2019 Submission - Royal Commission into Victoria's Mental Health System

Organisation Name
N/A

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What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?

"As someone diagnosed with bipolar disorder at the age of 43, and with no information from mental health services, I've had to learn myself what the diagnosis means, how to manage my condition and how to achieve a sense of healing and recovery. This has taken me six years to achieve. It has been exhausting. I've achieved an understanding of bipolar disorder through reading people's memoirs, reading information online and through being member of a meetup group for people diagnosed bipolar/ mood disorder.   The only time I received any form of information on bipolar disorder was whilst I was psychotic. I had an appointment with a community psychiatrist through ███████████████████████. Looking at their webpage ████████████████████████████████████ and comparing it to my experience back in 2011.   Stigma is rife in the community and whilst progress has been made in diagnoses such as depression and anxiety through the work of organisations such as BeyondBlue ? there is still a lack of understanding of diagnosis such as bipolar disorder and little effort from the Victorian Department of Health and Human Services, local health systems or other relevant agencies invested in addressing levels of stigma in society. This prevents people reaching when in need and results in help only being sought when people are in crisis, reinforcing the culture of mental health system in crisis which is counter-productive to helping someone seeking healing and recovery."

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

"Nothing is working well.   The mental health system has no clear purpose, no clear objectives, no clarity around what the system is designed to achieve. It has no vision, mission, values. As a result it is failing and this is a result of inadequate political and policy leadership over decades. For far too long, the expectations relating to those who have a mental health diagnosis in the eyes of Governments have been appalling low and that is why the resultant crisis is emerging in mental heath across the country ? an indication of which is the rapidly rising suicide rate. The mental health system is not fit for purpose, it is so not fit for purpose that is actually making some people sicker not helping them heal. The Federal Government's approach to mental health is not fit for purpose because,despite numerous policy announcements and initiatives, it is failing to meet the needs of those with a mental health diagnosis. The reason why it, the Federal Government, has continually failed is due to its unwillingness to engage the voices of lived experience in the design, delivery and evaluation of fit for purpose mental health services. It has listened to those with vested interests including those employed by mental health organisations and those professional including psychiatrists and psychologists who have too many biases either conscious or unconscious to understand what people with a mental health diagnosis need to help them heal, recover and reconfigure a sense of self worth and identity.   Counsellors and Psychologists may have a role but there should be a greater emphasis on lived experience as only those who have

experienced dealing with a mental health diagnosis are able to offer compassion and a sensitivity in helping an individual understand the diagnosis, offer hope and a path towards healing and recovery. Being able to access peer support services quickly, offering opportunities to hear and learn from others experiencing mental health challenges can help people better understand what's happening and can help consumers better navigate symptoms from where they are to where they want to be.   There is a lack of information regarding what works in mental health in Victoria and there is no current incentive for the system to evaluate and learn. The Department of Health and Human Services monitors performance but does not evaluate what's working and why and facilitate or encourage the sharing of good practice to strengthen the performance of the system. The culture of the system of focused on process and crisis whereas it should be focused on healing, recovery and learning from consumers about what works and why.   There is a lack of leadership across the system, professionally and managerially. Fiefdoms exist that work against the consumer not for the consumer.   There is a culture within the mental health system in Victoria that ignores the negative and focuses on the positive to the detriment of the delivering of improving mental health outcomes. The Department of Health and Human Services has played a key role here in failing to lead in delivering value for money and failing to lead in facilitating improvements in the functioning of the mental health system for all Victorians. Minimum expectations should be set out such that anyone receiving a significant mental health diagnosis: receives effective support to ensure living conditions are conducive to support healing and recovery; support in the form of information regarding the diagnosis to help the individual better understand their mental health and how to optimise their healing and recovery journey; support in the form of coaching, counselling, psychology from someone with lived experience is provided to support the reconfiguration of the individual receiving the diagnosis in the context that a diagnosis can impact an individuals identity and self-worth volunteering and/ or employment opportunities flexed around their stage of healing and recovery; There is a wealth of information and research into specific mental health diagnoses but little if any is shared with the individual receiving the diagnosis to help them in their journey of healing and recovery. The Mental Health Act (2014) which details the principles and provisions including a rights-based and recovery-oriented framework are not reflected in the reality of the mental health system the consumer experiences and this is a failing of leadership from the Department of Health and Human Services which appears to have adopted an approach of set and forget. There is little information on effectiveness of the current system whether it be governance, oversight or accountability. There is a lack of publicly available data on the system in terms of success criteria. "

