



Towards a successful Mental Health Royal Commission

VCOSS submission to the Royal
Commission into Mental Health Terms of
Reference Consultation

January 2018

The Victorian Council of Social Service is the peak body of the social and community sector in Victoria.

VCOSS members reflect the diversity of the sector and include large charities, peak organisations, small community services, advocacy groups and individuals interested in social policy.

In addition to supporting the sector, VCOSS represents the interests of Victorians experiencing poverty and disadvantage, and advocates for the development of a sustainable, fair and equitable society.

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A fully accessible version is available online at vcoss.org.au/policy/



VCOSS acknowledges the traditional owners of country and pays respect to past, present and emerging Elders.

This document was prepared on the lands of the Kulin Nation.



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Executive Summary

The Victorian Council of Social Service (VCOSS) welcomes the opportunity to provide advice on the Terms of Reference for the proposed Royal Commission into Mental Health.

People have high expectations of the Royal Commission. In particular, VCOSS members desire the Royal Commission to have a broad scope, allowing them to assess a wide variety of evidence to determine the most effective means of improving the mental health of Victorians, observing that many useful changes may lie beyond the mental health system. They desire a future-focused inquiry identifying best practice.

Victoria's mental health system was once the envy of the Australia. We were the first to take people with mental illness out of institutions and care for them in the community. The Royal Commission provides an opportunity to build on this legacy, and again place Victoria at the forefront of mental health in the nation.

VCOSS members are united in the view that the Royal Commission must prominently feature the voices of people with lived experience, their families and carers. Many people with lived experience of mental illness want to tell their stories, including the trauma they experienced in the mental health system. The Commissioners can adopt trauma-informed approaches to gathering evidence.

VCOSS consulted with 85 people from our member organisations about the Royal Commission Terms of Reference in January 2019. The group was diverse, and comprised of people from service delivery organisations, peak bodies and people with lived experience, their families and carers. VCOSS has used this feedback to inform its submission on the Terms of Reference. It also draws on our experiences and the lessons from the Royal Commission into Family Violence.

The Royal Commission into Mental Health presents a once in a lifetime opportunity to promote a mentally healthy Victoria, and change the way that people experiencing mental ill-health are supported. VCOSS looks forward to working with the Royal Commission into Mental Health, hoping the Commission will set out an ambitious but achievable plan for a new approach to mental wellbeing.

Recommendations

Allow ambitious scope for a future blueprint

- Give the Royal Commission scope to produce an holistic blueprint to create a mentally healthy Victoria
- Consider a focus on mental wellbeing, including by promotion, prevention and examining the social determinants of mental health
- Examine diversity and difference using an intersectional approach, including identity, life-course, geography and socio-economic status
- Investigate interlinked service systems to wrap around people with mental ill-health
- Design a seamless mental health services system, dissolving service siloes, including between Victorian and Commonwealth funded systems, between clinical and community services, and at the interface with other services.
- Take a human rights and trauma informed approach
- Ensure workforce implications are explored and planned for in making recommendations
- Examine the capabilities and quality required in education and training for mental health workers and other service workers and specialisations, including at degree, diploma and certificate levels

Design an inclusive, evidence-informed process

- Make people with lived experience, their families and carers, prominent in decision-making and evidence collected by the Royal Commission
- Gather diverse expertise and analysis, including personal narratives, different practice and professional perspectives, past inquiries and data, and national and international models and research
- Develop a clear set of staged, sequenced recommendations, mapping governance structures and implementation priorities

Allow ambitious scope for a future blueprint

Examine mental health for every Victorian

Recommendation

- Give the Royal Commission scope to produce an holistic blueprint to create a mentally healthy Victoria

The Royal Commission is an ambitious and historic opportunity to create once-in-a-generation change in the way we understand, promote and respond to the mental health of Victorians. VCOSS especially welcomes the Victorian Government's strong commitment to the Royal Commission by promising to implement all its recommendations.

Every Victorian exists on a spectrum of mental health, and every Victorian can benefit from changes that support good mental health in their everyday lives. Some VCOSS members are concerned that the Terms of Reference could constrain or limit the Royal Commission's ability to take an expansive approach, and recommend the most effective changes.

