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For comments or questions regarding this Plenary, please email copolov.plenary@monash.edu
Tough times for Australians with severe mental illness.

Is hope on the way?

Professor David Copolov AO
Pro Vice-Chancellor, Major Campuses & Student Engagement

2021 Congress of the Royal Australian and New Zealand College of Psychiatrists

Hobart 19 May 2021
Need for support  Severity and % of population

Very high level
- 0.45% Severe and persistent with complex multi-agency needs
- 1% Severe and persistent

High level
- 2% Severe and episodic

Moderate level
- 5.5% Moderate

Low level
- 11% Mild

Lowest level
- 45% Has experienced or will experience mental disorder
  Majority

Child
Youth
Adult
Older adult
Professor Fiona Judd AO

Influencing and being influenced by the world around us

RANZCP 2021 Congress

The Royal Australian & New Zealand College of Psychiatrists

Hotel Grand Chancellor Hobart
16-20 May 2021
Acknowledgement and thanks

Primary colleagues in relation to The Adult Psychiatry Imperative submission to the Royal Commission into Victoria’s Mental Health System and submission of Consortium of Psychiatrists and Psychologists to Productivity Commission Inquiry into Mental Health.

Professor Tarun Bastiampillai, – Flinders University and Monash University

Associate Professor Stephen Allison - Flinders University

Associate Professor Jeffrey Looi – Australian National University

And 34 other Australian psychiatrists

Researchers
Huw Jarvis, Bronte McLeod, Andrew Swift

Colleagues and advisors  (in alphabetical order)
Professor Mathias Berger, Professor Sir Edward Byrne AC, Dr Andrew Carroll, Dr Magali Coldefy, Dr Mya Cubbitt, Amin Foda, Dr Coralie Gandré, Professor Cecile Hanon, Dr Aaron Groves, Professor Andreas Heinz, Professor Nick Keks AM, Professor Jayashri Kulkarni AM, Associate Professor Vinay Lakra, Professor Pat McGorry AO, Professor Vera Morgan, Associate Professor Steve Moylan, Professor Roger Mulder, Dr Gerry Naughtin, Associate Professor Richard Newton, Ms Tania Nicholls, Ms Ingrid Ozols, Dr Isabel Perera, Dr Kerryn Rubin, Professor Luis Salvador-Carulla, Professor Bruce Singh AM, Professor Graeme Smith, Associate Professor Simon Stafrace, Professor Suresh Sundram, Dr Astha Tomar, and Professor Ruth Vine

Special images and graphics
Kate Vanderstadt
Productivity Commission Inquiry into Mental Health, 2020

Royal Commission into Victoria’s Mental Health System, 2021
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Special images and graphics

Kate Vanderstadt
Topics to be addressed

1. Why people with severe mental illnesses deserve to be prioritised in our mental health care systems.

2. The Productivity Commission’s Inquiry into Mental Health and the Royal Commission into Victoria’s Mental Health System, with a closer look at the latter – and with a Framework and e-resources for coming to grips with it.

3. The importance of inpatient care and hospitals in the forthcoming era of “Big Community”.

4. What are the roles that we, as psychiatrists and psychiatrists-of-the-future, need to play in helping to shape the mental health systems of the future?
We live in a reform-rich environment
Topics to be addressed

1. Why people with severe mental illnesses deserve to be prioritised in our mental health care systems.

2. The Productivity Commission’s Inquiry into Mental Health and the Royal Commission into Victoria’s Mental Health System, with a closer look at the latter – and with a Framework and e-resources for coming to grips with it.

