SOUTH AUSTRALIAN
Mental Health
Commissioner

The Role of the South Australian Mental Health Commissioner in the Mental Health Act

SAMHC Thematic Analysis

Taimi Allan
South Australian Mental Health Commissioner
February 2025

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Introduction

In considering the scope of the South Australian Mental Health Commissioner's ('Commissioner') role for inclusion in the Mental Health Act, I have deliberately put aside my own strengths and biases to recommend roles and functions that would best support the government's goal to improve population wellbeing in South Australia—sustainably, effectively, and with positive impact.

In South Australia, an effective Mental Health Commission or Commissioner should balance independence, advocacy, oversight, and collaboration to create a transformative impact on the state's mental health system. For the purposes of this paper, 'system' refers to public, private, and NGO services in mental health offered to South Australians and visitors. By learning from successful models in New Zealand, Scotland, Queensland, Western Australia, New South Wales, and Victoria, and committing to sharing knowledge and data nationally, the role of the Commissioner can be tailored to meet the specific needs and challenges of South Australia, ensuring a robust, rights-focused, evidence-based, and human-centred approach to mental health governance.

The thematic recommendations below provide a structured blueprint for establishing a well-resourced and impactful office, capable of driving meaningful reform while maintaining respect for consumer and carer perspectives.

Ngaityalya (Thank you in Kaurna),

Taimi Allan (She/Her)
South Australian Mental Health Commissioner
February 2025

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1. Independence of the Mental Health Commissioner

Why Independence Matters

Establishing the **South Australian Mental Health Commission (SAMHC) as an independent body** is fundamental to ensuring effective **oversight, advocacy, and accountability** in the mental health system. Without operational independence, the Commissioner's ability to **critically assess services, influence policy, and advocate for systemic improvements** is significantly compromised.

The risks of the current structure include:

- **Conflicts of interest** – When embedded within government agencies such as PHSA, the Commission's ability to **monitor and critique services impartially** is hindered.
- **Reduced credibility** – A Commissioner who lacks structural independence **risks being perceived as an extension of the government**, rather than a trusted voice for reform.
- **Limited advocacy power** – An independent Commissioner **can openly challenge policy failures and systemic issues**, whereas one operating under a government department may be constrained in their recommendations.

International best practices demonstrate that **independent mental health commissions** are **more effective** in influencing change, improving public trust, and ensuring **genuine accountability** in mental health policy and service delivery. **Examples from New Zealand, Canada, and Scotland** illustrate that when mental health commissions are **independent, well-resourced, and have clear legislative authority**, they can successfully:

- **Monitor service quality and human rights compliance**.
- **Advocate for policy reform without political interference**.
- **Engage with lived experience leadership to drive system change**.

To **strengthen South Australia's mental health system**, the following structural reforms are required to **ensure SAMHC operates with full independence** and can effectively **fulfil its mandate**.

Alignment with Best Practices

Global models demonstrate that **structurally independent mental health commissions** are **more effective in driving reform, ensuring transparency, and maintaining public trust**. The following examples highlight **best-practice approaches** to independence and accountability in mental health governance.

Jurisdiction / Model	Structure	Focus Areas	Key Benefits
South Australian Commissioner for Children and Young People	- Operates **independently under a statutory framework**. - Staff are employed **directly by and accountable to the Commissioner's office**.	- Advocates for the **rights and interests of children and young people (CYP)** in South Australia. - Ensures compliance with **international human rights**	- **Independence from operational departments** reinforces credibility as an **impartial advocate**. - **Direct accountability** ensures that issues affecting **children and young people** are

Jurisdiction / Model	Structure	Focus Areas	Key Benefits
		obligations, such as the **United Nations Convention on the Rights of the Child (CRC)**.	prioritised and actioned.
Queensland Mental Health Commission	- **Statutory body with operational autonomy**, maintaining **independence while aligning with government health priorities**.	- Leads **advocacy, system monitoring, and strategic planning** for mental health improvements. - **Promotes cross-sector collaboration** to align mental health with **social, housing, and employment policies**.	- **Operational autonomy enables impartial oversight and advocacy**. - **Alignment with government priorities** ensures **evidence-based reform** without compromising independence.
New Zealand Mental Health Commission	- **Crown Entity** with **statutory independence**, reporting **directly to the Minister for Health**.	- Provides **system-wide oversight, advocacy, and public reporting** on mental health outcomes. - **Strong focus on Māori and Pacific Islander mental health equity**, ensuring culturally safe policies and service access.	- **Independent assessment of government services** ensure **greater accountability**. - **Direct reporting mechanisms** enhance **transparency and public trust**.
Canadian Mental Health Commission	- Established as a **not-for-profit charitable organisation**, **operating independently of government** while receiving **federal funding agreements**.	- Leads **national mental health research, systemic advocacy, and multi-sector collaboration**. - Focuses on **developing evidence-based policies and interventions** at the national level.	- The **charity model provides flexibility, innovation, and responsiveness to community needs**. - **Independent governance structure** enables the Commission to **prioritise mental health reform free from political influence**.
Scottish Mental Welfare Commission	- A **statutory body established by legislation**, reporting **directly to the Scottish Parliament**.	- Leads **human rights advocacy, system inspections, and legal oversight** of mental health services.	- **Parliamentary accountability** reinforces **transparency and independence**. - **Dual role in advocacy and system monitoring** ensures **balanced oversight of mental health service delivery**.

