

Submission to Royal Commission into Mental Health Royal Commission Terms of Reference consultation

summary

cohealth welcomes the opportunity to provide input into the development of the Terms of Reference for the Royal Commission into Mental Health.

cohealth is one of Australia's largest not-for-profit community health services, operating across 10 local government areas in Victoria. Our mission is to improve health and wellbeing for all, and to tackle inequality and inequity in partnership with people and their communities. cohealth provides integrated medical, dental, allied health, mental health and community support services, and delivers programs to promote community health and wellbeing. Our service delivery model prioritises people who experience social disadvantage and are consequently marginalised from many mainstream health and other services.

cohealth has an extensive history of providing services for people experiencing mental illness, from residential accommodation to community outreach and mentoring to interagency planning coordination. Our comments in this submission reflect their experiences, along with those of workers and the service system involved.

cohealth recognises that everyone who experiences mental illness deserves the right supports, at the right time and in the right setting to enable them to live well in the community. This necessarily involves a comprehensive, integrated system that includes (but is not limited to):

- Promotion of good mental health and working to prevent mental illness
- Timely support to people with more common mental health conditions, through:
 - online and phone support
 - primary health response provided by GPs, private psychiatrists and allied health professionals
- Clinical care in hospitals, community and forensic settings for people with acute and severe conditions
- Active assistance for people with severe and complex mental illness to live well in the community through:
 - rehabilitation, including psychosocial support & recovery services
 - disability support to assist social and economic participation
- Holistic, wrap around, person-centred care
- Support for people who care for someone with a mental illness
- Integrated strategies designed to address the social determinants of mental health, such as housing, employment, stigma and physical health.



All services need to be culturally appropriate, person centred, flexible and responsive and involve consumers and those who care for them in their planning and development.

Notwithstanding the importance of a comprehensive mental health system, as our experience and expertise are primarily in providing community-based services and supports, this submission has a particular focus on supporting people in the community, particularly those with serious mental health issues and/or from diverse communities.

A note about the priority themes in the online consultation survey

In order to complete the online survey, and provide this submission, participants are required to rank the identified themes in order of importance. cohealth notes that we see that all these themes are of equal importance. We trust that the Royal Commission's development of the Terms of Reference is not too closely bound to the hierarchy of issues resulting from this ranking.

In addition, we note that these themes appear to focus on the service system. While important, cohealth urges the Royal Commission to keep the mental health and wellbeing of Victorians as the clear central focus. The service system, and improvements to it, should be designed to support this central goal.



Terms of Reference recommendations

The experiences of **people with lived experience** of mental illness and distress, and those who care for them, must be the central focus, and foundational principle, of the Royal Commission. Improving outcomes for people experiencing mental health issues should be the key goal, particularly for groups who have disproportionately poorer outcomes.

Human rights and equity should also be clearly articulated principles of the Terms of Reference.

To this end cohealth makes the following recommendations on both the process for the Royal Commission, and the topics and themes to be included in the Terms of Reference.

Royal Commission Process

People with lived experience as consumers of the mental health system must be given a privileged voice in all aspects of the Royal Commission.

- One of the Commissioners should be a person with lived experience as a mental health consumer.
- Any expert advisory groups established should have a significant proportion of members with lived experience as a mental health consumers.
- Consumer perspectives should be actively sought to provide input to the Royal Commission. These should reflect the diversity of the Victorian population, including:
 - Range of demographic experiences: age, geography, economic status, housing, etc
 - Aboriginal and Torres Straights Islander peoples
 - Culturally and linguistically diverse communities, including refugees and asylum seekers
 - People with diverse sexual and gender identities
 - Range of diagnoses
 - Range of service system experiences covering the full spectrum of mental health responses

As the Royal Commission progresses it should evaluate participation to ensure the engagement of a wide range of groups, and increase efforts as needed to hear the views of those who are under-represented.

