

VMIAC's response to the Royal Commission's Recommendations on Governance for a New System

July 2021



1. Context

The Royal Commission into Victoria's Mental Health System (the Commission) acknowledged that the current mental health system is fundamentally damaged and damaging to the people in it, both consumers and staff.

The Commission's reforms are based on a future mental health and wellbeing system where people with lived experience, consumers and supporters, are central to the planning and delivery of treatment, care and support. To ensure tangible change in the system, the Commission stated that in respect to leadership and governance:

- consumers must be present at every level of decision-making
- robust governance is critical to ensure quality, equity and effective implementation of every aspect of the future system.

2. Good Governance

VMIAC believes that the role of good governance in the context of mental health reform must involve:

Systems focus:

- keeping the focus on better outcomes for consumers and on a more robust, effective, integrated, and sustainable system
- ensuring the mental health system and services are well connected to other sectors that impact social determinants
- ensure coordination and linkage with other elements of the system in ways that best service consumers.

Consumer and stakeholder focus:

- ensuring the centrality of the voice of consumers in ways that are inclusive and empowering
- effectively engaging with and holding to account diverse stakeholders
- knowing the area and population it (primarily) serves.

Consumer Voice:

Consumers overwhelmingly support the involvement of lived experience at every level of the mental health system and its governance.

We will not see any change unless consumers are placed at the forefront. A legitimate and respected peer workforce must be ensured and lived experience must be embedded at all levels of governance.

Strategic focus:

- leading strategic thinking and planning and setting measures of success matched to the change agenda and better community and consumer outcomes
- planning for and enabling the achievement of government policy in mental health, particularly the reform agenda.

Change focus:

- planning for and promoting change that is aligned with evidence, and challenges institutional resistance
- aligning resource allocation with strategy and change priorities
- leading culture change through commissioning processes and appointment of leaders from diverse background who are committed to innovation and reform
- planning for workforce diversification
- innovation in capital planning.

Consumer Voice:

Consumers overwhelmingly support the involvement of lived experience at every level of the mental health system and its governance. It was generally agreed that we will not see any change unless consumers are placed at the forefront. A legitimate and respected peer workforce must be ensured and lived experience must be embedded at all levels of governance.

We need to move away from the medical model to a more holistic model of care that takes social determinants of mental health into account and helps people to address these factors in order to facilitate recovery.

Accountability focus:

- ensuring robust reporting and accountability mechanism are in place
- creating active ownership of and accountability for adherence to agreed standards
- transparency in addressing power differentials and addressing conflicts of interest.

3. Governance Bodies and Related Issues

Cabinet Sub-Committee Chaired by the Premier:

VMIAC is delighted that the Premier has made a commitment to implement all recommendations of the Commission and will chair a Cabinet sub-committee for two years to ensure that implementation is commenced in the spirit of the Commission's vision therefore governance of the implementation will be at the highest Ministerial and Secretary levels

Our Question:

How will the Premier, Cabinet sub-Committee and Secretaries hear the voice of consumers on the breadth of issues affecting them without political and bureaucratic filters?

The key issue for VMIAC is how to ensure that the consumer voice is present in the discussions at Ministerial and Secretary levels given the recommendations of the Commission that consumers and those with lived experience are part of every

decision. Historic ways of working where advice provided by Departments failed to adequately reflect the consumer voice and perspectives need to be challenged and changed. We believe that Ministers and Secretaries need to hear the voice of consumers on:

- the (potential) impact of policy as it translates into their experience
- the impact of broader social determinants on their wellbeing and recovery
- access to support and treatment
- systems improvement

We are pleased to hear that the State government will discuss the mental health strategies with the Commonwealth to address potential overlap and ensure the two strategies create greater integration for consumers. In this context we would encourage the State government to address consumer concerns about the failures of the NDIS.

4. Mental Health and Wellbeing Commission

The Commission recommended the establishment of a Mental Health and Wellbeing (MHW) Commission with a Chief Commissioner and at least one Consumer Commissioner. Its purpose will be to hold the Victorian Government to account for the performance of the new mental health and wellbeing system and the implementation of the Commission's recommendations.

The Commission stated that 'The Mental Health and Wellbeing Commission will promote and model the leadership and the full and effective participation of people with lived experience of mental illness or psychological distress across the policies and programs that affect their lives'.

