

Consultation summary

Terms of Reference for the Royal Commission into Victoria's Mental Health System

How were people consulted on the Terms of Reference for the Royal Commission?

The Victorian Government believes that listening is the most important part of a Royal Commission. Victoria has a community of people with a lived experience of mental illness, and some of the world's leading mental health clinicians, thinkers and researchers wanting to be part of improving mental health treatment and care.

During December and January, Victorians were asked to share their views on 10 themes to inform the work of the Royal Commission:



People from across Victoria expressed their views on these themes in a range of ways, including through written and video submissions. The Victorian community was invited to provide their thoughts on the Terms of Reference through the government's Engage Victoria website. More than 8,000 contributions were made. Most people who made contributions identified as a person living with mental illness (27 per cent), a person working in the mental health sector (23 per cent), or a family member or carer of a person living with a mental illness (20 per cent).

Recognising the importance of hearing stories and ideas first hand, the Victorian Government also held 23 round tables. Three hundred people attended in regional and metropolitan locations to help shape the Terms of Reference.

A range of people attended the roundtables, including people with lived experience of mental illness, their families and carers, advocacy organisations, peak bodies, young people, mental health service providers and other key providers of services to people living with mental illness, representatives from the mental health workforce, unions and professional groups, academics and statutory and regulatory bodies.

The feedback provided by these Victorians on what is most important to them was carefully reviewed and considered by government. Views gathered through consultations shaped the final Terms of Reference, which

provide the Royal Commission with direction and set out expectations as to its program of work. The final Terms of Reference can be found at engage.vic.gov.au.

What do people think about the Royal Commission?

Victorians who shared their views in the consultations see the Royal Commission as a once-in-a-generation opportunity to create a positive vision for the future of mental health services. The Royal Commission is seen as an opportunity to reduce the stigma around mental illness by raising public understanding of mental illness and the service system.

“This Royal Commission provides a once in a generation opportunity to thoroughly review our entire approach to mental health, so that we can achieve better mental health outcomes for all Victorians.”

People acknowledged the strengths of the current system but raised several challenges they want the Royal Commission to address. These included limited access to services and long wait times, a lack of service options for treatment and care, and the need for more pathways home – from wherever that treatment and care is provided.

The challenges that people raised in the consultations are all reflected in the evidence. One in five Victorians will experience mental illness each year, and more than 45 per cent of Victorians will experience a mental illness in their lifetime. While Victoria once led the nation in mental health service delivery, the proportion of Victorians receiving public clinical mental health services is now lower than any other Australian jurisdiction. There were many stories raised during the consultations about people presenting at Victorian emergency departments seeking help for mental illness. And, most tragically, Victoria still loses over 600 people to suicide each year, leaving a lasting impact on the families, friends, and communities left behind.

People want clarity on what is in scope for the Royal Commission. Contributors highlighted that the Royal Commission will only create lasting change if it is able to consider issues in depth and make practical recommendations for government to act on.

“I hope that no one ever has to go through what myself and those I care about have. This change is long overdue, and this Royal Commission gives me hope.”

What do people want the Royal Commission to consider?

Of the themes considered during the consultations, community feedback ranked prevention and early intervention, accessibility and navigating the mental health system, acute mental health services and community mental health services as high priority themes for the Royal Commission to address. The community also identified additional areas of focus for the Terms of Reference that they thought were critical to improving mental health outcomes and preventing suicide.

Strong links between mental health services and other health, social, education and justice services

Community feedback highlighted how the Terms of Reference need to emphasise the importance of improving links between mental health services and alcohol and other drug services, with people seeing benefits in providing more integrated support for people living with both mental illness and problematic drug or alcohol use.

Victorians were also clear that health, education, disability, justice, housing and other social services that interface with the mental health system need to be included in the Terms of Reference. This was seen as critical because people experiencing mental illness require a joined-up response to care and treatment, and because multiple factors can impact on wellbeing. For many people experiencing mental illness, strong linkages between mental health and other health and social services are about clear referral pathways and eligibility criteria, management of demand, supported transitions from one service to another, information sharing, and collaboration between workforces. It is important to learn from people who require multiple services, where this has worked well.

“There are difficulties associated with integration between mental health and alcohol and other drug services, but there are also a range of similar complexities, including the intersection between mental health and housing, services for people with dual disability, and the NDIS.”