- A wide range of consultation methods should be used to enable as many people as possible to safely participate, including:
 - Working directly with specific communities
 - Active outreach, particularly to individuals and groups who may experience barriers to participation, such as people who are homeless, those involved with the justice system, and young people



- Opportunities for people to provide individual and confidential and/or anonymous evidence
- Using a wide range of consultation methods, including in-person options, both individual and group, in addition to any on line and/or written approaches. Consideration should be given to the use of video and social media to gather input. Written materials should use easy English and be translated into community languages.
- Providing support to assist people to participate. This includes provision of interpreters, and clinical, non-clinical and peer support before and after hearings.
- Ensuring that consultation methods are culturally safe.
- The Royal Commission should work closely with the organisations that represent people with lived experience, such as VMIAC and Tandem.

Royal Commission should examine the following topics, in addition to the suggested themes:

- **Addressing the causes**, and the factors that contribute to, mental ill health, including abuse, trauma, stigma, and the **social determinants of health**. While often falling outside the specific mental health system, the wider social and economic determinants of mental health (eg poverty, inadequate housing, family violence, social isolation, low paid work, discrimination) have a significant impact on the physical and mental health of individuals and communities.
- Focus on developing a mental health system that aims to support people **reach their potential**, live contributing lives and meet their goals. We need to move away from a system that focuses on crisis management and risk mitigation.
- **Challenging stigma and stereotypes** about mental ill health
- Responding to **diversity**, by examining the differing needs of, and appropriate responses for:
 - People at different stages across the lifespan
 - Aboriginal and Torres Straits Islander peoples
 - Culturally and linguistically diverse communities
 - Refugees and asylum seekers
 - LGBTIQ people
 - People experiencing homelessness
 - People who use alcohol and drugs
 - People with disabilities
 - People involved in the justice system

This should also include an examination of the impact of the intersection of more than one of these characteristics.



- Examine the **recovery and psychosocial rehabilitation** supports for people with serious mental illness, particularly those who will be affected by the changes to the service system stemming from the implementation of the NDIS:
 - Those who will no longer be eligible for services, or who will be unable to access services due to barriers to engaging with the NDIS.
 - Those no longer receiving critical psychosocial rehabilitation as this is not provided by the NDIS. MHCSS (Mental Health Community Support Services) previously provided this support, but funding has been directed to the NDIS, and these services are no longer available.
 - Impact of the change to individualised support packages on the experience of obtaining appropriate support.
 - Addressing service and support gaps for people with chronic and enduring conditions.
- **Access to, and integration of, services and continuity of care**
 - Within and across the full breadth of the mental health system, including GPs, crisis/acute, clinical, community, private, forensic services etc.
 - With related services, including: alcohol and drug, housing, employment, education and training, physical health care, family violence, child and family services, emergency services, and the justice system.

The Royal Commission should have the scope to re-imagine a system that removes or minimises the divisions between services and sectors, such as mental health, health, social support, justice and the like, to provide the most effective outcomes.

- **Evaluating the efficacy** of existing service models across the full spectrum of the mental health system and the evidence base for delivering best outcomes for consumers.
- **Affordability**
- **Jurisdictional** issues between state and federal governments need to be resolved to ensure stability and coverage of the sector. Too often service gaps have emerged as Federal and state governments debate who is responsible for responding to need. Federal and state initiatives should be assessed to ensure they are complimentary and offer continuity of support. Similarly, differences between Victorian government departments can limit coordination and integration of services, and innovative responses.

The Royal Commission should make recommendations as to how to improve the way the different levels of government, and different government departments, work together.

- **Workforce** support, development and retention.
- Recommendations for change should be **evidence based**, while also balancing the need to explore and develop innovative approaches. The Royal Commission should consolidate and review the extensive existing research, and findings of other inquiries, on what works to improve mental health, rather than recreating this work. Notwithstanding this, the Royal Commission should also be able to commission research to address evidence gaps.



For further information about this submission please contact:

Jane Stanley
Manager: Policy
jane.stanley@cohealth.org.au

