developed and agreed by the parties.²⁸

The SA Mental Health Services Plan 2020–2025 identifies eleven outcomes for success, including a range of statements on the provision of services to different sectors of the community, such as families, perinatal, infants, children, young people, older people and First Nations people. Each outcome statement documents the key elements to achieve the outcome, how the outcome will be achieved and the measures of success.

DHW advised us that in developing the SA Mental Health Services Plan 2020–2025 it used high-level outcome statements as most of the plan’s projects were unfunded at the time of preparing it. Each project required an approved business case to determine the project deliverables and funding. As a result, DHW advised us that it was not specific in its plan as the number of projects to be funded, their timing and size were not known at the plan’s release.

Where outcomes are not defined with sufficient detail in the plan it is difficult to assess the achievement of the plan’s objectives.

DHW response

DHW will update the plan in line with this audit recommendation. The

²⁷ Productivity Commission 2020, *Productivity Commission Inquiry Report into Mental Health– Actions and Findings*, Australian Government, Canberra, No 95, 30 June 2020, p 69, action 24.4.

²⁸ Council on Federal Financial Relations 2022, *National Mental Health and Suicide Prevention Agreement*, Annex B: Priority data and indicators for development, Australian Government, Canberra.

development of targets and outcome indicators will be iterative and supported by work to implement the National Agreement as described above.

5.3.2 Mental health plans do not describe current capacity or demand for mental health services

Recommendation

DHW should consult with relevant parties including the Chief Psychiatrist, the Mental Health Commissioners and Wellbeing SA and review and update the existing mental health plans to describe details of the level of services that can be delivered (capacity), the demand for mental health services (across geographic and at-risk groups) and targeted strategies to address the gap between them.

Finding

We found that DHW's mental health plans do not detail the volume of services that it is able to provide to people in need or at-risk groups, other than a high-level number of mental health hospital bed nights and numbers of community contacts. Also, when describing optimal services they only detail the levels of resources required to deliver this not details of actual services. We are aware that DHW can present both current data as well as the optimal mix and levels of services based on the National Mental Health Services Planning Framework, and we consider that this should be done.

There is no stated number of patient services that can be delivered, and the available data does not include the number of services by geography or at-risk group. This represents a lack of information on DHW's capacity to provide mental health services.

In addition, DHW does not have a view of the potential need for mental health services. It estimates the volume of services it can afford through budgetary measures, but does not have a clear view of the number of bed nights, consultation hours or other services by at-risk group or geographic region that are needed.

DHW has in previous years undertaken analysis of the unmet demand, which is the gap between services required and services available. The last assessment was done in 2020, with the 2021 assessment planned but not completed due to changes in the framework being used to assess against the National Mental Health Services Planning Framework. DHW is currently undertaking a specific exercise on the unmet need for mental health NGO services, which should be complete in mid-2022.

We noted that DHW has recently started using data to undertake scenario modelling on demand and capacity to identify the level of services required and any service gaps. An example of this is Psychiatric Intensive Care Unit beds. Notwithstanding, there remain significant areas where DHW does not have a full understanding of the capacity and demand for mental health services.

A lack of understanding of the supply and demand equation for mental health services increases the risk of shortfalls in services for at-risk groups, in geographic regions or across the whole system.

DHW response

DHW will implement this recommendation when updating the plan.

5.3.3 Mental health strategies and plans are not funded

Recommendation

DHW should develop annual implementation plans (or similar) that identify the funding and approach to deliver projects for the SA Mental Health Services Plan 2020–2025 and SA Health and Wellbeing Strategy 2020–2025.

Finding

We found that the SA Mental Health Services Plan 2020–2025 and SA Health and Wellbeing Strategy 2020–2025 are unfunded. Our review of them noted that they outlined the vision, goals and key initiatives, but did not detail how the initiatives are to be achieved or the funding allocated or available to deliver the initiatives/program of works.

The Chief Psychiatrist advised us that while there was in-principle support for the priorities in the plan, individual initiatives still required a funding bid. It is our view that targets cannot be established until the details of the funding and business case are agreed.

DHW response

DHW will prepare implementation plans as recommended. Targets for the funded components of the plan will be incorporated into the implementation plan.

5.3.4 Mental health strategies and plans are not updated over their life

Recommendation

DHW should regularly assess and update the SA Mental Health Services Plan 2020–2025 and SA Health and Wellbeing Strategy 2020–2025 for changes in the health and wellbeing environment and for any new SA Government initiatives and priorities.

Finding

We found that mental health strategies and plans are not updated over their life. As a result, they are not updated for new initiatives and changes in government priorities (like increases in funding) that occur from time to time.

The mental health plans were released in 2017 (SA Mental Health Strategic Plan 2017–2022) and 2020 (SA Mental Health Services Plan 2020–2025 and the SA Health and Wellbeing Strategy 2020–2025) based on the health and wellbeing environment and priorities at those times. Since then there have been changes in the health and wellbeing environment impacting mental health, including COVID-19. However, while there is evidence that mental health planning and actions have considered the responses to these changes, the mental health plans have not been reviewed to confirm that the existing strategies and initiatives are still

relevant and identify any additional strategies and initiatives needed to respond to the changing environment.

In May 2020 the National Mental Health and Wellbeing Pandemic Response Plan was released by the Commonwealth Government. DHW implemented the actions outlined in this plan and the Office of the Chief Psychiatrist prepared a report in August 2021 on the initiatives undertaken for this plan. However, we found that DHW has not reviewed and updated its mental health plans, including initiatives and strategies, to reflect the existence and impacts of the pandemic.

Where mental health strategies and plans are not reviewed and updated to reflect changes in the health and wellbeing environment there is increased risk of resources not being directed to areas of most need.

DHW response

This recommendation is accepted. An update to the plan will be prepared.

5.3.5 No close out review of the current mental health strategic plan to inform the next strategic plan

Recommendation

The SA Mental Health Commissioners and the Chief Psychiatrist should work with DHW to complete a close out review of the SA Mental Health Strategic Plan 2017–2022. The outcomes from this review should inform the development of the next mental health strategic plan.

Finding

The SA Mental Health Strategic Plan 2017–2022 is due to finish in 2022. The SA Mental Health Commissioners and the Office of the Chief Psychiatrist, as co-leaders in the implementation of the plan, are yet to undertake a close out review of this plan.

