

[Welcome]

Thank you for joining us on this first day of our public hearings. I am Penny Armytage, the Chair of the Royal Commission into Victoria's Mental Health System. I am joined by my fellow Commissioners, Professor Allan Fels, Dr Alex Cockram and Professor Bernadette McSherry.

On behalf of the Commission, I acknowledge the traditional owners of the land on which we meet, the people of the Kulin nation. I also pay respect to their Elders past and present and extend that to Elders joining us here today.

I deliberately begin by recognising Aboriginal and Torres Strait Islander Victorians and reflecting on Aboriginal understanding of social and emotional wellbeing. My fellow Commissioners and I are committed to ongoing and thoughtful engagement with Aboriginal Victorians, to learn from their wisdom, build on existing knowledge and best practice, and embrace self-determination.

As expressed in *Balit Murrup*, Victoria's First Peoples share a rich culture and history that extends back tens of thousands of years and continues to be practised now. This modern history is characterised by resistance, reclamation of rights, and community and personal resilience.<sup>1</sup>

It is a history that seeks to re-establish self-determination.<sup>2</sup>

The long-standing leadership of Aboriginal communities and Elders in Victoria is recognised as crucial to improving outcomes for Aboriginal adults, children and families. Also to be acknowledged is the devastating impact of trauma across generations as a result of colonisation, genocide, discrimination, racism, and the violent dispossession of land and children.<sup>3</sup>

The work of this Royal Commission will be underpinned by self-determination, in recognition that Aboriginal-led responses are central to improving outcomes for Aboriginal people. Our

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<sup>1</sup> Victorian Government, *Balit Murrup Aboriginal social and emotional wellbeing framework, 2017–2027*

<sup>2</sup> Ibid.

<sup>3</sup> Victorian Government, *Dhelk Dja: Safe Our Way*, October 2018, page 3

work will be built on strong community voices and community-led approaches that reflect the diversity of Aboriginal communities throughout Victoria.

Together, we have a challenge ahead. As one person told the Commission, ‘[The mental health system has been set up from a white world, not inclusive of Aboriginal and Torres Strait Islander participation](#)’. But it is a challenge we commit to taking up alongside Aboriginal Victorians.

We know we have much to learn from Aboriginal perceptions of mental health—encompassing the social, emotional and cultural wellbeing of the individual and the wider community.

We respect the powerful Aboriginal understanding of social and emotional wellbeing and its relevance to all the Commission’s work.

[Context]

Before the hearings begin I want to speak briefly about what we have heard and learnt so far and our aspirations for better mental health services.

It is estimated that 20 per cent of Victorians—that is, more than 1.2 million people—experience a mental health condition in any given year. And nearly half of all Victorians—well over 3 million people—will experience a mental health condition in their lifetime.<sup>4</sup>

Think for a moment about what these numbers actually mean:

- When it comes to our families and loved ones, there is a one-in-two chance they will experience a mental health condition during their lifetime.
- It is estimated that mental health conditions are more prevalent in our community than all cancers combined.<sup>5</sup>
- Nearly half of the people living in our own neighbourhood will experience challenges to their mental health.

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<sup>4</sup> Victorian Government, *Victoria’s 10-Year Mental Health Plan*, 2015

<sup>5</sup> 4.2 million Australians received MH-related prescriptions in 2017-18 (<https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/summary/prevalence-and-policies>) compared with 431,704 people who had had any cancer in past five years - <https://www.aihw.gov.au/reports/cancer/cancer-data-in-australia/contents/summary>

Mental health is experienced in many different ways, by different people. Some of us live with ongoing challenges to our mental health; some of us might experience challenges for a brief period. Regardless, we are all entitled to live fulfilling and contributing lives, thriving in our communities and having access to the services and treatments we want and need.