Recommendations for Structural Independence

To **enhance the independence and effectiveness of SAMHC**, the following reforms should be implemented:

Standalone Office Structure

- Establish **SAMHC as a standalone office** attached to the **Department of Health**, independent of PHSA or any other **nested structure**.
- This ensures **clear accountability, reduces conflicts of interest**, and reinforces the Commissioner's authority.

Direct Employment Model

- **SAMHC staff should be employed directly by and accountable to the Commissioner's office**, avoiding dependencies on agencies that may be subject to its **monitoring and evaluation**.

Legislative Safeguards

- Embed **statutory independence within the Mental Health Act**, explicitly defining:
  - **The role and authority of SAMHC**.
  - **Clear reporting obligations** to Parliament and the Minister for Health.
  - **Separation from PHSA and other government departments** to protect oversight functions.

Integration of Best Practices

- **Adopt components of the Canadian and Scottish models** to ensure **flexibility, innovation, and parliamentary accountability**.
- **Incorporate elements from the New Zealand and Queensland models** to balance **autonomy with government alignment and strategic influence**.

These reforms will **ensure SAMHC is a truly independent and effective body**, **capable of leading system-wide mental health reform in South Australia.**

2. Monitoring, Accountability, and Reporting

Why System Monitoring Matters

South Australia is currently the **only state without a cohesive, outcome-focused mental health monitoring framework**, leaving it behind other jurisdictions in Australia and New Zealand. While **other states have established or are developing monitoring systems**, South Australia remains **"out of scope"**, meaning there is no mechanism to ensure **robust, system-wide accountability**.

Without **a unified monitoring approach**, South Australia's mental health system risks:

- **Limited oversight** – Without **a clear picture of service performance and outcomes**, policymakers and stakeholders cannot make **evidence-based improvements**.
- **Gaps in consumer and community outcomes** – Current data collection focuses primarily on **clinical service metrics**, such as **hospital bed days and incident reporting**, while neglecting **broader social, emotional, and systemic** indicators that impact mental health.

- **Lack of transparency** – With **no annual reporting structure** in place, consumers, carers, and the community **lack visibility** on how the system is performing and evolving.

A **comprehensive, consumer-centred monitoring framework** is critical to **ensuring accountability, identifying service gaps, and driving system-wide reform**.

Current Gaps in Monitoring

Lack of a Unified Framework

- South Australia has **no structured mechanism** to evaluate **mental health outcomes across clinical, social, and systemic levels**.
- Existing monitoring is **service-focused rather than outcomes-focused**, failing to assess **consumer experiences, carer priorities, and community-level impact**.

Over-Reliance on Clinical Metrics

- Current data collection focuses primarily on:
  - **Hospital admissions, discharge rates, and bed days.**
  - **Service incidents and workforce-related issues.**
- However, **critical determinants of mental health** are **not captured**, including:
  - **Financial stress and employment security.**
  - **Housing and social participation.**
  - **Environmental anxiety and digital wellbeing (e.g., social media impacts).**
  - **Cultural safety and discrimination in mental health care.**

Fragmented and Siloed Data Streams

- There is **no mechanism** to **integrate population-level data** (e.g., housing security, carer satisfaction, community engagement) **with clinical service data**.
- Mental health monitoring remains **disconnected from broader social and economic indicators**, limiting policymakers' ability to **understand systemic drivers of distress and improve service delivery accordingly**.

Monitoring Consumer Experience and Service Quality

To ensure **non-clinical aspects of mental health service delivery** are **adequately monitored**, the Commissioner must:

- **Evaluate systemic accountability** for **consumer experience, service quality, and equity of access**.
- **Ensure consumer and carer voices** shape service monitoring and improvement.
- **Monitor and report on lived experience, carer feedback, and broader systemic performance** in addition to clinical indicators.

Role of the Commissioner in Service Quality Monitoring

Area of Focus	Key Actions
Consumer and Carer Feedback	Access and integrate data from **service users, carers, and CVS reports** to assess service effectiveness.
Non-Clinical Performance Monitoring	Move beyond clinical measures to evaluate **consumer experience, cultural safety, and service accessibility**.
Structured Reporting on System Performance	Produce **regular public reports** evaluating system outcomes.
Independent Evaluation of Service Delivery	Provide **quarterly reports** to the Minister on **service quality, advocacy priorities, and areas for improvement**.

Examples of Effective Monitoring Frameworks

The following international and national models highlight best-practice approaches to mental health system monitoring:

Model	Integration	Impact
New Zealand: He Ara Āwhina Framework	Moves **beyond service-focused metrics** to measure **social, cultural, and systemic factors**.	- Captures **broad wellbeing indicators**, including **culturally safe services, housing stability, and participation**. - Focuses on **vulnerable populations** (Māori and Pacific Islander communities) for **culturally relevant monitoring**. - Uses **lived experience insights** to inform **service improvements and policy change**.
Australia: National Mental Health Commission	Operates the **National Report Card**, an **independent, transparent monitoring mechanism**, using **state-level data** to assess system performance.	- Provides a **national roadmap** for **benchmarking mental health outcomes** and tracking **progress over time**. - Informs **policy decisions** by **highlighting service gaps and areas for improvement**.
Scotland: Mental Health and Wellbeing	Features **structured service quality evaluations** in addition to **clinical performance**	- Produces **regular public reports**, improving **transparency and accountability**.