It is good practice to conduct a close out review of strategies and plans to:

- inform the development of the subsequent strategy or plan, including activities and initiatives that need to be carried forward into the new strategy or plan
- identify strategies and initiatives that worked well and those that did not
- provide transparency and accountability by assessing whether the outcomes identified in the strategy or plan were achieved.

Failure to undertake a close out review of a strategy or plan increases the risk that any subsequent plan will not be well designed and targeted.

DHW response

The recommendation is supported.

SA Mental Health Commissioners response

The recommendation is supported.

5.3.6 Need to develop a strategic plan for mental health services beyond 2022

Recommendation

The SA Mental Health Commissioners should work with the Chief Psychiatrist and DHW to develop a new strategic plan for mental health services. In doing this consideration should be given to the outcomes from the close out review of the current mental health strategic plan and other existing plans.

Finding

We found that the SA Mental Health Commissioners had yet to start developing a new strategic plan for mental health for South Australia, with the current strategic plan due to finish in 2022.

The SA Mental Health Commissioners advised us that there have been a number of factors that have impacted their capacity to develop a new strategic plan, including a lack of resources.

A mental health strategic plan is important as it establishes the vision, core strategies and strategic direction for how the State is going manage mental health across the full population. Without a current and up-to-date strategic plan there is an increased risk that mental health services and activities delivered are not consistent with State and community's current priorities and expectations of how mental health should be managed.

We note that there are multiple plans and strategies in South Australia for mental health, wellbeing and suicide prevention. The development of a new plan should consider the existing plans and ensure consistency, limited overlap and effective reporting.

DHW response

This recommendation is supported. The Office of the Chief Psychiatrist will work with the Commissioners on this plan.

SA Mental Health Commissioners response

The recommendation is supported. It should be noted that the Commissioners are not co-leaders of the mental health services plan as this sits with the Office of the Chief Psychiatrist. Also, they are members of the Mental Health Services Plan Implementation Steering Committee and not the Implementation Oversight Group.

6 Monitoring and evaluation of access to mental health services

What we found

We found that:

- a framework to monitor, evaluate and report on initiatives in the SA Mental Health Strategic Plan 2017–2022 had not been developed. Since the SAMHC was abolished in January 2020, some limited reporting has been included in the Wellbeing SA annual report. However this reporting does not provide timely reporting to stakeholders on the implementation of the plan
- evaluation tools and outcome measures for the SA Mental Health Services Plan 2020–2025 and SA Health and Wellbeing Strategy 2020–2025 have yet to be established. At the time of our audit DHW was developing outcome measures
- DHW’s processes to capture and analyse data on mental health services are manual and lack automated tools, and controls over datasets provided by public and private providers are not effective
- performance targets have not been established for key areas of access to mental health services
- indicators currently used by DHW to monitor, evaluate and report on mental health services are not forward looking or lead indicators and cannot predict trends and highlight issues/needs ahead of or at the time of events
- KPIs to monitor implementing and delivering projects in the SA Mental Health Services Plan 2020–2025 have not been established
- while DHW obtains mental health service data from NGO service providers, it does not understand what the data is, how it relates to the delivery of services and whether it has all the data needed to effectively manage mental health services.

We also found performance targets for delivering mental health services in emergency departments are not being achieved.

What we recommended

DHW should:

- develop and implement a strategy to improve processes to collect, analyse and report on mental health service data, including automating reporting
- finalise monitoring and evaluation processes, including outcome measures, for the SA Mental Health Services Plan 2020–2025 and the SA Health and Wellbeing Strategy 2020–2025 and ensure they are developed for future mental health plans as part of the development of the plan

- establish performance targets for all indicators of mental health services and monitor performance against these targets
- develop and implement leading/forward-looking indicators for mental health services
- develop KPIs to monitor the implementation and delivery of projects in the SA Mental Health Services Plan 2020–2025
- identify the service data needed from NGO service providers to effectively manage mental health services in South Australia and implement a reliable process to obtain this data.

DHW should also investigate why it is not achieving its performance targets for delivering mental health services in emergency departments and implement strategies to improve performance.

The SA Mental Health Commissioners should develop and implement a process to monitor, evaluate and report on the initiatives for the SA Mental Health Strategic Plan 2017–2022 and any future strategic plans.

6.1 Introduction

6.1.1 Monitoring and evaluation

Monitoring and evaluation is the process of establishing criteria (for example, measures) to evaluate the success of programs of work. It enables users of reporting to make relevant changes to improve plans, demonstrate accountability for their decisions and learn more about the subject matter to inform future activities.

The two key components of program monitoring and evaluation are summarised in figure 6.1.

Figure 6.1: Monitoring and evaluation



Continuous assessment to provide stakeholders with detailed information on a plan's progress, status or issues.

This information should be provided early in the strategic design, as it is generally associated with implementing the initiatives of a plan.



A process of systematically measuring the outcome of the objectives of a plan, that shows the value or significance of each of the component parts.

This helps to make decisions on future investment and enables changes to be made to improve outcomes and decisions on where and when to continue investing in the activities.

In developing programs and plans it is best practice to develop the monitoring and evaluation framework before completing the strategy design. This enables program baseline indicators to be established, which helps to align program delivery activities to broader program outcomes. It also enables the organisation to ensure that the measures used to monitor the plan are specific, achievable and realistic.

6.1.2 National monitoring of health services delivery

The combined health system in Australia involves the Commonwealth Government from a funding and strategy setting perspective, state and territory governments for planning and supervision and the delivery of services by LHNs or PHNs, together with private facilities, NGOs and charity/NFP businesses.

This system has formal statistical collection processes through the capture of statistical data at a national level by the Australian Institute of Health and Welfare (AIHW) and through the capture of hospital funding data by the Independent Hospital Pricing Authority.

In South Australia, service providers (for example, the LHNs and NGOs) collect and report service data to DHW through its Commissioning and Performance Division and the Office of the Chief Psychiatrist. Once the data has been analysed and formatted for reporting it is provided to the AIHW and the Independent Hospital Pricing Authority.

6.1.3 Monitoring local health network service performance

LHN service agreements are formal agreements developed between the DHW Commissioning and Performance Division and the LHNs each year. DHW collects data on mental health indicators as part of these agreements. Figure 6.2 details the indicators.

