



## **Interim Report stakeholder briefing**

### **Chair's remarks, 28 November 2019**

On behalf of the Commission I acknowledge the traditional owners of the land on which we meet, the people of the Kulin Nation. I also pay respects to Elders past and present and emerging and extend that to Elders joining us here today. My name is Penny Armytage and I'm the Chair of the Royal Commission into Victoria's Mental Health system and it is a privilege to be here today to mark the release of our interim report.

Joining me here today are my fellow Commissioners Professor Bernadette McSherry, Professor Allan Fels and Dr. Alex Cockram.

I'd also like to welcome members of our Expert Advisory Committee, including their Chair, Professor Pat McGorry.

I would like, in particular, to acknowledge the leadership of Jodie Geissler, our chief executive officer, her executive team and the entire staff of the Commission.

The quality of the analysis in the interim report, our conclusions and recommendations, have been informed by contributions from stakeholders and the broader community – we see this as a true collective effort.

The very act of calling this Royal Commission is an acknowledgement that the current system is broken and beyond simple repair.

It underscores the extent of society's failure to provide adequate and integrated treatment, care and support to people in Victoria living with mental illness.

There is acceptance that the community-centred outcomes promised long ago by the reforms around deinstitutionalisation have not been realised.

Once admired as the most progressive in our nation, the state's mental health system has catastrophically failed to live up to expectations. Past ambitions have not been realised or upheld, and the system is woefully unprepared for current and future mental health challenges.

There is recognition that the services available do not meet the needs of those who need them most. It also speaks to the fact that mental health must become a priority for all Victorians.

A fragmented and dysfunctional system is one thing. But the failure to provide appropriate treatment, care and support is a source of both damage and distress. The impact on individuals, families, communities and our social integrity is profound – and largely preventable.

As one person told the Commission: 'The system should be considered your ally, not your enemy'.

Our community has allowed mental illness to remain hidden. Stigma, discrimination and prejudice persist, directed at those who live with mental illness.

That this has been permitted to pass almost without notice might also explain why we as a community have failed to demand an investment in mental health that is at least comparable to that in other areas of health.

Today is an important milestone in the life of this Royal Commission.

This Interim Report (at more than 660 pages) is a stocktake of what we've heard so far about Victoria's mental health system. It is by no means the whole story.

It is not a draft report, but the first of two major reports by the Commission. So, the interim report is not about providing all the answers or responding to everything that we have heard.

Instead, the report contains a number of priority recommendations that address immediate needs. Importantly, all the recommendations lay foundations for a transformation of Victoria's mental health system over the coming years.

Most of the Commission's recommendations will be made in our final report, which will be delivered in October next year. The Victorian Government has already committed to implementing all the Commission's recommendations.

Following feedback and input from the community during consultations, the Commission developed a set of principles to guide our work.

We are encouraged by the hope and trust of those who have contributed to the Commission and their aspirations to achieve an equitable and responsive mental health system.

We began with an acceptance that Victoria's mental health system needs fundamental reform. What we have heard and read over the past nine months has reinforced and amplified that view, sometimes in very painful detail.

One person told us: 'An often-repeated explanation is that the system has cracks and that people will fall through them. I don't know if [we were] just

unlucky to continually step on those cracks, or if the cracks were so wide that you cannot avoid them’.

Mental illness affects people from all walks of life. Victoria’s mental health system should be one in which access to treatment, care and support does not discriminate – one providing services that none of us would hesitate to use or have our loved ones use to seek support.

The current system does not provide those living with mental illness with what they deserve or what we as a community should demand.

In making those observations, I want to pay tribute to those who work – often in difficult and demanding circumstances – in the current system. They are often constrained from providing better care by factors outside their immediate control.

Neither the commitment and care of those who work in the system, nor the individual services they work for are the subject of inquiry by this Commission – because the issues are so much more deeply entrenched.

The woeful lack of investment in mental health has perhaps been the clearest finding of our work so far. Not only is there underinvestment, but there has been continuous decline over recent decades.

The share of funding allocated to mental health as part of the overall health budget in Victoria is disproportionate. It does not reflect the incidence of poor mental health in the community. Nor does it reflect the overall burden of illness to the community, in which mental illness and suicide is second only to cancer.

Victoria invests heavily in physical and public health, and in other service areas such as education, transport and infrastructure. But we currently spend less per capita than other Australian states on community-based care and inpatient beds.

The time has come to get the funding of mental health services right.

That is why we have recommended that the Victorian Government adopt a wholly new approach to investment – a tax or a levy – one that will ensure a substantial and sustainable increase in mental health funding for future generations.

This will enable delivery of the significant reforms required to establish a contemporary and enduring mental health system.