There are many types of mental health challenges and their impact varies: we might experience difficulties as parents caring for our children, as siblings being with our brothers and sisters when they are in pain, as loved ones of friends who want to help but don't know how, or as workers who try to do their best in an overwhelmed mental health system.

Some people experience mental health conditions when they are alone, feeling ashamed, helpless and isolated. We know how dangerous these feelings can be and how important it is for us to make connections with others, on a human-to-human level.

I have been struck by the trends in diagnoses of mental illness.

We have been hearing about higher rates of youth suicide attempts; higher rates of young children experiencing severe distress; higher rates of people diagnosed with mental illness going to emergency departments; higher rates of mental illness related to alcohol and drug use, particularly ice; a higher incidence of eating disorders. The list goes on.

The data appear to support what we've been hearing. Young people are more likely to die by suicide than in a road accident.<sup>6</sup> The Australian Institute of Health and Welfare has estimated that nearly 14 per cent of children and adolescents aged between 4 and 17 years experienced a mental health disorder in 2013–14.<sup>7</sup>

We find this evidence confronting—that our young people, even very young children, are not enjoying good mental health and are increasingly experiencing high levels of distress. We need to examine this and try to understand what is happening so that together we can do something about it.

A clear message emerges: doing more of the same will not be enough.

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<sup>6</sup> Black Dog Institute, *Facts About Suicide*, accessed on 18 June 2019 at <https://www.blackdoginstitute.org.au/clinical-resources/suicide-self-harm/facts-about-suicide-in-australia>

<sup>7</sup> Australian Child and Adolescent Survey of Mental Health and Wellbeing, 2013-14, accessed on 26 June 2019 at <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-content/summary/prevalence-and-policies>

[Context – opportunity]

The calling of this Royal Commission is also an acknowledgment that the mental health system is broken. Indeed the Premier said so very plainly, when establishing this Commission.

But this Commission was established not only to look at the shortcomings of the current mental health system, but also to envisage what mental health services might look like in the future.

In this, we cannot only consider what we need now: we must form a view about what our community will look like in generations to come.

Although previously there have been reviews of various aspects of the mental health system, this Commission offers a once-in-a-generation opportunity to review mental health services at the systemic and universal level in Victoria.<sup>8</sup>

The remit is necessarily broad. We will examine services and opportunities across the continuum of mental health, from primary to acute care, regardless of who uses the services and who funds them.

The remit also extends beyond what many would think of as the specific domain of the ‘health system’: individuals who look to our mental health services for support are often also in contact with many other services and parts of government.

People experiencing challenges to their mental health might be in school, where the school counsellor could be the first place they seek help. They might be in custody, looking for support in prison. Or they might be homeless or in inadequate accommodation and looking for housing support.

They might have experienced family violence and be in contact with our evolving family violence services. They might be in out-of-home care. Or they might be an asylum seeker, a WorkCover claim recipient, an emergency services worker, or a school principal. They might be a veteran, a pensioner, or a recipient of Centrelink benefits. They can be any one of us.

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<sup>8</sup> National reviews include, HREOC 1993, Medibank and Nous Group 2013, the National Mental Health Commission 2014, and KPMG and Mental Health in Australia 2018. Victorian reviews includes: (Confidential) Cockram Mental Health Advisory Report, 2017, VAGO Access to Mental Health Services, 2019, review of the Mental Health Act (announced in 2008),

To consider the entirety of the mental health system in Victoria, we need to think beyond what is technically the health system and also think about services from the perspective of the people using them. This really is a whole-of-society challenge.

We Commissioners know we have been given a rare gift of time and independence within which to deliberate. As well as having the benefit of the community's participation, we have a chance to harness the Victorian Government's leadership and interest and to capitalise on the Commonwealth Government's attention—particularly through the Productivity Commission's current inquiry into the effect of mental health on Australia's economy and productivity.

This opportunity is not just about policy and system design: it is also about reflecting on our humanity and values and considering what we need to do to build supportive communities and demand governments' sustained focus.