Figure 6.2: Mental health indicators currently used in DHW²⁹

Average length of stay:	7-day pre-admission contact rate
<ul style="list-style-type: none"> • acute • intermediate care centres • non-acute • residential 	
28-day re-admission rate	Post-discharge 7-day follow up
Length of stay over 35 days	Community contacts
Emergency department visit time (hours)	Legal order compliance
Emergency department waiting time for admission	Your Experience of Service surveys (consumer measure of their impressions of the care they are provided)
Referral Source > Residential Older Persons Mental Health Services Occupancy	

²⁹ Department for Health and Wellbeing 2020, *South Australian Mental Health Services Plan 2020–2025*, DHW, Government of South Australia, p. 24.

The service utilisation data reported to DHW by service providers is used by the Commissioning and Performance Division to evaluate contractual obligations and the Office of the Chief Psychiatrist to monitor and evaluate delivery of mental health services.

DHW also reports weekly the number of patient interactions across a range of services through the Mental Health Dashboard for a subset of services, including:

- emergency treatments
- community contacts (face to face, telephone and video)
- COVID-19 related mental health service interactions
- calls with some NGO services (for example, Beyond Blue).

6.2 Audit approach

We assessed whether SA Health was effectively monitoring and evaluating the access to mental health services. This included assessing the methods it used to collect, analyse, report and monitor the data across the delivery of mental health services defined in the various mental health and wellbeing plans it uses.

6.3 Findings

6.3.1 Monitoring and evaluation processes not established for the mental health services plan and the health and wellbeing strategy

Recommendation

DHW should:

- finalise the monitoring and evaluation processes being developed for the SA Mental Health Services Plan 2020–2025 and the SA Health and Wellbeing Strategy 2020–2025
- ensure that monitoring and evaluation processes are developed as part of developing any future mental health plans.

Finding

Processes to monitor and evaluate the implementation of the SA Mental Health Services Plan 2020–2025 and the SA Health and Wellbeing Strategy 2020–2025 are yet to be finalised and implemented.

DHW advised us that:

- monitoring and evaluation activities for the mental health services plan are developed as and when the individual projects and initiatives in the plan are funded and implemented. However, it has just started activities to develop processes to monitor and evaluate the implementation of the whole plan
- it is in the early stages of developing monitoring and evaluation processes for the health and wellbeing strategy.

As a result, while existing data sets are being used to monitor progress in implementing these plans, monitoring activities are not targeted for each plan or strategy goal. Further, there is no set of meaningful information (baseline data) to enable comparison to data received afterwards to measure the effect of change (ie outcomes achieved) from implementing the plans.

Our audit identified that DHW has a large volume of data that it uses to monitor the delivery of services and that, for some funded projects, outcome measures and indicators exist. For other projects, indicators were not yet identified and the data sources were not documented at the time of our audit. The absence of baseline data prevents meaningful comparison between pre- and post-project events that would enable the success of the project and the effect of change as a result of implementing the project(s) to be measured.

We also noted the status update for the SA Mental Health Services Plan 2020–2025 released in September 2021 identified six key priorities for future years:

- community alternatives – timely access to community based care earlier in the course of illness and earlier in an episode
- human rights – ensuring human rights are respected, protected and fulfilled, with a reduction in coercion
- peer workforce – peer workers will be incorporated as an integral component of mental health service delivery
- effective suicide prevention – commitment to a Towards Zero Suicide initiative in our tertiary mental health services
- access to therapies – providing greater access to a range of evidence-based therapies
- equity of access to services – ensuring people in South Australia have equitable access to services wherever they live, including people in rural and remote communities.

These initiatives from the plan have been prioritised in the update, mostly without monitoring and evaluation criteria to assess their impact and implementation.

While DHW has established KPIs to monitor and evaluate LHNs' delivery of health services in the LHN service agreements, these KPIs do not extend to monitoring and evaluating the implementation of the various mental health plans and strategies.

An absence of effective monitoring and evaluation processes and criteria limits DHW's ability to assess:

- how the plans have affected change
- the effectiveness of individual strategies and activities in the plans.

DHW response

Recommendations accepted. This will be incorporated into the updated Mental Health Services Plan, and this work will inform the mental health components of the SA Health and Wellbeing Strategy.

6.3.2 Outcome measures yet to be established for the mental health services plan and health and wellbeing strategy

Recommendation

DHW should finalise measures to assess its performance in achieving the intended outcomes of the SA Mental Health Services Plan 2020–2025 and the SA Health and Wellbeing Strategy 2020–2025 and implement processes to monitor and evaluate its performance against these outcome measures.

Finding

DHW has not established performance measures to assess the outcomes achieved, including improved access to mental health services, from implementing the initiatives and activities in the SA Mental Health Services Plan 2020–2025 and the SA Health and Wellbeing Strategy 2020–2025.

The performance measures DHW currently uses are largely output focused, measuring how many people accessed the system, where they accessed it and how long they remained in it.

Outcome measures are a more appropriate indicator to assess the effectiveness of a plan as they measure the value and impact achieved from implementing it.

DHW is currently developing outcome measures for the SA Mental Health Services Plan 2020–2025.

DHW response

Recommendations accepted. Indicators for individual projects will be reviewed along with the overall systems indicators and targets. The utility of current indicators and targets (described in Appendix 3 on the plan) will also be removed in this process.

6.3.3 No monitoring, evaluating and reporting on progress of initiatives in the mental health strategic plan

Recommendation

The SA Mental Health Commissioners should develop and implement a process to monitor, evaluate and report on the initiatives for the SA Mental Health Strategic Plan 2017–2022 and any future strategic plans.

Finding

We found that the SA Mental Health Commissioners had not developed a framework to monitor and report on progress of initiatives in the SA Mental Health Strategic Plan 2017–2022. Further, we found there has been:

- no regular and timely monitoring and reporting on initiatives in the strategic plan since the SAMHC was disbanded in January 2020
- no evaluation of the impact of the initiatives in the strategic plan on the accessibility of mental health services.

The mental health strategic plan stated that the former SAMHC was to establish, with key stakeholders, a transparent monitoring, evaluation and reporting framework for the implementation and operationalisation of the plan. It also stated that reporting should be regular, easily accessible on the SAMHC's website and included in its annual reports.

