



Moving from harms to humanity

VMIAC's response to the Royal Commission into
Victoria's Mental Health System's Interim Report

December 2019

VMIAC, like many of our consumers throughout Victoria and beyond, waited with anticipation for the Interim Report from the Royal Commission into Victoria's Mental Health System, released 28th November 2019. It is a lengthy document at over 600 pages, but we were pleased to note VMIAC's work referenced throughout the report. Notably, the Commission used VMIAC's Declaration (<http://www.vmiac.org.au/declaration/>) in their definition of mental illness on page 5 of the report:

'The declaration notes that people with lived experience can have varying ways of understanding the experiences that are often called 'mental illness'. It acknowledges that mental illness can be described using terms such as 'neurodiversity', 'emotional distress', 'trauma' and 'mental health challenges'.' P.5

In honour, recognition and appreciation of all consumers who gave submissions to the Royal Commission and who contributed to VMIAC's submission 'From Harms to Humanity' and 'The Declaration' we provide the following summary of our findings:

From Harms ...

- The Royal Commission recognises the human rights concerns of compulsory patients within the current mental health system. Many individuals have had negative experiences as a direct consequence of compulsory treatment and restrictive practices:

'Alarmingly, about half of people admitted to public acute mental health inpatient units in Victoria are done so on a compulsory basis. This raises a question about whether compulsory treatment is being used as a measure of last resort. For some people, fear of compulsory treatment can affect the way in which they choose to engage with services. In some circumstances, this fear can deter people from seeking treatment altogether.' P.229

'The rates of compulsory treatment and restrictive practices are of concern to the Commission and will be the subject of further consideration in 2020.' P.93

VMIAC urges the Royal Commission to ensure that the Independent Mental Health Advocacy service receive funding on an opt-out basis for all consumers on compulsory treatment orders, and that access to legal representation is provided for all people who want it. (VMIAC. (2019). Submission to the Royal Commission into Mental Health Melbourne, Victorian Mental Illness Awareness Council.) This must be a priority for the Royal Commission's final report in 2020.

- The Royal Commission recognises that serious harms such as re-traumatisation of consumers are occurring within our current mental health system.

'the use of seclusion and restraint was also identified as having a profound and dehumanising impact on people.' P.231

'Rates of physical restraint in public acute clinical mental health services in Victoria are also significantly worse than the national average. In 2017–18 the rate of physical restraint was 22.0 per cent in Victoria compared with the national average of 10.3 per cent.' p.232

'The Mental Health Complaints Commissioner stated that significant work is needed to change this culture, identifying that this will require 'the input and leadership of people with lived experience,

who have experienced the impacts of having their human rights limited by the provision of compulsory mental health treatment'.’ p233

Based on these findings, VMIAC again urges the Royal Commission to set a date for the elimination of seclusion and restraint within Victoria’s mental health system (VMIAC. (2019). Submission to the Royal Commission into Mental Health Melbourne, Victorian Mental Illness Awareness Council.) and to include a plan of action which includes the voice of lived experience consumers in their final report.

- The Royal Commission acknowledges that trauma and social determinants such as socioeconomic disadvantage must be addressed in order to bring about effective mental health treatment.

The Victorian Mental Illness Awareness Council told the Commission:

‘The right to health includes the right to access the social determinants that prevent health problems, and for mental health this means we need to build a society that is safe, equitable, respectful and inclusive. We recognise this is an enormous mission, but it must be the foundational business for any long-term mental health strategy if we want genuine progress.’ P.36

The Interim Report goes on to say:

‘Responding to the social determinants of mental illness therefore involves much more than the mental health system. There is evidence that housing, employment, education, wealth and income, locations, access to services ... and cultural background all have an impact on people’s experiences of poor or good mental health.’ P.37

VMIAC calls upon the Royal Commission to build supportive and compassionate communities, with access to counselling, therapy and peer support. We need services that are recovery-oriented, trauma-informed and community led. (VMIAC. (2019). Submission to the Royal Commission into Mental Health Melbourne, Victorian Mental Illness Awareness Council.)