We are fortunate to have the deep expertise of members of the Expert Advisory Committee to draw on—a group of eminent people representing a range of backgrounds and perspectives.

We must also recognise and build on the commitment of individuals, consumers, families and carers, the mental health workforce and the peer workforce, who have been instrumental in raising awareness, working to reduce stigma and championing reform.

The Commission has learnt of the power of the growing peer workforce in sharing details of their lived experience and journeys of recovery to offer hope and support.

In many ways it is not government that has led us here today: it is consumers, families and carers, community organisations and advocates, peer workers and dedicated staff who have spoken out and called for change.

[Our work to date]

When we began our work as the Royal Commission into Victoria's Mental Health System we decided we wanted to begin with community consultations. We wanted to hear directly from those who have used or tried to use our mental health services.

We wanted to ground our work in the voices of people who know what it's like to experience mental health challenges and to work alongside those who have experienced the strengths and failings of our mental health services.

We needed to hear the voices of consumers, families, carers and workers for these people are integral to designing the road to reform. Often, we have heard from people who wear more than one hat, sharing their personal and professional perspectives.

We have had contact with a wide cross-section of people—in the city and the suburbs, in Melbourne's growth corridors, in regional centres, and in rural and regional locations.

We have also visited frontline services, where we have gained insights into the dedication of the workforce, the challenges they face and the trends they have seen.

So far, we have spoken to over 1,600 people and have received more than 1,000 brief comments and written submissions. This is in addition to over 8,000 contributions during summer, when our terms of reference were being developed.

The willingness and strength of people to share their personal and often painful stories, has had a deep impact on me and the Commissioners.

While the humanity and goodwill of people often shine through, we have been told of tragedies that bring alive what it means to have a broken system, and raise issues for us to consider further.

To name just a few, we have heard about:

- People wanting to get help, to be told that they were not 'sick enough' even 'not suicidal enough' to receive care.
- The desperation of carers, especially young carers, who struggle to 'stand in the gaps' between services and provide support for their loved ones.
- The disparity in support for those with physical health needs and those with mental health needs—one parent told us about the stark difference in the support they received for one child with cancer and one with a mental health condition.
- The extreme consequences of suicide or intimidation and harm to oneself and others, and the unforgettable affect this has across families, friends, and communities.

In these stories there is often an acknowledgment that while sometimes our health is a 'lottery', our mental health system should not be.

These hearings present an opportunity to explore what lies at the heart of individual experience, and what can be changed.

As I said, we are all likely either to experience challenges to our own mental health or to know someone who is dealing with such challenges.

We must ask, How would we want to be treated? How would we want our loved ones to be treated? Fairly, respectfully and decently, I imagine, so we all have the opportunity to live the best life possible.

We, as Commissioners, need to take a thoughtful approach to understanding the realities of people's experiences as well as thinking about the role of attitudes, both helpful and unhelpful, in reducing stigma and prejudice.

What has also struck us, though, has been the shared hope—and the selflessness and courage—of people who have detailed their experiences in an attempt to reduce the pain for others.

We heard of people losing loved ones to suicide or families suffering the consequences of violent crimes. These people came to us and spoke of their pain, determined to contribute and help prevent these things happening to someone else. We have a moral obligation to pay heed and put forward ideas aimed at preventing further suffering.

On the positive side, we have also heard of inspirational instances, when current services are operating well and when communities have come together to provide a united response.

There are people who have built restorative, trusting relationships with mental health supports, enabling them to live fulfilling, contributing lives. There are people who have been fortunate to experience high-quality, integrated care, supporting them in multiple dimensions of their lives to great effect.

And, of course, there are many examples of the workforce providing outstanding support and care, despite the constraints and pressures of the system. It is not easy to dedicate yourself to a sector that you know is overwhelmed. That speaks of the ethos of people who are determined to improve the lives of those they work with every day.

