



## **Key Themes and Focus Areas for the Royal Commission into Mental Health**

### **Deliverable Reform to improve outcomes for people living with a mental illness.**

This should be the primary focus area for the Royal Commission and it should be driven by the voices and needs of consumers.

Consumers of mental health services have incredible insights into the mental health system, what works and what needs improvement. The Royal Commission will only succeed if it is focussed on hearing from a broad range of consumers and using those views to formulate recommendations.

Care needs to be taken to ensure that consumers who would not normally engage with health services or consultation processes have a voice at the Royal Commission. This includes people who are held in locked wards, the elderly and those who experience homelessness, drug and alcohol addiction or incarceration.

We suggest that consideration be given to holding some closed hearings in psychiatric wards and forensic facilities. It is vital that individuals in these settings have an opportunity to be directly involved and not have their perspectives filtered through clinicians or carers.

### **Accessibility and navigating the mental health system**

The terms of reference should include a review of our current system of compulsory treatment and the protections within it to determine whether it meets the needs of consumers and the broader community.

The MHLC is concerned with the role that coercion can play within the mental health system. We are aware of people being detained for purposes other than the provision of mental health treatment and others being coerced into agreeing to treatment through threats of compulsory treatment. We are also concerned that vulnerable consumers, particularly the elderly, are at an increased risk of receiving coercive treatment.

The determinations of the Mental Health Tribunal affect people's fundamental rights to freedom and bodily autonomy. There is however no automatic right to be legally represented before the MHT and consumers must arrange their own representation. Victoria compares poorly with other states for legal representation. In 2017/2018 patients were represented at 15% of hearings while 80% of people were represented before the Mental Health Review Tribunal in NSW. Representation before the MHT is more than a legal nicety. It helps consumers to counter the power imbalance in the room, to articulate their views and to feel heard. In our experience, it also has an impact on outcomes.

Consideration should also be given to the impact that removing decision making powers from individuals has on their mental health and sense of control. Opportunities for supported decision making should be increased and substitute decision making should be minimised. This applies not just for healthcare decisions but where guardianship and administration orders are used.

The terms of reference should include consistent approaches to care. For many consumers the impact of constantly changing services and clinicians is confusing and distressing. Consumers report

vastly different experiences between services. Best practice and innovation within individual services needs to be identified and showcased. Drivers for improving care need to be identified.

### **Acute Mental Health Services**

It is important that the Royal Commission consider our current system of first response to people experiencing acute mental health episodes. The manner in which a person is taken into hospital has a significant impact on their mental health and their willingness to engage in future treatment. The practice of using police officers to transport consumers is not an appropriate response to a person experiencing an acute mental health episode.

Alternatives to presenting at the emergency department should be canvassed by the Royal Commission. Spending hours in a busy emergency department is not a therapeutic response to a crisis situation nor is it an ideal use of the health system's resources.

The use of seclusion and restraint in emergency department and in inpatient units must also be examined.

As set out above, the terms of reference should include a review of our current system of compulsory treatment and the protections within.

### **Community Mental Health Settings**

Community mental health services play an essential role within the mental health system. At their best they provide consumer centred care, facilitate voluntary engagement with treatment, link consumers with other services and help to avoid the need for inpatient and compulsory treatment. The Royal Commission should examine whether our current system of community mental health services is doing these tasks effectively.

Community mental health services are also ideally placed to implement initiatives like advance statements to give consumers a greater say in their treatment.

### **Forensic Mental Health Services**

The number of people with significant mental health issues in prison is of serious concern. This raises questions about the adequacy of mental health services within prisons but also whether more is needed to be done to divert people with mental health issues from the prison system. The terms of reference should consider the adequacy of prison mental health services and look at options for ensuring that appropriate alternatives are explored and expanded. The successful use of the Neighbourhood Justice Centre and the Assessment and Referral Court within Victoria demonstrate the impact of justice being delivered through environments which are not oppressive, do not overwhelm vulnerable clients and address the issues behind offending.

### **Social Isolation, depression, anxiety and trauma**

The Royal Commission must look at the provision of trauma informed care and the role that mental health services can play in compounding existing trauma. The Royal Commission is in the unique position of being able to reflect upon the work which has been undertaken in recent years into institutionalised abuse as well as family violence. Individuals who have been victims of sexual abuse and family violence can find that their experience of mental health care re-traumatises them particularly if it involves compulsory treatment. Mental health services are so rarely able to spend the time assisting clients in processing and healing from the trauma they have experienced. The

Royal Commission must look at the provision of trauma informed care and the role that mental health services can play in compounding existing trauma.

The Royal Commission must separate the experience of symptoms of mental illness from the cause. In developing strategies to address these symptoms the nature of therapeutic care must be considered. There has been an increase in the accessibility of psychological services in recent years but often clients with the most complex needs do not have access to regular psychological treatment. Many of our clients with serious mental health conditions have also experienced severe trauma and would value ongoing psychological counselling alongside other forms of treatment.

### **Prevention and Early Intervention**

The Royal Commission must examine the information and support available at initial points of contact for consumers. Wrap-around services that comprehensively address all of a person's needs at the earliest possible opportunity have the best chance of improving outcomes.

### **Integration between alcohol and other drugs and mental health services**

The Royal Commission will be able to review and examine the implications of addiction across the health system. This must be done by considering consumer's experience of service access and response. Addressing the lack of integration between the mental health, alcohol and drug sector is vital.

The methods of detention for people suffering acute episodes combined with those who are experiencing other symptoms where there are no such avenues for support other than being incorrectly detained in a mental health setting. The Royal Commission must look at other suitable places in which to house these high level need clients.

At present the needs of consumers with mental health and drug and alcohol issues are not adequately met. People experiencing drug induced psychosis, for example, are often treated by mental health teams with limited capacity to address their underlying drug use.

The terms of reference should also look more broadly at the provision of integrated services. The provision of mental health services does not take place in a vacuum. People experiencing mental illness need integrated services that address both their mental and physical health as well as their psychosocial and other needs. The intersection of homelessness and mental illness needs to be addressed. Family violence issues must be identified and responded to appropriately, perhaps through specialist workers within services. The use of intervention orders as a response to mental health issues is neither appropriate nor effective and leads to further pressures within forensic services and other resources.

### **Preventing Suicide**

The Royal Commission must examine the ability of services to respond to the needs of people who face immediate and acute periods of distress recognising that individuals who suicide will not necessarily have a history of engagement with the mental health system. The identification of at-risk individuals through social media should be examined with consideration of effective responses.

The accessibility of services must also be considered in the context of suicide prevention. A compassionate response to individuals perceived to be at risk of suicide is needed. Seclusion and restraint in this context needs to be reviewed.

## **Workforce Development and Retention**

The Royal Commission should examine the best way to ensure that the mental health system has a highly skilled, well-resourced workforce that provides continuity of care. Consumers report high levels of dissatisfaction with fragmented care. Continuity of care is very limited in mental health services and yet it is an area of healthcare where trust between the consumer and their treating team is crucial. High levels of staff turnover have a very real impact on consumers. The Royal Commission will be able to review client and patient loads across services and examine the impact of this on workers and the recovery journeys of consumers.