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| **GOVERNANCE AND OVERSIGHT** (Section 5.1) | | |
| The **Royal Commission recommended** that the Victorian Government:   1. Establish an independent statutory authority, the **Mental Health and Wellbeing Commission**    1. hold government to account for the performance and quality and safety of the mental health and wellbeing system;    2. support people living with mental illness or psychological distress, families, carers and supporters to lead and partner in the improvement of the system;    3. monitors the Victorian Government’s progress in implementing the Royal Commission’s recommendations; and    4. address stigma related to mental health.   The **Royal Commission recommended that the Victorian Government**:   * + 1. enable the Mental Health and Wellbeing Commission to use its full suite of complaints and oversight functions to monitor, inquire into and report on system-wide quality and safety.     2. facilitate the Mental Health and Wellbeing Commission to monitor, as matters of priority, the:   1. use of seclusion and restraint;   2. use of compulsory treatment;   3. incidence of gender-based violence in mental health facilities; and   4. incidence of suicides in healthcare settings.      1. enable the Mental Health and Wellbeing Commission to:   5. work with the Department of Health and relevant regulators to build a comprehensive understanding of quality and safety issues in mental health and wellbeing services;   6. ensure on an ongoing basis that complaints-handling and investigation approaches:      + - meet the needs of consumers, families, carers, and supporters and        - support services to resolve concerns.   7. advise government on issues of concern and areas for improvement; and   8. record, report and publish service-level complaints and other relevant data and information.   The **new Act will establish**:   * Mental Health and Wellbeing Commission which will   + have responsibility for system-wide oversight of the quality and safety of mental health service delivery and advise government on areas of concern and improvement.   + inquire into system-wide quality and safety challenges or concerns and have the power to initiate investigations.   + receive complaints about noncompliance with the principles of the new act and investigate complaints about mental health and wellbeing service delivery.   + play a key role in monitoring achievement of some of the Royal Commission’s key goals, such as reducing the use of compulsory treatment and coercive practices.   + be led by a small group of Commissioners including at least one Commissioner with lived experience of mental illness or psychological distress and one Commissioner with lived experience as a family member or carer.   + have oversight and complaint handling functions that will be extended to all providers funded by the Victorian Government to deliver mental health and wellbeing treatment, care and support.   The **Royal Commission recommends** that the Victorian Government:   1. establish in legislation the role of **Chief Officer for Mental Health and Wellbeing** to lead the Mental Health and Wellbeing Division in the Department of Health, and set out in that legislation that this Chief Officer is:   a. delegated the functions and powers conferred on the Secretary of the Department of Health under the new Mental Health and Wellbeing Act;  b. appointed by and reports to the Secretary; and  c. at the level of a Deputy Secretary.   1. empower the Chief Officer to take responsibility for the implementation of the Royal Commission’s recommendations, unless otherwise stated in these recommendations.   The **new act will establish the role of the Chief Officer for Mental Health and Wellbeing**. The proposed role of the Chief Officer will include:   * + developing mental health and wellbeing strategy, policy and guidelines   + planning, developing and commissioning mental health and wellbeing services that respond to Victoria’s diverse communities   + monitoring the performance, quality and safety of mental health and wellbeing service providers   + developing and supporting the mental health and wellbeing workforce   + supporting the new Regional Mental Health and Wellbeing Boards to perform their functions   + setting and revising targets for reducing compulsory treatment/seclusion and restraint   + implementing the Royal Commission’s recommendations.   **The Royal Commission recommends** that the Victorian Government:   * from the end of 2023 and by no later than the end of 2026, enable each Regional Mental Health and Wellbeing Board also to commission mental health and wellbeing services and hold individual providers to account to improve the outcomes and experiences of people who use their services. * in parallel with the establishment process, ensure that Regional Mental Health and Wellbeing Boards:   + are accountable for the delivery of agreed outcomes through new accountability arrangements; and   + are skills-based and include at least one person with lived experience of mental illness or psychological distress and one person with lived experience as a family member or carer.   **The new act** will establish Regional Mental Health and Wellbeing Boards (with temporary boards being set up to advise on the development of the boards). These new boards will:   * + support mental health and wellbeing services to be planned and organised in a way that responds to community needs and improves outcomes   + provide for greater integration across services beyond the mental health and wellbeing system, including both Victorian Government and Commonwealth Government funded services   + be skills-based, inclusive of people with lived experience of mental illness or psychological distress as consumers and family members or carers.   **The Royal Commission recommends** that the Victorian Government:  with the assistance of the interim regional bodies, establish a multiagency panel in each region to coordinate as required the delivery of multiple mental health and wellbeing services for people living with mental illness or psychological distress, including children and young people, who may require ongoing intensive treatment, care and support.  **The new act** will establish Statewide and Regional Multiagency Panels, which will   * + bring together different service providers to support collaboration and accountability in providing integrated treatment, care and support to this group of consumers   + have diverse membership, which varies across regions and between meetings based on local needs and services and the needs of individual consumers   + provide strategic advice to Regional Mental Health and Wellbeing Boards and the department regarding broader policy or service delivery matters related to people who require ongoing intensive treatment, care and support from multiple agencies.   The **Royal commission identified a gap** in the role of the chief psychiatrist and the new act will the **expand the role of oversight by the Chief Psychiatrist to include correctional settings** this means that Mental health services provided in correctional settings will be subject to the Chief Psychiatrist’s standards, oversight, monitoring and reporting. | | |
| **Question** | **What has been said by consumers** | **Your ideas for answering the questions** |
| **Question 13:**  Do you think the proposals meet the Royal Commission’s recommendations about governance and oversight? (Section 5.1 in the paper) | The new Act provides for the Mental Health and Wellbeing Commission to have the following powers:   * Formally review services and make recommendations * Undertake sanctions in the event a service or practitioner does not comply with the Act or recommendations from the Commission, that include but are not limited to:   i) Refer to police for possible criminal investigation  ii) Deregistration of services  iii) Recommend deregistration of professional person  iv) Application of fines  v) Other sanctions as appropriate (e.g., reduced funding)   * The Act requires a minimum of annual public reporting by the Commission that specifies the performance of services and includes but is not limited to:   a) Non-compliance with Victorian Charter of Human Rights and Responsibilities (2006)  b) Analysis of reductions in seclusion and restraint  c) Analysis of reductions in compulsory treatment  d) Analysis of grounds for compulsory treatment  e) Any investigations, including recommendations and outcomes  f) Sector-wide and individual service compliance with the principles and objectives of the Act.   * The Act provides for the necessary powers for the Commission to intervene when the Commission becomes aware of an imminent breach of the Act. * The Act requires that at least 50% of the Commissioners are consumers | Your response to Question 13  If no, why? |
| **Question 14:**  How do you think the proposals about governance and oversight could be improved? (Section 5.1 in the paper) | Your response to Question 14 |