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Member briefing – Royal Commission into Victoria’s Mental Health System’s final report

The final report of the Royal Commission into Victoria’s Mental Health System was released today, following an historic period of public consultations, hearings and evidence gathering resulting in over 12,500 contributions from individuals and organisations. The report is available [here](#).

The VHA made a joint submission to the Royal Commission with Mental Health Victoria (MHV), which can be accessed [here](#). Additionally, the VHA and MHV recently published a Reform Implementation Guide to support the successful and sustainable implementation of the Royal Commission’s recommendations. The Guide is available [here](#).

It is pleasing to note that key elements of our submission are reflected in the report, with multiple references to evidence around prevention and workforce, as well as the need to address chronic underfunding in the system. These include specific recognition of our calls for ‘the systematic incorporation of learning into everyday practice’ and effective responses to the specific needs of diverse population groups.

The report heralds a turning point in the design and delivery of Victoria’s mental health system and the VHA commends the Royal Commission on its vision for reform. The testimonies of those with lived experience, particularly those of carers and family members of people failed by the mental health system, underscore the need for urgent reform.

Premier Daniel Andrews has committed to implementation of the Royal Commission’s interim and final recommendations, with the bulk of funding to be delivered in the May 2021 budget. The VHA acknowledges both the Victorian Government’s support but also the unconditional nature of that support. This provides a generational reform opportunity, particularly given the very substantial ongoing investment that will need to accompany the recommendations. Strong leadership from government will be vital if the mental health system is to reorient itself according to the Royal Commission’s vision and to ensure Victorians have sustainable access to a contemporary and adaptable mental health service.

This briefing summarises the Commission’s findings and recommendations for reform.

Broader policy context

The work of the Royal Commission has aligned with a groundswell of support for reform of Victoria’s mental health system. Many of the issues identified by the VHA in its submission to the Royal Commission, and through individual submissions by members, have already been identified in the Royal Commission’s Interim Report released on 28 November 2020. Our member briefing on the interim report is available [here](#). The interim report set out recommendations for immediate implementation, including the creation of the Victorian Collaborative Centre for Mental Health and Wellbeing, expansion of the Hospital Outreach Post-suicidal after Engagement (HOPE) program and establishing the first residential mental health service designed and delivered by people with lived experience.

While the Royal Commission was underway, the Productivity Commission was investigating mental health at a national level. The Productivity Commission’s report was released on 16 November 2020, with our member briefing available [here](#). It makes 24 key recommendations to the Australian and State and Territory Governments to improve mental health reforms across workplaces and the housing, justice, education, health and community sectors. The Productivity Commission makes clear that its recommendations consider the work of the Royal Commission.

Key recommendations and insights

The report makes 65 recommendations to address the 'deep cracks and closed doors' of a system in crisis and create a contemporary and adaptable system, fit for the current and future needs of our community. It proposes the creation of a new Mental Health and Wellbeing Act to underpin design and delivery of an integrated, state-wide mental health system. It also proposes a new independent Mental Health and Wellbeing Commission to monitor government progress in implementing these recommendations and ongoing management and effectiveness of the system.

The following summary outlines key recommendations relevant to the sector, including the mental health workforce, infrastructure, digital health, prevention and early intervention, rural and regional health, and community health.

Workforce

The report states that the mental health workforce is under-resourced, with more pronounced shortages in some specialties and in rural and regional areas. Despite workers’ commitment and competence, many struggle within a crisis-driven system, feeling overworked and under-resourced.

The Royal Commission proposes that the range of expanded mental health and wellbeing services is delivered by a diverse, multidisciplinary mental health and wellbeing workforce of appropriate size and composition across Victoria. This includes recommendations to undertake workforce, service and capital planning, and implement and support structural workforce reforms to attract, retain and transition staff to deliver the core functions of services across Local, Area and Statewide Mental Health and Wellbeing Services.

Workforce capabilities and increased provision of evidence-informed professional development and training is a key focus of the report. Recommendations include that the Department of Health define the workforce, knowledge, skills and attributes required; develop a Victorian Mental Health and Wellbeing Workforce Capability Framework; and detail the approach to capability development as part of the workforce strategy and implementation plan.

Building on the interim report, the Royal Commission recommends that the Collaborative Centre for Mental Health and Wellbeing, working with training providers, mental health and wellbeing services and people with lived experience, coordinates learning and professional development activities across the whole mental health and wellbeing workforce. Additional recommendations cover specific education and training for the delivery of trauma-informed care, people experiencing suicidal behaviour, and non-coercive options for treatment underpinned by human rights and supported decision-making principles.