What is already working well and what can be done better to prevent suicide?
"Nothing is working well with regard to suicide prevention from a mental health services point of view. The State Government's current approach is actually counter-productive, mental health services make you feel suicidal through their minimalistic approach to healing and recovery. Every time I attend an appointment with my psychiatrist, he fails to offer insight, advice, information or any form of understanding. I've no support from anyone else in ▮▮▮▮▮▮▮, no support worker, no social worker. The only other support has been through ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮ ▮▮▮▮▮, and I was not even aware that to whom I'd been referred. The experience was awful as the counsellor had no understanding of bipolar disorder, failed to keep appointments and failed to help with the issues I raised during our sessions. The only help I've received is in the form of various medications. To prevent suicide ideation, there needs to be a front and centre approach across all mental health touchpoints and psychiatrists need to take the issue way more seriously. I've only once been asked (in eight years of appointments) whether I was considering suicide. There's so little help.   To prevent suicide ideation, there is much value in adopting a coaching

culture in mental health. It's only through qualifying as a lifecoach myself, have I been able to coach myself to some form of healing and recovery. I would have greatly benefited from a lived experience lifecoach had one been available back in 2009 when my mental health challenges first became intense."

What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

"Good mental health is not defined ? it's a vague concept a bit like wellbeing that's too often used without being defined.   I'd define good mental health as being in calm, happy flow. It's only through my own understanding of neuroscience, reading the book Using your multiple brains to do cool stuff and through becoming a trained Master Coach in www.mbraining.com and qualified Master Practitioner in Neuro-Linguistic Programming have I been able to achieve a sense of what good mental health means for me.   Again this has been self-initiated, I've had to go explore what going on within myself to achieve and experience good mental health. The millions spent on mental health are not invested on communicating what people can do to experience good mental health and they should be. Moreover local government is expected to deliver Health and Wellbeing Plans. Include details on local government health and wellbeing plans and the fact that Stonnington Council fail to achieve anything like they should be doing iro wellbeing. Tokenistic approach. The hospital system is in crisis. As detailed in the Victorian Auditor-General's Offices report, as reported in The Age on Friday 22 March 2019, there is a Constant 'crisis' in mental health due to the lack of state political interest and subsequent lack of policy leadership focused around delivering fit for purpose mental health services and listening and learning from the voices of lived experience in evaluating the effectiveness of service delivery and achievement of desirable outcomes and achievement of value for money ? economy, efficiency and effectiveness are not considerations currently from any levels of policy making or political leadership ? if it was there would be fewer suicides and fewer people loosing employment opportunities and opportunities to contribute to their communities. As with other diagnoses, the aim of a health system should be to make an accurate diagnosis and then focus on healing and recovery built around prevention of relapse. This should be the same regardless of diagnosis. This should apply to diagnoses whether they be relating to physical health (heart disease, cancer, other medical conditions) or mental health. Those grappling with their mental health are now seeking alternative approaches in dealing with their challenges. Social media is now a global phenomenon facilitating connection and community for those experiencing mental health challenges, those seeking insight into their experiences and those seeking an alternative approach to the established and often dysfunctional mental health system. A wealth of information exists in those who have journeyed through the process of diagnosis, healing and recovery. This information is too frequently ignored by the mental health system to the detriment of achieving successful outcomes for those newly diagnosed. Too often the individual is left to fend for themselves, create their own path to healing and recovery whilst Government continues to fund a system that often works against healing and recovery rather than towards healing and recovery. Taxpayers monies are wasted due to Government failure to listen to the voices of lived experience resulting in a system in words only, a system in crisis and a system that results in people becoming sicker to the point of exasperation. We need more initiatives like this which has been announced just recently - https://bsphn.org.au/2019/02/28/queensland-framework-for-the-development-of-the-mental-health-lived-experience-workforce/?fbclid=IwAR2V8a-hlbXXbwBUJhwOL21ZmlUFQkPzYUopCiTmc0hmvhuvx0vI0m57_hE   As noted in the Victorian-Auditor General's Office's report into mental health services in Victoria, there is little data collection