It was noted by the community that there are significant structural challenges in linking services together, not just between Victorian health and social services, but also with Commonwealth funded programs. However, there was a real interest in the Royal Commission exploring alternative and new ways of governments working together.

Prevent mental illness and intervene earlier

The issues of prevention and early intervention were identified as related but independent concepts that both need to be considered in the development of the Terms of Reference. To understand these issues, the relationship between mental health and social wellbeing needs to be recognised.

The community thought that it is important to be clear on what is meant by prevention and early intervention, as prevention and early intervention can occur early in life (including pre-natal and during infancy), or when someone develops a mental illness later in life. There need to be more ways to help people with poor mental health earlier no matter what age they are.

Effective prevention and early intervention incorporates family and carers, peer support, social determinants of health, homelessness, employment, education and social isolation. It is about healthy communities, care for families and carers, school and workplace supports, mental health literacy, general physical health and building resilience. It should also take into consideration all ages and all stages of life. Community mental health services are central to prevention and early intervention.

Participants at several roundtable discussions also noted that the work of the Productivity Commission Inquiry into Mental Health, that includes in its focus community and economic participation, should be taken into consideration in developing the Terms of Reference.

Increase service availability to promote timely access

Many contributions received during the consultation process highlighted a lack of service availability that prevents people from receiving timely access to support across Victoria. For some, this means they may not receive appropriate care, or only receive it once they hit crisis point, such as when they are at risk of suicide. This barrier is particularly important when it comes to mental health services for children and young people, where specific services are only available in some parts of the state.

Service availability was identified as a major challenge in contributions from Victorians in many rural and regional communities, where people are often required to travel to metropolitan centres to ensure they, or their loved ones, can access specialist mental health services. This is disruptive, costly and for some people, means that they can't access the required supports.

Supporting timely access to services, including in regional and rural areas, was seen as a priority consideration for the Terms of Reference. This involves identifying the parts of the mental health system that require significant new investment, or reconfigured investment. This investment must be allocated in a transparent way to ensure it meets the greatest need.

"It would be nice to not have a complex system – postcode health care – the care you receive everywhere should be the same."

Set high standards for quality and safety

Quality and safety of mental health services should be considered in the Terms of Reference, within the context of a human rights framework. People experiencing mental illness need assurance that treatment will be the least restrictive possible, and safe.

Using evidence to develop contemporary models of care was seen as critical to the delivery of high-quality services. This involves learning from best practice approaches and translating emerging research into practice.

Creating continuity of care for people living with mental illness, including when they are transitioning between services and when they are going home, was seen as another critical component of quality care. People should be able to receive consistent support across their treatment and recovery journey, not only when they are very unwell.

Victorians also thought that people should have a seamless transition as they move through the system, which would avoid them having to retell their story, and would prevent people from falling between the gaps. In

considering the safety of mental health services, this should be understood to mean the safety of people accessing mental health services as well as the safety of the mental health workforce.

Promoting culturally safe environments and the delivery of culturally appropriate services was identified during the consultation process as another priority, with Aboriginal Victorians and other population groups able to access services that meet their needs.

Support the workforce

The Victorian mental health workforce is a valuable resource, and any future system will depend on a passionate and capable workforce that works with consumers and carers and families, towards the best outcomes.

The development and retention of the existing workforce was seen as key considerations for the Terms of Reference. The importance of supervision, support, training and career pathways were raised as considerations.

Attracting people to join the mental health workforce, including the peer workforce, is also considered to be critical. If new workers are not joining the mental health sector, this will impact on the ability to grow service capacity and implement reforms. However, the community indicated that more practical experience and learning is needed before starting on the job, to equip the workforce and support the delivery of integrated, competent and best practice care.

The community identified that there is a need to reconsider the mix of workers in mental health services, recognising the valuable input of all different types of mental health workers, including medical, nursing, allied health and peer workers. Opportunities exist to build mental health skills of the general nursing workforce, to allow greater transferability to mental health settings and promote continuity of care.

The community also suggested the workforce should also reflect the diversity of people living with a mental illness, and local workers are needed in rural and regional areas. Lived experience in the workforce delivers hope to consumers and carers.

“We need a workforce that understands, believes in and carries out a person-centred approach.”

Recognise circumstances and context

There was an overarching view that all focus areas of the Terms of Reference must be considered from multiple perspectives. People discussed risk factors, which can be varied, and the different forms mental illness take.