Model	Integration	Impact
Commission	**metrics**.	- Highlights **systemic issues** and offers **policy recommendations** to enhance service delivery.
Queensland Mental Health Commission	Combines **clinical data with broader wellbeing metrics**, such as **employment, housing, and social inclusion**.	- Enables a **comprehensive understanding** of **how mental health services impact broader social wellbeing**. - Ensures **cross-sectoral collaboration** by **linking mental health monitoring with housing, education, and employment policy areas**.
South Australian Commissioner for Children and Young People	Uses a **rights-based statutory framework** to ensure children's needs are reflected in mental health monitoring.	- Provides a **holistic view of child and youth mental health** in South Australia. - Highlights **gaps in service accessibility and equity** for young people.
Australia's Measuring What Matters Framework	Developed by the **Australian Treasury**, integrating **social, economic, and health indicators**.	- Aligns **mental health monitoring** with **economic and policy decision-making**. - Ensures a **whole-of-government approach to wellbeing measurement**.

Role for SAMHC in Monitoring and Reporting

Area of Focus	Key Actions
Monitor Consumer-Centric Outcomes	- Develop a **monitoring framework** reflecting **lived experience and carer priorities**. - Regularly review **CVS reports and consumer feedback data** to identify **service improvement priorities**.
Evaluate Systemic Accountability	- Assess **mental health service performance** across **public, private, and community sectors**. - Ensure **all components contribute to equitable outcomes**.
Annual and Quarterly Reporting	- Publish a **State of Mental Health in SA Report** annually, including **benchmarking and evidence-based**

Area of Focus	Key Actions
	recommendations. - Provide **quarterly updates to the Minister**, highlighting **key service quality concerns, emerging policy issues, and best-practice innovations**.
Statutory Authority for Data Access	- Embed **legislative provisions** in the **Mental Health Act** to **grant the Commissioner authority to access data across agencies, services, and industries**.
Incorporate Social and Commercial Determinants of Mental Health	- Ensure the monitoring framework includes broader determinants, such as: - **Financial stress and cost-of-living pressures**. - **Environmental anxiety and the climate crisis**. - **Impacts of commercial industries (e.g., alcohol, gambling, social media)**.

Recommendations for Monitoring Role

Develop a Comprehensive Monitoring Framework

- **Co-Design Process**: Engage **lived experience advocates, carers, Aboriginal and Torres Strait Islander communities, and culturally diverse groups** to ensure the framework reflects **community needs**.
- **Culturally Inclusive Metrics**: Incorporate indicators meaningful to **diverse communities**, drawing on **lessons from New Zealand's He Ara Āwhina Framework**.

Collaborate on Data Sharing

- Work with agencies such as **Preventive Health SA, Local Health Networks (LHNs), the Department of Health and Wellbeing (DHW), and the Office of the Chief Psychiatrist (OCP)** to **integrate data streams while addressing privacy concerns**.
- Advocate for **data-sharing agreements** that **aggregate meaningful metrics** while maintaining **stakeholder trust**.
- Include **commercial data sources**, such as **alcohol and gambling industry trends**, to **assess population mental health impacts**.

Annual Public Reporting

- Publish a **State of Mental Health in SA Report** each year, including:
    - **National and international benchmarking** (e.g., comparisons with the **National Report Card**).
    - **Evidence-based recommendations** for closing service gaps and improving access.

Statutory Authority for Data Access

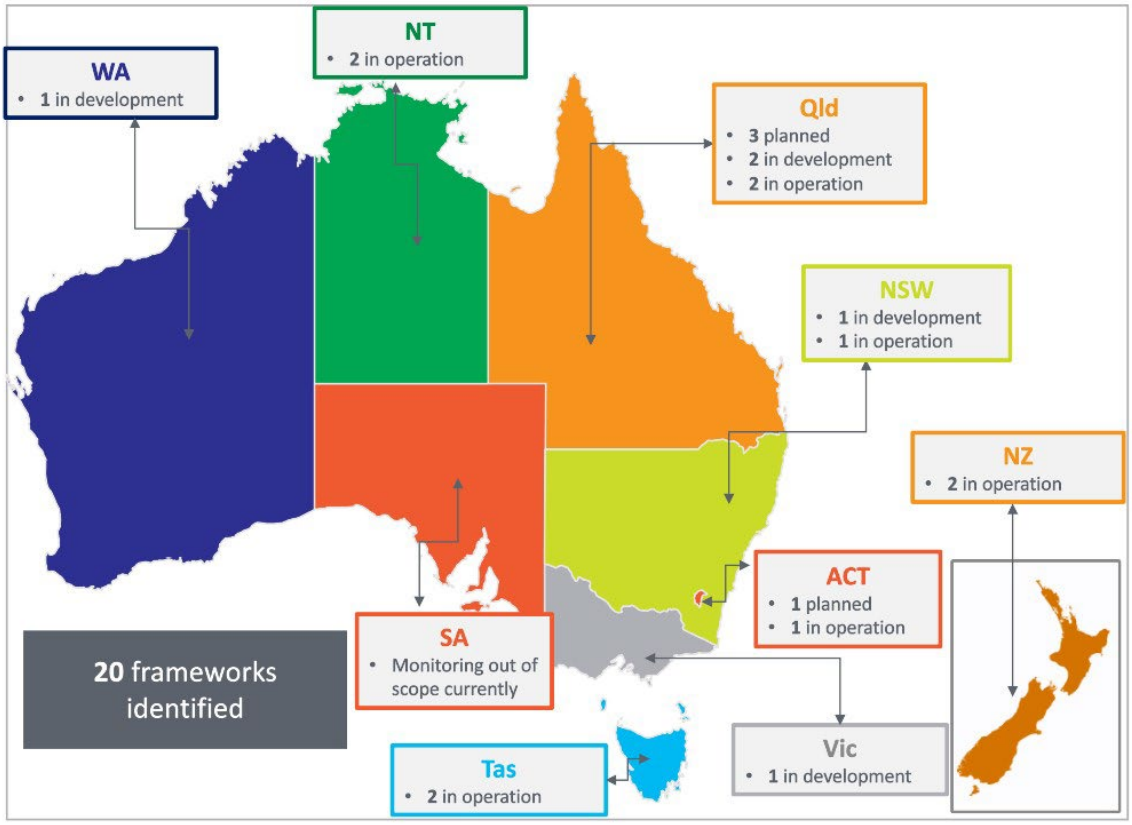
- Embed **legislative provisions** in the **Mental Health Act** to give the Commissioner authority to **request and access data from all relevant agencies, services, and industries**.

