

Responses to Supplementary Questions: The NSW Public Accounts Committee's Parliamentary Inquiry into a framework for performance reporting and driving wellbeing outcomes in NSW

The Mentally Healthy Futures Project,

The Matilda Centre for Research in Mental Health and Substance Use,

The University of Sydney

Thank you for the supplementary questions. Rather than respond to each of the four questions separately, we are predominantly addressing the need for consultation (question three). We provide some suggestions for questions one and two but would like to stress that these should be investigated further through meaningful and broad consultation.

Appropriate consultation

As the committee knows, public consultation plays a critical role in ensuring that policy decisions consider the interests, priorities and needs of the public. Importantly, consultations with the general public are essential for building trust and enhancing transparency in government, which we understand to be a core interest of the committee. Global case studies of wellbeing movements have cited public consultation as integral for widespread buy-in and support. For example, development of the Wales Wellbeing of Future Generations Act was underpinned by a national conversation engaging over 7000 people over the course of a year to develop a shared vision for Wales' future and the inaugural Future Generations Commissioner has frequently discussed how pivotal this process was in generating cross-sector support. While we commend the committee for engaging in this formal public consultation process, it is unlikely to have broad reach within the general NSW public. As such, we strongly recommend that the committee consider a more in-depth consultation.

Concerted efforts must be made to ensure that children and young people, those who have often not been given a seat at the table, are meaningfully consulted and listened to in the development of all policies relevant to them. Our team has worked with young people to co-design evidence-based guidelines for how to engage young people in consultation and other civic participation opportunities. This will be published in the Medical Journal of Australia in November (doi:10.5694/mja2.52485), however we will also attach an embargoed copy of the guidelines in our return email.



In addition to conducting an original consultation, the committee can review published literature that summarises findings from existing consultation around general population perspectives on wellbeing. One leading example is a comprehensive global systematic review that includes 130 participatory wellbeing studies (with several Australian studies), which identifies 30 wellbeing areas. This combination of primary and secondary consultation should be employed to refine the performance indicators (addressing questions one and two). However, we would like to re-iterate as per our original submission that there should be more consideration of mental health in the indicators.

Mental health indicators

Basing an assessment of the mental health of the NSW population solely on hospital readmission data within a 28-day period cannot provide a comprehensive picture of population-level mental wellbeing. Evidence shows that among those with mental disorders, there is a substantial treatment gap. The NSMHWB found that less than half (47%) of all people with a mental disorder have engaged with *any* mental health service (ABS, 2020-2022). Further, hospital admission represents only the most severe cases. Although NSW-data is not available, national data shows that only 1% of the population presented to emergency for mental-health related issues (AIHW, 2023), in contrast to the NSMHWB finding that showed that 20% of the population experienced a mental disorder within the prior 12-months. Further, while readmission within 28 days indicates unsuccessful resolution of mental health issues at the prior admission, which is important to monitor, this will capture the most severe cases, and is not an indicator of mental wellbeing in the overall NSW population.

As per our submission, we propose that a general measure of mental health, as well as a measure of subjective mental wellbeing, should be added to the 'Healthy' metrics. Further, one, or ideally both measures should be considered in the final suite of wellbeing outcomes. In addition, it is crucial that the framework is culturally appropriate and incorporates measurement of the First Nations concept of social and emotional wellbeing (SEWB), and we recommend that a measure of SEWB is added to the Healthy metrics and ideally the wellbeing outcomes.