



**Mental Health
Victoria**

Collaboration • Knowledge • Leadership

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Mental Health Royal Commission Establishment
Department of Premier and Cabinet
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Melbourne Victoria 3002

Mental Health Victoria submission on the Terms of Reference for the Victorian Royal Commission into Mental Health

Mental Health Victoria is the peak body for mental health service providers. We work with clinical and support services, consumer and carer peak bodies, medical colleges, professional associations, unions, police, emergency services, universities, governments and many others involved in mental health. Mental Health Victoria is a not-for-profit company limited by guarantee and a registered charity, and derive our revenue from a combination of Victorian Government and Commonwealth grants, philanthropy, corporate sponsorships, conferences, and income from the provision of training and professional development services.

Our **Patron** is **Professor Allan Fels AO** and our **Ambassador** is **Professor Patrick McGorry AO**.

Mental Health Victoria's aim is to ensure that all Victorians living with mental illness can access effective and appropriate treatment and support to enable them to participate fully in society. To this end, we commission research and develop policy aimed at improving the mental health system as a whole and its many constituent parts. We bring together mental health system stakeholders through state and national events including conferences, summits and forums, as well as auspice the Victorian Mental Health Policy Network - the membership of which includes the AMA, RANZCP, Orygen and many others. Our publications are distributed through more than 800 organisations across Australia.

The Victorian Royal Commission into Mental Health

The Royal Commission into Mental Health is an historic undertaking. Mental Health Victoria congratulates the Victorian Government in not only recognising that the mental health system in this state requires an urgent and comprehensive investigation, but also in its commitment to action all recommendations to come from the Commission's report.

Mental Health Victoria believes that the Royal Commission provides immense opportunity and promise to design and build a mental health system that meets the mental health needs of all Victorians - a comprehensive system that has a strong focus on prevention and early intervention, innovative service design, and the delivery of services that are evidence-based, accessible, person-centred, holistic and integrated and backed by sustained long-term investment.

Mental Health Victoria welcomes the opportunity to provide a submission on the Terms of Reference for the Royal Commission into Mental Health. This submission has been formed with input from numerous stakeholders across the mental health sector as well as organisations and peak bodies intersecting with mental health services.

Overview of key focus areas for the Royal Commission

There are ten themes that have been proposed for the Royal Commission. While these are a good starting point and are all important areas in need of review, they need further definition and a logical framework (as well as additional focus areas) to ensure that the investigation is comprehensive and thorough enough for its purpose.

Mental Health Victoria proposes the following twelve recommendations for the Royal Commission to consider in the design and focus of the Terms of Reference.

Recommendation 1: Include an overarching framework that embeds key principles across all areas of investigation

We suggest that the broad focus areas proposed by the Victorian Government be unified through an overarching framework that embeds key principles into each area that is examined. Key principles that cut across each thematic area should:

- Address the social factors (such as a person's living conditions, housing status, family situation, employment status, cultural background, contact with the justice system, sexual orientation, and age) that intersect with the mental health of individuals, and are antecedents or consequences of mental illness.
- Respect the human rights of consumers.
- Facilitate client recovery.
- Seek the expertise of people with lived experience, clinicians and academics to drive improvement.
- Produce no iatrogenic harm to clients, and no occupational harm to clinicians.

Recommendation 2: Include a key focus on efficient and meaningful data collection to set benchmarks and targets that effectively measure success

An effective mental health system should encompass clearly defined targets that enable governments, service providers and the public clear and transparent oversight of whether effective change is occurring and where gaps are emerging. Consistent and efficient methods of data collection (including Patient Reported Outcomes Measures) and clearly defined targets for each component of the mental health system should be a key focus of the Royal Commission in order to track the success of outcomes.

Recommendation 3: Draft the Terms of Reference to be comprehensive enough to examine mental illness across the lifespan

The Terms of Reference for the Royal Commission must consider mental ill health across the lifespan with prevention and early intervention as a priority consideration at every stage of the investigation.

Recommendation 4. Incorporate a comprehensive investigation of service models across the spectrum of mental health service provision, as well as the services that intersect with the mental health system

The Royal Commission must investigate the mental health system as a whole – looking at all of the services that are currently in place that any person could access at any stage of their lifetime and for any level of need.

How services are funded and designed (whether this is through the state or federal lines of funding) impacts on the composition of the mental health service system as a whole and ultimately, how a person with mental illness experiences this system. Currently Victoria’s mental health system is fragmented into an assortment of services that sit under various jurisdictional arrangements, funding portfolios, eligibility criteria, and catchments.

This Royal Commission presents an opportunity to investigate all segments of mental health service provision, with a particular focus on a person’s access to and transition between these services as well as the effectiveness of the support and intervention they receive. This includes how these services integrate and how the transitions between services impacts on a person’s experience in receiving supports across time. This examination would include:

- Acute and clinical services
- Private providers
- State funded mental health services (including community mental health services)
- Federally funded mental health services (including those commissioned through PHNs)
- The National Disability Insurance Scheme
- Rural and remote services
- Forensic mental health services

Mental health services are often not accessed in isolation, and many people must also navigate services that intersect with the mental health system as part of their recovery journey. Such services include those for:

- Alcohol and drug related issues
- Housing and homelessness
- Employment
- Child and youth
- Family violence
- Disability
- Physical health

How well these different systems integrate with mental health has a direct impact on a person's experience and outcomes and must be looked at as part of this broad investigation.