Comparative Insights

South Australia **lags behind** other jurisdictions in **mental health monitoring**. By adopting **elements from best-practice models**, the state can **take a leadership position** in **consumer-focused, evidence-based mental health governance**.

By addressing these **gaps** and **integrating broader determinants**, South Australia can **build a transparent, accountable, and outcome-driven system** that prioritises **what matters most to consumers, families, and communities**.

The map below shows the **mental health system-wide monitoring frameworks** led by other **Commissions** or equivalent agencies.



3. Advocacy and Rights-Based Leadership

Summary

The Commissioner must prioritise a **human rights-based advocacy responsibility**, particularly for individuals with **lived experience** and their support networks, including carers, family, clinicians, and service providers. This ensures **equitable and rights-focused** mental health services that reflect diverse community needs and uphold **international human rights standards**.

Human Rights-Based Approach to Advocacy

A human rights-based approach should include:

1. **Promoting accountability and transparency** – Ensuring **duty-bearers** (government agencies, service providers, NGOs) are held accountable for upholding human rights obligations.
2. **Empowering and building capacity** – Supporting individuals with lived experience and their networks to advocate for their rights and hold duty-bearers accountable.
3. **Working in partnership** – Engaging with **rights-holders** (those affected by mental health policies and services) and, when relevant, duty-bearers and broader rights-focused alliances.
4. **Ensuring meaningful participation** – Embedding **co-design and consultation** with lived experience voices at all levels of policy, service delivery, and system reform.

Alignment with International Human Rights Instruments

- **United Nations Convention on the Rights of Persons with Disabilities (CRPD)** – Upholding the rights of individuals with psychosocial disabilities, particularly in relation to **decision-making and freedom from coercion**.
- **United Nations Convention on the Rights of the Child (CRC)** – Ensuring children and young people have **equitable access to mental health services**, protection from **discrimination**, and **participation** in decisions affecting their care.
- **United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)** – Advocating for **culturally responsive and self-determined mental health care** for Aboriginal and Torres Strait Islander communities.

Role

- **Systemic Advocacy**: Advocate for reforms that protect **individual rights**, align mental health policies with **international human rights obligations**, and ensure **equitable service access**.
- **Policy Influence**: Promote **human rights-based policies** across **government and service sectors**, focusing on **non-discrimination, dignity, autonomy, and accessibility**.
- **Lived Experience Leadership**: Elevate the voices of individuals affected by mental health policies, ensuring **co-design and co-production** in service development, monitoring, and evaluation.

Examples of Best Practice

Model	Key Features	Benefits
Victoria and New Zealand	Embed **lived experience voices** at the highest levels	**Consumer-centric, rights-based approach**
South Australian Commissioner for Children and Young People	Rights-based statutory framework	Ensures **children's rights** in mental health policy
Scottish Mental Welfare Commission	Statutory oversight, reporting to Parliament	**Ensures transparency and compliance** with human rights laws

Recommendations

Formalise the Commissioner's role as a human rights-based mental health advocate through legislative amendment, ensuring

1. **Legislative Mandate**: Embed obligations to **uphold and promote international human rights conventions** in the Commissioner's statutory mandate.
2. **Investigative Authority**: Empower the Commissioner to **investigate and report on systemic human rights concerns**, including **coercive practices, service inequities, and access barriers**.
3. **Rights-Based Monitoring and Evaluation**: Embed **rights-based indicators** in all **monitoring and evaluation frameworks**, aligning with international best practices.
4. **Ensure Meaningful Participation**: **Mandate the involvement** of lived experience voices in governance, policy development, and service evaluation.
5. **Advocate for Legislative and Policy Reforms**: Promote **self-determination, supported decision-making, and non-discriminatory access** to mental health care.