So far, our consultations and research have underlined the Commission's responsibility to hear these personal stories, to think hard about what is at stake and to use this information to generate change.

#### [Aspirations]

This Royal Commission is not here to provide a patchwork of possible solutions to a broken system: we are here to envisage and design a system for the future. One participant put it eloquently: '[We don't want to fill in the potholes, we want a new road](#)'.

As we reflect on what we have heard and read so far, there emerge a number of ideas that are shaping our thinking about Victoria's mental health services.

First, we recognise that mental health is shaped by the social, economic and physical environments in which people live and is a shared responsibility of society.

The current mental health system—which is extremely complex, rooted in historic and cultural preconceptions, and underpinned by a multitude of legislative frameworks—cannot be changed overnight. But we must always be mindful of the community voice that inspired us in the first place and continue to respect these aspirations.

#### [Looking forward]

So, although it is part of our work to examine the failures of the current mental health system, it is also our task to imagine what effective and valued services look like so that we can design methods for the future.

Being independent of government, this Royal Commission offers a tremendous opportunity to stand back and methodically examine how the whole system operates in its current form. Our terms of reference require us to make practical and sustainable recommendations, so that people can optimise their mental health, now and in the future.



We are thinking about what can be achieved in the short, medium and long term and how we can best work alongside friends, families, loved ones, communities and the workforce to develop and achieve reform.

Today is the first day of our public hearings. These hearings offer an opportunity to examine the complex considerations that have been emerging in our consultations and research thus far. We intend to further explore the range of ways people experience the mental health system, and we look forward to hearing from experts in the field.

It is also important to note, that it is not the Commission's intention to make any findings in relation to the conduct of service providers in individual cases.

Many people have made the effort to participate in our hearings and share their personal experiences, expertise and ideas. We ask that these people be accorded the respect they deserve.

My fellow Commissioners and I approach these hearings and our roles throughout the Royal Commission's operation with truly open minds—eager to investigate new ideas and assumptions and keen to listen to and learn from the various views put forward.

Just as many people we have heard from wear multiple hats, we too have varied personal and professional experiences across government, healthcare and academia. Over the course of our careers, we have had professional relationships with some of the witnesses that we will hear from during these hearings, and our witnesses may talk about services Commissioners have worked in or alongside.

We acknowledge these experiences and are drawing on them to craft curious lines of enquiry. However, we consider bringing open minds to this work as one of the most critical things we do. We are and will continue to test the ideas that are put to us, regardless of the reputation, level of expertise or experience of the person in front of us.

We are looking into important topics during these hearings, but we do know that we can't consider everything in four weeks. We will need to pursue other topics in different ways—examples are the forensic mental health system, community safety, quality of care, the workforce, human rights, homelessness and inadequate accommodation.

Our hearings are an important part of our research, but they are just one part. We have already heard from many people through the community consultations, and our engagement and research continue. Written submissions and brief comments are currently open on our website, and we encourage all of you to make a contribution.

We are impressed by the generosity of those who have already contributed, and we are grateful to the people who have shared information about their personal, and often painful, experiences. We admire their strength and purpose.

My fellow Commissioners and I are conscious of our responsibility to listen to and respect what you have to say. We are mindful of what one person with lived experience of mental illness said: ‘As consumers all we have is hope, hope for real change’.

There is no greater, more pressing challenge than realising this hope.

[Conclusion]

In conclusion, I say again that we have a once-in-a-lifetime opportunity ahead of us—to reform the mental health system so that future generations do not experience the unnecessary and aggravated pain we have heard of time after time.

But, more than that, we must be aspirational. We must design a contemporary mental health system that will meet the needs of the coming generations and is yet again world leading.

That is our task.

We thank Counsel Assisting for their work in devising the structure of the hearings and identifying and questioning witnesses.

In her opening address, Senior Counsel Assisting, Ms Lisa Nichols, will say more about the structure and content of the public hearings.