The SA Mental Health Commissioners advised us that they do not have the resources to monitor, evaluate and report on initiatives in the strategic plan. There has been some limited reporting on progress in Wellbeing SA's 2020 and 2021 annual reports. However, this reporting does not provide timely reporting to stakeholders on the implementation and operationalisation of the plan, including any risks and issues.

Without an effective framework to monitor, evaluate and report on initiatives in the SA Mental Health Strategic Plan 2017–2022, issues affecting their implementation may not be identified and addressed. This increases the risk that:

- initiatives in the strategic plan, including those designed to improve the accessibility of mental health services, may not be implemented effectively
- the key objectives and goals of the strategic plan are not achieved.

SA Mental Health Commissioners response

The SA Mental Health Commissioners support the opportunity to review the strategic plan, as its three core strategies and seven strategic directions remain relevant to the future mental health and wellbeing of South Australia. Also, we should be exploring the how to progress this further across multi-strategy platforms.

6.3.4 Collection and analysis of mental health service data is manual

Recommendation

DHW should develop and implement a strategy to improve processes to collect, analyse and report on mental health service data. The strategy should consider opportunities to automate the importing, collating and analysis of data, and the controls required to ensure the accuracy and completeness of datasets provided by public and NGO providers.

Finding

We found that DHW's processes to capture data on mental health services are largely manual and involve several data transfer processes and the manual importing, collating and analysing of data using spreadsheets. We also found that while DHW has established processes to obtain data in the correct format, it has not established effective controls over datasets provided by public and private providers.

Collecting and processing mental health services data manually raises risks and issues, including:

- the increased risk of processing errors
- increased costs for the additional resources required for manual collection and processing
- reduced timeliness due to the time required to manually collate and analyse the data
- limitations on the extent of analysis and reporting on the data that is possible.

DHW advised us that there are inherent difficulties in collating data across the various public and private providers in South Australia as they use differing and disparate systems.

To improve DHW's capture, analysis and reporting of mental health services data SA Health has engaged a data scientist. DHW expects the data scientist's work will help improve the timeliness and accuracy of the analysis undertaken for mental health service delivery.

DHW response

This recommendation is supported. At the time of receiving this report, the monthly Safety and Quality report, which was a large paper report, has been reviewed, indicators updated and is now presented in interactive format that enables exploration and comparison of the data. This approach will extend to other areas of performance reports.

6.3.5 No established forward-looking indicators for mental health services

Recommendation

DHW should develop and implement forward-looking indicators for mental health services to enable it to predict, react and respond timely to changes in mental health service requirements.

Finding

We found that the indicators DHW currently uses to monitor, evaluate and report on access to mental health services are not forward-looking or lead indicators. They are not able to predict trends and highlight issues and needs ahead or at the time of events.

DHW advised us that there is a body of work being undertaken to develop forward-looking indicators. Forward-looking indicators are critical as they will help to identify issues and needs promptly, enabling more timely improvement of mental health services.

DHW response

This recommendation is accepted. Lead indications for each service area will be identified, alongside data work to respond to recommendations 5.3.1.

6.3.6 Mental health services plan project key performance indicators not developed

Recommendation

DHW should:

- in developing its annual implementation plan for the SA Mental Health Services Plan 2020–2025 (see section 5.3.3), establish KPIs to monitor the implementation and delivery of projects in the plan
- implement a process to monitor project performance against the KPIs.

Finding

We found that DHW has not established KPIs to monitor the implementation and delivery for all projects in the SA Mental Health Services Plan 2020–2025.

There were 14 projects underway to deliver against the outcomes in the plan. While KPIs have been developed for some of these projects, they were not developed for the unfunded projects and for some of the funded projects in the plan. We also found that the KPIs that had been established were not developed before the project started.

Where KPIs are not developed before starting a project there is increased risk that project objectives will not be achieved, adversely affecting the delivery of mental health services.

DHW response

These recommendations will be incorporated into the implementation plan. An associated action will be used to supplement and expand on existing performance indicators that are currently used for NGO contracts and LHN service agreements.

6.3.7 Performance targets for delivering mental health services in emergency departments not achieved

Recommendation

DHW should:

- further investigate why it is not achieving its performance targets for delivering mental health services in emergency departments
- develop and implement strategies to address the reasons why it is not meeting these performance targets.

Finding

We found that DHW was not achieving its performance targets for delivering mental health services in emergency departments. This is a key area of access to mental health services.

DHW has established nine indicators with defined performance targets to assess the length of time people are waiting to access mental health services in emergency departments. Figure 6.2 shows DHW’s performance in 2021-22 against its performance targets.

Figure 6.2: Delivery of mental health services in emergency departments performance (year to May 2022)

Indicator	Performance target	2021-22 year to May 2022 performance	2020-21 year to May 2021 performance
Emergency department visit time	six hours	10.3 hours	9.5 hours
Emergency department % less than or equal to four hours	90%	37%	40%
Emergency department % less than or equal to eight hours	95%	63%	66%
Emergency department % less than or equal to 16 hours	100%	81%	83%
Emergency department % less than or equal to 24 hours	100%	91%	92%

Source: Executive Mental Health Reporting dashboard – May 2022.

Failing to achieve these performance targets increases the risk that patients with mental health illness are not provided necessary mental health services when needed, resulting in poor health outcomes.

DHW response

Recommendation accepted. It should be noted that extensive analysis has occurred in the past that has considered service models, and capacity. Further investigation will continue. This will support the implementation and review of models of care, and the implementation of additional inpatient capacity.

6.3.8 Performance targets not established for key areas of access to mental health services

Recommendation

DHW should establish performance targets for all of its indicators of access to mental health services and monitor its performance against these targets.

Finding

We found that while DHW has a range of datasets and some performance measures that it reports, it has not established performance targets in some areas of access to mental health services for comparison and performance measurement. These include:

- admitted patients who exited the system
- emergency wait time to admission
- the number of community contacts across a range of mental health services
- the number of patients receiving pre-admission community care.

Failing to establish performance targets for indicators of access to mental health services increases the risk that decisions makers will not understand the areas where service access improvements are required.