By embedding these principles, the Commissioner will ensure that **human rights are not just a guiding principle but an enforceable and measurable component** of South Australia's mental health system.

4. Collaborative Cross-Sector Influence

Summary

Effective mental health governance **requires collaboration across government agencies, statutory bodies, and community organisations**. The Commissioner must facilitate **cross-sector partnerships** to align **policy objectives, streamline service coordination**, and **drive system-wide improvements**.

Role

The Commissioner would:

- Work alongside the Office of the Chief Psychiatrist (OCP), the Community Visitor Scheme (CVS), and other statutory bodies to ensure **cohesive oversight**, policy alignment, and advocacy efforts.
- Establish referral mechanisms, allowing **systemic** mental health issues (not to be confused with individual complaints) to be escalated to other appropriate oversight bodies when necessary.
- Promote **shared governance frameworks**, ensuring consistent accountability and service coordination across public and private mental health systems.

Examples of Best Practice

Model	Key Features	Benefits
New Zealand: *Kia Manawanui Aotearoa - Long-Term Pathway to Mental Wellbeing (2021)*	**Whole-of-government approach** integrating **mental health, addiction, and social services**.	- Ensures **multi-agency collaboration**, breaking down silos between **health, housing, employment, and justice sectors**. - Promotes **lived experience leadership** in policymaking.
Queensland: *Shifting Minds - Queensland Mental Health, Alcohol and Other Drugs Strategic Plan (2018-2023)*	**Cross-sector collaboration** between mental health, addiction, and wellbeing services.	- Establishes **formal mechanisms for joint reporting** and **multi-agency decision-making**. - Aligns government priorities with **community-driven mental health reform**.

Recommendations

1. **Establish Formal Collaboration Frameworks in Legislation**
   Amend the **Mental Health Act** to **mandate regular consultation** between:
   a. The **Mental Health Commissioner**.
   b. The **Office of the Chief Psychiatrist (OCP)**.
   c. The **Community Visitor Scheme (CVS)**.
   d. Other **relevant statutory and oversight bodies**.

2. **Define Shared Objectives and Coordinated Reporting**
   Establish **clear accountability structures**, requiring agencies to:
   a. **Align service delivery objectives** to enhance **mental health and wellbeing outcomes**.
   b. **Produce joint reports** that assess **cross-sector progress**.

3. **Referral of Systemic Issues to Other Oversight Bodies**
    a. **Embed provisions in legislation** allowing **the Commissioner to refer systemic mental health issues** to other oversight bodies, similar to **Part 5 – Referral of Matters in the Children and Young People (Advocacy and Oversight Bodies) Act 2016 (SA)**.
    b. Ensure **complex or high-risk cases** requiring **multi-agency intervention** are escalated to the **most appropriate regulatory or advocacy body** for resolution.

4. **Strengthen Cross-Sector Knowledge Sharing**
   Develop **structured engagement forums** between government, **lived experience leaders, and community service providers** to:
    a. Share **best practices and research findings**.
    b. Ensure **innovative solutions** are implemented across agencies.

5. Community and Lived Experience Engagement

Summary

Embed **lived experience perspectives** within the Commissioner's office to better inform **policy design and recommendations** that reflect the realities of **mental health consumers, families, and carers**.

Role

Maintain a **dedicated engagement team** within the Commissioner's office, with staff representing priority populations responsible for **connecting with consumers, carers, and culturally diverse groups**, ensuring that **all voices are integrated into mental health policy development**.

Examples of Best Practice

Model	Key Features	Benefits
New Zealand	Incorporates Māori and Pacific Islander perspectives	**Culturally attuned governance**
Victoria	Lived experience involvement at all levels	**Ensures policy relevance and responsiveness**

Recommendations

1. **Resource the Commissioner's office** with a **dedicated lived experience team** to conduct **ongoing community engagement**.
2. **Co-design a monitoring framework** that aligns with **the needs and priorities of consumers and carers**.

6. Research, Innovation, and Evidence-Based Practice

Summary

The Commissioner must **access, facilitate, and distribute research** to ensure South Australia remains at the **forefront of effective mental health and wellbeing strategies**. This includes **promoting evidence-based practice, fostering innovation in treatment**, and adapting **global best practices** to South Australia's unique context.

Role

The Commissioner's office would:

- **Receive, initiate, and distribute** mental health research to inform **policy and practice**.
- **Advocate for the adoption of proven, evidence-based approaches** within the mental health sector.
- **Support innovation** by funding **pilot programs, sector-wide research projects, and emerging treatment models**.
- **Forge partnerships between researchers, service providers, community organisations, and funding sources** to drive continuous improvement.

Examples of Best Practice

Model	Key Features	Benefits
Scottish Mental Welfare Commission	Conducts **research to identify trends** and inform **policy recommendations**.	Provides **robust evidence** to advocate for systemic change.
Queensland Mental Health Commission	Functions as a **knowledge hub**, supporting **best-practice guidelines and innovation**.	Encourages **sector-wide improvements** in mental health care.