Money is one measure, but there is also a profound human toll that accompanies a broken system.

While the cost to individuals and loved ones is great, the Commission estimates that the overall economic cost to the Victorian community of poor mental health is currently around \$14.2 billion a year. Much of that cost is avoidable and would be reduced by investment in an effective system, focused on and designed with the help of those who live with mental illness.

The challenge ahead is to deliver the foundations and tools needed to rebuild Victoria's mental health system into one that can meet growing and changing demand for services, for a state that is and will continue to rapidly grow and change.

It simply will not be enough to renovate a system originally designed to provide services only to those with severe mental illness. As one person told the Commission: 'We can't keep tacking things onto an unstable system'.

The system is failing to deliver services for people where a simple intervention could prevent escalation and the need for an emergency response.

It fails to meet the needs of people who require more than primary care, but who are 'not sick enough' for acute care and treatment. When these individuals reach out for help only to find there is none, the prospects are bleak.

That the system has been unable to grow to meet these needs is in part because of a lack of investment in mental health services.

One in five Victorians experience mental illness in any given year.

Every Victorian knows someone – a family member, friend, colleague, social contact – who lives with mental illness on a daily or perhaps intermittent basis.

Almost 60,000 Victorians are carers for someone with mental illness.

There has been a deliberate focus by the Commission on hearing from those who understand mental illness most intimately: the individuals who live with it, and the people who live with and care for them.

These individual perspectives on the system are essential, not just to understand where it is now, but more importantly where it must get to. Meaningful change to the system can only occur with the ongoing involvement of people with lived experience.

The Commission has also heard from a broad range of others with different perspectives and often deep understanding of the system. This includes mental health professionals, consumer and carer peak bodies, academics, administrators and public servants. The views of those who currently work in the mental health system will also be significant in redefining it.

We know that poor mental health in the Victorian community affects all of us. The sheer volume of information that has been presented to us so far speaks to the extent to which Victorians are engaged with this issue. We have received more than 8,200 contributions from across Victoria in both formal and informal ways.

It is reassuring that the concerns and aspirations expressed by people living with mental illness, their families and carers are mirrored by the views of those who work in and have responsibility for the mental health system.

The experiences of how the system has failed, and in some cases harmed people living with mental illness, have been moving and tragic. We are indebted to those who have shown considerable courage in sharing their experiences with us, often motivated to ensure their personal experiences aren't repeated for others.

Perhaps the most consistent observation we have heard from people living with mental illness, family members and carers is how hard it is to get help when it is needed.

Individuals are forced to wait; they become more unwell.

Finally, and only after they show signs of major distress or crisis, do they gain access to treatment.

Families and carers often find themselves left out of decision making about treatment and care. Being a carer can be challenging, and its impacts can be profound and lifelong. The Commission has been told there is a general lack of support for families and carers.

Yet we know that for many people, there is a strong prospect of recovery from mental illness. Recovery depends on personal experience and the extent to which someone has been able to obtain treatment, care and support – especially at an early stage of their illness.

The whole idea of recovery, and what it means in the context of mental illness and the point at which it becomes part of the care and support offered by the system, will be pivotal to the Commission's ongoing work.

Another focus will be on how prevention can be improved as part of a reshaped system. Far beyond responding to crisis and providing clinical care, the prevention of mental illness is entwined with broader social and economic factors that affect individual and community resilience.

The idea of taking a systems approach to enable people to achieve good mental health, rather than just responding to mental illness, appeared often in the evidence the Commission received.

As part of its work, the Commission has been specifically directed to inquire and report on how to effectively prevent suicide. While not all suicides are directly linked to mental illness, suicide represents the ultimate failure of the mental health system.

Last year, according to data gathered by the Coroners Court of Victoria, there were 720 suicide deaths in Victoria.



This was more than three times the number killed on our roads. Ten times as many were admitted to hospital because of self-harm. While considerable resources and sustained efforts are put into road safety campaigns and strategies to prevent those tragic losses, we must do more to help prevent suicide.

How to give effect to suicide prevention more broadly will remain an important focus of the Commission's work over the next year.

Another common message has been that the system fails to treat people with dignity or respect. That very first contact for people in crisis will often come to define their whole experience of the system.

In a system that has become increasingly crisis driven, first contact is often with the police or other emergency service.

The trauma of being publicly bundled into a police car or left alone in a hospital emergency ward at such a time can itself cause even more harm.

The broader need for trauma-informed mental health treatment, care and support is only just starting to be recognised. There is much to be done in this regard. Many told the Commission the system needs to be more responsive to trauma, and there is potential for people to be re-traumatised in the system.

Similarly, we heard a lot about the extent that stigma and discrimination towards those with mental illness persist in our community.

