

## **Quality and Governance References in consumer involvement – RCVMHS**

### **These are some of the questions we identified to inform our analysis:**

- How mental health services are governed internally through their processes and procedures - what is working to improve the quality of services, and what is not working
- what principles should underpin good governance of mental health services from a consumer perspective
- what kinds of general changes should the Royal Commission make to the governance of mental health services.

### **VRCMH definitions to consider for governance strategies:**

- **Consumer-led services:** Services ... delivered and managed by consumers for consumers. (including its board and governance structures) that is also led by people with lived experience.
- **Consumer-delivered services:** Services delivered by consumers and that sit within the broader governance arrangements of an organisation that is not consumer-led, premised on a partnership approach—reflecting genuine partnership with people with lived experience.
- **For this partnership to be successful, people with lived experience must be involved in every aspect from initial thinking and priority setting to service planning, design, delivery and evaluation.**

### **Useful references from The Royal Commission into Victoria's Mental Health System - Interim Report:**

Chapter 17 A service designed and delivered by people with lived experience.

#### **Recommendation**

**“The Royal Commission recommends that the Victorian Government establishes Victoria’s first residential mental health service designed and delivered by people with lived experience.... facilitated through the Mental Health Implementation Office in co-production with people with lived experience.**

#### **17.1 Developing new models of care**

**Key driver:**

Working now to implement a mental health service...signed and delivered by people with lived experience will complement the Commission's ongoing efforts to broaden the service offering that is available. It also reflects the Commission's desire to incorporate lived experience in all aspects of the mental health system, including service delivery.

This service should provide short-term treatment, care and support in a residential community setting as an alternative to acute hospital-based care, and be:

- delivered and operationally managed by a workforce comprising most people with lived experience, working across a range of disciplines
- Independently evaluated, with findings to inform continuous improvement and guide the expansion of similar services.

Points noted in interim report relating to governance and quality as well as its outcomes:

- Governance process must consider diverse range of treatment, care and support services, person centred, alternative service delivery environments
- Governance is led, designed, and delivered by people with lived experience
- Importance of choice and the value of holistic responses
- Recognise importance of consumer frustration about current governance and service delivery / outcomes

## **17.2 Increasing the prominence of lived experience**

**The following are examples cited by the VRCMH of services delivered by people with lived experience and organisations that are led by people with lived experience including governance:**

- Safe Haven Café in Melbourne, Victoria. Safe Haven Café
- The Peer Operated Service in Hervey Bay, Queensland
- The Red House in Mount Gravatt, Queensland. Delivered by Brook Red
- Expanding Post Discharge Support, Victoria
- Hospital to Home, New South Wales
- The National Perinatal Anxiety and Depression Helpline. Delivered by Perinatal Anxiety & Depression Australia
- Piri Pono- New Zealand

**17.4 Positive impacts on consumer outcomes and experience-** noted indirectly by the interim report as a manifestation of consumer governance.

## **17.5 Victoria's first lived experience residential service**

The Commission considers that a future service designed and delivered by people with lived experience should:

- be developed and implemented in genuine coproduction with people with lived experience and improve their experiences and outcomes

- provide short-term residential treatment, care and support in a community setting as a genuine alternative to acute hospital-based care
- provide treatment, care and support (including access to clinical and mainstream health services) to meet people's mental health needs, including offering a combination of therapeutic and clinical supports that are person-centred
- provide treatment, care and support that is inclusive, safe, welcoming, accessible and valued by people living with mental illness
- be delivered and operationally managed by a workforce comprising a majority of people with lived experience working across a range of disciplines

### **17.6 Genuine coproduction**

**Coproduction is a fundamental tenet of the design and delivery of a successful lived experience service. Responsive service delivery can be achieved only by bringing the voices of people with lived experience to the forefront of service design and implementation.**

- If a service designed and delivered by people with lived experience is to be successful, coproduction with consumers, families and carers must occur from the outset, in initial thinking and priority setting, and flow through to service planning, design, delivery and evaluation

### **17.8 Broadening the benefits of lived experience workers**

A service designed and delivered by people with lived experience will create opportunities for lived experience workers in a variety of roles that go beyond traditional peer support roles. This includes roles for people with lived experience in direct treatment and support and through operational management, leadership, consultation, system advocacy, education, training, research, and supervision. The interim report also included clinicians with lived experience as important in governance decisions.

### **17.9 A safe and inclusive environment**

#### **Quality:**

The Interim report notes that... homelike setting can be a peaceful, safe and comfortable place in which to recover. In the Commission's view, co-locating a service with a hospital risks creating an environment that is medicalised and might not be conducive to the Commission's notion of a service that is personal and holistic and is designed and delivered by people with lived experience.

Notable features of comparable services are access to outdoor environments and areas set aside for social and physical activities. Individual and group activities should be self-directed depending on individuals' preferences; examples are cooking classes, creative writing groups, music groups, walking, yoga, meditation, support groups and workshops, and outings.