on measuring outcomes, only inputs and outputs in terms in admissions and bed days for example. There is little systematic data or information collected on outcomes in terms of individuals' healing and recovery journeys, little information about patient experience and little information collected routinely to assure taxpayers that money is being wisely invested into mental health. This is a result of a lack of political and policy leadership from both Federal and State Governments over many decades. And it is resulting in poor outcomes, poor value for money and people feeling exasperated and taking matters into their own hands. And there is a lack of accountability in monitoring performance of health professionals across the health system. From my personal experiences, GPs fail to fulfil their duty of care when they suspect a patient is not well. GPs should be legally required to act when they suspect a patient is unwell as they should do when someone is having a heart attack in front of them. My GP suggested I go on Lithium and allowed me to leave the GP practice when what he should have done it sought a second opinion and then taken appropriate action. There is no legal or professional requirement of the psychiatrist to communicate with the GP. This is key is the patient is to be holistically supported to maintain their health and wellbeing.   There is no community support for those with a severe mental illness. I live in ▮▮▮▮▮▮▮, if I lived in ▮▮▮▮▮▮▮ or else where ▮▮▮▮▮▮▮▮▮ then I would have access to more developed community mental health theoretically though the NDIS is decimating community support which is just what people with a complex mental illness need. Hospital-based mental health services The ▮▮▮▮▮▮▮▮ has no mental health service. All I see is a psychiatrist once usually every three months for half an hour. There has been no information about my diagnosis, how to manage it, how to stay well or any other form of support, advice or information. There is ▮▮▮▮ which has been mentioned once as somewhere that might be appropriate for my to stay to recover from a period of psychosis but no information was provided about this facility nor any explanation about how a stay at the ▮▮▮▮ might help me recovery from an episode of hypomania. ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮ Initially referred to a social worker within ▮▮▮▮▮▮ who quite clearly had no training in dealing with bipolar disorder post-diagnosis. Was discharged by him without discussion or agreement. Now currently seeing a counsellor employed by ▮▮▮▮▮▮ through the ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮ funded mental health support scheme which is working way better. The current system encourages people to be kept out of inpatient facilities even when they are at their most unwell. I was never sectioned and was left to fend for myself for six months whilst psychotic in 2011 and then again for some 12 months during a relapse caused by intense stress in dealing with Centrelink which result in my becoming almost homeless. And whilst the current State mental health system encourages non-sectioning of individuals experiencing mental health challenges the legislative framework offers no mention or legal underpinning for someone with a major mental health diagnosis or support from organisations such as Independent Mental Health Advocacy or other support organisations underpinning of their treatment.   The current system is designed focusing on those sectioned, under compulsory orders, excluding the majority with mental health diagnosis. There is no legal framework underpinning the majority of mental health care in Victoria. There is no statutory requirement to provide mental health care focused on recovery and therefore no requirement of the secondary or tertiary sector to provide mental health care. There is no accountability for monies spent on mental health care. There is no accountability for practices to be efficient or effective. There is minimal accountability in the medical and clinical sector around mental health practices hence the Department of Health has little control over what happens in its mental health facilities. The role of the Chief Psychiatrist is stated in the legislation as ensuring the protection of an individual's human rights whilst under treatment within the Victorian Mental Health System. Unyet there has been no mention during my time as a patient in the Victorian Mental Health system for the past eight years of my human rights. The role of the Department of Health and