3. The importance of inpatient care and hospitals in the forthcoming era of “Big Community”.

4. What are the roles that we, as psychiatrists and psychiatrists-of-the-future, need to play in helping to shape the mental health systems of the future?
President of the College
1991-1993

N. McL. James 1991–93
Prevalence of Mental ill-health in Victoria and Australia

Spectrum of mental ill-health in Australia/Victoria

Australia: 3.5 million
Victoria: 934,000

Australia: 800,000
Victoria: 213,000

Severe episodic/severe and persistent

Severe and persistent with complex multiagency needs

Whole of population

Mild-moderate

Sources:
Productivity Commission: Final Report 2020, p90
Royal Commission/Victoria: Final Report 2021, p12
People living with psychotic illness 2010
Survey of High Impact Psychosis (SHIP)

Report on the Second National Survey, 2011:
Vera Morgan, Assen Jablensky and colleagues

2010 Survey; 1,825 adults with psychotic illnesses.
From seven catchments - five states.

Western Australian follow-up (Vera Morgan et al, 2020) -
380 participants, averaging 3.4 years after initial study.
Global independent functioning*(work, study, home), past 4 weeks (%)

People living with psychotic illness - the 2010 Survey of High Impact Psychosis (SHIP)

- Significantly, extremely, totally disabled: 22.8%
- Somewhat or moderately disabled: 53.3%
- Normal or mildly disabled: 24.0%

* Multidimensional Scale of Independent Functioning (J Jaeger)
People living with psychotic illness 2010
Survey of High Impact Psychosis (SHIP)


Course of illness

- 62.3% - continuous illness or multiple episodes with only partial recovery

Level of impairment

<table>
<thead>
<tr>
<th>Condition</th>
<th>Proportion (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deterioration from pre-onset functioning</td>
<td>90.4</td>
</tr>
<tr>
<td>Obvious/Severe dysfunction in socialising, past year</td>
<td>63.2</td>
</tr>
<tr>
<td>Obvious/Severe dysfunction in self care, past 4 weeks</td>
<td>32.3</td>
</tr>
</tbody>
</table>

Second Survey; 1,825 adults with psychotic illnesses. From seven catchments - five states. Excluding private (only) patients.
Western Australian follow-up (Vera Morgan et al, 2020) - 380 participants, averaging 3.4 years after initial study.
Unawareness of illness (anosognosia)

• **Unawareness of illness**.....is comparable to the lack of awareness of neurological deficits following brain damage

• **It is a predictor of**
  - non-adherence to treatment
  - higher relapse rates
  - increased number of involuntary treatments
  - poorer psychosocial functioning
  - aggression, and
  - poorer course of illness

Modified from the Diagnostic and Statistical Manual of Mental Disorders: DSM-5, 2013
Mental health recovery and physical health outcomes in psychotic illness:
Longitudinal data from the Western Australian survey of high impact psychosis catchments

<table>
<thead>
<tr>
<th></th>
<th>Wave 1</th>
<th>Wave 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial problems</td>
<td>43.9</td>
<td>44.2</td>
</tr>
<tr>
<td>Poor physical health</td>
<td>28.4</td>
<td>40.0</td>
</tr>
<tr>
<td>Loneliness and social isolation</td>
<td>32.6</td>
<td>42.6</td>
</tr>
<tr>
<td>Lack of employment</td>
<td>33.9</td>
<td>31.1</td>
</tr>
<tr>
<td>Uncontrolled symptoms of mental illness</td>
<td>25.8</td>
<td>28.9</td>
</tr>
<tr>
<td>Lack of stable and/or suitable housing</td>
<td>11.8</td>
<td>14.5</td>
</tr>
</tbody>
</table>

Morgan, V et al Mental health recovery and physical health outcomes in psychotic illness, Australian and New Zealand Journal of Psychiatry, 2020
Mental health recovery and physical health outcomes –
Western Australian subgroup of national Survey of High Impact Psychosis study

Morgan V et al, Australian and New Zealand Journal of Psychiatry, Sept 12, 2020

The main causes of reduced life expectancy in severe mental illness are physical illnesses, not suicide.
People living with psychotic illness 2010
Survey of High Impact Psychosis (SHIP)

Report on the Second National Survey, 2011:
Vera Morgan, Assen Jablensky and colleagues

