HACSU Submission

Royal Commission into Mental Health – Terms of Reference

January 2019

About Us

The Health and Community Services Union (HACSU) is the only specialist union for workers in Victoria's mental health, alcohol and other drugs and disability sectors. We are committed to advancing and protecting the professional and industrial interests of our 8,000+ members through campaigning and workplace activism.

For questions regarding the contents of this submission, please contact:

Lloyd Williams
Branch Secretary

Paul Healey
Assistant Branch Secretary

Overview

HACSU welcomes the establishment of a Mental Health Royal Commission (MHRC) and we are appreciative of the opportunity to help shape its Terms of Reference. This submission has been prepared following extensive consultation with mental health workers across a range of disciplines and practice areas. The 3,000 mental health clinicians HACSU represents deliver a significant proportion of mental health services in Victoria. Their experience on the frontline of service delivery offers invaluable insights into the challenges which the MHRC will no doubt confront.

HACSU is supportive of the 10 focus areas identified by the Victorian Government to form the basis for MHRC Terms of Reference, however we would submit that there be three additional overarching focus areas. Firstly, there needs to be a focus on the integration of mental health services with other parts of the service system (e.g. homelessness, NDIS/disability, physical health, housing, welfare, justice, family violence, police and emergency services, education and youth services). Secondly, it is imperative for the MHRC to examine how to best ensure mental health services reflect the reality that mental illness doesn't discriminate and that all Australians, across their lifespan, require access to appropriate, tailored treatment delivered by skilled and supported mental health workers (both clinical and non-clinical). Thirdly, the MHRC Terms of Reference must enable the Commissioner/s to examine the accountability of mental health funding and best-practice governance arrangements; this should be situated within a broader examination of how Victoria's mental health system has gone from the best performing jurisdiction in the country to the worst performing over the course of the last two decades.

This submission is structured to provide additional details around these three additional focus areas and provides recommendations within a number of the ten pre-identified focus areas, which our members have identified as particular priorities. HACSU looks forward to continuing to work constructively with the Victorian Government, the MHRC and other stakeholders to ensure that all Victorians are able to access the mental health services they need and deserve.

Timeframe and Witness Support

With regard to the operations of the MHRC, we would submit that the Commissioner/s be given an 18-month timetable to complete their inquiry. We believe this timeframe appropriately balances the competing demands of ensuring the MHRC is comprehensive, whilst ensuring that essential reforms are not unduly delayed.

Finally, it is essential that robust support mechanisms are put in place to assist witnesses to give evidence. Employees also need to be positively assured that they will be protected from adverse consequences in their employment should they make submissions or give evidence about the adequacy of services in which they work.

Recommendation 1: That the MHRC be completed within 18-months from its commencement date. We submit that this timeframe appropriately balances the competing demands of ensuring the MHRC is comprehensive, whilst not unduly delaying essential reforms.

Recommendation 2: That the MHRC be provided with adequate resources to establish robust support mechanisms for witnesses providing evidence.

Summary of Recommendations

Recommendation 1: That the MHRC be completed within 18-months from its commencement date. We submit that this timeframe appropriately balances the competing demands of ensuring the MHRC is comprehensive, whilst not unduly delaying essential reforms.

Recommendation 2: That the MHRC be provided with adequate resources to establish robust support mechanisms for witnesses providing evidence.

Recommendation 3: The Terms of Reference must be designed to enable the MHRC to examine the effectiveness of interactions between the mental health service system and other services (e.g. homelessness, NDIS/disability, physical health, housing, welfare, justice, family violence, police and emergency services, education and youth services). The Commissioner/s should have specific regard to the role of Area Mental Health Services in facilitating or impeding integration.

Recommendation 4: To ensure the MHRC does not focus on one element of the mental health system at the expense of another, the Terms of Reference must require the Commissioner/s to have specific regard to acute mental health services (including acute services delivered in the community), community mental health and forensic mental health services.

Recommendation 5: Across all focus areas, the MHRC must have regard to the need for mental health services to reflect the diversity of people experiencing mental ill-health, including Aboriginal and Torres Strait Islander (ATSI) Peoples and people from culturally and linguistically diverse (CALD) backgrounds. The Terms of Reference must enable an examination whether current services are dynamic and responsive to the needs of the consumer they are treating, regardless of their age, gender, sexuality, ethnicity, ATSI or CALD status.

