

2. Victorian Collaborative Centre for Mental Health and Wellbeing

The Royal Commission recommends that the Victorian Government establish a new entity, the Victorian Collaborative Centre for Mental Health and Wellbeing, bringing people with lived experience together with researchers and experts in multidisciplinary clinical and non-clinical care to develop and provide adult mental health services, conduct research and disseminate knowledge with the aim of delivering the best possible outcomes for people living with mental illness.

What does the Victorian Collaborative Centre for Mental Health look like when it is working brilliantly?

A Collaborative Centre that is responsive to the needs and wants of consumers will be:

- Accessible for all
- Holistic and Trauma Informed
- Inclusive and safe
- Psychiatrist-free and staffed by a peer workforce
- Lived experience driven and based in co-design and co-production

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2.1 Accessible for all

Workshop participants identified several issues around accessibility which would be essential to the Collaborative Centre's success, specifically:

- An after-hours service, where you can get straight through to a peer worker/social worker/support system at all times
- Year-round operation, including public holidays such as Easter, Christmas as these can be triggering times of the year.
- A centralised location – accessible by car and public transport.

Workshop participants from non-metropolitan areas expressed a wish for this centre to provide outreach services and travel compensation for regional and rural residents.

These services will address the gaps in regional and rural mental health care and ensure consumers' access to mental health specialist services.

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2.2 Holistic and Trauma Informed

There was a clear directive from consumers that both the research and service delivery arms of the Centre need to focus on more than just the medical model, suggesting that the social determinants of health and “real” trauma informed practice (not just in name only) need to be at the forefront of the minds of the practitioners and researchers.

“The Centre needs to be a place where there’s a lot of networking and information to give to people on all the things that affect people’s mental and spiritual health”

Workshop participants suggested that models of care within the Centre need to be developed that allow for easy integration of allied health and other support services, with the Comprehensive Cancer Centre being proffered as good example of a “one stop shop” that could be replicated for the mental health space. Services provided by the Centre should assist people with the issues that exacerbate mental health issues such as:

- Homelessness
- Financial Difficulties
- Domestic Violence
- Alcohol and Other Drugs

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2.2 Holistic and Trauma Informed

As well as being holistic in terms of service delivery, participants suggested that research should cover the broad mental health context, with priority research areas identified by people with lived experience. Non-medical and trauma informed interventions were highlighted as key focus areas for research specifically:

- Early intervention
- Trauma-informed recovery
- Alternatives to drug interventions and the medical model
- Consumer focused issues, including human rights and the Mental Health Act
- Research on the social determinants of mental illness

Workshop participants also expressed their want for the Centre to be “innovative” and “cutting edge” using the most up to date research to develop good quality service rather than replicate models that have existed historically and seen as the norm.

One participant’s story highlighted the need for these changes:

“I have a very specific mental health condition... it’s been treated the same since I was diagnosed 15 years ago. There have been many research studies showing better treatment options in other countries... but here I am stuck with treatments that are outdated and actually only proven to work for other illnesses.”

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2.3 Inclusive and Safe

There was a strong request for cultural safety and inclusiveness within the Collaborative Centre.

“Everyone within the centre – whether a consumer or a carer – feels spiritually socially and emotionally safe, and physically safe as well”.

Twenty-six out of twenty-eight survey respondents answered ‘Very important’ or ‘Important’ to the question of “How important is it that the Collaborative Centre demonstrate inclusivity?”. The survey then asked respondents how the Collaborative Centre would go about achieving inclusivity and respondents felt that this should be done in the following ways:

- Diversity in staffing and training, including within management and stakeholders. “Have a board or advisory group with representatives from the widest possible range of mental illnesses, ethnicities, genders etc.”
- Inclusivity in the design of the space, ensuring that the areas are “sensitive to the needs of diverse groups, large open spaces, limited locked spaces, comfortable seating, spaces specifically for certain groups (women/women identifying, Aboriginal).”
- Lived experience at the forefront to ensure the Collaborative Centre is working for those it is designed for.



Figure 3 – “An inpatient unit that is safe”

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2.4 Psychiatrist Free and Staffed by a Peer Workforce

There was strong agreement by consumers that the Centre needs to lead the way in challenging the power held by psychiatrists in the mental health system.

“Responsibility should not be held solely by psychiatrist needs to be shared. Might be good to have someone who has experience of being the CEO of another organisation that has a vested interest in mental health, who can bring leadership skills from another organisation outside mental health.”

“Needs lots of different disciplines to address the social determinants of mental health.”

“Psychiatrists to be consultants only. Nurses or OTs etc would be better placed to manage and look at alternatives in mental health and the reasons for mental distress.”

Survey respondents requested a psychiatrist-free centre and proposed ideas of who should staff the centre, including:

- Lawyers (to provide advice on options regarding involuntary treatment)
- Doctors (to advise consumers on how to manage, cease and withdraw from medication)
- Peer workers
- Nurses
- Social Workers and Allied Health Staff

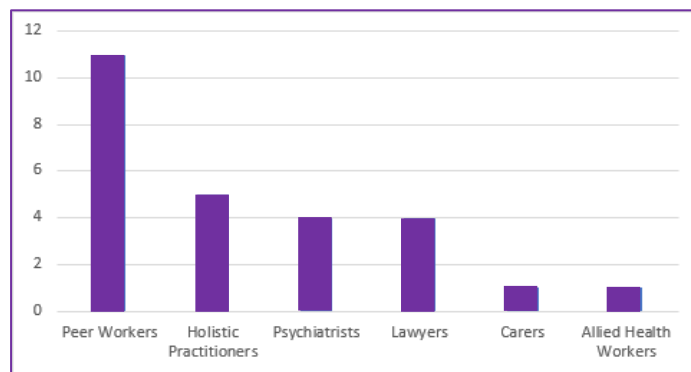
Interestingly, all workshop participants expressed a desire for *“the majority of staff, if not all staff, to be lived experience workers”*.

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2.4 Psychiatrist Free and Staffed by a Peer Workforce

Question: On a scale of 1-7 (1 being the least important and 7 being the most) who would you like to see at The Collaborative Centre?

Figure 4 – Who would you like to see at The Collaborative Centre results



As a parallel to general staffing feedback, VMIAC also received responses stating that lived experience should be embedded in the leadership structures and governance models that directed the Centre, suggesting that there needs to be a concerted effort by the Royal Commission’s Implementation Team (MHRV) to ensure the lived experience perspective was considered across all management and leadership roles.

“There should be a collective participatory board, where the work of the centre is co-produced and designed with people with lived experience (more than one), professionals and bureaucrats.”

“Other professionals need to come from a lived experience perspective even if they don’t have lived experience themselves.”

There was also broad agreement that co-design, co-production and evaluation must be the foundation of maintaining a strong consumer voice throughout the centre. To do this effectively it will take solid investment in a consumer-led framework, implementation and ongoing evaluation.

“Evaluation of principles of co-production (are needed). Structures and evaluations along the way to evolve the culture need to be created... brand new, not tacking on. Ground up has more success.”