Assure Consumer Leadership, Address Power Imbalances: VMIAC is firmly committed to addressing the power imbalance that exists in almost every governance body, including those governance bodies that oversaw a broken and damaging system, where consumers are asked to participate yet are disenfranchised.

While we welcome the establishment of the MHW Commission, we believe that the Chief Commissioner should be a consumer and at least two additional Commissioner roles should be designated as lived experience roles. This will ensure balance and a focus on lived experience and provide authentic opportunity for lived experience leadership.

Our Question:

What is the role for VMIAC/consumer leaders in selection processes for Commissioners? How will potential power imbalance, likely to adversely impact consumer leadership in the Commission, be addressed?

How will the MHW Commission ensure that breaches of the Act are dealt with firmly and that accountability is enforced?

How will the MHW Commission guarantee equity in the provision of services across all communities and locations through an integrated system able to address demographic and socioeconomic differences?

Consumer Voice:

Consumers strongly support the establishment of an independent Mental Health Commission. There have been many previous, unsuccessful attempts to change the system, which failed for lack of commitment or funding, and consumers welcome this independent body to ensure and manage the essential system reform.

The Mental Health and Wellbeing Commission should be driven by consumer leadership and be responsible for ensuring co-production, collaboration, research, policy, strategic planning, early intervention (including addressing the social determinants of mental health). It should also be responsible for accountability of service provision and monitoring and reporting of good practice.

We also expect that the selection process for Commissioners will involve consumers. Traditional recruitment processes will need to be innovated to avoid the bias inevitable if consumers are not involved. Appointments to such significant roles without the consumer representation is a significant concern to VMIAC

Accountability and Access: Given the expectation that the MHW Commission will have responsibility for breaches of the new MH Act, it will be important that VMIAC and other lived experience leaders are involved early in co-designing mechanisms for service accountability to ensure that breaches of the act are enforced to avoid the risk of ongoing governance and regulatory oversight failures.

We are also keenly interested in the mechanisms that will be developed to ensure that the voices of consumers will be clearly heard by the Commissioners given the numbers of consumers who do not have access to digital equipment or skills in communication.

Consumer Voice:

There needs to be a 'Chief Consumer' or 'Consumer Advocate' to be created, to mirror the Chief Psychiatrist and the Chief Mental Health Nurse, to legitimise the lived experience discipline.

If consumers are really to have their voices heard then they need to be central to the oversight of good practice and part of the decision-making in the Department about what is and is not appropriate.

5. Chief Officer for Mental Health and Wellbeing

The Commission recommended the development of a new Division within the Department of Health to be responsible for the implementation of its recommendations: the Mental Health and Wellbeing Division. This will be led by a Chief Officer who will be empowered to take responsibility for the implementation. The Chief Officer has been appointed.

Value and Safety of the Consumer Workforce Within the Department:

VMIAC knows that for consumer roles to be effective (rather than token) within bureaucracy they need to be empowered (have significant levels of authority), enabled and supported. Long histories and experience of trauma and stigma don't simply disappear and nor do they diminish the value of contribution (rather these experiences add-value). Non-lived experience staff need to be trained to work in new and different ways with their lived experienced colleagues. Surrounding systems and process need to be adapted and geared to a new paradigm of listening, thinking and making decisions. (visit VMIACs website to read our Workforce Paper via <https://bit.ly/2UeX0WL>)

Given the role of the new Division in implementing the recommendations of the Commission, appointments within the Division fundamentally matter. VMIAC is particularly concerned about:

- transparency in appointments to key positions
- structural positioning of and critical mass for lived experience roles in the Division
- centrality of a comprehensive implementation plan for the employment of people with lived experience
- ensuring the safety of staff with lived experience.

Our Question:

How will the Department broaden and deepen its understanding of the contribution of consumer (lived experience) roles and identify those roles across the organisation that could or should be lived experience roles? And empower and enable these?

What processes will be used to ensure that all appointments to the Mental Health and Wellbeing Division are open and transparent and that appointees have a demonstrated commitment to and understanding of consumer leadership?

What approach to organisation change and readiness will the Division adopt in order to be the change it is charged with co-producing?

6. Mental Health Improvement Unit, Safer Care Victoria

A Mental Health Improvement Unit (MHIU) will be established within Safer Care Victoria to support improvement of quality and safety that embeds contemporary and multidisciplinary approaches in services. The Unit will focus on reducing the use of seclusion, restraint and compulsory treatment and on tackling the unacceptable rate of gender-based violence. It will also lead in the development of a performance framework and measures.

