

ELIZABETH THE SECOND, BY THE GRACE OF GOD
QUEEN OF AUSTRALIA AND HER OTHER REALMS AND TERRITORIES,
HEAD OF THE COMMONWEALTH:

I, the Honourable Linda Dessau AC, the Governor of the State of Victoria, with the advice of the Premier, under section 5 of the *Inquiries Act 2014* and all other enabling powers, appoint you

Penelope Jane Ramsey, also known as Penelope Jane Armytage, as Commissioner and Chairperson, and Allan Herbert Miller Fels AO, Alexandra Mary Cockram and Bernadette Maree McSherry as Commissioners

to constitute a Royal Commission to inquire into and report on the matters specified in the terms of reference.

BACKGROUND

- Mental illness affects people of all ages, from all backgrounds, in all locations across Victoria.
- Each year, one in five people in Victoria experience some form of mental illness. Some people experience their illness only once and fully recover. For others, it is prolonged and recurs over time. There are several population groups and communities within Victoria that are either at greater risk or experience disproportionately poorer mental health outcomes due to systemic discrimination and barriers to accessing services. This includes members of the Aboriginal and Torres Strait Islander community who may experience intergenerational trauma and racism and who are around three times more likely than non-Aboriginal persons to experience high or very high levels of psychological distress.
- Poor mental health and poor engagement with mental health services can dramatically affect a person's wider health and wellbeing, and general life prospects. It can impede their ability to secure housing, maintain engagement with employment and education, feel included in society, participate in the community, and connect with their friends and family. For many, the stigma that continues to surround mental health remains a barrier to seeking help. Poor mental health can also increase the likelihood of suicidal behaviour. Victoria tragically lost more than 600 lives to suicide in 2017, more than double the number of lives lost on Victoria's roads. Each suicide leaves a profound and lasting impact on families and communities across Victoria.
- Despite the number of people who experience mental illness in Victoria, only about half receive treatment. Over the past ten years, an increasing number of people seeking help from mental health services has challenged the responsiveness of the system. Many people are seeking help from Victoria's mental health system but are not able to get the treatment and supports they need. For too many Victorians, the care they receive is far too late, when their mental health has deteriorated to the point of a serious crisis. Mental health services are under significant pressure from population growth, changing patterns of drug use and greater complexity of need. But there are structural issues in the system that reduce people's access to services too, including funding arrangements and geographic boundaries.

- Every person living with mental illness deserves high quality care and treatment, and inclusive support, when, where, and for as long as they need it. The role and needs of family members and carers must be valued and supported. The mental health workforce must be recognised and supported in their efforts to prevent, respond to and treat mental illness and support personal recovery.
- People with the biggest stake in a better system are people with lived experience, including as family members and carers. Continuing to understand and draw on their experience is critical to the renewal and future of mental health services in Victoria, so that every Victorian can have the opportunity to experience their best mental health, remain well and live a full life.
- The Terms of Reference, set out below, took into account input from the community consultation organised by the Victorian Government.

I. TERMS OF REFERENCE

You are appointed to inquire into and report on how Victoria's mental health system can most effectively prevent mental illness, and deliver treatment, care and support so that all those in the Victorian community can experience their best mental health, now and into the future.

In particular, you are required to inquire into and report on the following matters:

1. How to most effectively prevent mental illness and suicide, and support people to recover from mental illness, early in life, early in illness and early in episode, through Victoria's mental health system, and in close partnership with other services.
2. How to deliver the best mental health outcomes and improve access to and the navigation of Victoria's mental health system for people of all ages, including through:
 - 2.1. best practice treatment and care models that are safe and person-centred;
 - 2.2. strategies to attract, train, develop and retain a highly skilled mental health workforce, including peer support workers;
 - 2.3. strengthened pathways and interfaces between Victoria's mental health system and other services;
 - 2.4. better service and infrastructure planning, governance, accountability, funding, commissioning and information sharing arrangements; and
 - 2.5. improved data collection and research strategies to advance continuity of care and monitor the impact of any reforms.
3. How to best support the needs of family members and carers of people living with mental illness.