Crucially, the report highlights the critical need for mental health and wellbeing support for the health and community health workforce, many of whom have been overwhelmed and exhausted as a result of the pandemic, as well as suffering the accumulated strain of working in a struggling and underfunded system for many years or decades. The establishment of an ongoing Mental Health Workforce Wellbeing Committee by late 2021 aims to address occupational health and safety needs as well as those that may emerge throughout the reform process. This Committee will also develop tailored monitoring approaches for the psychological health and safety of staff in the mental health and wellbeing workforce, including annual reviews of workforce wellbeing outcomes.

We welcome these and the additional recommendation to work collaboratively with service providers, workers (including lived experience workers), unions and representative and professional bodies to set clear expectations and implement a range of mental health workforce wellbeing measures.

Infrastructure

To support the 'new architecture' of the future mental health system, the Royal Commission makes several recommendations for new rehabilitative models of care. The implementation of a new whole-of-system rehabilitation pathway includes two new bed-based rehabilitation models of care for people living with mental illness and who require ongoing intensive treatment. Implementation of the new pathway and models of care will be based on a co-design process and include the enhancement and expansion of infrastructure to support delivery.

There are further recommendations to build and design appropriate infrastructure to support formal partnerships and co-location between headspace centres and Infant, Child and Youth Area Mental Health and Wellbeing Services, by

delivering the necessary scale and flexibility to address gender-based violence in mental health facilities. In line with master planning for Thomas Embling Hospital, run by VHA member Forensicare, the Royal Commission has recommended the refurbishment of 136 existing beds and, by the end of 2026, provision of 107 new beds plus a further 20 beds to support people from other forensic mental health and rehabilitation settings.

Digital health

Digital technology is a vital enabler for the future mental health system to improve system access, continuity of care and navigation. The Royal Commission recommends that service providers be required to provide minimum digital functionality, and to integrate technologies such as virtual reality, digital health and telehealth into non-digital service provision. As a result, telehealth and digital technologies will be used to support multidisciplinary, holistic and integrated treatment across health settings.

Recommendations include the development of new statewide digital service requirements for all publicly funded mental health and wellbeing service providers that outline the consistent minimum digital functionality every provider should offer to consumers, families, carers and supporters. Service providers will be supported to adopt digital technologies where safe and appropriate, through the development of regulatory arrangements, provision of funding, and capability building activities to integrate digital technologies.

The recommendations also include a suite of practical solutions to develop and implement modern infrastructure for Information and Communications Technology systems, including a new statewide electronic Mental Health and Wellbeing Record for mental health and wellbeing services to replace the current system; a review of data items currently required for service delivery and system administration; a new Mental Health Information and Data Exchange that allows interoperability between the proposed Record and other services’ major ICT systems; a new consumer portal connected to the Exchange; and a comprehensive data repository and associated clinical registries for mental health to support outcome measurement, future service planning, continuous improvement and mental health research.

Prevention and early intervention

The report highlights the crucial role of prevention and early intervention, finding that ‘there is an insufficient and piecemeal approach to preventing poor mental health and to promoting good mental health.’ This reflects sentiments across the health sector and insights shared at our series of Mental Health Sector Forums held over the last 12 months by providers from across the mental health system.

The report puts prevention and early intervention at the heart of the new mental health system and its governance, with the establishment of a Mental Health and Wellbeing Promotion Office which will develop and coordinate a statewide approach to the promotion of good mental health and wellbeing and the prevention of mental illness. The report also calls for the creation of a Suicide Prevention and Response Office to take on the co-ordination of suicide prevention efforts. These recommendations reflect our joint submission, which call for a whole-of-government suicide prevention approach as well as strategies for the promotion of mental wellbeing and prevention of mental illness.

The Royal Commission’s recommendations address the full spectrum of experience to improve prevention and early intervention, including recommendations related to infant and older Victorians, as well as support for young people, those at risk of contact with the judicial system, and culturally and linguistically diverse communities.

The report directly references our recommendation about effectively responding to the different needs of different population groups, and we welcome this acknowledgement and its reflection in the recommendations. Additionally, the Royal Commission’s recommendations to establish a single infant, child and youth mental health and wellbeing system and expand the community perinatal mental health teams reflect proposals from VHA and MHV.