For instance, a Royal Commission constrained by a 'medical model' of mental ill-health, or limited to examining mental health treatment services, may not consider broader sources of evidence, or miss the diversity of expertise and perspectives beyond the medical profession, such as the lived experience of mental health consumers themselves.

VCOSS believes the Royal Commission can be most effective if allowed to take a broad perspective of mental health.

Promote a mentally healthy society

Recommendation

- Consider a focus on mental wellbeing, including by promotion, prevention and examining the social determinants of mental health

VCOSS applauds the Victorian Government for calling a Royal Commission into 'Mental Health' – not merely 'mental illness.' VCOSS encourages the Victorian government to include the ability for the Royal Commission to examine the causes and contributors of mental health and wellbeing, and not restrict the Royal Commission to treatment services for those who have already become unwell.

In particular, many VCOSS members stress the separate consideration of mental health promotion and prevention, distinct from 'early intervention.' VCOSS cautions against conflating the two. Mental health promotion and prevention relates to action taken to sustain

good mental health, and prevent people becoming mentally unwell in the first place. Early intervention tends to refer to early treatment services, including early identification of mental health difficulties, to stop them worsening.

VCOSS members note the consultation suggestion that ‘suicide prevention’ may be a focus area of the Royal Commission. They consider suicide prevention to be one component of a larger discussion of prevention strategies, which include a far broader conception of mental health and the prevention strategies available.

The Royal Commission can have the scope to consider a social determinants of mental health framework, such as that described by the World Health Organisation.¹ This is more expansive than a traditional medical model, emphasising mental health is shaped by a person’s social, economic, and physical environments. This approach allows for recommendations to prevent mental illness at a both a population and individual level.

Definitions, language and terminology for ‘mental health’ are contested. For example, many VCOSS members work with people clearly exhibiting symptoms a clinician may use to diagnose a mental illness. But these people do not identify as being mentally unwell, and strongly resist any imputation to that end. The language and labelling used in the mental health field can also produce stigma and stereotypes. The Royal Commission can be given the space to define its own positive, inclusive language to describe mental wellbeing, without it being pre-determined by the Terms of Reference.

Examine diversity, difference and intersectionality

Recommendation

- Examine diversity and difference using an intersectional approach, including identity, life-course, geography and socio-economic status

VCOSS believes the Royal Commission into Mental Health can make the greatest impact if it can carefully consider the diversity of experience of mental health, including how people’s differences influence their mental well-being. Mental wellbeing and experiences may manifest differently due to someone’s identity, during someone’s life-course, depending on their geographical location, or based on their economic resources and status.

Take an intersectional approach to identity

The Royal Commission can ensure it encompasses the totality of human experience of mental wellbeing. In particular, people’s mental wellbeing can be examined in light of:

- **Aboriginal and/or Torres Strait Islander communities**, including the diversity of First Nations people and impact of historical injustices, such as the Stolen Generation

¹ World Health Organisation *Social Determinants of Mental Health* Geneva 2014

- **gender**, including whether they are women or men, cis- or transgendered, or are intersex or have another gender identity
- **sexuality**, including whether they identify as lesbian, gay, bisexual, queer, or have another sexual identity
- **cultural background**, including language background, cultural attitudes to mental ill-health, and the distinct experiences of asylum seekers, refugees, newly arrived migrants and established cultural communities
- **disability**, including physical, sensory, cognitive and intellectual disabilities, including people who have a co-existing mental health condition

Examine mental wellbeing in families over the life-course

People may have different experiences of mental wellbeing over the course of their lives, including their changing family environments, including as:

- **Children and young people**, including child experiences of trauma, family violence, or contact with the child protection system, and noting around one in seven children experience mental health issues, and about half of all serious mental health issues in adulthood begin before the age of 14²
- **Adults**, including the experience of parents, such the experience of peri-natal depression, and that of single mothers and fathers
- **Carers and families**, including both the role of families and carers in assisting people with mental health difficulty, and the impact on their own mental wellbeing
- **Older people**, including experiences of mental ill-health associated with ageing, and more broadly, the experience of social isolation some may experience.