Recommendations

1. **Investment in Research and Innovation**
    - Establish the Commissioner's office with resources to **fund research grants**, **facilitate pilot programs**, and **evaluate innovative mental health interventions**.
    - Prioritise research on **emerging best practices, culturally appropriate care models, and non-coercive treatment alternatives**.
2. **Collaborate with Research Institutions and Stakeholders**
    - Strengthen partnerships with **universities, medical research institutes, Aboriginal-controlled health organisations, and the broader mental health sector**.
    - Ensure **lived experience leadership** informs all research projects.
3. **Evidence-Based Policy Development**
    - Use **robust data** to inform **mental health policy and service delivery improvements**.

    - Monitor **international advancements** in mental health reform and **adapt global best practices** to South Australia's context.
4. **Dissemination of Findings and Best Practice Models**
    - Publish **accessible research summaries** and reports to ensure **evidence-based learning** is shared across sectors.
    - Establish a **centralised knowledge hub** for mental health professionals and policymakers.

7. Public Education and Anti-Discrimination Initiatives

Summary

To **address significant barriers to mental health access**, the Commissioner must **lead state-wide education programs and campaigns** that encourage **help-seeking behaviour**, enhance **public understanding**, and reduce **prejudice, discrimination, and self-stigma**.

Role

The Commissioner's office would:

- **Champion mental health education initiatives** that reduce **societal discrimination** against individuals experiencing mental distress and their support networks.
- **Engage the broader community** in **shifting public narratives** around mental health.
- **Partner with media, workplaces, other sectors and community leaders** to create a culture of **acceptance and inclusion**.

Evidence Supporting Anti-Discrimination Campaigns

Area of Impact	Key Findings	Source
Impact on Help-Seeking Behaviour	Stigma is a **major barrier** preventing individuals from seeking mental health care. Effective anti-stigma interventions **increase help-seeking behaviour**.	BMC Psychiatry
Effectiveness of Campaigns	The **"Time to Change"** campaign in England led to **measurable reductions** in public stigma and discrimination.	King's College London

Recent Initiatives

- **Queensland Government Investment**: The Queensland Government has committed **$9 million over three years** to **fund community-led initiatives** aimed at improving mental health and wellbeing outcomes. These grants support **projects that reduce stigma, promote awareness, and create inclusive communities**. (Ministerial Media Statements)
- **Further examples of Effective Anti-Discrimination Campaigns are found in Attachment 1: Examples of Effective Anti-Discrimination Campaigns.**

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Examples of Effective Anti-Discrimination Campaigns

Country & Campaign	Key Features	Impact	Key Takeaway	Further Information
New Zealand: Like Minds, Like Mine / Nōku te Ao: Like Minds	- **Established in 1997** as a **cornerstone** of New Zealand's **mental health strategy** to **reduce stigma and discrimination**. - Embedded in **national public health and social policies** for **long-term commitment**. - **In 2021**, evolved into **Nōku te Ao: Like Minds**, with **$8 million investment over five years**, focusing on **Māori and Pacific communities**.	- **Improved societal perceptions of mental health**, leading to **greater social inclusion**. - **Rākau Roroa (Tall Trees) Programme** empowers individuals with **lived experience** to become **community leaders**, reducing discrimination through **direct engagement and storytelling**. - **Research links** the programme to **increased help-seeking behaviour and early intervention**, reducing **pressure on emergency services**.	**Demonstrates the effectiveness of a long-term, government-backed anti-discrimination strategy** in fostering **social inclusion and improving mental health outcomes**.	- **Nōku te Ao: Like Minds**: https://www.beehive.govt.nz/release/mental-wellbeing-programme-addresses-prejudice-and-discrimination - **Rākau Roroa Programme**: https://www.changingminds.org.nz/currentprojects/rakauroroa
United Kingdom: Time to Change	- **Long-term, well-funded national campaign** focused on **reducing mental health stigma and discrimination**.	- **Significantly improved public attitudes** towards mental health. - **Reduced discrimination** against individuals with mental illness. - **Increased help-seeking behaviour** due to reduced stigma.	**Illustrates how national anti-stigma campaigns can improve public attitudes, increase help-seeking behaviour, and drive systemic change**.	- **King's College London Research on Time to Change**: https://www.kcl.ac.uk/news/time-to-change-global-campaign-reduces-mental-health-stigma-in-low-and-middle-income-countries

Country & Campaign	Key Features	Impact	Key Takeaway	Further Information
Canada: Bell Let's Talk	- **Corporate-led, large-scale public awareness campaign** that mobilises resources for **mental health support**.	- **Over $121 million raised** for mental health initiatives. - **Increased national conversation on mental health**, reducing stigma and encouraging **help-seeking behaviour**.	**Demonstrates the power of corporate-led, large-scale public campaigns in shifting social attitudes and promoting mental health awareness**.	- **Bell Let's Talk Overview**: https://en.wikipedia.org/wiki/Bell_Let%27s_Talk
Scotland: See Me Scotland	- **National anti-stigma programme** embedded within Scotland's **mental health strategies**. - Focuses on **changing negative attitudes through education, empowerment, and lived experience leadership**.	**Improved public perceptions** of mental health, with increasing **recognition of inclusion and early intervention**. - Created **community-led engagement models**, ensuring **sustained societal change**. - **Evaluations show reduced mental health stigma** in **workplaces, schools, and health services**	**Illustrates how embedding anti-stigma initiatives across multiple sectors leads to long-term cultural change and greater mental health inclusivity.**	- **See Me Scotland**: https://www.seemescotland.org
Global: Global Anti-Stigma Alliance (GASA)	**An international coalition of mental health campaigns** working together to **share research, strategies, and resources** to combat stigma. - Supports **evidence-based interventions** worldwide.	Facilitates **cross-country collaboration** in **developing, scaling, and evaluating anti-stigma strategies**. - Encourages **knowledge-sharing between governments, researchers, and advocates**.	**Provides a global network of mental health leaders working together to drive evidence-based anti-stigma initiatives**.	**Global Anti-Stigma Alliance**: https://www.time-to-change.org.uk/about-us/what-we-do/time-change-global-2018-2020/global-anti-stigma-alliance/global-campaigns

