

Royal Commission into Victoria's Mental Health System: Summary

State of Victoria, Royal Commission into Victoria's Mental Health System, Final Report, Summary and recommendations, Parl Paper No. 202, Session 2018–21 (document 1 of 6).

Offices, Services, Agencies and Centres to be Established

The Mental Health Implementation Office

- Will be a new admin office in relation to the Department of health and Human Services. It will implement recommendations and operate for 2 years. It should employ and commission people with specialist skills and diverse expertise, including Lived Experience Workers.

The State-wide Trauma Service

- Will bring together mental health practitioners, trauma experts and peer workers and consumers with Lived Experience trauma to:
 - o Do multidisciplinary research and translational trauma research.
 - o Develop / deliver education / training.
 - o Develop and oversee digital peer-led support platforms offering consumers access to peer support networks.
 - o Coordinate and facilitate access to specialist trauma expertise.

LE-led agency

- Should be established. Board should be chaired by and consist mainly of those with lived experience.
- Should deliver training and resources to develop Lived Experience-led orgs, deliver Lived Experience -led services, facilitate resourcing, learning ops, partnerships and networks.

A new Mental Health and Wellbeing Commission

- Should include at least 1 Commissioner with Lived Experience as consumer and 1 as Family/Carer.
- This division should employ multiple Lived Experience people in substantive positions.

The Victorian Collaborative Centre for Mental Health and Wellbeing

- Will bring together researchers and experts to conduct research and disseminate knowledge to:
 - o Drive exemplary practice for full/effective participation/inclusion of people with lived experience across the system
 - o Conduct interdisciplinary, translational research into new treatments and models of care and support to inform service delivery, policy and law making.
 - o Educate the Mental Health and Wellbeing Workforce through practice improvement, training and professional development programs.

Summary

Overall, it is recommended that:

- Lived Experience Workers are included on the Regional Mental Health and Wellbeing Board (both a Consumer and Family/Carer)
- More key Lived Experience roles be developed.
- LE leadership is elevated.
- Increase support for full and effective participation of Lived Experience Workers in decision making around policies, programs.
- System-wide workforce training.
 - o Leadership capabilities should be developed and supported.
 - o Stigma reduction and awareness raising initiatives to understand lived experience perspectives.
- Via the mental health Implementation Office and in co-production, the Lived Experience Workforce should be expanded and supports enhanced. This work will include:
 - o the development/implementation of continuing learning and development pathways, educational and training opportunities and optional qualifications for LEW, including adding the Certificate IV in Mental Health Peer Work to the free TAFE course list
 - o new org structures, capability and programs within services to enable practice supports, including coaching and supervision for Lived Experience Workforce
 - o delivery of a mandatory, organisational readiness and training program for senior leaders, and induction materials for new staff, that focus on building shared understanding of the value and expertise of Lived Experience Workforce
 - o implementation of ongoing accountability mechanisms for measuring org attitudes and the experiences of Lived Experience Workforce, including establishing a benchmark in 2020 of the experience of Lived Experience Workforce.

LE should be:

- Involved in coproducing a website to help users understand and navigate the mental health system.
- Consulted with to establish a Crisis Stabilisation facility which is led by PHS or hospital in partnership with NGO.
- Collaborated with by trauma practitioners to provide facilitated access to trauma supports.
- Collaborated with to co-design supported housing and additional proposed beds.
- Co-designers and deliverers of the suggested residential mental health service (via the mental health Implementation Office)
- Collaborated with to co-products, implement and monitor a new suicide prevention and response strategy for Vic. Lived Experience with experiences of suicidal behaviour should also be employed.

- Engaged by the Mental Health Improvement Unit (to be established by end of 2021 within Safer Care Vic) to co-design a range of programs around data / practices evaluation, availability of workforce training and support the embedding of Safewards.
- Involved in coordinating learning and PD activities across the whole Mental Health and Wellbeing workforce (with the Collaborative Centre for Mental Health and Wellbeing)
- Collaborated with to set clear expectations and implement measures to support the wellbeing of the Mental Health and Wellbeing workforce.
- Included in the mental health leadership Network in preparation for workforce reform.