Human Services has been a very passive one. As stated in the Victorian Auditor-General's Office's report, they have failed to deliver any significant reform based on their Ten Year Mental Health Plan which in of itself was a wasted exercise despite extensive community consultation. Local Government In Victoria has a role in supporting mental health in the community through Health and Wellbeing Plans though these are very superficial and the Department of Health and Human Services fails in its role of oversight of these plans and strategies. The role of the ████████ ████████ is underplayed and whilst they have, for example, produced patients information around diagnoses including bipolar disorder ? which I found my psychiatrist is aware of ? he has given me no information either written or verbal around bipolar disorder. The only information I received was passed onto my whilst I was psychotic and I have yet to find this information.   The role of the ██████████████████████ in mental health is minimal and they have done little to advocate for improvements to mental health provision in the country.   The openess in reporting what is happening in mental health services in Victoria is opaque. And whilst the National Mental Health Commission report, there has been little noticeable progress in achievement of desirable outcomes despite regular reporting. The quality of monitoring of outcomes in the Victorian mental health system is uneconomic, inefficient and ineffective ? it is purely focused on process with little incentive for learning, little incentive to achieve desirable outcomes, little incentive to meet community expectations, little incentive to respect basic human rights of the individual, little incentive to review practice (also known as clinical audit) and little incentive to improve. Consumers are given little information about anything mental health related. They are not provided with any information about their diagnosis, the system to support their recovery, the support (if any) available. They have to find it out all for themselves whilst they are in the grip on a major crisis. Mental and physical health are inter-related unyet the current approach fails to join the dots and hence fails to treat the whole person.   Consumers are not currently involved in their care and hence there is a gap between what is and what should be - consumers already feel disempowered through the result of their mental health crisis and the system reinforces this feeling of feeling disempowered.   Whilst ████████████████ commends a comprehensive system that has a strong focus on prevention and early intervention, innovative service design and delivery of services that are evidence-based, accessible, person-centred, holistic and integrated and backed by sustained long-term investment   ████████   provides little support for those diagnosed with a serious mental health diagnosis. There seems to be a gap between what organisations say and what they do in terms of service delivery. Performance of the mental health system and assessment of its effectiveness should be measured through the experiences of the consumer/ individual with a diagnosis. An over-emphasis on target risks impacting deleteriously on the individual - mental health is complex and the use of target, if to be applied, should be applied with sensitivity taking into account of the potential or actual risks of unintended consequences could have on the healing and recovery journey of the individual. What does a successful system focused on improving mental health look like? 1. A successful system in one that is clear about its aims and objectives, clear about its purpose and clear about its role and responsibilities. And a successful system openly reports on Results it is achieving, Approach it uses to meet need, Deployment strategies to deliver services tailored to client need and Assessment and Review methods that openly report on progress in achieving value for money, achieving improving mental health outcomes and meeting mental health needs of communities being served. 2. Information is key here and a fit for purpose mental health system would provide information on diagnosis, recovery and maintaining wellness. Whilst to some extent mental health is complex there is a wealth of information on mental health diagnoses. Science is rapidly evolving in helping individuals understand their experiences, their symptoms, their challenges. 3. Successful mental health services can be built on what works and this means listening to the voices of lived experience to