Why This Matters for South Australia

South Australia **faces increasing pressure on its mental health services**, including **ramping, emergency department congestion, and limited access to community-based care**.

Prejudice, discrimination, and **self-stigma remain key barriers** preventing individuals from seeking **early intervention and support**, leading to **higher rates of acute crisis presentations**.

- **Research indicates** that reducing **prejudice, discrimination, and self-stigma** increases **help-seeking behaviour**, leading to **earlier intervention, reduced hospitalisation rates, and improved long-term outcomes**. (BMC Psychiatry)
- **A systematic review found that stigma directly contributes to delays in treatment**, exacerbating mental health issues. (Cambridge University Press)

The Commissioner should **lead a statewide anti-discrimination strategy**, embedding these efforts into **public policy, healthcare, workplaces, and education systems** to create **a more inclusive and supportive mental health system in South Australia**.

8. Policy and Legislative Influence

Summary

The Commissioner **acts as an independent policy advisor** rather than a **direct policymaker**, offering recommendations informed by **evidence, consumer feedback, and global best practices**. This advisory role extends to **reviewing and contributing to cross-government policies** that intersect with mental health, ensuring **mental health considerations are embedded into broader policy development**.

Role

The Commissioner would:

- **Advise on mental health policy** and ensure mental health considerations are **integrated into government initiatives**.
- **Contribute to cross-sector policies**, including **housing, employment, social welfare, justice, and education**, to drive **whole-of-government improvements**.
- **Facilitate bipartisan engagement** to **depoliticise mental health policy**, ensuring **evidence-based continuity** across government terms.

Examples of Best Practice

Model	Key Features	Benefits
New Zealand: Cross-Party Mental Health Group	**Bipartisan engagement on mental health reform**, with **multi-party collaboration** to ensure policy consistency.	- Reduces **policy fragmentation** and enables **long-term strategic planning** beyond electoral cycles. - Ensures **evidence-based continuity** in mental health policy, fostering **stability and investment in reforms**.

Recommendations

1. **Formalise the Commissioner's Policy Advisory Role in Legislation**

- Amend the **Mental Health Act** to **require consultation with the Commissioner** on:
    - **All legislative changes** affecting mental health.
    - **Cross-sector policies** to ensure **mental health considerations are embedded across government departments**.
    - **Whole-of-government strategies**, ensuring **mental health reform aligns with economic and social policy goals**.

2. **Establish a Cross-Party Parliamentary Advisory Group on Mental Health**

- The Commissioner should **chair a cross-party parliamentary advisory group**, ensuring:
    - **Bipartisan engagement** on mental health priorities.
    - **Consistent, long-term planning** beyond government terms.
    - **Evidence-based decision-making** in mental health policy and investment.
- The group should **convene quarterly meetings** involving:
    - **Representatives from all political parties**.
    - **Lived experience advocates**.
    - **Key sector stakeholders**.
- These meetings should focus on:
    - **Reviewing evidence and global best practices**.
    - **Assessing state-wide priorities for reform and investment**.
    - **Ensuring cross-sectoral alignment in mental health policy development**.

9. Adequate Resourcing for the Mental Health Commissioner's Functions

The Need for Appropriate Resourcing

To **effectively deliver on the diverse and complex functions** outlined above, the Mental Health Commissioner's office must be **adequately resourced** with:

- **Skilled personnel**, ensuring **specialist expertise** across **policy, research, lived experience leadership, cultural safety, and data analytics**.
- **Clear governance structures**, enabling **independent decision-making** and strategic oversight.
- **Sufficient funding**, allowing the Commissioner to **lead systemic reforms and drive meaningful improvements** in South Australia's mental health landscape.

Lessons from past experiences—both from **South Australia's previous Mental Health Commission** and **similar bodies in other jurisdictions**—show that **inadequate resourcing weakens the Commissioner's ability to achieve systemic change**.

Rationale for Investment

Key Justification	Supporting Evidence
Efficiency and Long-Term Savings	- Adequate resourcing allows for the **early identification of systemic issues**, reducing reliance on **costly crisis interventions**. - **Queensland's Mental Health Commission** has demonstrated **cost efficiencies** by **addressing social determinants** (e.g., **housing and employment**), reducing the burden on emergency services.
Tailored Roles for High-Impact Outcomes	- A **multidisciplinary team** ensures that all **critical areas**—including **lived experience, cultural safety, data analytics, and policy development**—are adequately covered. - Past iterations of **SA's Mental Health Commission** lacked a **focused, specialist workforce**, limiting their **capacity to achieve sustained outcomes**.
Economic Benefits	- A **Deloitte Access Economics study on mental health reform** found that **for every $1 invested in preventative and systemic mental health reforms, there is a $4 economic return**. - Improved **population mental health outcomes** contribute to **higher workforce participation and productivity**, driving economic benefits.

