

Public hearings | Chair's closing remarks, 26 July 2019

Today marks the final day of the Royal Commission's four weeks of public hearings. It has been a powerful month—moving and inspiring.

We have heard from a range of witnesses at the Melbourne Townhall, in Maryborough, and at the Aborigines Advancement League in Thornbury. This has included 29 people living with challenges to their mental health, carers and family members, and 67 mental health professionals, CEOs, academics and public servants.

We have heard from a breadth of consumer perspectives, from young people, to those who have lived through institutionalisation, from Aboriginal elders, to farmers to politicians, to refugees and football players. We have gained insights from school principals, police officers, paramedics, sector leaders, clinicians, and researchers.

With deep gratitude, we thank everyone who has participated in these hearings.

In particular, we thank the community witnesses who have shared their personal experiences. We understand that it is not easy to retell private and painful experiences, particularly with a wide audience.

We acknowledge the time and effort it takes to prepare, combat nerves, and appear in front of the Commission. We have been struck by people's openness and purpose in an environment that can at times, feel intimidating.

We have been moved by the humanity that was palpable throughout the hearings—we saw witnesses form bonds, reach out to one another, offer support and share hope.

Everyone has demonstrated a commitment to making things better, so that others may avoid a similar path. In the words of one witness, ['If I can help one person, that's a win. That's all that matters to me, is to give back.'](#)² We give our thanks to you all.

We have also heard from mental health professionals, academics, CEOs and public servants. Their contributions spanned the systemic challenges with Victoria's mental health services, and along with community witnesses, generated ideas for reform. We are grateful to all these witnesses for sharing their expertise, insight and time.

² Al Gabb, Rural and Regional, Witness Statement, 15 July 2019, RCMHS Public Hearings

Each witness has put an enormous amount of care and concern into their evidence. And each witness, no matter their background, demonstrated a collective commitment to make the mental health system better.

Each contribution shared with the Commission will be critical to our work. Each contribution will inform our deliberations and proposed reforms and will assist us in understanding the impact of policy and system design.

This month has reaffirmed how mental health conditions can touch anyone, from any walk of life—people on different paths, with different opportunities, from all different backgrounds.

We heard that stigma can be experienced differently across the mental health continuum. Its impact can prevent people reaching out and seeking help. People experience discrimination—particularly in the workplace—and are impeded from living full and contributing lives.

We were welcomed at the Aborigines Advancement League, as we continue to learn from the wisdom and build on the knowledge of Aboriginal Victorians.

We heard about the critical importance of Aboriginal-led responses and culturally-appropriate services—how difficult it is for an Aboriginal person to talk about their experiences, when the person in front of them has no understanding of Aboriginal culture and social and emotional wellbeing. Witnesses conveyed the importance of understanding that Aboriginal conceptions of mental health are holistic, ‘[shaped by connections to culture, land, extended kinship, ancestors and spirituality](#).’³

Throughout the weeks, we heard how important networks are—families, friends, communities—to build connections and support. We heard how important the basics are—a home, health services, employment—to live well.

³ Dr Graham Gee, Aboriginal and Torres Strait Islander People, Witness Statement, 16 July 2019, RCVMHS Public Hearings

We heard about the importance of inclusive services that are responsive to and reflective of our diverse communities. As one witness said, ‘communities have their own ways to heal, and it is important ... to build on that.’⁴

We heard examples of how stigma can be compounded by racism and intolerance. A stark example was the impact of racism on the mental health of Aboriginal people and how this can perpetuate a lack of self-worth—carried from childhood—and creating an additional stressor on mental health. An Aboriginal Elder conveyed how her childhood experiences of racism were still raw, referring to her experiences as a ‘mental anguish you continually carry with you.’⁵

And a young witness reflected on how racism and discrimination contribute to mental health challenges in diverse communities. He reflected on how common these experiences are in day-to-day life, saying how ‘people cross the road when they see an African person, or call the police because African people are in the local park.’⁶

We heard of the additional challenges people from the LGBTQI community fear—where coming out may result in people being excluded from family, friends and social networks. As one witness said, you could lose ‘all of the connectors and protective factors that protect us around suicide.’⁷

We were moved by the experiences of carers—young people caring for their parents and siblings, and parents navigating a fragmented system, determined to find support. We were stirred by the honesty of families and carers as they talked of their commitment, as well as the exhaustion, the desperation, and the fear of losing a loved one.

Across the weeks, we have consistently heard about the challenges people face in accessing services—people being turned away, being told they’re not sick enough, or being told there are no available beds. As one witness described, ‘...the mental health system felt like

⁴ Adriana Mendoza, Inclusive Communities, Transcript, 18 July 2019, RCMHS Public Hearings

⁵ Aunty Nellie Flagg, Aboriginal and Torres Strait Islander People, Witness Statement, 16 July 2019, RCMHS Public Hearings

⁶ George Yengi, Cultural and Linguistically Diverse Communities, Witness Statement, 18 July 2019, RCMHS Public Hearings

⁷ Ro Allen, Inclusive Systems – LGBTQI communities, Transcript, 17 July 2019, RCMHS Public Hearings

opening a door and seeing a yawning abyss... we opened the door and there was nothing behind it, absolutely nothing.’⁸

Time and again, we heard of the ‘missing middle’ and the strain this places on services—culminating in people spending days in emergency departments, or people experiencing suicidal ideation being sent home to fend for themselves, and an increasing reliance on a police response.