Notes on context that LE/Peer are mentioned in, by each recommendation.

Recommendation 4: Towards integrated regional governance.

- Regional Mental Health and Wellbeing Boards should include at least one person with Lived Experience of MI or PD and one person with Lived Experience as a family member/carer.

Recommendation 6: Helping people find and access treatment, care and support.

- The Victorian Government should promote, and co-produce with people with Lived Experience a website that helps users understand their mental health needs, identify services and self-help resources.

Recommendation 9: Developing 'safe spaces' and crisis respite facilities.

- Consumer led 'safe spaces' and crisis respite facilities for the resolution of mental health and suicidal crisis should be invested in and delivered with NGOs.
- In collaboration with the LE led agency (see recom 29) and NGOs the Vic Gov should establish:
 - o 1 x drop in or crisis respite facility for adults/older adults, per region.
 - o 4 x co-designed with and for young people, safe space facilities across Vic (mix of drop in, crisis response)
- Vic Gov should consult with Lived Experience to establish a crisis stabilisation facility which is led by a public health service or hospital in partnership with NGO.

Recommendation 23: Establishing a new Statewide Trauma Service.

Vic Gov should fund the State-wide Trauma Service to bring together mental health practitioners, trauma experts, peer workers and consumers with Lived Experience of trauma to:

- Do multidisciplinary research and translational trauma research
- Develop / deliver education / training
- Develop and oversee digital peer-led support platforms offering consumers access to peer support networks
- Coordinate and facilitate access to specialist trauma expertise.

Recommendation 24: A new approach to addressing trauma

- Specialist trauma practitioners Adult and Older Adult Area Mental Health and Wellbeing services should employ practitioners to work with peer support workers to provide facilitated access to trauma supports.

Recommendation 25: Supported housing for adults and young people living with mental illness

- Supported housing homes for people with MI should be co-designed with Homes Vic, reps appointed by the Mental Health and Wellbeing Division and people with lived experience

Recommendation 26: Governance arrangements for suicide prevention and response efforts

- The Vic Gov should establish a Suicide Prevention and Response Office, which should work with people with LE of suicidal behaviour, family/carers etc. to co-produce, implement and monitor a new suicide prevention and response strategy for Vic.
- It should also employ people with lived experience of suicidal behaviour/family/carers etc.

Recommendation 28: Developing system-wide roles for the full and effective participation of people with LE of MI or PD.

- Gov should develop key roles across the mental health &W system for people with LE of MI or PD.
- Should enable the Mental Health and Wellbeing Commission (see Recommendation 44) to:
 - o Elevate the leadership and support the full and effective participation of people with lived experience in decision-making about policies and programs, including those that directly affect them.
 - o Develop/support leadership capabilities of people with lived experience through learning and development opportunities.
 - o Design/delivery initiatives to prevent and address stigma and develop awareness and understanding of perspectives of people with lived experience.

Recommendation 29: A new agency led by people with lived experience of mental illness of psychological distress

- Establish a new NG agency overseen by a skills-based board chaired by and consisting of a majority of people with lived experience to:
 - o Deliver training and resources to aid the development of Lived Experience Workforces led organisations.
 - o Deliver services led by people with Lived Experience
 - o Facilitate co-location, shared resourcing, learning ops and creation of new partnerships/networks between people with Lived Experience and the organisations they lead.

Recommendation 30: Developing system-wise involvement of family members and carers

- Vic Gov should develop key roles across mental health and wellbeing system for people with lived experience as family/carers.
- Enable the elevation and promotion of leadership and valued roles of Family/Carers throughout the system
- Support the leadership and governance capabilities of Family/Carers via learning and development opportunities.
- Make sure that Family/Carers are expected as part of mental health and wellbeing services and are included in interventions across mental health and wellbeing service areas, as well as part of system-wide workforce training.
- Develop standards for services and practitioners to guide the sharing of appropriate information with families, carers and supporters.