Recommendations

To effectively fulfil its **legislative and strategic mandate**, the Mental Health Commissioner's office must be **appropriately resourced** with a **skilled workforce, targeted investment in systemic reform, and structured policy influence mechanisms**. The table below outlines **the key functions of the Commissioner, the required resourcing for each, and the expected impact when fully funded**.

Function / Role	Resourcing Requirements (Staffing & Budget Considerations)	Rationale / Expected Impact
1. Independence of the Mental Health Commissioner	- **Secure long-term, legislated funding** to ensure operational independence. - **Legal and governance support** to uphold statutory functions and reporting obligations.	- Prevents **political interference**, ensuring the Commissioner can operate **without conflicts of interest**. - Provides **stability for long-term mental health reform**.
2. Monitoring, Accountability, and Reporting	- **Expand data and analytics capability** with **dedicated statisticians, policy analysts, and lived experience data specialists**. - **Investment in IT infrastructure** to integrate **population health, social, and service data**.	- Enables **real-time system monitoring and public accountability**. - Ensures **consumer and carer feedback is central to evaluation**, driving continuous service improvement.

Function / Role	Resourcing Requirements (Staffing & Budget Considerations)	Rationale / Expected Impact
3. Advocacy and Rights-Based Leadership	- **Establish a legal and policy advocacy unit**, with specialists in **human rights, equity, and psychosocial disability law**. - **Lived experience leadership roles** to ensure advocacy is **community-driven and reflective of diverse experiences**.	- Embeds **human rights protections in mental health policy and practice**. - Strengthens **legislative protections against coercive and discriminatory practices**.
4. Collaborative Cross-Sector Influence	- **Intergovernmental policy team** to facilitate **alignment across health, justice, housing, education, and social services**. - **Funding for structured partnerships** between government agencies and the community sector.	- Breaks down **service fragmentation and government silos**. - Ensures **mental health reforms address root causes (e.g., housing, employment, justice reform)**.
5. Community and Lived Experience Engagement	- **Establish a Lived Experience Advisory Unit** within the Commissioner's office, ensuring diverse representation. - **Funding for co-design initiatives and remuneration for lived experience advisors**.	- **Strengthens trust** between consumers and government decision-makers. - Ensures **policy and service design reflect real-world experiences and priorities**.
6. Research, Innovation, and Evidence-Based Practice	- **Dedicated research division** to evaluate **local and international best practices, pilot programs, and policy innovations**. - **Budget for external research partnerships** with universities and Aboriginal-controlled health organisations.	- Strengthens **evidence-based policymaking**, reducing reliance on **reactive or politically driven reforms**. - Ensures SA **adapts proven, cost-effective models of care**.
7. Public Education and Anti-Discrimination Initiatives	- **Multi-year funding for state-wide anti-discrimination and public education campaigns**. - **Communications and media specialists** to run **evidence-based stigma reduction strategies**.	- Increases **public awareness, help-seeking behaviour, and mental health literacy**. - Reduces **discrimination in workplaces, schools, and services**, improving accessibility.
8. Policy and	- **Specialist policy team** to ensure	- Embeds **mental health**

Function / Role	Resourcing Requirements (Staffing & Budget Considerations)	Rationale / Expected Impact
Legislative Influence	the Commissioner is **consulted on all legislative and policy reforms** affecting mental health. - **Funding for a cross-party parliamentary advisory group**, chaired by the Commissioner, to ensure bipartisan engagement.	**considerations across whole-of-government policy**. - Ensures **long-term, bipartisan policy alignment**, minimising policy disruption due to political changes.

Comparative Insights on Resourcing

A review of **previous and existing mental health commissions** highlights the **importance of adequate staffing and funding** to ensure **meaningful system reform and sustained impact**.

Commission / Jurisdiction	Structure and Resourcing	Comparative Impact
South Australia's Previous Mental Health Commission (SAMHC)	- Operated with a **small team of 12-15 staff**, covering **administration, policy, and engagement** roles. - Previous **three-part-time commissioner model** further constrained **leadership continuity and strategic direction**.	- Limited staffing **restricted systemic monitoring, advocacy, and research functions**. - **Lacked dedicated roles** for **cultural safety, lived experience engagement, and data analytics**, weakening its influence on reform. - Contributed to **fragmentation in mental health governance**, reducing capacity for sustained systemic change.
New Zealand's Independent Crown Entity (ICE)	- Employs **approximately 40 staff**, including **a CEO, operational and policy specialists, research teams, and engagement officers**.	- Robust capacity to engage in **systemic monitoring and public reporting**. - Greater influence in **advocating for mental health reforms and integrating cultural safety**, particularly for **Māori and Pacific Islander populations**.
Queensland Mental Health Commission	- Staff of **approximately 30**, with an **annual budget of $10 million**. - Structured to lead **monitoring, stakeholder engagement, and systemic advocacy**.	- Demonstrates how **sufficient funding enables proactive policy influence, public education campaigns, and cross-sector collaboration**. - Ensures **effective systemic oversight**, helping to address social determinants like **housing and employment**.