rebuild a mental health system fit for purpose. 4. Social media is filling in existing gaps. It is not a holistic solution but could provide a more fluid approach tailored to the needs of those grappling with their mental health. Lived experience voices could led such initiatives through having the depth of experience and understanding to be able to facilitate such approaches. 5. Peer support is under-valued as is lived experience. Coaching could deliver a more tailored and cost-effective approach. 6. A mental health system underpinned by peer support and lived experience could transform mental health service provision and deliver a more holistic approach to mental health care more nuanced to need rather than driven by clunky bureaucratic process. 7. Voices of those with lived experience - there is a wealth of knowledge of mental health located across Victoria, Australia and the world in mental health shared through the voices of lived experience. Unyet there is no value placed on those voices by the Victoria State Government nor the Victorian Mental Health System. People diagnosed with a mental illness, through exasperation with the mental health services provided, are connecting through social media and developing online communities and supports through Facebook Groups and connections and pages, through twitter and through channels such as meetup. State Government does little to value the voices of those with lived experience and lacks leadership in using these voices of lived experience to improve the mental health system 8. The Victorian Department of Health and Human Services plays a passive role in the delivery of mental health services in Victoria. Despite the publication of the Ten Year Mental Health Plan after extensive consultation across the state, the document fails to reflect content of consultations and is very much vague in language and missing in action - having little impact and effect on delivery of mental health services in Victoria. The Department requires reporting of individual mental health services across a range of indicators but again a passive role is adopted with the information provided online with little analysis nor incentive to use this information to deliver improvements in performance focused on delivering better mental health outcomes for the state. 9. There is little information available to someone dealing with a mental health issue - for example to whom should they first consult and who is sufficiently competent to understand the complexities of mental health ? in metro, rural or regional Victoria ? there is no information on who best to consult to ensure reliable information is being provided. There is no information on expectations, roles and responsibilities of the various components of the mental health system readily available either on the Department of Health and Human Services website or on individual hospital or GP or other websites. 10. Dangers arise when services do not listen to patients ? and sadly there is little incentive for the Victorian mental health system to be a learning system and culture that encourage patients or consumers to share their experiences. "

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
"For me, the cause of my poor mental health was due to extreme workplace stress. My relapse in 2016 was caused by Centrelink putting me under extreme stress. And the mental health services in both instance failed me by not behaving in a professional manner and doing what they are legally obliged to do. In hindsight I am slightly grateful for I only hear negative experience of inpatient stays."

What are the needs of family members and carers and what can be done better to support them?
As all my family is ▮▮▮▮ this is a hard one to respond to. Sadly my elderly mother had to deal with a psychotic son half way round the world during 2011. She passed away in 2013 and thankfully I was able to spend some time with her before she died but this has been the most heart-rending

element of this whole experience with my mental health ? the fact that my mother had to spend some of her final years whilst she was in ailing health experiencing phone calls from a mentally unwell son halfway round the world. This is the worst aspect of this whole experience with mental health in this country. I'm not the only one to have been failed fundamentally but it should not have happened and the Victorian State Government are responsible for this failure.

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
"Having thought deeply about this, the only way to transform the culture in mental health is through lived experience leadership at all levels of mental health service provision.   The current culture and approach to mental health from the highest levels of government to the frontline is problematic and has failed too many. It needs a complete redesign with lived experience leadership able to understand and deliver a system focused on improving mental health outcomes."

What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?
"This is the biggest issue in mental health ? offering people opportunities to make a meaningful contribution to society whilst also fulfilling their values and a sense of purpose in their lives. Mental health strips you of your self worth. It's only through my own self-determination, self-education and self-awareness have I been able to achieve a sense of health and wellbeing. And this has taken me almost a decade to achieve. I'm now a qualified lifecoach (www.calmercoaching.com) as well as Chair of a Committee of Governance for a neighbourhood house in Melbourne and enjoying life once again. This is despite the mental health system not because of it. There is so much stigma, much of it self-imposed, that affects people with a mental health diagnosis. I have been determined to regain a sense of healing and recovery but it has taken me years to understand my diagnosis, what I need to do to effect healing and recovery and understand how to stay well. It has also taken me years to reconnect with a sense of meaning and purpose; dealing with depression and accepting that my life will never be the same again has been the hardest and loneliest experience. There is so little support for those diagnosed bipolar disorder and so little support to help make sense of a path forward. A strengths-based approach to healing and recovery could seek State Government take a lead in promoting opportunities for those diagnosed, through looking at people's skills and experience prior to diagnosis and adopting a positive discriminatory approach to employment. Disability discrimination legislation is ineffective as discrimination happens despite it being in place. There needs to be active leadership to support those diagnosed into employment opportunities. Employment opportunities contribute to the healing and recovery of an individual. Unyet there are few available. Community support and services could be delivered through engaging the lived experience workforce to help both themselves and help others. This creates a win-win initiative."