Consider geographic location

Where people live, and the different nature of communities in different places, can affect the experience of mental well-being and service access, including:

- **Rural areas**, including both the protective factors of interpersonal connection and the impact of distance from support and services
- **Regional cities and towns**, including the differences in specialist access and unique capabilities and challenges of different places and communities
- **Outer suburban areas**, including the mental wellbeing of people in growth corridors often coupled with a lack of appropriate services.

Focus on socio-economic status

One in seven Victorians live in poverty.³ Social and inter-generational disadvantage significantly impacts on mental health.⁴ The Commission can take people's different socio-

² Beyond Blue, Mental health conditions in children, Accessed 25 January 2019, <https://healthyfamilies.beyondblue.org.au/age-6-12/mental-health-conditions-in-children>

³ Victorian Council of Social Service, *Every Suburb Every Town – Poverty in Victoria*, 2018

⁴ World Health Organisation, *Social Determinants of Mental Health* Geneva, 2014

economic status into account in examining diverse experiences of mental wellbeing, including:

- **Poverty**, including the mental impact of financial stress and barriers to service access
- **Unemployment**, including the mental wellbeing of jobless people
- **Homelessness**, including the large numbers of people with mental health difficulties seeking homelessness support⁵
- **Justice system contact**, including the experience and impact of incarceration
- **Health status**, including the presence of physical or chronic health conditions
- **Education and literacy**, including a person's mental health literacy.

Design an holistic, integrated service response

Recommendation

- Investigate interlinked service systems to wrap around people with mental ill-health

People experiencing mental health difficulties do not experience them in isolation from other issues. People may also experience homelessness and insecure housing, gambling, alcohol and other drug use, poor physical health, experience of a disaster or emergency, complex needs, social isolation, bullying, violence and stigma. A person's individual experience may comprise many overlapping difficulties, with causality running in both directions.

Many VCOSS members express concern that the Royal Commission may limit its inquiry to mental health treatment services. While critical to recovery, treatment and therapy may only be one element to support a person experiencing mental health difficulties. Similarly, the sole identification of 'alcohol and other drug' treatment services in the Victorian Government's consultation caused alarm that other service systems could be considered out-of-scope. VCOSS members wanted the Royal Commission to be able to examine the breadth of services needed to promote mental wellbeing, identify and respond to mental health difficulties, assist recovery, and help people lead lives with dignity and meaning.

In particular, VCOSS members wanted examination of all relevant service systems, including:

- Alcohol and other drug treatment services
- Housing and homelessness services
- Family violence services
- Children, family and youth services
- Disability services and the NDIS
- Employment services

⁵ Council to Homeless Person citing Australian Institute of Health and Welfare <http://chp.org.au/five-reasons-why-victorias-mental-health-royal-commission-must-examine-the-role-of-housing-and-homelessness/>

- Income support and financial assistance services
- Health care, including primary, community and allied health services
- Justice system, including Courts, policing and corrections
- Legal issues and legal assistance
- Emergency management and recovery services

Streamline mental health services

Recommendation

- Design a seamless mental health services system, dissolving service siloes, including between Victorian and Commonwealth funded systems, between clinical and community services, and at the interface with other services.

The mental health sector is in a state of disruption. Funding models have changed substantially, with Victorian Government funding, Primary Health Networks and the NDIS responsible for disruption to the sector and lack of clear funding pathways. This disruption is impacting on enduring relationships between service providers and vulnerable people. There is fragmentation and short commissioning cycles. Services are being lost, and funding is short term. People are not getting consistency and continuity of services that they once had. The interface between Victorian and Commonwealth funded services should be explored through the Royal Commission.

This new funding system has resulted in substantial gaps in service delivery, especially in interactions with the National Disability Insurance Scheme. Only a very small proportion of the estimated 150,000 people experiencing mental illness each year will be eligible for the NDIS.⁶ Services for people who do qualify for the NDIS are not necessarily better than the service they received before the transition.

