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

Organisation Name
N/A

Name
Mr Christopher Gibbs

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

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?
N/A

What is already working well and what can be done better to prevent suicide?
N/A

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.
N/A

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
N/A

What are the needs of family members and carers and what can be done better to support them?
N/A

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
N/A

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?
N/A

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?
N/A

What can be done now to prepare for changes to Victorias mental health system and

support improvements to last?

"Victoria's mental health services have been increasingly overwhelmed in the last 15 years, resulting in the current crisis which has led to this Royal Commission. The Royal Commission will receive many informed views about what is wrong and what can be done to build a service system that will see sustainable improvements to the mental health of all Victorians. My assumption is that the Royal Commission will affirm the relationship between increasingly reactive and crisis driven state mental health services and the impact of chronic underfunding, exacerbated by population growth, that lies at the heart of this distressed system. The Royal Commission will recommend a way forward and the Minister for Mental Health has publicly stated it is the intent of the Government to implement all recommendations. The purpose of this submission is to emphasize the criticality of a structure that will have the capacity to lead an effective response to the recommendations of the Royal Commission. My reason for making this personal submission to the Royal Commission is based on the fact that, for over 30 years, I have had an active role in mental health services in Victoria. My involvement began in the late 1980s when mental health in Victoria was broken. Based on these experiences, there are observations I would like to make about how a damaged system might be repaired. My roles have included the CEO of North Eastern Metropolitan Psychiatric Services (NEMPS) and Director of NorthWestern Mental Health. I am currently CEO of Mental Health Professionals' Network (MHPN) and a Director of MIND Australia. During this time, I have had the professional and personal satisfaction of being part of reforms which seen: The embracing at the highest levels of an enlightened hospital and community service framework including the radical step at the time of establishing area based mental health services and supporting the growth of specific state wide services Deinstitutionalization Emergence of the PDS sector The development of a nationally acclaimed state Forensicare Service The emergence of a rights based culture for consumers and carers The ground breaking change in governance arrangements by mainstreaming the management of state based acute mental health services from the public service to the public sector. As a result of these reforms, by the early 2000s, Victoria was considered to be the most progressive mental health service system in the country. The strategic development and implementation of the reform was centrally driven by the Mental Health Division of the Department of Health. The Division was able to attract and retain the highest calibre policy and service planners, clinical experts, strategists and administrators who could make the case for reform, develop a comprehensive picture of what it might look like and have the capacity to drive the implementation required.

Importantly, mental health had a seat at the Departmental Executive. Effective governance of the strategic intent of the state mental health service system was critical then and is still critical today. This overarching governance role is very different to the governance of operations which was a key outcome of mainstreaming mental health services to multiple health services and community managed mental health services. The sensible devolution of the management of acute and specialist mental health services to the public sector has unfortunately been paralleled by the gradual relegation of the Mental Health Program of the Department of Health to the fourth tier of accountability in the current organizational chart. At a time when the need for system leadership has been at its greatest, the central authority has been at its weakest. As a consequence of this relegation, the responsibility for the welfare and development of state mental health services, in the form of system leadership, integrated planning and advocacy to government, the organizational status of mental health in the Department has been significantly diminished. Over the past 15 years, this continuing slide down the departmental hierarchy was reflected in the reduced capacity of the mental health program in terms of its organizational and political influence. The result is where we are today. There has been a concerning number of piecemeal responses in recent years to particular issues including: the

number and distribution of acute beds, emergency management early intervention NDIS transition safety workforce planning innumerable plans and policies that are reactive This inevitably leads to the conclusion that there has been no consistent authoritative voice from the Department that leads to a coherent overall plan to improve the state of mental health services in Victoria. It is the fervent hope of Victorians that the Royal Commission will provide a new starting point. Notwithstanding the recommendations of the Royal Commission, there needs to be a powerful overarching authority with the responsibility and capability to steer the course of mental health in Victoria. Whether this is via a Mental Health Commission, a stand alone Department of Mental Health or a Division within the Department of Health that is a member of the Departmental Executive is a matter for resolution. My experiences of the deleterious impact that inevitable restructures, turnover of staff and changes in political priorities have on intra departmental structures or a separate department leads me to the conclusion that only a properly resourced and Independent Mental Health Commission will be able to provide the leadership that will be needed. The Western Australian Mental Health Commission is an independent statutory body and provides a model worth considering. Its remit for WA mental health includes policy, central planning, strategy, funds distribution, performance monitoring, evaluation, intergovernmental relations and an arm's length support to three independent bodies: the Mental Health Advocacy Service, the Mental Health Tribunal and the Office of the Chief Psychiatrist. They operate independently but are provided with corporate service support by the Commission. The Commission reports directly to the Minister for Health and Mental Health. Whatever form the organizational response takes, it will only be effective if it can recruit and retain a body of high quality individuals who have the leadership qualities and skill set to make it happen. This is a most powerful argument for an independent Mental Health Commission. There will be no effective solution to the difficulties facing the Victorian mental health system unless there is a commitment to properly fund a structure that can attract both thinkers and doers, including those from mental health services where pay structures make it almost impossible for leaders and experts to return to a central authority. The new structure will require the authority to drive the necessary strategies at the relevant interfaces with housing, family support, justice and corrections and employment. Implementation across these fronts is too important to be left to trickle down bureaucratic actions and relevant Departmental responses. Without such a structure the recommendations from the Royal Commission, despite the best intentions, will fall on fallow ground. "

Is there anything else you would like to share with the Royal Commission?

"Reflections on Mainstreaming: The integration of mental health into general health services was the right policy decision but it has not been an unqualified success. Given the many historically powerful constituencies in publicly funded health services, it is not unexpected that the mental health services have struggled to have a voice commensurate with the scale of activity they bring. Like the place of mental health in the Department of Health, mainstreamed mental health services are generally not entrenched at the highest organizational level of public health organizations. Mental health is still struggling to shake off the perception that it is the poor cousin that causes problems. The ongoing crisis in the bed based system, together with chronic underfunding, makes it difficult to establish mental health as an essential and significant part of the service mix. Mainstream health services have generally not been powerful advocates for better mental health outcomes. A low place in the organizational pecking order places the mental health services at risk of decisions to divert flexible funds from community mental health services to offset losses incurred by acute inpatient beds and to the imposition of excessive corporate costs. These are matters that should be included in the Royal Commissions consideration of the efficacy of funding distribution. If the health organizations are silent on the matter of corporate costs in submissions to

the Royal Commission, this might suggest a closer examination is required. "