Many risk factors for mental illness are associated with our social and economic environment. These include family violence or other trauma, social isolation, lack of affordable housing, unemployment, abuse or neglect, inequality and discrimination. These risks are higher where deprivation or discrimination persists across generations, and when people experience multiple risk factors.

“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.”

In turn, people identified how poor mental health can contribute to a wide range of other life outcomes such as low levels of educational achievement, poor employment outcomes, poor physical health, abuse of drugs and alcohol, and criminal offending. People expressed a desire for the Terms of Reference to acknowledge the experiences of people who may identify with a number of these characteristics, and how poor mental health impacts diverse communities and individuals.

When we asked “What are you hoping that the Royal Commission will accomplish?”, we heard that people want:

- *A new future for our mental health system, that links in new ways to other important social services, and protects the most vulnerable people in our community*
- *A system that provides a voice for people who typically do not get a voice, and ideally a system where people ‘only have to tell their story once’*
- *More people accessing services when they need them, and culturally appropriate assessment and treatment services*
- *A shift towards a chronic, coordinated care model for mental illness*
- *A system where people feel safe, and where people’s rights are promoted*
- *More resources, particularly in front-line service delivery, and more support for the diverse workforce across the system*
- *Better outcomes for people who seek help in our system.*

We heard that people also want the Commission to:

- *Drive constructive dialogue between all the parties involved to ensure we get the outcomes we want to achieve*
- *Provide information to the community, to change perceptions and address stigma*
- *Be inclusive.*

How do people want the Royal Commission to work?

Many people have participated or followed the progress of other Royal Commissions, and much of the consultation feedback reflected on how this inquiry should learn from these experiences.

“People with lived experience must be given a privileged voice – we don’t want people speaking on behalf of us.”

Most importantly, people recognised the importance of making sure the Royal Commission is inclusive and encourages people with a lived experience of mental illness, including family members and carers, to share their stories. People with a lived experience of mental illness have the greatest awareness of both the strengths and weaknesses of the current system. Recognising this, people agreed that the Royal Commission needs to support people to feel heard, which includes listening to the valuable insights they can share about what needs to change.

Community feedback also revealed how important it is that the Royal Commission provides support to all Victorians who seek to participate in the inquiry. There are some people with lived experience, as well as their families and carers, who will need support to tell their important stories to the Royal Commission. The Royal Commission may also identify people experiencing mental illness who need immediate care throughout its inquiry.

Throughout consultation, people recognised that Victorians may have different experiences of mental health and the mental health system based on their personal circumstances. For example, the recognition of needs of several groups within our community including Aboriginal Victorians, lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ+) people, people with a disability, refugees and asylum seekers, culturally diverse people, and people experiencing homelessness will be required. People also noted the importance of recognising the barriers that many rural and regional communities face in accessing services, along with the different needs of Victorians of all ages, particularly older and younger Victorians.

Finally, feedback highlighted the benefit of listening to and learning from the experience of the mental health workforce. Victoria has a proud history of service innovation in mental health care, and workers should be supported to share their insights during the Royal Commission. The view was that the focus of the Royal Commission should be on ways the system can be improved for everyone within it.

What happens now?

The Royal Commission will start work, guided by the Terms of Reference. It will rely on continued engagement and commitment from the Victorian community and mental health sector to deliver a vision for the future of mental health care in Victoria.

The Royal Commission will soon provide information about how people can help to inform the inquiry, including through providing a written submission or attending a public hearing. To stay up to date and participate in future consultations, you can provide your contact details at: <www.engage.vic.gov.au/royal-commission-mental-health-terms-of-reference>.

“It is integral that the Royal Commission is driven by the people for whom the mental health system is designed. People with lived experience (people with mental illness, their carers, and their families) must be involved in both the design and investigation of the Royal Commission, as well as the implementation of the recommendations.”

The Royal Commission into the Mental Health will tackle some challenging topics. If you or someone you know might need support, you can talk to a GP or health professional or access immediate support by contacting:

- **Lifeline:** 13 11 14 www.lifeline.org.au
- **Suicide Call Back Service:** 1300 659 467 www.suicidecallbackservice.org.au
- **beyondblue:** 1300 22 4636 www.beyondblue.org.au
- **SANE Australia:** 1800 18 SANE (7263) www.sane.org