- The Royal Commission recognises that consumer voice needs to be amplified within our current mental health system.

‘... too often, the voices of consumers were not heard, resulting in limited choice and control over their treatment, care and support.’ P.228

The Interim Report referred to a ‘lived experience workforce’ as being critically important for safeguarding human rights in mental health. This workforce is defined in the report as:

‘two distinct disciplines – people with personal lived experience of mental illness (‘consumers’) and families and carers with lived experience of supporting a family member or friend who has experienced or is experiencing mental illness.’ P. 131

The Commission recognises however, that under our current mental health system,

‘(the) lived experience workforce are not valued, understood or recognised.’ P.146

For this reason, the Commission is working at

‘resolving this problem and elevating the influence of the lived experience workforce in all aspects of the mental health system in Victoria.’ P.146

VMIAC calls on the Commission to ensure that organisational support and leadership of the lived experience workforce is developed and sustained throughout the mental health system.

Other areas of concern identified by the Interim Report are as follows:

- **A fragmented service where people can ‘fall through the cracks’ p.105 -110**
- **Stigma, discrimination and community perceptions based on ignorance of what severe mental illness is p. 122 and p.223-229**
- **Lack of trauma-informed responses to mental illness p. 39-40, p. 107-111, p.244-246**
- **The disproportionate rates of mental illness in LGBTQI+ and gender diverse Victorians p.47-48**
- **A lack of strong advocacy at a systemic level p.123**
- **Years of underinvestment in mental health services and the poor allocation of existing funds p.116-117**
- **Lack of oversight and performance monitoring p.113-115, p.119-120**
- **Lack of appropriate system level planning p.110-113**
- **Poor infrastructure p. 113**
- **Inadequacies in information gathering and meaningful data collection p. 115**
- **Treatment overly focused on medication with little consideration of broader needs p. 239**
- **Emergency departments being unsuitable for people experiencing mental health crisis p.342-344**

VMIAC will continue to stay informed on any further updates from the Royal Commission into Victoria’s Mental Health system.

... To Humanity

about how we (VMIAC) and our members ~~would/could~~ **WILL** be involved in the future

VMIAC stands firm in its capacity and commitment to influence the Royal Commission Recommendations towards Humanity....

The following recommendations can be found in Part 5 of the Royal Commission’s Interim Report

Recommendation 1:

The Victorian Collaborative Centre for Mental Health and Wellbeing

Chapter 13, P. 391

The Victorian Collaborative Centre for Mental Health and Wellbeing will be a new entity bringing together people with lived experience, researchers and experts in clinical and non-clinical care to bring about the best possible outcomes for people living with mental illness.

VMIAC together with its membership, can provide and push for consumer leadership and inclusion at all levels from governance through to on the ground operations. Consumer research, conversation and ideas... let’s do this.

Recommendation 2:

Targeted acute mental health service expansion

Chapter 14, Page 417

The Royal Commission recommends funding for 170 additional youth and adult acute mental health beds.

VMIAC and its members will not settle for an expansion of existing acute services. We envisage and call for human-rights driven co-design at all levels- the collective knowledge and experience of consumers must be recognised and elevated to be the experts in acute service provision, as we are the ones who experience them firsthand. VMIAC and its members will maintain in-depth analysis of the development of new services and show up loudly where errors are repeated. We will continue to grow in our push for humane, safe, dignified, self-directed services. We demand community-based alternatives, affordable, available supports as needed, flexibility in choice of supports, in all regions, for all consumers. We demand self-determination in acute care and VMIAC will continue with inspiration and vision, to achieve this.

Recommendation 3:

Suicide prevention

Chapters 15 P. 443

The Royal Commission recommends the expansion of follow-up care and support for people after a suicide attempt via the existing Hospital Outreach Post-suicidal after Engagement (HOPE) program.

