

# 7. Planning the Future Mental Health System

## 7.1 A Transdisciplinary Approach that is Consumer led

A transdisciplinary approach breaks down the boundaries between the disciplines/ professions involved in a complex situation and ensures that the range of perspectives is brought to the situation so that the best outcome is achieved. The advantage of using a transdisciplinary approach in mental health is that it brings together the best thinking from different disciplines including the consumer and their peers.

A transdisciplinary approach moves beyond multidisciplinary approaches in that it brings different disciplines together with a commitment from the team to create a collaboration that moves beyond the disciplines for the best possible outcome.

In a transdisciplinary approach consumer lived experience and expertise would be at the core in order to co-produce the vision, strategy, and quality standards that meet the needs of consumers. The post-Royal Commission mental health system will have lived experience at the centre with other professionals included psychiatry placed as a valued consultancy and not at the pinnacle.



Figure 14 – Post-Royal Commission mental health system

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In this manner, the mental health system and its services will focus on the holistic wellbeing of the individual, rather than merely responding to the treatment of a 'disorder'. Allied health and community workers will bring their disciplines and specialist skills to the collaboration and be trained in the transdisciplinary approach along with such skills as co-design and co-production and taking the perspective of lived experience of mental distress.

Allied health workers will also be trained in the implications and possible triggering of their discipline on a person with mental distress by asking the right questions, for example before giving someone a massage.

More investment, time and research need to be put into finding out what will ensure the wellbeing of people who seek out mental health services. This can only be achieved by tapping into lived experience expertise at all levels of the mental health system.

Given the diversity of lived experience in the mental health area, even peer workers will require training so that they understand the range of mental health lived experiences and that one size does not fit all. Peer workers and consumer consultants also need to be able to determine the difference between their own lived experience and those of other consumers they will be working with.

The vision that has been set by the Royal Commission into Victoria's Mental Health system will be translated into a vision and strategy that will create a new culture in mental health. In order to achieve this bold vision, we need to ensure:

- services have a minimum quota of one third lived experience staff who are spread across the service at every level. Wherever possible and increasingly across future years there will be managers, supervisors and CEOs who have lived experience of mental distress. This will be achieved by providing peer workers with training in these areas.
- a model of service delivery which is transdisciplinary (see diagram above)
- psychiatry to act as consultant to, rather than manager of mental health services. Given their expertise and experience it is critical that psychiatrists see consumers with the diversity of psychosocial disabilities and should be able to individualise them and assist in the process of healing.
- mental health service managers to demonstrate transdisciplinary skills as well as a deep understanding of co-design and co-production.

# 7. Planning the Future Mental Health System

## 7.3 Commitment to Co-design and Co-production

Co-design and co-production should involve a dialogue between lived and non-lived experience positions. Co-design needs to happen at several levels:

- In the design of the process of healing for anyone who enters a service or healing program. *“Each consumer needs to be the architect of their own healing”.*
- In the development of new therapies and support within each unit of care and healing through a transdisciplinary approach.
- Co-design of the mental health system which will come into place at the completion of the Royal Commission work and final recommendations.

Co-design and co-production are the foundations of the approaches recommended by the Royal Commission and are essential to achieving the vision that has been articulated.

# 7. Planning the Future Mental Health System

## 7.4 Choice and agency

There was strong agreement by consumers that there needs to be choice at a number of levels in the system. First, there needs to be choice about the type of service they have access to including its location and approach.

Currently consumers can only access the service in their catchment area. This is not the case if a person has cancer or some other ailment. The mental health system needs to emulate all other health services where the patient can choose where they seek treatment.

Consumers will also be able to access services when they need and will be able to self-refer.

Mental health treatment options will reflect the diversity found in mental health needs assessments. Services will cater to a range of mental health needs including complex mental health. There will not be a 'one-size fits all approach', consumers will have tailored, person-centred treatment options that focus on healing and wellbeing.

Consumers have been clear that they prefer a community-based model, outside of the medical and hospital system. The diversity in care will need to consider options for culturally and gender specific care.

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## 7.7 The importance of Language

As was shown in the VMIAC Declaration, there is a lack of agreement across the consumer movement, about how we describe ourselves or how we describe our experience. And yet we know that language is powerful in shaping perceptions of the self, therapeutic approaches and supports available, the attitudes of those who provide such support and the general community and the stigma that is associated.

“People with lived experience” has a more positive feel than patient, client or service user and moves the individual outside the medical model and into a model that is focused on their own experience.

A key part of cultural change is the adoption of more appropriate language which describes the world as we want it to be.

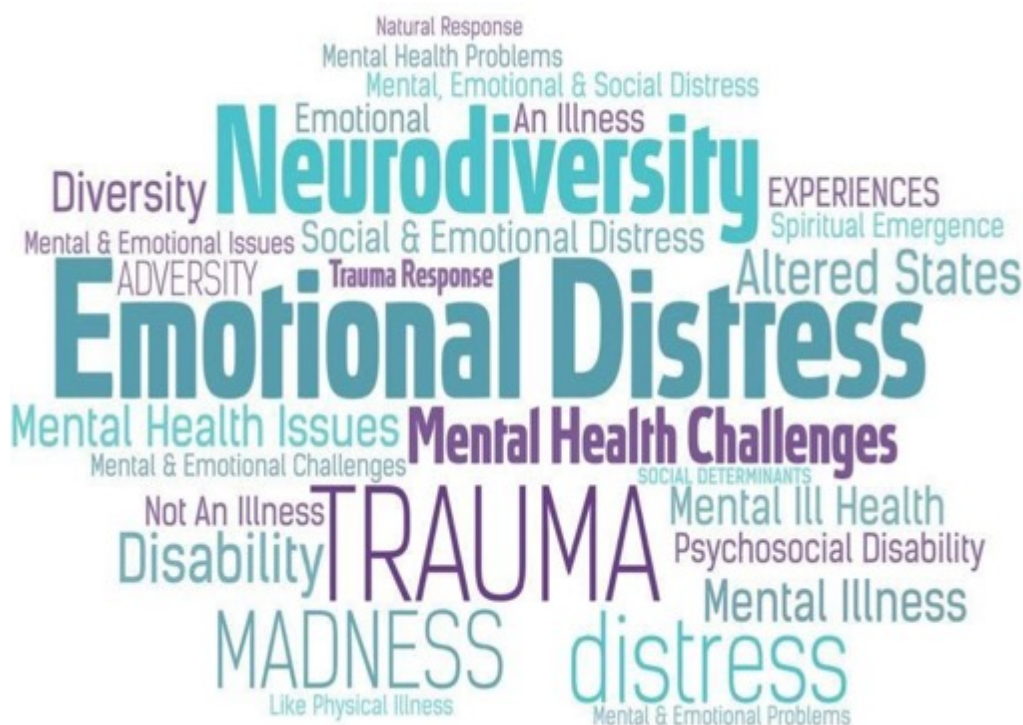


Figure 15 – Language word cloud