This form of prejudice is not merely unjust, it can act as a further barrier to people seeking help.

Poverty and disadvantage present further barriers to accessing the system, even at a basic level. For some people, a gap payment for services is too expensive to contemplate.

The Commission has heard much about the 'missing middle'.

A growing group of Victorians have forms of mental illnesses that are complex and enduring. They cannot be treated through primary care alone but are not considered sick enough to receive specialist mental health services.

As a result, those in the 'missing middle' either receive insufficient care or no care at all. They fall through the gaps in the system.

The system is also failing our younger people. There is a compelling case for greater investment in the mental health of younger people, to prevent the impacts and consequences that could otherwise be felt across a lifetime.

Evidence before the Commission suggests that 75 per cent of all lifetime cases of anxiety, mood, impulse-control and substance use disorders emerge by the age of 24 years. We must do everything to ensure the health and wellbeing of our future generations.

For certain groups in our community, mental illness and the way the system deals with them provide additional challenges. They also face a range of barriers when accessing care and support.

People living with mental illness along with other conditions such as poor physical health, disability or alcohol and drug misuse can have even greater difficulty gaining access to specialist services that are not sufficiently integrated to respond to various needs.

People living in rural and regional areas are more likely to experience stigma and difficulties accessing services. While the prevalence of mental illness is the same as in metropolitan Melbourne, suicide rates are higher.

Aboriginal communities continue to endure the effects of trauma caused by colonisation, dispossession and the impacts of the Stolen Generation.

Everything we have heard will continue to inform the next steps that the Commission takes in facilitating the redesign of Victoria's mental health system.

What the Commission has learnt about the current system will prove critical in helping redesign it. Firstly, by avoiding the deficiencies and failings of the past and, secondly, by pointing to those areas of growing and greatest need.

As I noted earlier, the Commission is making some priority recommendations in this interim report, recognising most of our work is still to come.

Along with the recommendation to substantially increase investment in mental health, the Commission is recommending

- the creation of a Victorian Collaborative Centre for Mental Health and Wellbeing that brings together expertise in lived experience, research and clinical and non-clinical care. The centre will serve to spread the practice of evidence-informed treatment, care and support across the state.

In response to specific and immediate gaps, the Commission recommends

- an additional 170 acute mental health beds for young people and adults in areas of need to help respond to demand; and
- funding all area mental health services to deliver the Hospital Outreach Post-suicidal Engagement – or HOPE – program, and the creation of a new assertive follow up service for children and young people, to support those at risk of suicide.
- the creation of an Aboriginal Social and Emotional Wellbeing Centre and the establishment of social and emotional wellbeing teams in Aboriginal Community Controlled Health Organisations throughout the state. We

believe this approach, founded on a holistic understanding of people and connections, has the potential to inform new and innovative models of care for the rest of our community.

- the establishment of Victoria's first residential mental health service, as an alternative to acute care, designed and delivered by people with lived experience of mental illness
- the development and implementation of supports and structures designed to enhance and expand consumer and family–carer lived experience workforces in the mental health system
- increased opportunities to expand and develop the mental health workforce—including funded graduate positions, postgraduate scholarships and psychiatry rotations, supported overseas recruitment, leadership development, and improved data.

In order to begin the transition to a redesigned mental health system, the Commission has recommended that a Mental Health Implementation Office be established to operate for two years and respond to the interim report's recommendations while the Commission designs governance arrangements for the mental health system.

At the heart of what the Commission will do in the lead-up to the final report, is the design of the central elements of a future mental health system.

Underpinning this design is the need to create a system that is responsive, accessible and fair. It must also respect the dignity of people living with mental illness and support them to fully and effectively participate in society. The future mental health system must also grasp the opportunities offered by human-centred design and digital and technological transformation.

There is still much to be done. The scale of the change means that some of the benefits of this inquiry's work may only be realised in generations to come, with some more immediate progress.

There is already much interest, at both the state and territory and federal levels, in the extent of the problems with mental health services in Australia. There is also an encouraging level of public interest, discussion and debate in connection with mental illness.

The Commission will continue to interpret and be guided by the huge amount of information we have already received. There will also be further public hearings in April and May next year.

The Commission is not seeking formal submissions on the interim report. Contributions from people living with mental illness, families and carers will, however, continue to be central to the Commission's ongoing work. We will continue to involve people with lived experience in our work and the development of the Commission's final report which will be delivered by 31 October 2020.

That report will set out an ambitious blueprint for transforming Victoria's mental health system and improving the lives of people experiencing mental illness, their families and carers and the Victorian community now and in the future. One person told the Commission: 'We've never reimagined what services could look like.'

That is about to change.