4. How to improve mental health outcomes, taking into account best practice and person-centred treatment and care models, for those in the Victorian community, especially those at greater risk of experiencing poor mental health, including but not limited to people:
 - 4.1. from Aboriginal and Torres Strait Islander backgrounds;
 - 4.2. living with a mental illness and other co-occurring illnesses, disabilities, multiple diagnoses or dual disabilities;
 - 4.3. from rural and regional communities; and
 - 4.4. in contact, or at greater risk of contact, with the forensic mental health system and the justice system.
5. How to best support those in the Victorian community who are living with both mental illness and problematic alcohol and drug use, including through evidence-based harm minimisation approaches.
6. Any other matters necessary to satisfactorily resolve the matters set out in paragraphs 1-5.

II. REPORT

You are required to report your findings and any recommendations to the Governor as soon as possible, and in any event, no later than:

- a) an interim report by 30 November 2019 that details issues identified by the Royal Commission and proposed next steps to update the Victorian community and guide improved mental health outcomes and reform efforts; and
- b) a final report by 31 October 2020.

III. RECOMMENDATIONS

You may make such recommendations as you consider appropriate for the short, medium and long term. Those recommendations should endeavour to achieve practical, prioritised, efficient and sustainable outcomes that enhance the lives of those people who experience (or will in the future experience) mental illness and Victoria's mental health system.

In formulating your recommendations you may have regard to any matters you consider relevant, including:

- a) the evidence of people with lived experience;
- b) the views and insights provided by the community to the Victorian Government to inform the development of the Royal Commission's terms of reference as outlined in the "Consultation Summary – Terms of Reference for the Royal Commission into Mental Health" published by the Minister for Mental Health;
- c) the advice of the Expert Advisory Committee;
- d) the evidence of people from the mental health workforce who are engaged in preventing, responding to and treating mental illness;

- e) the need to recognise and respect the needs of different population groups and communities including (but not limited to) Aboriginal and Torres Strait Islander children, young people and Elders; children and young Victorians, including those currently or formerly in out of home care; older Victorians; lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ+) people; people with a disability; people from culturally and linguistically diverse backgrounds; victims of crime; people experiencing family violence or homelessness; people living in rural and regional communities; and adults and young people in custody;
- f) the need to address stigma associated with mental illness including problems of knowledge, attitude and behaviours towards people living with mental illness;
- g) the need to safeguard human rights, promote safe and least restrictive treatment and ensure the participation of people with lived experience in decision-making that affects them;
- h) existing legislative and regulatory frameworks, including the *Mental Health Act 2014 (Vic)*, and any associated reforms you consider necessary or desirable;
- i) any cross-jurisdictional matters that you consider would streamline the provision of mental health treatment or services or otherwise assist in implementing your recommendations.

IV. CONDUCT OF THE INQUIRY

Without limiting the scope of your inquiry or the scope of any recommendations arising out of your inquiry that you may consider appropriate, you are directed to:

- a) conduct your inquiry as you consider appropriate, subject to the requirements of procedural fairness, including by adopting any informal and flexible procedures and practices;
- b) hear from and have regard to advice provided by the Expert Advisory Committee;
- c) seek to raise awareness of mental health and reduce associated stigma and discrimination;
- d) have regard to the Productivity Commission's Review into Mental Health;
- e) have regard to best practice approaches to improving mental health outcomes, both nationally and internationally;
- f) follow best practice approaches to engagement with people with lived experience, including the provision of opportunities for them to share their experiences while recognising that many of them will need support to disclose trauma;
- g) have regard to relevant research, past and current inquiries (including the Royal Commission into Aged Care Quality and Safety) and other reports, reviews and/or evaluations that may inform your inquiry;
- h) have regard to changes to laws, policies, practices and systems as a result of the Royal Commission into Family Violence, including changes that are intended to make it easier for people to navigate Victoria's justice and social services and for service providers to share information and interfaces between services for people with multiple needs;

- i) engage widely across Victoria, including conducting your inquiries in rural and regional communities;
- j) regularly communicate with the Victorian community on the progress and conduct of your inquiry;
- k) have regard to the desirability of conducting your inquiry without unnecessary cost or delay; and
- l) conduct your inquiry in accordance with these letters patent, the *Inquiries Act 2014* (Vic) and all other relevant laws.

Expert Advisory Committee

You are directed to establish an Expert Advisory Committee to be chaired by Professor Patrick McGorry AO. The committee must include people with lived experience.

The Expert Advisory Committee may be consulted about any matters which you consider appropriate to inform the inquiry's findings and recommendations including, as appropriate:

- i. engagement strategies to inform the conduct of the inquiry;
- ii. opportunities to most effectively raise awareness of mental health as an issue, challenge stigma and reduce discrimination associated with mental illness; and
- iii. the likely impact of the Commission's findings and recommendations on access, experience, safety and quality from the perspectives of people with lived experience and the mental health workforce.