Rural and regional health

The report is emphatic that while there are whole-of-system issues around service access and workforce, the effect is more pronounced in rural and regional areas and the ‘experience of poor mental health and wellbeing is different in rural and regional areas.’ An important component of our joint submission to the Royal Commission, we are pleased

that the importance of equitable access in rural and regional areas is recognised throughout the report and in the recommendations.

To address issues around access to quality care services, the recommendations call for additional resources to enable providers operating in regional Victoria to deliver services to small or geographically isolated rural communities, and the trial of two new digital service delivery initiatives in rural and regional areas. The VHA has long advocated for additional funding to support rural and regional services and we welcome these recommendations.

The report also moves to address mental health and wellbeing workforce supply needs by establishing an incentive scheme to attract and retain workers in rural and regional mental health and wellbeing services.

Community-based care

The report outlines the Royal Commission's vision of transformation from a ‘crisis-driven model to a community-based one that delivers beneficial outcomes for people’. The Royal Commission findings demonstrate that community-based services have been undersupplied and identify a large gap between the number of hours of community-based services provided by public specialist mental health services and the estimated demand.

The report proposes a new community-based service structure to support increased community care. This includes provision of 50-60 new Adult and Older Adult Local Mental Health and Wellbeing Services acting as a ‘broad front door’ and providing psychosocial supports, while 22 Area Mental Health and Wellbeing Services will provide high intensity community-based mental healthcare for further support. There are a lot of similarities between this model and our recommendation to develop and implement a stepped Community Mental Health Care Model. Area Mental Health and Wellbeing Services, which will be delivered in a partnership between public health services and a non-government organisation that provides wellbeing supports, offer an excellent opportunity for community health services to partner with acute services to provide proactive outreach to their communities.

The Adult and Older Adult Local Mental Health and Wellbeing Services and the Area Mental Health and Wellbeing Services will deliver short-term, ongoing and intensive services in their areas, with 3 core functions, including: integrated treatment, care and support; services to help people find and access treatment, care and support and respond to crises, and support for primary and secondary care and related services.

The Royal Commission’s commitment to increasing community care provision is based on its intention to deliver a tiered system of support and reduce demand for crisis response resources. This is supported by recommendations to establish a 24-hour telephone/telehealth crisis response service, expand crisis outreach services and improve the ability of emergency departments to respond to mental health crises.

Challenges.

Funding

While we welcome the Royal Commission's recommendation that ‘the Victorian Government should establish dedicated funding for mental health promotion and prevention efforts’, it is imperative that this is upheld, and funding of any new programs or initiatives is ringfenced for the implementation of the recommendations. Without additional funding, the recommendations cannot be properly implemented. It is also vital that the recommendations are not delivered at the expense of existing beneficial programs being carried out by public health and community health services across Victoria.

The report recommends that an activity-based funding model be trialed and implemented for both bed-based and community-based mental health and wellbeing services, as a new way of funding providers to encourage equitable allocation of resources and better outcomes. The report acknowledges that activity-based funding should be a first step before ultimately moving to a value-based model. However, we are concerned that this goes against our experience of such models in other areas of healthcare. While activity-based funding for public health services has been extremely successful in driving financial efficiency, it is increasingly seen as a barrier to providing truly person-centred care, particularly for complex conditions. For example, it is all but impossible for an activity-based funding

model to adequately capture the impact of a person’s support network, or lack thereof, or the variability with which people may respond to different types of psycho-social supports. We have consistently advocated that activity-based funding should be replaced with outcomes-based funding models for conditions or services that cannot be easily costed such as mental illness.

Governance

There are also concerns around the proposed governance of the new system. The Royal Commission proposes 8 new regional governance structures, known as Regional Mental Health and Wellbeing Boards, to be phased in over time across the state. The report argues that this will lead to improved outcomes and more integrated service delivery as the boards utilise new methods of commissioning and respond to local needs.

For these Regional Boards to be effective and achieve true and sustainable collaboration and better outcomes for Victorians, the Victorian Government will need to ensure the breadth of health services are involved in their design and delivery. Whilst the intent of the recommended boards is positive, it is critical that they are carefully designed to ensure that they do not simply become a new layer of bureaucracy in an already complex environment. That environment already suffers from the existing division of responsibility between Commonwealth and State Governments, which the Commission acknowledges has historically created barriers to integration and partnership. Further information and sector consultation is required to determine how Regional Boards will commission services and ensure that the new structure does not negatively affect service delivery, partnership and integration.

Next steps

We will continue to work closely with the health sector and welcome your comments and insights on the final report to influence our advocacy towards the successful implementation of the final report recommendations.



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