2010 Survey; 1,825 adults with psychotic illnesses.
From seven catchments - five states.

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380 participants, averaging 3.4 years after initial study.
Productivity Commission Inquiry into Mental Health, 2020

Royal Commission into Victoria’s Mental Health System, 2021
The Royal Commission Report

The Productivity Commission Report
The Royal Commissioners

MS PENNY ARMYTAGE AM, Chief Commissioner
PROFESSOR ALLAN FELS AO
PROFESSOR BERNADETTE McSHERRY
DR ALEX COCKRAM

The Productivity Commissioners

PROFESSOR STEPHEN KING
Presiding Commissioner
MS JULIE ABRAMSON
PROFESSOR HARVEY WHITEFORD AM, Associate Commissioner
$41 million investment in mapping pathways to major reform in better care for Australians with mental illnesses

Cost: $5.2 million
Time commitment of Commissioners – > three person-years
Time commitment of staff > 30 person-years
21 recommendations

Productivity Commission Inquiry into Mental Health, 2020

Cost: $35.7 million
Time commitment of Commissioners – ~ eight person-years
Time commitment of staff > 90 person-years
74 recommendations

Royal Commission into Victoria’s Mental Health System, 2021
The Royal Commission Final + Interim Reports
+ summaries = 3,734 pages
The Productivity Commission Final Report
= 1,617 pages
Grand total = 5,351 pages.
The Kennedy Report to the Minister for Health on mental health and mental hygiene services in the state of Victoria – 1950

A 54 page report that ushered in a new era of mental health services in Victoria

1. Endorsement of the establishment of an independent Mental Hygiene Authority

2. Major improvements needed to be made to the amenity of psychiatric hospitals
Dr Eric Cunningham Dax
1908-2008
Inaugural Chairman of the Mental Hygiene Authority of Victoria 1952-1968
The financial quantification of mental illness in Australia

Cost of illness per annum\(^a\)

*Annual cost to the economy* ~ $70 billion

- ~$16 b direct costs,
- ~$39 b lower economic participation,
- ~$15 b informal care provided by family and friends.

*Disability and premature death* ~ $151 billion

Total cost ~ $221 billion per annum

Recommended expenditure and benefits accruing per annum \(^b\)

*Optimal investment* = $4.2 billion
(priority investment $2.4 billion).

*Benefits would be up to $21 billion*
- Cost savings up to $1.7 b
- Increased aggregate income up to $1.3 b
- Improved quality of life up to $18 b

---

\(^a\) Cost of illness summary, page 149  
\(^b\) Expenditure and benefits summary, page 175
The Productivity Commission’s Report on Disability Care and Support 2011

Presiding Commissioner: Patricia Scott

Investment in Disability Services 2011 = $7 billion
Investment in National Disability Services 2021 = $24.4 billion
It is obvious that such attributes would render [Crown Resorts as] an applicant quite unsuitable to hold a casino licence in New South Wales.
The Royal Commission’s Final Report – plus summary weigh **11.4 kg**

*(13.5kg is a local urban myth)*
First part of the Report: 
**The Interim Report**

Second part of the Report: 
**The Final Report**
Combined Final Report of the Royal Commission (five volumes), plus Interim Report, plus two sets of summaries and recommendations

Combined volumes of the Productivity Commission Inquiry into Mental Health


Slides in this presentation (in pdf format)
Major themes in the reports of the Productivity Commission and Royal Commission

Systems, Funding and Governance Redesign

Age
- Infant
- Child and adolescent
- Youth
- Adult
- Older adult – RC only

Stage/severity
- Prevention/MH promotion
- Early intervention
- Acute
- Low
- Moderate
- High
- Crisis/suicidality
- Complex/chronic

Governance, funding and operational systems
Commonwealth | State and Territory | Regional and local

Systems of health care and support
- Clinical (inpatient and community)
- Residential services
- Lived experience and carer-led
- NOIS and NGO