### 17.11 Continuous learning and improvement

**This relates to quality measures ... through the coproduction process to design the service. The evaluation should be conducted independently and in coproduction with people with lived experience.**

- The evaluation model should be aligned with the philosophy of services designed and delivered by people with lived experience and should measure outcomes that are meaningful to consumers.

### 18.6 Practice supports, including supervision

Lived experience workforces cannot be expanded in isolation from the structural and foundational support necessary for an emerging workforce.... **This includes governance**

### 19.4 Collaborative leadership

Leadership in the mental health system—**including leadership from all disciplines and lived experience workforces**—is essential if responsive workplace cultures and practices are to be established and ready for reform. Leadership is linked to promoting continuous improvement in quality and safety and creating cultures that are positive and engaging to work in.

- *Relating to lived experience:* Workplace practices are also connected to leadership—for example, the ability to provide quality supervision, mentoring, practice leadership and lifelong learning. **At the system level, people who excel in driving improvement—such as innovation, clinical excellence and promoting the lived experience voice**—should be recognised and rewarded through mental health awards.
- *Relating to lived experience:* Effective leadership will be a crucial element in the success of the Commission’s recommendations. Ultimately, the next generation of leaders will be progressing a reformed mental health system: they will be central to the promotion and understanding of the need for change and renewal.
- *Relating to lived experience:* At present existing and emerging leaders are constrained by systemic factors that limit the fostering and sustaining of cultures of inclusion, where people feel connected and supported. Dedicated and impassioned workers have been deterred from ‘leading’, challenged by historical and ingrained hierarchies that are made worse by system pressures.

## 21 Mental Health Implementation Office

### Recommendation:

**To...employ and commission people with specialist skills and diverse expertise, including people with lived experience, to respond to the Commission’s recommendations**

- The office will provide genuine accountability for outcomes, clarity of responsibilities for program funding and delivery, and **full participation of consumers and carers in policy design**, all identified by the Productivity Commission in its recent draft report as critical.
- **This point can implicitly relate to Lived Experience governance:** The Commission considers that, as with the establishment of Safer Care Victoria, an administrative office needs to work with and alongside its department and be ‘accountable for contributing to the delivery of several of the department’s strategic directions and priority actions’ but at the same time independent-minded and forthright in its approach- *lived experience governance and quality*
- **This point can implicitly relate to Lived Experience governance:** The Commission will reach conclusions about longer term governance arrangements for mental health in Victoria as part of its final report.
- **In co-production with people with lived experience:** develop the high-level specifications and tender to support the implementation of Victoria’s first residential mental health service designed and delivered by people with lived experience – create appropriate outcomes measures and arrange an independent evaluation of the service to commence from implementation
- **Establish a lived experience advisory function and co-production competency within the Implementation Office to create:** – standardised educational and training options for lived experience workforces – learning and development pathways, including optional qualification opportunities – practice support structures, including supervision frameworks – an organisational readiness program for senior leaders and induction materials, applicable to area mental health services and identified non-government organisations, in support of lived experience workforces – accountability mechanisms for measuring organisational attitudes including establishing a benchmark in 2020.

### **Specific areas of expertise required by the Implementation Office**

***These implicitly point to the role of lived experience governance and quality: goals to keep in mind.***

- Specific areas of expertise required by the Implementation Office
- People with lived experience should be represented in senior positions within the Implementation Office, in specific work programs, and as co-producers of new services and improvements.
- Knowledge of mental health services and experience implementing
- To support rapid implementation of these interim recommendations, the Implementation Office’s leadership team will benefit from including individuals with direct experience of working within Victorian mental health services.
- Project and program planning, coordination and monitoring The Implementation Office should develop a comprehensive implementation plan for the Commission’s recommendations and should coordinate, monitor and refine planned activities. Advanced program management skills will be required, including in relation to risk identification and management, outcome measurement, accountability and reporting.

- Evaluation and data analysis The Implementation Office should employ or commission experts in evaluation, including evidence review and sophisticated data analysis and linkage skills.
- Adaptive design and innovation The Implementation Office will need adaptive design and innovation skills, including in problem definition and solving, participatory and human-centred design, systems thinking, and synthesis of data and information to develop creative solutions.
- Team and partnerships building Senior staff of the Implementation Office should have demonstrated expertise in building and sustaining collaborative teams and effective coordination with diverse partners and stakeholders.

### **22.1 Redesigning the system**

The Commission will base its redesign of the mental health system on the experiences and needs of people with lived experience. A **redesigned mental health system can only be truly responsive if the people who turn to it for help—those with the most at stake—are involved in its creation.** The Commission considers this essential to achieving a contemporary and responsive mental health system.

Fixing the architecture of the mental health system will also be a central concern. The legislative and human rights framework, roles and accountabilities between various governments and organisations that operate in the system, and the way services are funded, commissioned and delivered will continue to form part of the Commission's deliberations. **In particular, the Commission will consider how these foundations can be leveraged to establish a redesigned system to deliver what people with lived experience value and seek.**