Thinking about what Victorias mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?
"Using your multiple brains to do cool stuff has transformed my understanding of my mental health and wellbeing, my understanding of my bipolar disorder diagnosis and my understanding the my values and purpose going forward into the future. Without connecting with this book, and the authors Grant Soosalu (who sadly passed away this year) and Marvin Oka (who lives in

Melbourne) I doubt I would be alive, such has been my experience with the mental health services at ▓▓▓▓▓▓▓. Much of what should be in place has already been documented and published unyet the Victorian Government and various bodies have failed to implement their own work. Much information I've gained for my healing and recovery has been through online education and much can be achieved by provided support for those diagnosed online. Moreover support groups for those diagnosed have been a game-changer for me but I had to go seek them out. My psychiatrist has provided no information on what's available in terms of support."

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
"To prepare for changes and support improvements that last there needs to be an actual system in place with lived experience voices being the key measure of success. Therefore on receiving a diagnosis, an individual needs to have certain legal rights and these rights need to openly acknowledged, resourced and action in an open manner. A framework underpinned by human rights needs to be embedded in Victoria's mental health system with online information communicating what those diagnosed should expect from the mental health system and an ability, where those expectations are not being met, to seek action to ensure expectations are being met. In terms of equity of access, I consider local councils best placed to channels information and support around mental ill health prevention and early intervention. They are already equipped to provide Health and Wellbeing functions, these be support to take a more proactive approach to mental health and wellbeing. Moreover much information can easily be provided online and the journey of someone from symptoms through diagnosis to healing and recovery could easily be an online experience with additional support provided through lived experience staff being available via council services/ facilities such as a Mental Health Cafe/ library open say 8am to 8pm. This could be staffed and managed by those with lived experience, be linked into to existing services and provided opportunities for those diagnosed to meet and chat ? helping to build social cohesion, reduce stigma and also help the families, friends and carers of those diagnosed to better understand the complexities of mental health whilst also offering hope for healing and recovery and help individuals better understand mental health symptoms, triggers and how to best manage them. "

Is there anything else you would like to share with the Royal Commission?
"Writing this submission has been emotionally draining trying to make sense of my experience with the health system since 2011, having to endure a period of psychosis lasting six months in 2011 and then having a relapse brought on in 2016 by Centrelink suspending all my income payments and requiring me to reapply online resulting in me almost suiciding. My experience is not unique. Others have been failed by the mental health system but it should not be the case that no level of the system functions effectively and that has been my experience. There needs to be a mental health system in place that is fit for purpose, that steps up when people need it and steps away when people are well. The challenge with bipolar disorder is staying well and there is currently so little support to achieve this aim. I do not believe it would take much effort to achieve an effective approach to support those diagnosed. The details exist, they just need to be implemented and evaluated to ensure they meet the needs of those diagnosed. There is no support in the community for those grappling with their mental health and this exacerbates the challenges for those trying to regain some sense of purpose and meaning I their life. I have tried as much as possible to provide a coherent submission; trying to understand what is and what should be. There is a wealth of documents produced by levels of Government but they fail to

