

28 November 2019

Royal Commission into Victoria's Mental Health System: Interim Report

Introduction

The Royal Commission into Victoria's Mental Health System (the Commission) has today released its interim report, following a comprehensive period of public consultation, hearings and evidence gathering. The interim report is available [here](#).

In contributing to the Commission, the VHA collaborated with Mental Health Victoria (MHV) to provide a submission, a copy of which is available [here](#).

The interim report is published as an immediate call to action ahead of the final report's due date of 31 October 2020, and sets out recommendations for immediate implementation, rather than a series of draft recommendations for comment.

In establishing the Commission, Premier Daniel Andrews committed to accepting and actioning all of the Commission's recommendations. This assurance has been upheld, with the Premier today reiterating his government's commitment to reforming the state's mental health system and carrying each of the Commission's proposals.

This member briefing sets out a summary of the Commission's interim findings and, importantly, its recommendations for reform.

Broader policy context

The work of the Commission has not been undertaken in a vacuum. On 31 October the Productivity Commission released its draft report on Australia's mental health system, which included a number of significant recommendations for structural reform. A member briefing on the Productivity Commission's draft report can be accessed [here](#).

Considerable activity is also currently underway at the Commonwealth level, with the implementation of the Fifth National Mental Health and Suicide Prevention Plan, and the appointment of Christine Morgan, CEO of the National Mental Health Commission, as the Prime Minister's Suicide Prevention Adviser.

The Commission makes clear that its recommendations will take into account this activity.

Commentary

The Commission outlines the historical antecedents of today's mental health system, how the system currently functions, its pressures and, importantly, the personal testimonies of Victorians with lived experience as patients, and that of their families and carers.

The picture it paints is stark; mental health services are under-resourced, fragmented and crisis-driven, all while Victoria's population grows at unforeseen rates, placing commensurate pressure on all levels of service provision.

The physical infrastructure of the state's inpatient wards is under considerable strain, including a clear lack of forensic mental health beds, leading to delays to treatment and many patients languishing in the justice system, sometimes for periods exceeding any custodial sentence.

While it is right to meditate on the failings and gaps in our system and how this system can harm its consumers, it is also important to note that the Commission makes clear that its role is not to find fault and attribute blame. Rather,

its role is focused on reforming the mental health system. In making this delineation clear, the Commission expresses how its attention has been drawn to the 'overwhelming sense of hope and expectation that Victoria's mental health system will once again lead the way, as has occurred in the past.' This attitude is tangible through the report and its recommendations for reform.

The Commission has been afforded a clean slate to redesign the mental health system. As such, it eschews recommendations aimed at 'fixing' the current system. Instead, the Commission offers recommendations that intend to ensure mental health services are delivered in a way that is 'equitable, responsive and adaptable' now and into the future.

VHA response

The VHA commends the Commission on its interim report and vision for reform. The testimonies of those with lived experience and particularly those from carers and family members of people who were failed by the mental health system in the hour of their greatest need serve as a powerful line in the sand and underscore the need for reform.

The VHA acknowledges the Victorian Government's acceptance of the Commission's recommendations and commitment to implementing what is intended to be a generational reform opportunity.

The VHA welcomes the Commission's recommendations to address the comparatively low resourcing of the mental health system, both in terms of recurrent and capital funding. While agnostic on the source of revenue, the VHA acknowledges that a substantial ongoing investment is needed if the mental health system is to first reorient itself according to the Commission's vision, and then to ensure Victorians continue to have access to a contemporary and adaptable mental health service, when it is needed. When designing the recommended levy or tax, it is important that the Victorian Government ensures that its proposed mechanism is progressive and minimises the impact on vulnerable Victorians, including those living in or experiencing lower socio-economic circumstances.

The VHA welcomes the Commission's recommendations to immediately address inpatient bed numbers, but notes that the Victorian Government must ensure that public hospitals continue to be resourced into the future to ensure that the gaps in care and wait times to access beds outlined in the report do not occur again. It is essential that the investment into additional inpatient beds is directly and clearly aligned with population health need and demand.

The VHA cautiously acknowledges the Commission's recommendation to procure 35 inpatient mental health beds from a private provider. The VHA's preference is for this investment to remain focused on public hospitals. However, given the Victorian Government's acceptance of the Commission's recommendations, the VHA submits that these 35 additional beds should only be procured from the private sector on the clear expectation that public patients of all levels of complexity and need are given equitable access. It is imperative that any 'cherry picking' is expressly prohibited.

The VHA welcomes the Commission's recommendations to address workforce shortages, however, it is essential that efforts to recruit additional staff from local and international sources are coordinated and align with the state's broader health workforce requirements and planning processes. Without detracting from the clear need for additional mental health staff, both those with and without lived experience, the VHA notes that many other clinical disciplines and geographic areas are experiencing chronic challenges in recruiting and retaining qualified staff, particularly in rural areas. It is therefore important that the Victorian Government, in its delivery of the Commission's recommendations, maintains a coherent and strategically aligned approach that accounts for the needs of health services across Victoria.

The VHA notes that the Commission recommends a significant increase in funding for acute inpatient beds, while also identifying that much of the mental health system is overly oriented towards a crisis response. As such, the VHA suggests that commensurate investment into early intervention and mental health community support services should also be a priority, particularly if the mental health system is to shift itself away from its crisis response to one where consumers' mental health needs are identified and responded to as early as possible.