DHW response

Recommendation accepted. Currently targets exist for 50 out of 77 individual indicators, but the need to assign targets to remaining indicators is noted and will occur.

6.3.9 NGO mental health service data collection needs to improve

Recommendation

DHW should identify the service data it requires from NGO service providers to enable it to effectively manage access to mental health services in South Australia and implement a process to obtain this data.

Finding

We found that DHW obtains some mental health service data from NGO service providers. However, it does not fully understand the data, how it relates to the delivery of services and whether it has obtained all the data needed to effectively manage mental health services, including access.

DHW has identified the service data it requires from the LHNs and established processes to obtain it. However, for NGO service providers there is no processes to identify and capture all service data required.

DHW advised us that it is looking to expand its mental health service data collection to capture data from NGO service providers to obtain a complete and holistic view of service delivery. It also advised us that one of the first projects for the data scientist (see section 6.3.4) was to review data capture processes across the full mental health system.

Without complete service data that covers all services providers there is increased risk that mental health service delivery decisions, including access, are made using incomplete data. This may result in the inappropriate resourcing of these services (ie over investment/under investment).

DHW response

The Commissioning and Performance Division of DHW is in the process of developing an NGO Contract Performance Management Framework to manage performance of NGO contracted services. The framework and specification will include the development of KPIs across key domains, with clear targets and thresholds defined. NGO agreements will progressively be updated to reflect this new framework and KPIs.

In addition, the division will engage a business analyst to review systems and processes associated with data capture of KPIs. Noting there is maybe system limitations due to the age of current data collection systems.

The Performance Management Framework and KPIs are expected to be in place by 30 June 2023.

7 Reporting on access to mental health services

What we found

We found that:

- some information on mental health services is not obtained and reported timely due to complexities in data collection and analysis
- there is limited reporting on the achievement of mental health outcomes in the SA Health and Wellbeing Strategy 2020–2025
- reports to DHW’s key mental health service oversight groups do not provide information to highlight gaps between services required and available.

What we recommended

DHW should:

- enhance reporting tools and products for mental health service activity, with timely information available to decision makers by reporting service activity as close as possible to the occurrence of the activity
- regularly review and report on the achievement of the mental health outcomes in the SA Health and Wellbeing Strategy 2020–2025
- obtain information from service providers on any gaps between the demand for mental health services and their capacity to provide these services and report these gaps to DHW’s key mental health oversight groups.

7.1 Introduction

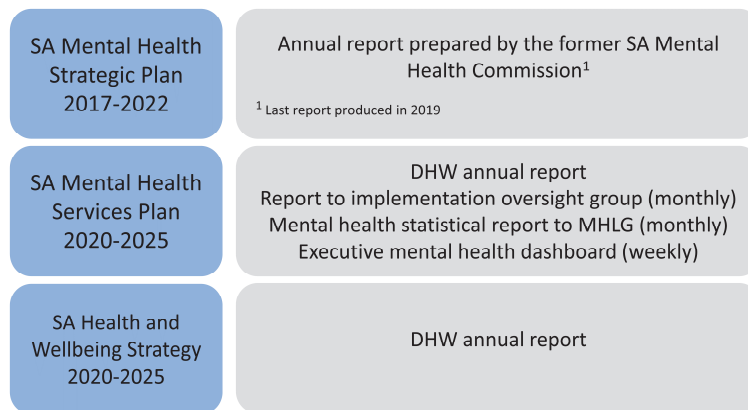
Reporting is a cornerstone of good governance, enabling accountability and transparency of the actions taken to deliver programs of work. Reporting provides the ability to demonstrate how resources were used, the benefits obtained from them and the next steps to be taken in improving service delivery.

It is important that reporting is relevant, accurate and delivered timely.

7.1.1 Reporting on mental health services

DHW has established some arrangements to report on its mental health strategies and plans. The key reporting is summarised in figure 7.1.

Figure 7.1: Summary of key reporting for mental health strategy and plans



In addition, the Chief Psychiatrist prepares an annual report to Parliament on the administration of the *Mental Health Act 2009* and the activities of the Office of the Chief Psychiatrist, including its activities to implement the SA Mental Health Services Plan 2020–2025.

7.2 Audit approach

We reviewed the reports for the provision of access to mental health services prepared by DHW. We assessed them to consider whether they are timely, meaningful and reported to the appropriate levels of decision making within DHW.

7.3 Findings

7.3.1 Some key reports on mental health services are not timely due to complexities in data collection and analysis

Recommendation

DHW should automate data collection, quality checking and report generation to enable mental health service activity to be reported to decision makers in a timely and accurate manner.

Finding

We found that, due to delays in data collection and analysis, information for some mental health services is not obtained and reported timely. Some reporting on mental health service delivery is delayed by significant periods (between two to three months, and sometimes up to six months after the service has been provided).

DHW collects a broad range of data and prepare a number of reports on access to mental health services including:

- daily emergency department occupancy reports, including data on the number of people experiencing access block
- weekly mental health reports with system-wide data, providing trends and suicide data from the suicide registry
- two weekly reporting of patients in inpatient and residential units who are waiting for an NDIS service and are ready for discharge, including data on the number of people successfully discharged during that period
- monthly management reports provided to DHW and the LHNs
- monthly reporting against safety and quality KPIs. This report provides information relevant to the Safety and Quality goal of the mental health strategic plan and includes detailed incident reporting and analysis.

DHW's mental health data collection processes are geared to capturing and reporting the State's data for Commonwealth reporting. A single team in DHW collates and prepares the Commonwealth reports as well as DHW's reports on mental health services, using mainly manual data analysis. As a result, it can take months for some mental health services data to be manually analysed, collated and reported.

Specifically, some data sources can take two to three months and, in some cases, up to six months to be received from service delivery partners and processed to enable suitable reporting. Reasons for these delays include:

- the different format and systems used to collect data, which then needs to be reformatted and assessed to ensure consistency
- a preference for accuracy of data over timeliness. This requires quality checks to be performed that may delay the delivery of information
- limitations in automation – an automated data management and reporting system would help reduce manual data handling systems in use.

We were advised that a more automated system would improve the timeliness of service reporting and that current manual data systems are being reviewed.

Where mental service activity reporting is not timely there is increased risk that important decisions on service activity are made using incomplete or out-of-date information. This may result in the inappropriate resourcing of these services (ie over investment/under investment).

