



VMIAC
by and for consumers

VMIAC

Summary response to the Royal Commission Report

March 2021

The Royal Commission (the Commission), after working for over two years on a review of the mental health system in Victoria, presented its report to a joint sitting of Parliament on 2 March 2021. The Report is big; five volumes with 65 recommendations covering prevention and early intervention to acute responses, the appointment of a Mental Health and Wellbeing Commission and the development of a new Mental Health and Wellbeing Act. The Report speaks to the importance of consumer leadership, the consumer workforce and community engagement, and recommends a range of new and different services.

VMIAC is steadily working through the Report and its recommendations. During the coming weeks and months we will share our thoughts on the issues that matter to us most including rights, consumer voice and leadership, workforce, choice and safety, research, accountability, measuring outcomes, and co-design and co-production of new service models. For now, we want to discuss the aspects of the Government's reform agenda for mental health that give us real hope and the issues that continue to worry us.

What gives us hope:

If you admit it is broken, there is a chance of fixing it

Both the Commission and the Premier made clear that the current mental health system has failed us. The Premier described a broken system that needs a total redesign and committed to implement the Report's 65 recommendations, in addition to the Interim Report's recommendations from 2019. The Commission says its reform agenda is about 'the creation of a totally new approach to build a new system to meet the evolving needs and expectations of individuals and communities now and into the future'.

We are hopeful that the frank acknowledgment of the fact that the system is broken, and many of us have suffered harms as a result, will lead to the creation of a properly resourced new system built on different and bold approaches with our voices, our experience, our rights, and a commitment to collaboration, always at the centre.

Leadership from the top

There will be a new governance arrangement to oversee change, led by the Premier and a Cabinet sub-committee. A senior cross-departmental committee will address social determinants such as homelessness, education, employment and poverty. We know that addressing social determinants makes a profound difference to mental health and wellbeing. The fact this is being recognised and there is a better linked approach gives us hope. There will be a Mental Health and Wellbeing Commission that will incorporate the Mental Health Complaints Commissioner. The Department of Health will have a higher-level focus on mental health and wellbeing with people with lived experience in senior leadership decision making positions.

We are hopeful that commitment to change will mean that words become actions, and those actions make a real difference. VMIAC want to be part of the strong, inspiring, collaborative leadership that will motivate and ensure a robust system underpinned by effective legislation and policy. We hope this will provide better services, experience and outcomes for individuals and communities.

The critical importance of our voice, our leadership

The Commission strongly supports people with lived experience of mental distress having a voice at all levels of decision-making: in their own treatment; as consumer workers; on local committees and boards; in the clinical system; and at the executive level. This gives us hope. We know that ensuring the constant presence of a strong consumer voice will bring about the changes we want and need. Additionally, the recommendation for training and support for consumers in leadership positions is heartening.

First Nations people

We acknowledge the fundamental importance of First Nations people being heard, in terms of what they can teach us, and what works best for them. The Commission's position is that the new system must respond to the diverse needs of Aboriginal people and be able to adapt its approach to ensure that all people get the right service, at the right time, in their local area and that the new Mental Health and Wellbeing Promotion Adviser will work in close partnership with Aboriginal organisations to ensure positive outcomes.

Diversity and inclusion

We are pleased to note the Commission's comprehensive suggestions about LGBTIAQ+, cultural and linguistically diverse communities and people with other disabilities. We will discuss and detail the range of recommendations in a separate paper.

Connections and community, early access to supportive services and peer-led service

The Commission recommended redevelopment of services, with an emphasis on the importance of connection and placement in the community and the removal of barriers and dislocation of services due to fixed catchment areas. This is a positive direction towards being connected and remaining close to the people that support us. The Commission also recommended early intervention services and responses that actively divert consumers away from the acute, clinical mental health system.

Increased peer workforce

This has been recommended in all services, along with peer-led acute services and a peer-led agency, to build the capacity of this workforce. This is a positive and necessary step forward.

Consumers and carers matter and we have different voices and places in the system

The Commission acknowledged that consumers and carers/families must be recognised as two distinct groups with different perspectives and experiences and that processes need to be designed to account for this in planning and service delivery. This level of respect for our different experiences, rights and needs, alongside the acknowledgment that we have an important stake in change, is another hopeful and positive sign for thinking about a system and services differently.

Building knowledge and focusing on what works

VMIAC welcomes the Commission's recommendations on major investments in research and evaluation. The emphasis on consumer research gives us hope that knowledge, based on our experience of what works for us, will inform practice and resourcing. The Mental Health and Wellbeing Commission, with leadership from consumers, will assist DHV to achieve clear reform directions and stronger approaches to clearer accountability through the Mental Health and Wellbeing Outcomes Framework. We also welcome, and see a key role for consumers in the evaluation of all funded mental health services and projects.

Support for VMIAC

Finally, VMIAC is pleased that the Department of Health will continue to fund our organisation to undertake a range of activities including advocacy and supporting consumer participation and engagement. Given the scope of work that lies ahead for us all, it will be important that VMIAC is funded at a level that supports and empowers our work and allows us to make a real difference, particularly in the early, groundwork years of the reform.