reflect the reality that Ministers do not seem to take mental health seriously. If they did then there would be adequate services, funded to meet need and focused on diagnosis, support for recovery and healing and support to prevent relapse. There is very little apart from medication that constitutes the current approach to mental health. This submission may not be as coherent or logically argued as I'd like it to be because it has taken me a months to assemble and has been exhausting reliving some of the trauma I have experienced at the hands of failing GPs, a failing Centrelink, a failing psychiatrist and a lack of community support services around recovery. Websites relating to the Australian Mental Health system that bear little relation to the reality that mental health consumers experience: Mental health statement of rights and responsibilities - http://www.health.gov.au/internet/publications/publishing.nsf/Content/pub-sqps-rights-toc The Australian National Standards for Mental Health Services Safety and Quality - https://www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/ - In July 2008, Australian Health Ministers endorsed the charter as theAustralian Charter of Healthcare Rightsfor use across the country. The Charter applies to all health settings anywhere in Australia, including public hospitals, private hospitals, general practice and other community environments. It allows patients, consumers, families, carers and service providers to have a common understanding of the rights of people receiving health care. The Australian Commission on Safety and Quality in Health Care https://www.safetyandquality.gov.au/our-work/mental-health/ - The Commission established a Mental Health Advisory Group in 2014 to provide expert advice on our work. Group members include representatives from national consumer and carer organisations, professional colleges, academics and clinicians and administrators from all mental health sectors. The mental health team works with colleagues across the range of Commissionprograms includingNational Standards,Recognition and Response to Clinical DeteriorationandMedication Safety. The Australian Commission on Safety and Quality in Health Care https://www.safetyandquality.gov.au/wp-content/uploads/2018/12/NSQHS-Standards-user-guide-for-health-services-providing-care-for-people-with-mental-health-issues.pdf Federal Government and Primary Healthcare Networks - http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Mental_Tools Royal College of General Practitioners: https://www.racgp.org.au/FSDEDEV/media/documents/Education/GPs/GPMHSC/Patient-information-brochure-Internet-based-Mental-Health-Treatments-and-Interventions.pdf Royal College of General Practitioners: https://www.racgp.org.au/education/gps/gpmhsc Websites relating to the Victorian Mental Health System: https://www2.health.vic.gov.au/mental-health/working-with-consumers-and-carers ? only by finding this website did I find that the Department of Health and Human Services does any work on engaging consumers in evaluating outcomes. There has been no information from ▮▮▮▮▮▮▮▮▮▮▮ about how the mental health system works, the various organisations such as the Independent Mental Health Advocacy, the Victorian Mental Illness Awareness Council and Mental Health Complaints Commissioner that are designed to help the consumer; https://www2.health.vic.gov.au/mental-health/practice-and-service-quality/mental-health-act-2014-handbook/recovery-and-supported-decision-making/resources - The Supported Decision Making Project: The Supported Decision Making Project is an online resource for consumers and carers, providing easily accessible information, support and resourcing via two key online information modules. The modules present personal stories of living with severe mental health challenges and carers' experiences. They are targeted to support people with severe mental illness and their families and carers to make informed decisions about their mental health assessment, treatment and recovery. The modules also provide mental health practitioners with an educational resource, and inform policymakers and the wider Australian community about the experiences of people with severe mental illness, their

families and carers. Again only through google did I find this project and online information existed. How does the Department of Health and Human Services communicate with consumers? How does it expect consumers to know this information exists if there is no effort invested to engage with consumers through the mental health system? https://www2.health.vic.gov.au/mental-health/prevention-and-promotion ? whilst the Department of Health and Human Services' website state mental health prevention and promotion as a priority ? there is little effort invested in delivering outcomes in the communities across Victoria. There is also little effort invested in evaluating the effectiveness of the mental health initiatives across the state and little effort invested in learning what works to contribute to improving mental health outcomes. The lived experience is not valued in the development and implementation of mental health prevention and promotion strategies. https://www2.health.vic.gov.au/mental-health/rights-and-advocacy ? there are few if any rights for anyone with a mental health diagnosis not under a Community Treatment Order. The Mental Health Act (2014) seems to not reference not acknowledge the need for legal provision for those not formally sectioned. https://www2.health.vic.gov.au/mental-health/priorities-and-transformation/mental-health-annual-report - Listening to consumers Listening and responding to the experiences of people who use our public mental health services is a fundamental part of identifying what is working well and what needs improving. The 'Your Experience of Service' (YES) survey is an important tool for understanding how people experience ourpublic clinical mental health services. YES captures information about people'sexperience of care, including the development of care plans and how the service supports their ability to manage their day-to-day lives. The YES survey was carried out for the third time in 2017-18, with a total of 2,532 survey responses completed by people aged 16 or older. The results show most clients feel their individuality and values were respected and that they had opportunities for family and carers to be involved in their treatment or care if they wanted. In terms of overall experience of care in the previous three months, 28.7 per cent rated this as very good and 36.6 per cent as excellent. - there are no links on this webpage to the survey and I cannot find any reference online to the survey referenced on this webpage nor source the survey report online. I did find a report relating to ███████████████ facility and summarise some, in my view, key issues reflecting a lack of learning culture and fit for purpose mental health service underpinned by focus on improving mental health outcomes for consumers. ████████████████████████