DHW response

Recommendation is supported. This will be responded to as part of work reported in the response to recommendation 6.3.4.

7.3.2 Limited reporting on the achievement of mental health outcomes in the health and wellbeing strategy

Recommendation

DHW should implement processes to regularly review and report on the achievement of the mental health outcomes in the SA Health and Wellbeing Strategy 2020–2025.

Finding

We found there is limited reporting on the achievement of mental health outcomes in the SA Health and Wellbeing Strategy 2020–2025.

While an annual report to Parliament providing a high-level summary of achievements across all health outcomes identified in the strategy is prepared, it does not cover in detail how the outcomes for mental health services are being achieved. There is no regular reporting within DHW on the intended mental health outcomes in the strategy.

The lack of regular reporting on activities and initiatives to achieve the mental health outcomes in the strategy increases the risk that issues affecting their implementation may not be identified and addressed and that intended mental health outcomes are not achieved.

DHW response

Recommendations accepted. This will be responded to alongside similar work attending to audit response for the Mental Health Services Plan.

7.3.3 Reporting on mental health services does not provide information to highlight any gaps between services required and available

Recommendation

DHW should implement a process to obtain from service providers information on any gaps between the demand for mental health services and their capacity to provide these services. Any gaps between demand and capacity should be reported to DHW's key mental health oversight groups.

Finding

We found that reports to DHW's key mental health oversight groups (MHLG and IOG) do not provide sufficient detail to highlight the gap between the demand for mental health services and the mental health services that LHNs and other service providers are able to provide. As a result, the reports do not highlight capacity issues that exist with access to mental health services.

Analysis of gaps between services delivered and required occurs through an annual assessment of service delivery, together with comparisons to the National Mental Health Services Planning Framework, benchmarking services with other jurisdictions and the national averages reported through the AIHW and the annual Report on Government Services report on the equity, effectiveness and efficiency of government services in Australia.

We were also advised that the last gap analysis report undertaken in South Australia was in 2020, with the 2021 report planned for but not completed due a new version of the national reporting framework being due to be released at the time. At the time of our audit, DHW was working to assess the unmet need for mental health NGO services for 2022 and beyond.

Where reports to key oversight groups do not highlight capacity issues there is an increased risk that mental health services required by the community are not provided.

DHW response

Recommendation accepted. This reporting will be addressed as part of similar work to describe gaps between demand and access as it related to planning documents in recommendations 5.1.2.

8 Forward planning and strategies for ongoing access to mental health services

What we found

Mental health strategies and plans outline strategies designed to cover both current and future mental health service needs.

DHW also initiated a range of mental health initiatives and actions in response to COVID-19 and the 2019-20 Black Summer bushfires.

DHW does not maintain a register of recommendations from prior audits and reviews and the actions it will take to implement them. Further, it does not track the impact on mental health services of any actions taken to implement prior audit and review recommendations.

What we recommended

DHW should establish a comprehensive register of mental health audit and review recommendations and agreed actions, and report regularly on its performance in implementing agreed actions.

8.1 Introduction

8.1.1 Mental health strategies and plans

DHW and the former SAMHC have developed three strategies and plans that support the delivery of mental health services in South Australia:

- South Australian Mental Health Strategic Plan 2017–2022
- South Australian Mental Health Services Plan 2020–2025
- South Australian Health and Wellbeing Strategy 2020–2025.

Each plan covers a five-year period and outlines strategies designed to meet both current and future mental health service needs.

8.1.2 Response to 2019-20 bushfires and COVID-19

In 2019 severe bushfires affected major parts of South Australia, including the Yorke Peninsula, Adelaide Hills and Kangaroo Island, with impacts to life, property and natural reserves. Once the bushfires were contained, recovery efforts commenced. Mental health services were commenced by the Barossa Hills Fleurieu Local Health Network, and the Women's and Children's Health Network's Child and Adolescent Mental Health Services.

Also, within weeks of commencing operations, Wellbeing SA started coordinating targeted mental wellbeing programs (non-clinical services) for people affected by the fires, including the Bushfire Mental Health, Wellbeing and Resilience Grants Program.

COVID-19 resulted in an increased demand for mental health services and required a specific crisis response. DHW worked to mitigate the mental health impacts of the pandemic by applying additional resources, including COVID-19 telehealth services and assistance to people in quarantine and isolation, to expand the capacity of existing services and introduce new initiatives where needed.

8.1.3 Reviews into mental health services

Some reviews into South Australian mental health services have been completed, including:

- Report of the Review of the Oakden Older Persons Mental Health Service, undertaken by the Chief Psychiatrist in April 2017
- Mental Health Governance Review, undertaken by Aspex Consulting in December 2018.

Further, other jurisdictions have undertaken reviews on mental health services that are relevant to the provision of mental health services in South Australia. These include:

- Productivity Commission Report into Mental Health, undertaken by the Australian Productivity Commission in June 2020
- Royal Commission into Victoria's Mental Health System, reported in February 2021
- Access to Mental Health Services, undertaken by the Victorian Auditor-General's Office in March 2019
- Access to State-Managed Adult Mental Health Services, undertaken by the Office of the Auditor General Western Australia in August 2019.

8.2 Audit approach

We interviewed key stakeholders and reviewed documentation, including budget statements, annual reports, prior mental health service reviews and media releases from DHW to assess what actions were planned or being taken to improve access to mental health services.

8.3 Finding

8.3.1 Limited monitoring of prior audit and review recommendations

Recommendation

DHW should:

- establish a comprehensive register of recommendations and agreed actions that it will take from prior audits and reviews on mental health services

- report regularly on its performance in implementing agreed actions, including the impact of changes to the delivery of services.

Finding

DHW does not maintain a comprehensive register of recommendations and actions that it will take to implement recommendations from prior audits and reviews on mental health services. We note that some recommendations from internal audits, the Independent Commissioner Against Corruption and other reviews have been captured in a central DHW register maintained by Internal Audit, but this register does not capture all recommendations and actions.

Further, there is no reporting on the implementation of recommendations and actions from these prior audits and reviews, including the impact on the delivery of mental health services.