As stated by one community mental health worker:

“Before the NDIS was in place, if a person didn’t answer a knock on the door, we used to be able to check on them two to three times a week, to see if they were OK, or needed help. But now, we can only check on them in a week’s time. That person might have been sitting in the dark for a week. By this stage they need a trip to the hospital, not the doctor.”

There are also problems that flow on to other sectors. For example, drug and alcohol services are facing increasing demand because of gaps in the NDIS. Carers and families are

⁶ Mental Health Victoria *Saving Lives Saving Money* 2018

increasingly filling the gap in services. For example, they may be left to monitor a family member at risk of suicide.

VCOSS members hope the Commission can design a seamless pathway to manage the often multiple issues a person with mental illness may experience. People experiencing mental illness can come into contact with services such as education, housing, justice, disability support and child protection. But consumers and workers alike find it difficult to navigate the 'system' to provide integrated, appropriate care. This siloed approach to service delivery means people are not received the best care in a timely manner.

Consider appropriate responses to trauma

Recommendations

- Take a human rights and trauma informed approach

Trauma may be a cause of mental ill-health for many people. Trauma-informed care (or lack thereof) may affect people's mental health. Failure to provide trauma-informed services and expertise as well as poor or inequitable access to trauma-specific services can exacerbate mental and physical health issues for consumers and escalates the risk of suicide and deliberate self-harming behaviours.⁷ Causes of trauma include childhood abuse, family violence, hospital seclusion and restraint, and a lack of trauma-informed approach, which can trigger re-traumatisation.

Trauma may arise from single or repeated adverse events that can interfere with a person's ability to cope or to integrate the experience⁸.

Trauma-informed care is described as a framework for human service delivery that is based on knowledge and understanding of how trauma affects people's lives and their service needs.⁹ The Royal Commission can seek to understand trauma, the impacts of abuse, and the use of a trauma-informed approach to care. Methods such as seclusion and restraint cause more trauma for people experiencing mental illness.

⁷ Mental Health Coordinating Council https://www.mhcc.org.au/wp-content/uploads/2018/05/ticp_awg_position_paper_v_44_final_07_11_13-1.pdf 2013

⁸ Australian Government-Australian Institute of Family Studies *Trauma-informed care in child/family welfare services* <https://aifs.gov.au/cfca/publications/trauma-informed-care-child-family-welfare-services/what-trauma-informed-care> 2016

⁹ Australian Government-Australian Institute of Family Studies *Trauma-informed care in child/family welfare services* <https://aifs.gov.au/cfca/publications/trauma-informed-care-child-family-welfare-services/what-trauma-informed-care> 2016

Pursue workforce implications

Recommendations

- Ensure workforce implications are explored and planned for in making recommendations
- Examine the capabilities and quality required in education and training for mental health workers and other service workers and specialisations, including at degree, diploma and certificate levels

The Royal Commission may make recommendations for delivery of more or different services. If so, these services will need appropriately qualified and skilled staff for delivery. We ask the Royal Commission to carefully consider not only what services will be needed, but how the delivery workforce will be trained and developed. Without embedding workforce requirements in the recommendations, considerable delay may occur in rolling out any service changes as the workforce is sourced and trained.

In examining the workforce implications, the Royal Commission can must look at the quality of mental health education and training in tertiary institutions, including TAFE. This includes the capacity of services to meet the needs of people experiencing mental illness, and the skills, remuneration, and training to provide high-quality services.

Similarly, the Royal Commission can look beyond the mental health workforce at the implications for other community services, and universal services like education and health care. In many cases, mental health difficulties are likely to first present outside the mental health system, and the skills to identify, assist and guide people to appropriate care require consideration.

Design an inclusive, evidence-informed process

Prominently include people with lived experience, their families and carers

Recommendations

- Make people with lived experience, their families and carers, prominent in decision-making and evidence collected by the Royal Commission

People with lived experience of mental illness can provide high quality advice on the best ways to support Victorians. Mental health consumers, their families and carers, are experts by experience, and provide insights no one else can. Given the Royal Commission's recommendations should benefit people experiencing mental health challenges, it is appropriate that their voices are prominent and influential in the Commission's deliberations.