Recommendation 41: Addressing stigma and discrimination

- Establish mechanisms to enable ½ independent legal services with ability to connect with people with lived experience to initiate legal claims, including cases relations to discrimination

Recommendation 44: A new Mental Health and Wellbeing Commission

- Vic Gov should establish an independent statutory authority: The Mental Health and Wellbeing Commission to hold the gov to account for performance and quality of the mental health system, support people living with mental health and Family/Carers to lead and partner in the improvement of the system, monitor progress in implementing recommendation and address stigma.
- This should include at least 1 Commissioner with lived experience as consumer and one with lived experience as Family/Carer.

Recommendation 45: Effective leadership of and accountability for the mental health and wellbeing system

- Vic Gov should establish in legislation the role of the CO for mental health and wellbeing to lead the Mental Health and Wellbeing division in the Department of Health. This division should employ people with lived experience (consumer and carer) in multiple substantive positions, including leadership positions.

Recommendation 50: Encouraging national partnerships

- Vic Gov should raise the profile of LE leadership

Recommendation 52: Improving the quality and safety of mental health and wellbeing services

- Vic Gov should enable the Mental Health Improvement Unit (to be established by end of 2021) to co-design quality and safety improvement programs with people with lived experience and issue practice guidelines and frameworks.

Recommendation 54: Towards the elimination of seclusion and restraint

- Vic gov should enable the mental health Improvement Unit within Safer Care Vic to co-design with mental health and wellbeing services and LE people, a range of programs and supports that focus on:
 - o Working with mental health and wellbeing services to investigate data and practices to identify areas for change
 - o Make workforce training available for services
 - o Support embedding of Safewards

Recommendation 58: Workforce capabilities and professional development

- Enable the Collaborative Centre for Mental Health and Wellbeing, in collaboration with training providers, mental health and wellbeing services and people with LE, to coordinate learning and profession development activities across the whole mental health &WB workforce.

Recommendation 59: Workforce safety and wellbeing

- work with service providers, workers (including the Lived Experience Workforces), unions, representative and professional bodies to set clear expectations and implement a range of measures to support the professional wellbeing of the mental health and wellbeing workforce.

Interim recommendations

Victorian collaborative centre for mental health and wellbeing

- The first step to establishing the Victorian Collaborative Centre for Mental Health and Wellbeing will be to establish the governance and planning. This centre will bring people with LE together with researchers and experts in clinical and non-clin care to conduct research and disseminate knowledge to help:
 - o Drive exemplary practice for full/effective participation/inclusion of people with lived experience across the mental health system
 - o Conduct interdisciplinary, translational research into new treatments and models of care and support to inform service delivery, policy and law making.
 - o Educate the mental health workforce through practice improvement, training and professional development programs.

Targeted acute mental health service expansion.

- The design and establishment of additional funded beds should be co-designed.

A service designed and delivered by people with lived experience.

- The suggested residential mental health service should be designed and delivered by people with LE and should be facilitated through the Mental Health Implementation Office in co-production with people with lived experience.

Lived experience workforces.

- Via the mental health Implementation office, the Lived Experience Workforces should be expanded and enhances workplace supports for their practice.
- This program should be co-produced.
- The program of work should be comprised for:
 - o the development/implementation of continuing learning and development pathways, educational and training opportunities and optional qualifications for the Lived Experience Workforces, including adding the Certificate IV in Mental Health Peer Work to the free TAFE course list
 - o new org structures, capability and programs within services to enable practice supports, including coaching and supervision for the Lived Experience Workforces
 - o delivery of a mandatory, organisational readiness and training program for senior leaders, and induction materials for new staff, that focus on building shared understanding of the value and expertise of the Lived Experience Workforces
 - o implementation of ongoing accountability mechanisms for measuring org attitudes and the experiences of the Lived Experience Workforces, including establishing a benchmark in 2020 of the experience of the Lived Experience Workforces.

Workforce readiness.

- Via the Implementation Office, preparations for workforce reform should include a mental health leadership network, with state-wide and multi-disciplinary representatives, including Lived Experience to participate collaboratively in new learning, training and mentorship ops.

The mental health implementation office

- The Mental Health Implementation office will be a new admin office in relation to the Department of Health and Human Services. It will implement the recommendations and operate for 2 years. It should employ and commission people with specialist skills and diverse expertise, including lived experience.