A list of all recommendations for reviews specific to DHW, such as the Oakden and Aspex Consulting reviews completed in 2017 and 2018 respectively, along with DHW's response to each recommendation, should be established. For each recommendation with an agreed action, implementation of the action item should be monitored and reported.

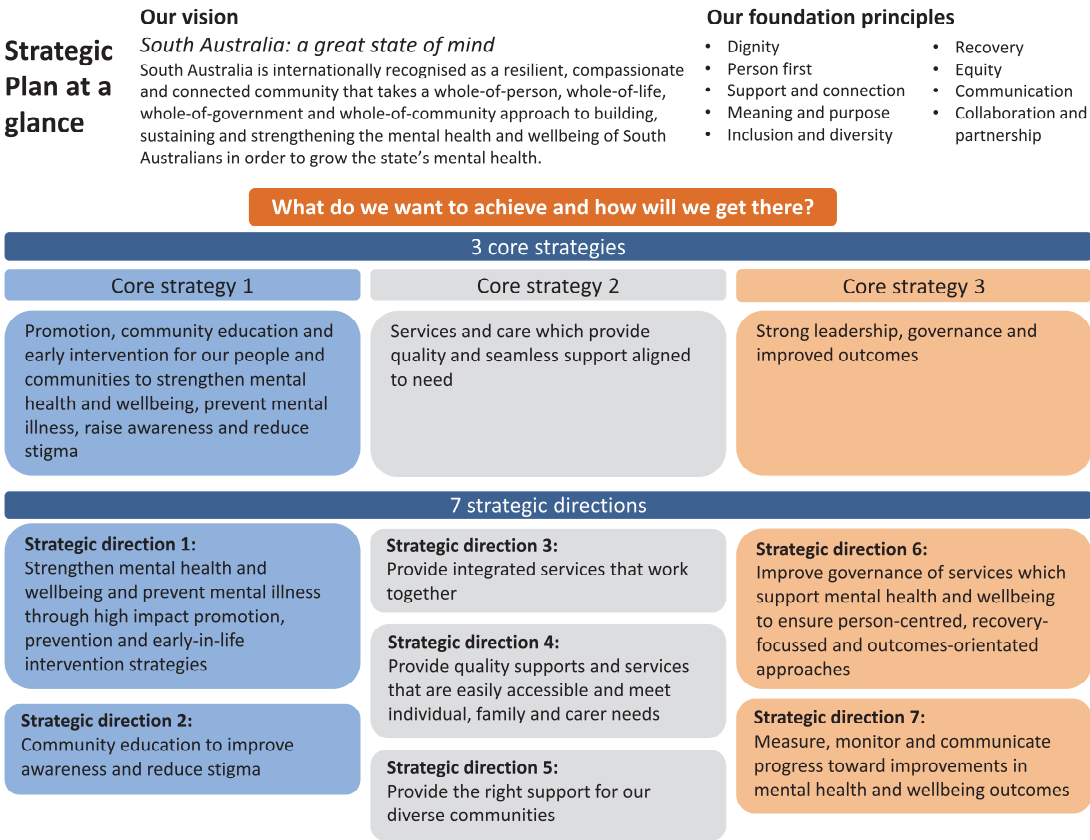
Failure to monitor the completion of action items may result in actions not occurring or not having the desired outcomes. Monitoring the impact of changes made will enable DHW to incrementally improve mental health services provided and stop implementing actions that are not having a positive or desired effect.

The opportunity also exists for DHW to review reports on mental health services from other jurisdictions and determine whether the lessons and recommendations from these reviews could be applied to its own services. This will demonstrate forward thinking and analysis of potential opportunities.

DHW response

Recommendations accepted. Recommendations and actions from reviews that are currently not included in the central DHW register will be added to that register.

Appendix A – SA Mental Health Strategic Plan 2017–2022 – plan at a glance



Source: South Australian Mental Health Strategic Plan 2017–2022.

Appendix B – SA Mental Health Services Plan 2020–2025 – overview

Vision

The SA Department for Health and Wellbeing will commission mental health services of the highest quality, that are effective and safe, uphold human rights, enhance wellbeing and support people to fully participate and thrive in their chosen community.

Future state

- Priority expansion of:
 - Child and Adolescent Mental Health Services
 - Forensic Mental Health Services
 - Older Persons Mental Health Services
- Use of Urgent Mental Health Care Centres
- New crisis model (telephone, community and residential)
- New residential based services for youth, adults in crisis and older people

Key priorities

Community alternatives: timely access to community based care earlier in the course of illness and early in episode.

Human rights: ensuring human rights are respected, protected and fulfilled, with a reduction in coercion.

Peer workforce: peer workers will be incorporated as an integral component of mental health service delivery.

Effective suicide prevention: commitment to a Towards Zero Suicide initiative within our tertiary mental health services.

Access to therapies: Providing greater access to a range of evidence based therapies.

Equity based access to services: ensuring people in South Australia have equitable access to services wherever they live, including people in rural and remote communities.