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https://www.health.gov.au/internet/main/publishing.nsf/content/0D8FB19D74327889CA257CC7008338EE/$File/conexp.pdf ? exploring further links to mental health user experience I found this 71 page report (National Mental Health Consumer Experiences of Care) from 2013 on the Federal Department of Health website. I do not believe either the Federal or State Department of Health systematically collect information on user experience of mental health services so maybe there were no outcomes from this report? https://www2.health.vic.gov.au/mental-health/mental-health-services ? there seems to be little, if any, reference to recovery which surely should be a key focus of any effective mental health system?

https://performance.health.vic.gov.au/Home/Category.aspx?CategoryKey=6#Anchor ? the data collected by the Department of Health and Human Services is primarily process focused with little on outcomes achieved nor on monitoring to determine whether or not the system is fit for purpose, meeting the needs of consumers of mental health services. Data collected covers: Service hours provided to consumers of community health services Pre-admission contact rate Pre-admission contact for ongoing clients rate Post discharge follow-up rate Average length of stay Emergency department patients transferred to a mental health bed within 8 hours Bed occupancy rat 28 day readmission rate Restraint events per 1,000 bed days Seclusion events per 1,000 bed days There seems to be little detail on why the information is collected, for what purpose it is used, and to

what extent the information collected is used to evaluate performance of the system to determine whether or not the system is functioning as intended through the Mental Health Act (2014) nor how the information collected is used to improve performance across the mental health system. It seems another process focused system internally Department-driven without any value-add in terms of delivering improving mental health outcomes for consumers and staff. Other relevant websites: https://www.commonwealthfund.org/publications/newsletter-article/2019/feb/worlds-first-global-ministerial-mental-health-summit - In October 2018, health ministers from 47 countries came together to discuss the shared mental health challenges facing their nations in the first-ever Global Ministerial Mental Health Summit, held in London. The event was hosted by the Organisation for Economic Co-operation and Development and the U.K. Department of Health and Social Care, with support from by the World Health Organization. The summit produced aGlobal Declarationthat documents political leaders' commitment as well as coordinated action to reduce the stigma of mental illness, expand access to prevention and treatment, and develop innovative, evidence-based solutions. https://www.racgp.org.au/education/gps/gpmhsc ? Mental health care in general practice ? Position Statement October 2016 - General Practice plays a central role in the provision of mental health care. https://themighty.com/dashboard/ - The Mighty is a US-based website which provides not only information on various mental health conditions such as depression, anxiety, bipolar disorder, borderline personality disorder and mental health ? it also provides an online community through various social media channels including Facebook, Twitter, Instagram and Pinterest to provide a community for those experiencing mental health and other challenges.
https://nswmentalhealthcommission.com.au/sites/default/files/documents/final_lef_a4_layout_for_web.pdf ? Lived Experience Framework ? good to see the NSW Mental Health Commission leading in the development of this framework ? something similar would be of significant value in delivering fit for purpose mental health services in Victoria. There are many people with lived experience of mental illness who would welcome the opportunity to contribute to the establishment of community services focused around recovery and mental health promotion within the community, school and with local employers. Australia's mental health system is build on neither structure nor strategy. No-one is truly accountable to anyone and the mental health patient/ client/ consumer is rarely involved in any decision-making process. "