For rural and regional communities, we heard about the ‘tyranny of distance’ people face as they try to access services. We heard of one mother’s struggle to receive support for her child, where she packed up half her home, quit her job and moved to Melbourne.

We heard of the challenges farmers face, including the strain of running a business at the mercy of the environment, social isolation, acclimatisation to risky behaviours, and practical barriers to leaving the farm for a day. As one witness said, ‘farmers seem to put up with injury so long as they can still actively farm, and it is only when they are unable to physically work that they eventually seek help.’⁹

And we have heard about men who are reluctant to seek help and fear being labelled as ‘weak.’

In this short closing statement, I cannot do justice to all the contributions we have heard this past month. But I must emphasise, that we were deeply moved—sometimes overcome—by the honesty in which people shared their experiences and expertise.

We have been inspired by the strength of people with lived experience. Despite the failures of the mental health system, we have seen people forge contributing and fulfilling lives—many championing for reform. As one community witness said, ‘we are not passive, we will no longer receive, we participate.’¹⁰

⁸ Janet Butler, Access and Navigation, Witness Statement, 9 July 2019, RCMHS Public Hearings

¹⁰ Janet Meagher, Stigma, Transcript, 3 July 2019, RCMHS Public Hearings, p 90

These hearings were also about ideas for reform. Community witnesses, mental health professionals, academics, public servants and CEOs, shared their rich insights and expertise—inspiring us to look forward, and envision a mental health system for the future.

We must bring open minds to new ways of working. We must consider the opportunities in our modern world—new technologies, digital opportunities—if we are to envision a contemporary system.

We know that reform is not only about money. It will take a coordinated effort, with long-term planning and system integration. It will involve a service response and a community response.

We appreciate that there is a tension between building on existing foundations and envisioning an entirely new system. We will reflect on the contributions provided and take a whole-of-system view. We are mindful—that band aid solutions create fragmentation and short-lived reform. A saying shared by one witness resonated with us: ‘we have a lot of airports around...that’s because there’s a lot of pilot projects that come in and go.’

And we know that we cannot bring about reform without the support of the workforce. We need to build on its strength to lead change, influence culture, and drive reform. Emerging leaders need to be encouraged to be open to new ideas and drive clinical excellence; and the peer workforce must continue to exert influence.

Finally, across the weeks, there has been a sense of a hope. We know that people have participated in and closely followed these hearings, because they believe in the purpose of this Royal Commission. Perhaps for the first time, some people feel positive about the future of mental health services.

We have heard your plea. We have heard that we must be brave, bold and ambitious in our reforms. We must think laterally, we must be open to new ideas, and we must be future-focused. As one mother implored, ‘please do everything you can to prevent any parent having to deal with the enormous aftermath of losing a child to suicide.’¹¹

¹¹ [Pseudonym] Susan, Suicide Prevention, 22 July 2019, Transcript, RCMHMS Public Hearings, p 54

We feel the weight of the responsibility in undertaking this work, but we don't shy away from this challenge. We know what is at stake, and we will work hard to generate change.

The Commissioners will now reflect on, examine and test the evidence we have heard, as we work towards our findings.

We will continue to review the thousands of submissions and comments we have received, along with what we heard across the community consultations with over 1,600 people. We will also consider a survey we undertook this month with 3,000 Victorians to understand the broader community's perceptions of mental health conditions.

The public hearings have been an important source of evidence, serving as another input to inform the range of issues that have been put forward for us to consider and help narrow our focus. We will undertake a careful and deliberative process and think deeply about the evidence raised and the information provided to us.

We will further consider issues through targeted engagement and research, hearings, roundtables, discussions with our Expert Advisory Committee, leading thinkers and researchers, and we will look here and abroad for new and emerging best-practice models in both mental health and parallel systems.

The Commission will provide an interim report to the Victorian Government by the end of November this year, followed by our final report in October 2020.

We have our work cut out for us, but there is no greater, more pressing challenge, than realising the hope that has been ever-present across our work so far.

The evidence from the hearings, with the exception of contributions that are subject to restricted publication orders, is accessible through the transcripts and witness statements that are available on the Commission's website.

Before rising, we would like to thank a number of people who have ensured these hearings run smoothly: the Commission staff, the transcribers, the technical supports and the support services. Just as we encourage anyone who has been impacted by what they've heard to seek help or support, we have had a dedicated team of counsellors with us each

day to support our witnesses and those in attendance. This extends to the Commission staff and indeed the Commissioners. And for this service we are very grateful.

We thank the Counsel Assisting, Lisa Nichols QC, Fiona Batten, and Georgina Coghlan, and members of the legal team in their preparation for the hearings, and their dedicated and sensitive work throughout.

We thank the representatives of the media who have attended the hearings and who have reported on the proceedings in a respectful and caring way.

We acknowledge the many members of the public who have followed our public hearings. A number of people have been here multiple days, or have listened to the livestream, or read the transcripts—sharing this experience with us.

We are heartened by the broad interest in these hearings and the sustained interest from the media and community. We believe the volume of public discourse is reflective of the community's desire for change. We hope it signals the community's willingness and openness to have an honest conversation about mental health conditions and to back significant reform.

Importantly, what has been captured in the public discourse is people's personal experiences—voices that have not been heard before.

We hope the public discourse continues to build and we continue to be unified in our common purpose for change—knowing that more of the same, is simply not enough. This truly is a shared challenge, and we all have a part to play.

And finally, to those who have shared their personal experiences—here, at the consultations, in the submissions—we thank you. Your voices are central to our deliberations and will not be ignored.