Supporting people who are at more risk

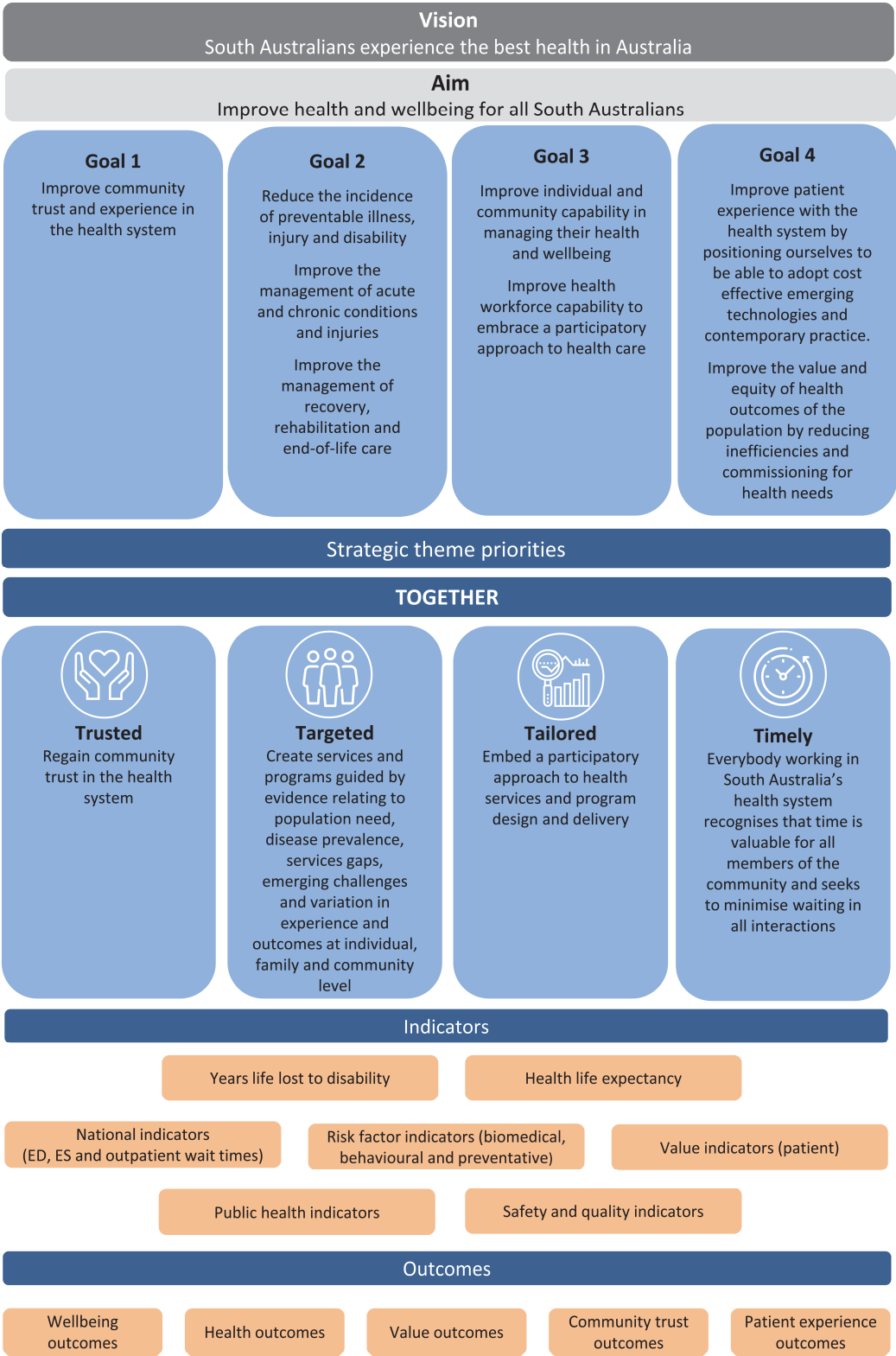
Aboriginal people	Young people in the justice system
Children, young people and families	Gender and sexually diverse
Older people	People with a disability
Cultural and linguistically diverse backgrounds	Substance use issues
People in isolated rural areas	Chronic health conditions
Veterans and first responders	People experiencing other forms of social disadvantage
People in the correctional or forensic system	

Outcomes identified in the plan

Personalised care	<ol style="list-style-type: none"> 1. People receiving services are actively engaged as partners in their care. 2. Perinatal, infants, children and families have improved access to and engagement with mental health services and support. 3. Young people (12-24) have positive mental health and early intervention service access for any emerging mental health issues. 4. Aboriginal and Torres Strait Islander people have access to culturally safe and appropriate initiatives determined by local communities. 5. Older people have access to mental health programs and support that reduce the impacts of mental illness
Personalised care	<ol style="list-style-type: none"> 6. People obtain timely and effective mental health care and support that promotes wellbeing and respects diversity. 7. Services work together in partnership to provide a coordinated response to meet people’s individual needs. 8. People with mental illness will have a better physical health and live longer.
Safe and high quality care	<ol style="list-style-type: none"> 9. Improving safety and quality in mental health services to reduce harm, uphold human rights and support inclusion. 10. Mental health services promote fairness, inclusion, tolerance and equity in all interactions 11. The workforce is supported to provide the best care.

Source: South Australian Mental Health Services Plan 2020–2025.

Appendix C – South Australian Health and Wellbeing Strategy 2020–2025 – summary framework



Source: South Australian Health and Wellbeing Strategy 2020–2025.

Appendix D – Abbreviations used in this report

Abbreviation	Description
AIHW	Australian Institute of Health and Welfare
CTO	Community treatment order
DHW	Department for Health and Wellbeing
ED	Emergency department
IOG	Implementation Oversight Group
ITO	Inpatient treatment order
KPIs	Key performance indicators
LHN	Local health network
MHLG	Mental Health Leadership Group
Minister	Minister for Health and Wellbeing
NDIS	National Disability Insurance Scheme
NGO	Non-government organisation
NFP	Not-for-profit
PHNs	Primary health networks
SAAS	SA Ambulance Service Inc
SAMHC	South Australian Mental Health Commission
SCSS	Statewide Clinical Support Services
SMHQIC	Strategic Mental Health Quality Improvement Committee
UMHCC	Urgent Mental Health Care Centre

Appendix E – Response from the Deputy Chief Executive, Corporate and System Support Services, DHW under section 37(2) of the *Public Finance and Audit Act 1987*

OFFICIAL

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Dear Mr Richardson

**RE: AUDITOR-GENERAL – FINAL PROPOSED REPORT TO PARLIAMENT –
MANAGING ACCESS TO MENTAL HEALTH SERVICES**

Thank you for your letter dated 19 August 2022, providing a copy of the Auditor-General's Final Proposed Report 6 of 2022, *Managing Access to Mental Health Services*. The Acting Chief Executive, Ms Lynne Cowan has asked me to respond to you on her behalf.

Mental Health is a major priority for the Department of Health and Wellbeing and the Government. This audit comes at a time of further expansion in the sector and will help with the implementation of a significant number of projects and guide revisions of strategic and service plans.

These actions will be supported by planned work between Commonwealth and State governments that will provide better indicators and targets for services nationally.

The Department for Health and Wellbeing, Wellbeing SA and the Mental Health Commissioners have provided responses within the document following each section for the matters raised.

We look forward to reporting our progress in implementing actions in response to the report to the Auditor-General's Department.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Julienne Tepohe'.

JULIENNE TEPOHE
Deputy Chief Executive
Corporate and System Support Services

29/ 8/2022