There are important links to be made between the MHWC and MHIU so that efforts are well articulated in ways that improve performance and accountability across the system.

There have been efforts to change unacceptable practice in the mental health system for some years however this has not been successful and the Commission held out hope for major change in the establishment of the MHIU. This change can come through identifying and challenging poor practice and insisting on change; setting standards which will be held to; highlighting positive change; and leading cultural change.

VMIAC holds a similar set of views in respect to the set-up of this Unit as for the Division (see detail above): support for and empowerment of consumer leadership roles (and critical mass), workplace readiness and transparency of appointments.

Consumer Voice:

This body should provide more centralised oversight than the bodies that currently exist and should be staffed by consumers as well as a variety of other disciplines so that there is collaboration which moves away from the ‘us and them’ mentality that is often present within the mental health system.

We need more robust regulatory processes that are capable of addressing the harms experienced by consumers at the hands of the system and individual practitioners.

We welcome the transfer of the Office of the Chief Mental Health Nurse and her team of lived experience workers to the Unit; we are pleased to be involved in the early work of the SCV in the development of principles and a visionary approach to the design of the MHIU.

Our Question:

What will the lived experience workforce look like in Safer Care Victoria? How will its effectiveness be supported by organisation design processes?

What is the interface of SCV MHIU and the MHWC? How will the roles be effectively articulated to create most improvement for consumers?

In what ways will the MHIU collaborate with the establishment of Regional bodies and Regional Boards.

Co-Design as a Priority: there also needs to be in place, at the soonest possible time, broad-based co-design processes for :

- performance and outcome frameworks
- ongoing and influential consumer advisory structures and decision-informing processes
- approaches to systematically gathering information on the consumer experience as expressed by the consumer.

7. Regional Boards

There will be a new regional governance structure and new systems designed around eight regions each with a Regional Mental Health and Wellbeing Board with a role that will include commissioning of new services. These Boards will be phased in, and fully operational by the end of 2026, and include at least one person with lived experience of mental illness or psychological distress.

The Regional Boards will play a major role in the development of services and initiatives from prevention to post-intervention. This will call for a diverse membership to ensure the most effective and creative approach is taken to a very diverse set of challenges in design and implementation.

We are positive about the potential of the Regional Boards especially as they will shift the focus of mental health to more localised attention and develop an integrated approach across a range of services. We are keen to see the involvement of consumers and acknowledgement of their critical role in all aspects of this development at all levels.

However, we do have some significant concerns as outlined below:

Diverse Skills-Based Boards and Consumer Leadership at the Governance Level:

We are concerned around the risk that the Boards will be largely constituted from leaders of the 'prior system' who may bring with them more historic mindsets and, possibly less visionary and innovative thinking. It will be important to recruit from a diverse pool and ensure the mix of skills is available to conceptualise and lead deep systems level change in each area.

Consumer Leadership: It is critically important that consumer leaders have a powerful and influential presence at the governance level and are well supported to contribute in the Board roles. VMIAC is keen to look at how we can contribute at a state-wide level in governance training and ongoing support for consumer board members.

Consumer Safety: One consumer role on the Boards is neither adequate nor effective (or safe for consumers). VMIAC believes there should be at least two designated consumer roles with capacity to for Boards to increase that number over time as the available consumer governance pools grows. It is noted that the consumer roles are different and additional to any designated lived experience/carer roles.

VMIAC also holds the view that, whenever possible, a lived experience governance member with appropriate skills should be appointed as chair or otherwise in the role of co-chair. It is proposed that a governance leadership program is implemented to support the development, over time, of a more diverse pool of candidates for the roles of chair, co-chair and deputy chair.

Inconsistency and Complexity: there is also a risk of inconsistency in approach between areas boards and of more complexity in accountability arrangements adding to confusion and fragmentation across the system. Roles for the Boards, the Division, Safer Care Victoria, and the MHWC must be clearly articulated ensuring that accountability and consequence is clearly located, and no consumer has to navigate through complexity to make their voice heard.

Consumer Voice:

The following comments are from a consumer workshop specifically on the outcomes of the Commission recommendations on Regional Boards:

- Regional Boards are a great idea and will help with some of the problems in the country areas.
- They will work best if they are not just made up of the high flyers who already run all the services in the area such as the hospital and the health services.
- People from diverse backgrounds need to be on these Boards so that there is a new approach and new ways of thinking. They need to have consumers as staff and not just bureaucrats.
- It is going to be hard to find consumers in country areas who will step up to these positions because of the stigma and discrimination. It will be a problem keeping them safe.
- In relation to services, consumers suggested public acknowledgement of services that get it right, and financial incentives for services that exceed their KPIs.