As with other marginalised groups in society, we are frustrated with others speaking on our behalf when we are capable and keen to speak for ourselves.¹⁰

VCOSS and its members overwhelmingly support the inclusion of people with lived experience of mental illness in the Commission's deliberations. They suggest manifold means by which the Commission can include them.

The Royal Commission into Institutional Response to Child Sexual Abuse is a good example of consultation for people who had experienced trauma. It held around 8,000 private sessions for individuals over four years¹¹. A counsellor provided support during and after hearings.

The way the Royal Commission operates and communicates will affect people's perception of its work, and is also an opportunity to influence public debate and stigma surround mental health.

The Royal Commission can design a sensitive, respectful and participatory consultation process, especially for with people lived experience, their families and carers. Taking a flexible, trauma-informed approach to hearing stories helps ensure vulnerable people can be heard. People can be given a safe space to speak freely, without fear of repercussions. Diverse approaches to gathering stories helps ensure representation from different people,

¹⁰Victorian Mental Illness Awareness Council *Ten Principles For A Mental Health Royal Commission*
<https://twitter.com/VMIAC/status/1085027448197021701>

¹¹ Australian Government Royal Commission into Institutional Responses to Child Sexual Abuse
<https://www.childabuseroyalcommission.gov.au/private-sessions>

especially those who are unlikely to engage with traditional processes. This can include closed hearings, focus groups, video-conferencing, outreach into institutional settings and site visits.

The Commission can also reach out to the 'hidden population' of people with lived experience, including people not engaging with the mental health system. One mechanism can be to work with community organisations to reach their service users, and facilitate people telling their stories. Where appropriate, community organisations can be resourced to support the Royal Commission to reach people, or provide counselling, advocacy support or legal advice to help consumers participate, and respond to their needs.

Another tool provided by the Royal Commission into Institutional Response to Child Sexual Abuse is a staged submission process. Instead of a general call for submission, that Royal commission developed evidence-informed issues papers, allowing people to provide feedback on issues relevant to them, and could participate in a dialogue allowing response to influence decision-making. It also provided guidance for preliminary implementation, without having to wait for a final report.

Draw on multiple sources of evidence and research

Recommendation

- Gather diverse expertise and analysis, including personal narratives, different practice and professional perspectives, past inquiries and data, and national and international models and research

VCOSS members are keen for the Royal Commission to ensure it draws on a wide evidence base, recognising knowledge and expertise is held beyond health professionals, including among consumers, carers, family members and other service providers and professionals.

Personal narrative can be a cornerstone of the Royal Commission, providing clear guidance to the Royal Commission and the community on how to understand mental health, and past systemic failures. However, VCOSS members were clear in wanting this testimony to be used to develop a future-orientated plan to move toward best practice.

The Royal Commission does not come to the issue of mental health in a vacuum. Numerous past inquiries into mental health and related difficulties are available, and the Productivity Commission is holding a current inquiry. A wealth of administrative and service provider data exists. Sources include and are not limited to the Mental Health Complaints Commission, Victorian Ombudsman, Department of Health and Human Services and Corrections Victoria. Service providers may have additional data not collected by governments.

The Commission can synthesise the existing evidence to provide a foundation for the present investigation. It can consider best practice models and research in the national and international spheres, and consider the results from smaller place-based initiatives and grey literature.

Provide clear, sequenced recommendations

Recommendations

- Develop a clear set of staged, sequenced recommendations, mapping governance structures and implementation priorities

The Royal Commission into Family Violence was an inspirational, world-leading and enduring inquiry, providing a comprehensive set of recommendations to change Victoria's attitudes and response to family violence. It provides valuable lessons for the Royal Commission into Mental Health.

In particular, the implementation process highlights the utility of providing guidance not only on what changes are required, but also the priority and timing of those changes. In this way, the Royal Commission can identify which recommendations need an urgent response, and those that can be pursued later, rather than asking for all reforms to begin at once. For example, the Commission could identify immediate changes, medium term reforms, and long-term strategies.

Similarly, providing guidance for the best model for overseeing change can be beneficial in shaping the implementation process. We observe that providing guidance on the most appropriate governance structures for reforms can mean a faster, more effective implementation response.



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