Interim recommendations

The Commission offers interim recommendations that represent a small portion of the reforms it sees as necessary to redesigning the mental health system. The Commission notes the 'moral imperative to capitalise on the opportunities afforded by the requirement to deliver an interim report.' As such, the interim recommendations are intended to offer guidance through clear, pragmatic and concrete proposals, to be actioned immediately.

They are as follows:

1. The Victorian Collaborative Centre for Mental Health and Wellbeing

The Commission recommends establishing a new entity, the Victorian Collaborative Centre for Mental Health and Wellbeing, which will develop and provide adult mental health service, conduct research and disseminate knowledge.

This recommendation is in alignment with those made by the VHA and MHV via submission to the Commission.

2. Targeted acute mental health service expansion

The Commission recommends that the Victorian Government, through the Victorian Health and Human Services Building Authority and the Mental Health Implementation Office, expands the state's capacity by funding an addition 170 youth and adult acute mental health beds. Allocation of these beds is recommended as follows:

- 135 additional acute inpatient public mental health beds or equivalent beds, the majority of which are to be delivered by the end of 2021 and the remainder by mid-2022, proportionally provided to Barwon Health and to Melbourne Health, the latter in alliance with Western Health and Northern Health, under criteria of predicted population growth, forecast bed availability, socio-economic need and the availability of primary community-based health services
- 35 additional acute inpatient mental health beds or equivalent beds procured by the end of 2021 from a private provider to deliver clinical treatment, care and support for public patients who would otherwise be treated in a public inpatient mental health unit.

This recommendation is in alignment with those made by the VHA and MHV via submission to the Commission.

3. Expanding suicide prevention and follow-up care

The Commission recommends an expansion of follow-up care and support for people after a suicide attempt by recurrently funding all area mental health services to offer the Hospital Outreach Post-suicidal Engagement (HOPE) program.

This is accompanied by a recommendation to create, deliver and evaluate the first phase of a new assertive outreach and follow-up care service for children and young people who have self-harmed or who are at risk of suicide.

These recommendations are in alignment with those made by the VHA and MHV via submission to the Commission.

4. Aboriginal social and emotional wellbeing

The Commission recommends expanding social and emotional wellbeing teams throughout Victoria, to be supported by a new Aboriginal Social and Emotional Wellbeing Centre.

5. A service designed and delivered by people with lived experience

The Commission recommends the establishment of Victoria's first residential mental health service that is designed and delivered by people with lived experience. This service would provide short-term treatment, care and support in a residential community setting as an alternative to acute hospital-based care. The service would be facilitated through a partnership between an area mental health service and a mental health community support service or a community health service.

6. Lived experience workforces

The Commission recommends an expansion of the consumer and family-carer lived experience workforces, and enhanced workplace supports for their practice.

This recommendation is in alignment with those made by the VHA and MHV via submission to the Commission.

7. Workforce readiness

The Commission recommends that workforce shortages are addressed, and the broader mental health workforce is prepared for reform by developing educational and training pathways and recruitment strategies, including through:

- Public mental health services in areas of need, through an annual EOI process, that offers:
 - 60 new funded graduate placements for allied health and other professionals
 - 120 additional funded graduate placements for nurses
- Providing postgraduate mental health nurse scholarships to 140 additional nurses each year, covering the full costs of study
- Ensuring an 'agreed proportion' of junior medical officers undertake a psychiatry rotation, effective from 2021, with it being mandatory for all junior medical officers by 2023 or earlier
- Support the development of overseas recruitment campaigns, including resources to assist health services to recruit internationally, new recruitment partnerships between organisations, and mentoring programs for new employees
- Embed mechanisms for data gathering and analysis of workforce gaps and projections, and the regular mapping of the workforce to meet these gaps.

These recommendations are in alignment with those made by the VHA and MHV via submission to the Commission.

8. A new approach to mental health investment

The Commission recommends that the Victorian Government designs and implements a new approach to mental health investment comprising:

- A new revenue mechanism (a levy or a tax) for the provision of operation funding for mental health services
- A dedicated capital investment fund for the mental health system.

This is intended to secure a 'substantial increase' in investment in the mental health system, supplementing the state's current level of funding, and projected growth into the future.

The Commission is silent on how this new revenue mechanism should be structured; instead the Victorian Government is expected to share its planned approach in early 2020. The Commission makes clear that the source of the revenue must be considered carefully in the context of its impact across the community.

These recommendations are in alignment with those made by the VHA and MHV via submission to the Commission.

9. Mental Health Implementation Office

The Commission recommends the establishment of a Mental Health Implementation Office, with the role of implementing the Commission's recommendations as set out in the report. It will operate for two years while the Commission designs final governance arrangements for the mental health system.

Next steps

The Commission will hold a second round of public hearings in late April and early May 2020, focusing on testing some of the Commission's proposals for service redesign. The Commission will publish the topics and approaches for these hearings in the new year.

The final report will be delivered by 31 October 2020. The Commission anticipates that it will set out a blueprint for transformational change.

Public hospital mental health forum

The VHA invites health service and hospital members to attend a forum, co-hosted with Mental Health Victoria, on Friday 13 December from 11.30am until 2.00pm.

The forum, which will be facilitated by Ben Fielding, Partner, Life Sciences at Deloitte, will bring services together to discuss the Royal Commission's interim report and the Productivity Commission's draft report, and identify areas of priority on which health services and hospitals can work together.

To attend, please register your interest by emailing events@vha.org.au by COB Monday 9 December.