8. Interim Regional bodies and Consumer Leadership

The Commission recommended that eight interim regional bodies be established (by July 2021) to create the framework and membership criteria for the Boards. The regional bodies will comprise a chair and five members appointed based on their skills and understanding of community needs in their respective regions.

The interim bodies will play an important role in supporting the establishment of Regional Boards, which will in turn be the lynchpins of the future Victorian mental health system, making key decisions about the way mental health services are planned, resourced, delivered and monitored.

Given their foundational role the Commission's clear intent that the new system includes consumers at every level of decision making, there is no question that the skills and knowledge of consumers are a necessary part of the capacity mix required for the Interim bodies to deliver on the reform agenda. Ideally, a lived experience member would be chair or co-chair. In addition to consumer expertise, it will also be important that membership is diverse, and appointees bring with them a vision and appetite to lead transformational change.

There are real challenges for Interim Bodies in ensuring the right level of engagement with the diversity of consumers and other stakeholder in formative stages. Creative approaches are needed to ensure reach and depth of community engagement. It will be important that one of the skills sets sought in members of the interim bodies is co-design and coproduction.

As well as ensuring the role of consumers in all aspects of the regional decision-making processes we recommend training for all members of interim regional bodies and Regional Boards to cover the following:

- Consumer perspective
- Population-based (mental) health and wellbeing planning, and the social determinants
- Co-design and co-production, emerging evidence around promoting collaborative practice
- Cultural safety
- Emerging good practice in governance including in maximising the value of a diversity and skills
- Leading through change.

Finally, the Interim Bodies and the enduring Regional Boards must be adequately and intelligently resourced with very clear roles and accountabilities; they must be well linked to the other elements of the system including Safer Care Victoria and the MHW Commission.

Regional Multi-Agency Panels: The interim bodies will also play a role in establishing Regional Multi-Agency Panels, which are intended to bring different service providers together to support collaboration and accountability in providing services to consumers and to coordinate services for those who may need intensive ongoing treatment and support. These panels need to be established within a consumer rights-based framework and ensure a strong consumer voice.

Our Questions:

How will the interim Regional Bodies and Regional Boards be developed so that the consumer voice is central and at the same time safe? What skill and knowledge sets will be prioritised? How will initial recruitment processes be rolled out and with what involvement of consumer representatives?

What governance development programs will be developed and implemented? How will the pool of lived experience board members be planned for and expanded over time?

What will be the ongoing support for lived experience board members?

What co-design and coproduction processes will be expected of the interim bodies in readiness for the Boards?

How will Regional Panels be supported and incentivised to collaborate and innovate?

How will the roles and responsibilities of the mix of bodies being established be delineated and articulated to add value to each other as part of an integrated system? What mechanisms will ensure consumers can provide feedback and/or make complaints across the system without barriers or requirements to navigate complexity?

9. VMIAC's Role and Contribution

VMIAC has identified a suite of roles and contribution we can and should make from early in the reform implementation process. These include:

- Contribute to reporting and input mechanisms to sub-committee of Cabinet chaired by the Premier.
- Contribute to the selection of key personnel to all senior leadership positions recommended by the Commission.
- Contribute to the development of a consumer-led approach to the design of the Mental Health and Wellbeing Commission.
- Contribute to formative work on Interim Regional bodies and Regional Boards.
- Contribute to the formative works of Safer Care Victoria.
- Engage in the selection of senior personnel and the review and reform of all current advisory bodies.
- Continue to co-chair the equivalent of the current Lived Experience Advisory Group in the Department of Health and seek a position on the Ministerial Advisory Committee.
- Provide support to consumers participating in committees and boards at all levels in the system.
- Include a 'Governance' stream in our Register and training program.

VMIAC works across Victoria and acknowledges the many Aboriginal nations that have lived and cared for this sacred land for thousands of years, and which continues today. We pay respect to Traditional Custodians and Elders – past, present, and emerging – and thank them for their wisdom and generosity of spirit. We acknowledge that this land was never ceded. We support the Uluru statement from the heart.

This is the second in a series of papers on VMIAC's response to the Royal Commission's recommendations. View this and more at visit <https://bit.ly/2UeX0WL>



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