Recommendation 5: Include research and identification of local and international best-practice and innovation in models of care

Looking broadly at the latest research and at evidence based models that lead to effective outcomes for people with mental illness (including those services already providing exemplary outcomes in this state) will ensure that Victoria's future investments in a mental health system incorporate both local, national and international best-practice.

Australia has already seen a number of inquiries and reviews into mental health over the years. Drawing on these reports, as well as examples of local services that are already implementing models of exemplary service delivery to people with mental illness will provide a solid foundation for understanding what works well and innovation of new and effective models of care. This includes considering innovative ways of addressing gaps in the system using various technologies that can support people to engage with and access services (particularly for rural and remote locations).

Recommendation 6: Ensure all focus areas incorporate the specific needs of particular population groups

While every individual experiences mental health differently, there are particular cohorts of the population who may require services and supports that are sensitive to specific aspects of that population's culture and identity. The Royal Commission should factor these considerations in when addressing all key focus areas, ensuring that the investigation targets the specific issues that may influence mental health for these populations, their specific mental health needs, and the targeted supports required. Such population groups may include:

- Aboriginal and Torres Strait Islander (ATSI) Peoples
- People from culturally and linguistically diverse (CALD) backgrounds, including asylum seekers and refugees
- The LGBTI+ community
- People living in regional and remote areas
- Young people
- Older people
- People with co-morbid conditions and complex needs (such as intellectual or physical disability)

Recommendation 7: Ensure that a focus on early intervention to prevent mental illness incorporates community awareness as well as service provision

As with prevention, early intervention needs to be clearly defined and considered across the lifespan. Early intervention must be looked at not only in terms of service provision, but also from the perspective of community awareness about mental health, the design of 'safe' services, and the barrier of stigma that often stands in the way of people seeking support.

Recommendation 8: Ensure that the relevant workforce development implications are considered and included in all aspects of the investigation and in the final reporting

A comprehensive review into services and the consideration of new services and models of care would include an aligned investigation of the workforce underpinning those services. This would include an investigation into the capability requirements of all mental health professionals including:

- Community mental health workers
- Psychosocial disability support workers
- Psychiatrists
- Nurses
- Psychologists
- GPs
- Other allied health workers

This investigation would have reach across all services with consideration of the implications for service model costing and subsequent funding levels.

Reflecting a future integrated service system, the requisite mental health capabilities needed for other sectors who intersect with the mental health system on a daily basis should also be considered, including:

- Emergency service personnel
- Education staff
- Child protection and out of home care workers
- Aged care staff

Consideration should also be given to assessing how professional development is provided and the various workforce's capacity to engage with professional development activities. The Royal Commission should identify the positive workforce development initiatives already underway, and from which to build on while also identifying the areas of significant workforce need (such as the community mental health workforce) whilst looking towards strategic action towards building a more capable mental health workforce for the state.

Recommendation 9: Ensure that a focus on the forensic system encompasses the justice system as a whole and includes alternate pathways to incarceration

The forensic system as a whole and the impact of incarceration on mental health should be looked at broadly, including alternative and innovative models of prevention and intervention when addressing the mental health needs of people within the forensic system. There is currently an over-representation of people with mental illness in the forensic system. An investigation into forensic services should look at alternate pathways to incarceration for non-violent crimes with a focus on rehabilitation and treatment.

Recommendation 10: Ensure that suicide prevention is looked at across diverse and 'at risk' populations and across the lifespan

Suicide prevention should be looked at across the lifespan and across diverse populations. This includes a comprehensive review of the factors that place certain populations at higher risk of suicide and the interventions and supports (incorporating international best practice) that are required to address suicide.

Recommendation 11: Include the support and mental health needs of family and carers of people with mental illness as a key focus area

The families and carers of people with mental illness are an integral part of the recovery process for a person with mental ill health. As such, they require adequate services and supports in order to continue this vital role. The Royal Commission Terms of Reference should include a review into the role that families and carers play in the lives of people with mental illness, as well as an investigation into their associated support needs.

Recommendation 12: Complete the Royal Commission within an 18-month time-frame

The Royal Commission has been proposed as a two-year process, and the impact of the investigation on the system as a whole (and particularly for people with lived experience) will be significant. While we want to ensure that this investigation is comprehensive and thorough, an 18-month completion date would ensure that the people and services who are in urgent need of better supports can access them sooner, as well as reduce the length of time that the people making valuable contributions to the investigation will be required to wait for an outcome.

Conclusion

The Victorian Royal Commission into mental health is an historic initiative that we anticipate will transform policy and investment for mental health in this state. This investigation presents an unprecedented opportunity for the Victorian population to contribute to how they want their mental health needs met in the future. It provides an opportunity for people with lived experience, and their families and carers to share their valuable insights, an opportunity for service providers and professionals to identify new and innovative ways of supporting people, and an opportunity for the Victorian government to show leadership and courage in its adoption of the recommendations - recommendations that we hope will be comprehensive enough to improve the lives of the thousands of people who access mental health supports every year.

Mental Health Victoria looks forward to ongoing opportunities to contribute to the Royal Commission into Mental Health and to work with the Victorian government on reforming a system to ensure that all Victorians can receive the mental health care that they need.

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