Our role and intention

As the peak body in Victoria for people with lived experience, our role is to engage, listen, support participation and advocate from the consumer point of view. It is important that VMIAC continue to put forward the wisdom of our members and maintain our advocacy effort on critical issues. We will collaborate proactively with partners in change, keep listening to people with a lived experience and act to support and empower their participation in, and leadership of, change. While the work of the Commission raised and responded to many elements which have been a long-term focus of VMIAC's advocacy, we remain concerned about some very central issues set out below.

Human rights concerns

VMIAC remains profoundly concerned about the protection and promotion of human rights of consumers in the acute system. We are worried that the Commission failed to truly address the issues of power and control that have historically compromised a rights-based approach and caused services to listen to others above the voice of people with a lived experience. There are more conversations needed around the levers and pre-requisites for changing culture.

The Commission recommended the reduction and elimination of compulsory treatment and elimination of all uses of force and seclusion within the next ten years. While we applaud the direction, ten years is too long. It is not a high enough bar. The timeframe for the elimination of all use of force and seclusion must be braver and more determined. VMIAC does not support the use of compulsory treatment and stresses the urgency to create new and different service models and environments to provide safe alternatives.

Safety is a rights-related concern and must be addressed with a gendered lens

The Commission recommended that gender-based separation is made possible in all acute inpatient facilities where possible by the end of 2026. None of us can accept 'where possible'; we must make it possible. We insist that women (including trans women) are guaranteed safety in the acute system with women only wards and rooms, placing obligations on services and providing funding and supports to create dedicated single gender units by mid 2022.

The new Mental Health and Wellbeing Act (the new Act)

VMIAC has long held concerns about the current Act and supports its redevelopment and provisions for review. However, the Report and recommendations leave us with serious questions about the new Act particularly around weakness in accountability. It appears that:

- governance and decision-making structures and processes could mean breaches of the new Act continue to go unchecked
- the legal status of Advanced Statements may not adequately be covered in the new Act
- provisions for monitoring the use of pharmacology and holding prescribers to account remain inadequate
- there may be no sanctions or penalties for breaches of the new Act, nor will appropriate bodies be mandated with wider powers to hold services and practitioners accountable for breaches and to take action where failures in practice are identified.

Our questions are: How will a rights and accountability approach be built into the new Act? How is the new Act currently being framed and with what level of consumer involvement?

The consumer workforce

The Commission's emphasis on the consumer workforce gives us hope. However, we have concerns and questions about how it will be developed and supported, and the risk of tokenism in the employment of consumer positions. A redesigned system should be underpinned by an aspirational consumer workforce quota with a robust process and supports for moving towards meeting that quota over time.

Consumer positions must be fully integrated into services and clinical teams in adequate numbers with their skills, role and expertise recognised as a discipline in its own right. Work environments and culture must consciously and systematically be developed to address emotional and psychological safety and role related equity. Consumer workforce representatives need to be actively involved in leading the co-design and co-development of new service models and in reshaping workplaces. Our question is: How will all of this be planned for and achieved as a matter of priority?

Governance and decision-making processes and consumer leadership

The Commission's recommendations around the Mental Health and Wellbeing Commission, and Regional Boards include provision for one consumer Commissioner or Board member. This is clearly inadequate and will not address the current power imbalance or shift behaviour in a way to create a 'totally new approach to build a new system'. The Chair Commissioner should be an appropriately skilled lived experience person; certainly at least two of the Commissioners should be designated as requiring lived experience of mental distress.

Regional Boards should be designed with at least two consumer positions from the outset and have a clear intent to move toward a 50% representation alongside investment in capability building.

Similarly, the new Mental Health and Wellbeing Division should look to employ people with lived experience in multiple and substantive leadership positions and throughout its internal structures.

Our questions are: Where is the depth of intent necessary to build the consumer leadership that the new system will require to achieve sustainable, transformative change? How is consumer leadership currently being planned and designed, as formative work is being initiated?

VMIAC stands as an advocate for positive change, we stand to ensure the consumer voice and experience is part of the now and of the tomorrow and will work collaboratively to achieve this.

VMIAC is committed to supporting the momentum for positive, enduring change and making a system that is not broken and that does not break people. We are committed to co-creating the answers to the questions we raise.

In this critical formative phase of major cultural change VMIAC is seeking to be consulted on, and contribute, to:

- the shape of new roles and processes in the Mental Health and Wellbeing Division
- framing of the new Act and formation of the Commission
- early service co-design and commissioning processes to ensure better and more appropriate services for consumers in local communities
- pre-work on workforce design
- action on social determinants of mental illness/health especially homelessness and poverty
- addressing gaps in mental health support services left by the transition to NDIS.

Further, VMIAC is offering to:

- be involved in co-design and co-production of new initiatives and services
- work as an ally for change to contribute to better experiences and outcomes for consumers and communities
- lead consumer consultation processes to contribute the consumer voice to new initiatives and support services
- engage authentically in co-design and co-production by involving consumers on our Consumer Register
- partner and collaborate with allies to ensure diversity in contribution and consumer voice.