You may direct or authorise the Expert Advisory Committee in the conduct of its engagement as you consider appropriate.

You may consult with and engage any other experts and consultants as are necessary to provide relevant advice and assistance to your inquiry.

Exercise of powers

The powers of the Royal Commission may, at the discretion of the Chairperson, be exercised by one or more Commissioners from time to time.

V. EXPENSES AND FINANCIAL OBLIGATIONS

You are authorised to incur expenses and financial obligations to be met from the Consolidated Fund up to \$13,600,000.00 in conducting this inquiry.

VI. DEFINITIONS

In these letters patent:

Carer means a person, including a person under the age of 18 years, who provides care to another person with whom he or she is in a relationship of care.

Expert Advisory Committee means the Expert Advisory Committee to be established under the sub-heading "Expert Advisory Committee" in Part IV of these letters patent.

Family may refer to either family of origin and/or family of choice.

Forensic mental health services mean mental health services that provide assessment, treatment and care to people living with a mental illness who are in contact with the justice system, including the youth justice system. Forensic mental health services can be provided to people in both custodial and community settings and can be provided to people who have offended or are at-risk of offending.

Mental health workforce means those who deliver mental health assessment, treatment and care to people experiencing a mental illness. It includes but is not limited to general practitioners, psychologists, psychiatrists, counsellors, mental health nurses, peer support workers, social workers and occupational therapists.

Mental illness means the experience of symptoms which impact thinking, perceptions, emotions, behaviour and relationships to others, or a combination of these.

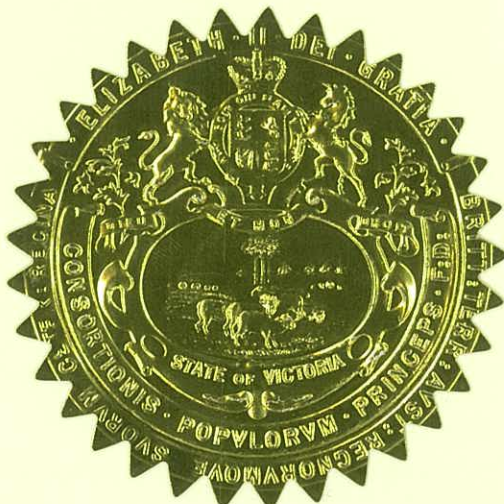
Person-centred means treating a person receiving healthcare with dignity, respecting their preferences, needs and values and involving them in all decisions about their health treatment. The term recognises that a person's needs may be broader than their mental health treatment and care.

Other services mean the range of services supported by the Victorian Government that seek to address the wider determinants of mental health, such as housing, homelessness, disability, education, alcohol and other drug, family violence, health, justice and employment services. It also includes Commonwealth subsidised mental health services, Commonwealth funded and co-funded services, primary care type services and supports funded by the National Disability Insurance Scheme.

People with lived experience means people living with mental illness, their family members and carers.

Victoria's mental health system means any mental health services that are funded (whether wholly or in part) by the Victorian Government that support mental health and respond to mental illness. This includes clinical services delivered by area mental health services and community-based services that focus on activities and programs that help people manage their own recovery and maximise their participation in community life. It also includes consumer-run services, forensic mental health services, as well as specialist mental health services.

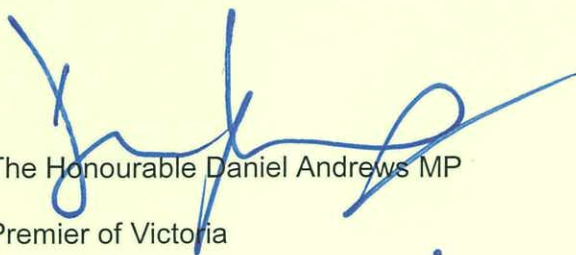
These letters patent are issued under the Public Seal of the State.



WITNESS

Her Excellency the Honourable
Linda Dessau, Companion of the
Order of Australia, Governor of
the State of Victoria in the
Commonwealth of Australia at
Melbourne this 22nd day of
February two thousand and
nineteen.

By Her Excellency's Command



The Honourable Daniel Andrews MP
Premier of Victoria

Entered on the record by me in the Register of Patents Book No 47 Page No 35 on the 22nd day
of February 2019



Secretary, Department of Premier and Cabinet