VMIAC and its members want acute mental health supports that are flexible, chosen by us, and humane. Consumers all want different supports at times, and we embrace this. The experiences of different groups of consumers vary depending on culture, region and many other factors. We know some things that work well, and we know what does not work. We must keep learning and teaching about practices that harm us and practices that will support us and give us self-determination. VMIAC and its members will continue being heard to humanise the supports our communities want and need at times of difficulty. We all have a right to autonomy, dignity and safety with regards to acute mental health support. Let's challenge the reasons that some people have acute crises. Let's keep demanding humane support that we want- before, during and after engaging services!

Recommendation 4:

Aboriginal social and emotional wellbeing

Chapter 16 p. 465

VMIAC supports the creation of the Aboriginal Social and Emotional Wellbeing Centre with dedicated emotional wellbeing teams throughout the state within the next five years.

VMIAC and its members stand with Aboriginal and Torres Strait Islander people and their communities to have full self-determination in all areas of life. Social and emotional wellbeing is a matter of autonomy and VMIAC calls for full social and cultural self-determination in this proposal. We support the proposed wellbeing teams, recurrent long-term funding for multidisciplinary teams, scholarships, self-directed research and permanent funding for the Victorian Aboriginal Community Controlled Health Organisation.

Recommendation 5:

A service designed and delivered by people with lived experience

Chapter 17 p. 491

This will be the first of its kind in Victoria – a residential mental health service designed and delivered by people with lived experience.

VMIAC and its members can provide information and ideas to the Royal Commission about how this could look. We as consumers have asked for a range of services, to be by and for us- to be self-directed, self-determined and safe. Letters, meetings, events, research... let's explore how this could look. It's our space!

Recommendation 6:

Lived experience workforces

Chapter 18 p. 507

The Royal Commission calls for the expansion of existing lived experience workforces through learning and development pathways (including free TAFE courses in Certificate IV in Mental Health Peer Work). Expansion plans will be co-produced with people with lived experience and will include new organisational structures, mandatory workplace readiness procedures and ongoing accountability mechanisms with a benchmark in 2020 of the experience of lived experience workers.

VMIAC and its members can continue to inform and shape the system with regards to what an effective and supportive consumer workforce looks like. We want to challenge the status quo by not only expanding the consumer workforce, but increase its influence, recognition, value, remuneration and professionalisation. We want leadership and codesign in all spaces, on all levels. We will provide and receive professional supervision by consumers for consumers.

Recommendation 7:

Workforce readiness

Chapter 19 p. 525

This recommendation aims to address workforce shortages through the development of educational and training pathways and recruitment strategies.

VMIAC and its members can support the continued push for education and skill-training for all workers in the mental health landscape... To recognise the value of lived experience and use this as a testament for how to design and implement the workforce learnings. Professional training and supervision will have a meaningful, high level of influence in the consumer space and broader mental health landscape. We will build upon and evolve the Consumer Perspective Supervision Framework. Every moment of consumer engagement from and with the workforce is a potential contribution to the betterment of our experiences, wellbeing and skills. VMIAC and its members recognise and support each and every worker in their potential and capacity to help change the system towards humanity.

Recommendation 8:

New approach for mental health investment

Chapter 20 p. 543

The Royal Commission recommends the government introduce a new levy or tax (yet to be defined), as well as capital investment in Victoria's mental health system.

VMIAC and its members support a new approach to Government expenditure for mental health services. VMIAC and its members can make a stand that all revenue from a levy be used with consumer consultation, codesign and strategic planning that values our knowledge and experience.

Recommendation 9:

The Mental Health Implementation Office

VMIAC and its members welcome the establishment of the Mental Health Implementation Office as an important part of the Victorian governments' commitment to the Royal Commission's recommendations. This administrative arm of the Department of Health and Human Services will operate over a two-year period as providing governance over the implementation stage of the Royal Commission's recommendations.

VMIAC and its members support high level planning, research and consumer consultation in all spheres of mental health supports developed through the Royal Commission. The Mental Health Implementation Office, if implemented as VMIAC recommends, could be a safeguard for moving towards humanity. We urge the Royal Commission to reflect on consumer leadership and the professionalism and wisdom we offer.

As the Royal Commission proceeds towards its final recommendations, VMIAC stands firm in the principles of human rights, social determinants, community-led responses- and consumer voice.