

Royal Commission into Victoria's Mental Health System submission

The Royal Commission into Victoria's Mental Health System

Submission: Melissa Raven

This submission focuses on six interrelated issues:

- * Problems with the Royal Commission's stated purpose and terms of reference, and other statements about the Royal Commission
- * Confusion about improving the mental health system and the improving the mental health of the population
- * The role of the mental health system in prevention of mental illness
- * The role of the mental health system in suicide prevention
- * Social determinants of mental health/illness
- * Social determinants of suicide

The Royal Commission's stated purpose and terms of reference, among other statements by and/or about the Royal Commission, are very problematic.

Improving the mental health *system* (an important goal) is being confused with improving the mental health of the *population*.

This occurs in 'Our purpose' (<https://rcvmhs.vic.gov.au/about-commission>):

'The Commission wants to provide the community with a clear and ambitious set of actions that will change Victoria's mental health system and enable Victorians to experience their best mental health now and into the future.'

The phrase 'enable Victorians to experience their best mental health' would be more accurate if it said 'enable Victorians *who need to access mental health services* to experience their best mental health'.

Similarly, the terms of reference begin:

'You are appointed to inquire into and report on how Victoria's mental health system can most effectively prevent mental illness, and deliver treatment, care and support so that all those in the Victorian community can experience their best mental health, now and into the future.'

The phrase 'so that all those in the Victorian community can experience their best mental health' would be more accurate if it said 'so that all those in the Victorian community *who need to access mental health services* can experience their best mental health'.

Furthermore, although the mental health system has a role to play in prevention of mental illness, other factors/systems play a much greater role. Housing, education, employment, income security, food security, and social inclusion are among the most important determinants of mental (and physical) health.

Much of the Royal Commission documentation incorrectly implies that mental health services are the main determinants of mental health. This reinforces common community misconceptions about mental health

(and mental health more generally).

Just as physical health services are not the main determinant of physical health, mental health services are not the main determinant of mental health.

In relation to both physical and mental health, the Australian Institute of Health and Welfare's (AIHW's) *Australia's health 2016* noted that:

'According to WHO, the social conditions in which people are born, live and work is the single most important determinant of good health or ill health.' (AIHW 2016, p. 129). (<https://www.aihw.gov.au/getmedia/9844cefb-7745-4dd8-9ee2-f4d1c3d6a727/19787-AH16.pdf.aspx>)

AIHW (2016) included the 'Dahlgren-Whitehead rainbow' diagram, adapted from Dahlgren & Whitehead (1991) *Policies and strategies to promote social equity in health. Background document to WHO – Strategy paper for Europe* (p. 11) (<https://core.ac.uk/download/pdf/6472456.pdf>).

NB: In the mental health arena, when social determinants of mental health are mentioned (often as an afterthought), it is often only in relation to people with long-term mental disorders, who may have substantial need for assistance with housing, employment etc., rather than in relation to the whole population.

There are also problems in the wording of the terms of reference.

1. How to most effectively prevent mental illness and suicide, and support people to recover from mental illness, early in life, early in illness and early in episode, through Victoria's mental health system, and in close partnership with other services.

As mentioned above, Victoria's mental health system is far from the most important factor/system for prevention of mental illness. Furthermore, improvement of the mental health system is not a sure-fire solution to suicide (see below).

2. How to deliver the best mental health outcomes and improve access to and the navigation of Victoria's mental health system for people of all ages.

This ambiguously suggests that mental health outcomes of all Victorians are dependent on the mental health system.

When the Royal Commission was first announced, the declared focus was 'Mental Health'. This changed to a focus on 'Victoria's Mental Health System', which is arguably more appropriate. However, it is not appropriate to focus on the mental health system but assert that the findings are the key to improving the mental health of all Victorians which would further entrench the lack of attention to social determinants of mental health.

As mentioned above, improvement of the mental health system is not a sure-fire solution to suicide, as assumed and implied in much of the discourse about the Royal Commission (and in much of the discourse in the mental health arena more generally).

I recommend the 'Situational Approach to Suicide Prevention' (<http://www.mengage.org.au/suicide/aimhs-a-situational-approach-to-suicide-prevention>) developed by the Australian Institute of Male Health Studies (AIMHS). The Situational Approach has much in common with a social determinants approach, particularly in relation to the role of employment/unemployment in male suicide.

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