Recommendation 6: The MHRC Terms of Reference must enable the Commissioner/s to examine the accountability of mental health funding and best-practice governance arrangements; this should be situated within a broader examination of how Victoria's mental health system has gone from the best performing jurisdiction in the country to the worst performing over the course of the last decade.

Recommendation 7: Workforce development and retention should be one of the highest priorities for the MHRC and the Terms of Reference must guide the Commissioner/s to focus specifically focus on:

- The adequacy of education and training programs for both clinical and non-clinical staff;
- The accessibility of career pathways into mental health workforce;
- The efficacy of the graduate intake system;
- The impact of occupational violence on workforce attraction and retention;

Recommendation 8: The MHRC Terms of Reference must enable the Commissioner/s to examine the capacity and capability constraints of forensic mental health services, alongside whether forensic services are designed appropriately to deliver optimal outcomes for consumers and the workers who support them, with regard to best-practice evidence from other jurisdictions (nationally and internationally).

Recommendation 9: The MHRC Terms of Reference must enable the Commissioner/s to examine how best to redesign acute services to optimise therapeutic outcomes for consumers, without resorting to the generalised response of calling for greater community mental health investment at the expense of acute services.

Integrated Mental Health Services and Holistic Approaches to Mental Illness

For many years, HACSU members working at the frontline of mental health services have called for an integrated service system aligning clinical mental health services with social, emergency and allied services to provide a holistic approach to mental illness. This is why it is paramount for there to be scope for the MHRC to examine the interactions between mental health services and other parts of the service system (e.g. homelessness, NDIS/disability, physical health, housing, welfare, justice, family violence, police and emergency services, education and youth services). Consumers with mental ill-health are incredibly reliant on these services as part of their recovery and HACSU members' experience is mental health is inconsistently and usually not well integrated with these systems.

When consumers are not supported to access these services and their functioning declines, we find the service system responds in crisis-driven ways, delivering substandard services and imposing significant unnecessary costs. These costs are borne by Commonwealth, State and Local Governments (as the primary funders of mental health services), but they are also borne by consumers who fail to receive the holistic support they require on their journey to recovery.

The role of integrated services in supporting consumers to recover is why the Terms of Reference must also be structured in such a way so that the MHRC does not focus on one element of the mental health system at the expense of another. Such an approach will fail to allow a holistic review of Victoria's mental health system and impede the Commission's ability to make recommendations for meaningful reform. For this reason, the Terms of Reference must explicitly call on the Commissioner/s to have specific regard to acute mental health services (including acute services delivered in the community) and community mental health.

Recommendation 3: The Terms of Reference must be designed to enable the MHRC to examine the effectiveness of interactions between the mental health service system and other services (e.g. homelessness, NDIS/disability, physical health, housing, welfare, justice, family violence, police and emergency services, education and youth services). The Commissioner/s should have specific regard to the role of Area Mental Health Services in facilitating or impeding integration.

Recommendation 4: To ensure the MHRC does not focus on one element of the mental health system at the expense of another, the Terms of Reference must require the Commissioner/s to have specific regard to acute mental health services (including acute services delivered in the community), community mental health and forensic mental health services.

Mental Health Services Across the Lifespan

An overarching focus for the MHRC must be to examine how best to ensure mental health services reflect the reality that mental illness doesn't discriminate and that all Australians, across their lifespan, require access to appropriate, tailored treatment delivered by skilled and supported mental health workers. This means that acute, community and forensic mental health services must be equipped to support mentally unwell Victorians regardless of their age, gender, sexuality, ethnicity and cultural background.

Recommendation 5: Across all focus areas, the MHRC must have regard to the need for mental health services to reflect the diversity of people experiencing mental ill-health, including Aboriginal and Torres Strait Islander (ATSI) Peoples and people from culturally and linguistically diverse (CALD) backgrounds. The Terms of Reference must enable an examination whether current services are dynamic and responsive to the needs of the

consumer they are treating, regardless of their age, gender, sexuality, ethnicity, ATSI or CALD status.

Accountability of Funding and Governance Arrangements

Over the past two decades, across a number of measures, Victoria has gone from having the best mental health system in the country to the worst. The Terms of Reference must allow the Commissioner/s to examine how and why this decline has occurred, with specific regard to the accountability of funding for acute services delivered in the community since mental health services were integrated with public hospitals.

Recommendation 6: The MHRC Terms of Reference must enable the Commissioner/s to examine the accountability of mental health funding and best-practice governance arrangements; this should be situated within a broader examination of how Victoria's mental health system has gone from the best performing jurisdiction in the country to the worst performing over the course of the last decade.

Workforce Development and Retention

HACSU welcomes the identification of workforce development and retention as a key focus area for the MHRC. The system is already experiencing a staffing crisis, with an estimated shortage of 700 staff. This shortage has developed over a prolonged period, where spiralling demand has not been matched by adequate investment, or adequate systems for training in providing a sound supply of beginning level entrants for recruitment. We are now at a point where the current workforce has to deal with unmanageable workloads, making the retention of skilled clinicians more challenging.

In addition, the current system is characterised by a lack of accessible career pathways and few entry-level graduate positions, meaning opportunities to commence a career in mental health are limited. This, in turn, fails to enable mental health services to develop a strong and diverse workforce. Students studying to be mental health clinicians also no longer have access to a specialist mental health training program since it was removed in an attempt to achieve greater efficiency in the 1990s; the training system within mental health has arguably functioned poorly since.

Finally – occupational violence has, unacceptably, become a standard feature of Victoria's mental health service system. There are no specific staffing profiles in adult acute units that include highly trained clinicians who can provide services to consumers with known or developing violent behaviours. There are also inadequate protocols and options for removing or isolating consumers with aggressive behaviours from adult acute units. Not surprisingly, this leads to the escalation of violence—with both consumers and staff suffering the fallout—and deleterious effects on service quality and retaining skilled workers.

Recommendation 7: Workforce development and retention should be one of the highest priorities for the MHRC and the Terms of Reference must guide the Commissioner/s to focus specifically focus on:

- The adequacy of education and training programs for both clinical and non-clinical staff;
- The accessibility of career pathways into mental health workforce;
- The efficacy of the graduate intake system;
- The impact of occupational violence on workforce attraction and retention;

Forensic Mental Health Services

HACSU welcomes the identification of forensic mental health services as a key focus area for the MHRC. This area of the mental health system has been neglected, with few of the positive reforms to mainstream mental health services being adopted in this area.

Workers employed in a forensic setting face unique challenges when providing care to patients who have a mental illness and offending issues. Staff are exposed to high levels of violence, perpetrated not only on themselves, but on other consumers in forensic settings. These challenges largely stem from capacity constraints, with the forensic system having failed to keep up with demand. However, the design of forensic services themselves—where therapeutic interventions become secondary to the imperative of secure containment—are also a large contributing factor to the prevalence of occupational violence, poor service standards and outcomes. Further, there is the stigma and fear of forensic clients which often creates boundaries between forensic mental health services and other human service agencies. This can result in other agencies being unwilling to provide ongoing support, care and treatment to forensic consumers. The relationship between the treatment and rehabilitation culture of forensic mental health services and the custodial culture of correctional agencies is often problematic. Similarly, the police, courts, corrections and forensic mental health have different foci and sets of expectations, which can, at times, be difficult to reconcile.

Recommendation 8: The MHRC Terms of Reference must enable the Commissioner/s to examine the capacity constraints of forensic mental health services, alongside whether forensic services are designed appropriately to deliver optimal outcomes for consumers and the workers who support them, with regard to best-practice evidence from other jurisdictions (nationally and internationally).

Acute Mental Health Services: Therapeutic Environments

Under the identified focus area of *acute mental health services* HACSU believes it is imperative for MHRC to examine whether acute service environments are designed in an appropriately therapeutic way. A key problem in acute services is the inappropriate placement of consumers with physically and/or sexually violent behaviours alongside other mentally unwell consumers. The behaviours of this small minority negatively impact on the recovery pathway for the majority of clients.

It is clear that the current services are not environments that suit the needs of the consumer, rather they are a medicalised hospital model in most cases. Too often this critique of acute therapeutic environments is used as justification to remove funding from acute services and redirect it to community mental health services. However, this is a two-dimensional response which ignores the reality that a small but significant proportion of the mentally unwell population need acute services as part of their recovery.

Recommendation 9: The MHRC Terms of Reference must enable the Commissioner/s to examine how best to redesign acute services to optimise therapeutic outcomes for consumers, without resorting to the generalised response of calling for greater community mental health investment at the expense of acute services.