Systems beyond health
- Workplaces
- Housing
- Justice
- Education
- Social Welfare

People with lived experience and their carers
- Personalised care – in the community, if possible

Outcomes

Human and economic costs, and return on investment from MH initiatives

Special populations
- Substance disorder-affected
- Indigenous
- Rural and regional
- Forensic
- LGBTIQ
- Trauma-affected

Enablers
- Integrational levers
- Digital healthcare technologies
- Information systems
- Research
- Mental health law reform – RC only
Major themes in the reports of the Productivity Commission and Royal Commission

**Age**
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**OUTCOMES**

**Human and economic costs, and return on investment from MH initiatives**

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- Integrational levers
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Selected foci of attention and reform

David Copolov 2021
Major themes in the reports of the Productivity Commission and Royal Commission

**Systems, Funding and Governance Redesign**

**Governance, funding and operational systems**
*Commonwealth | State and Territory | Regional and local*

**Systems of health care and support**
- Clinical (inpatient and community)
- Residential services
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**Systems beyond health**
- Workplaces
- Housing
- Justice
- Education
- Social Welfare

**Workforce and other resources**

**People with lived experience and their carers**
*Personalised care - in the community, if possible*

OUTCOMES

**Human and economic costs, and return on investment from MH initiatives**

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- Infant
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**Enablers**
- Integrational levers
- Digital healthcare technologies
- Information systems
- Research
- Mental health law reform - RC only

David Copolov 2021
The Governance of Victoria’s Mental Health System

- Victorian Cabinet
- Mental Health and Wellbeing Committee
  - Interdepartmental Secretaries Boards
    - Mental Health and Wellbeing
    - Suicide Prevention and Relapse
- Mental Health and Wellbeing Division in the Department of Health
- Regional Mental Health and Wellbeing Boards (eight)
The Governance of Victoria’s Mental Health System

Victorian Cabinet

Mental Health and Wellbeing Committee

Interdepartmental Secretaries Boards
- Mental Health and Wellbeing
- Suicide Prevention and Relapse

Mental Health and Wellbeing Division in the Department of Health

Regional Mental Health and Wellbeing Boards (eight)
Hypothetical Victorian Mental Health Regions – based on the Electoral Regions of the Victorian Legislative Council
The future architecture of Victoria’s mental health services

Families, carers and communities of support

Community and government services

Primary and secondary mental health services

Local mental health and wellbeing services

Area mental health and wellbeing services

Statewide mental health services

Age-aligned

Infant, child and youth

Infant and child
0
Youth
12
25

Adult and older adult

Adult
26
Older adult
65
New and enhanced service elements

- Local mental health and wellbeing services (50–60) new services
- Victorian Collaborative Centre for Mental Health and Wellbeing
- Acute inpatient care
  - 270 new beds
- Bed- and community-based rehabilitation
  - Two new models of care
- Forensic beds
  - 127 new beds
- Statewide Trauma Centre
- Regional Multiagency Panels
- Suicide Prevention and Response Office
- Aboriginal Social and Emotional Wellbeing Centre
- Lived experience residential mental health service
- Statewide service for people with mental illness and substance use
Percentage of Victorian population receiving mental health services compared to other jurisdictions and the national average

Source: Figure 3E, Victorian Auditor-Generals Office, Access to Mental Health Services, March 2019.
Prevalence of Mental ill-health in Victoria and Australia

Spectrum of mental ill-health in Australia/Victoria

Australia: 3.5 million
Victoria: 934,000

Australia: 800,000
Victoria: 213,000

Severe episodic/severe and persistent

Severe and persistent with complex multiagency needs

Whole of population

Mild-moderate

Sources:
- Productivity Commission: Final Report 2020, p90
- Royal Commission/Victoria: Final Report 2021, p12
Mental health service gaps in Victoria

- Severe illnesses: 205,000
- Moderate illnesses: 242,000
- Mild illnesses: 298,000

Total: 745,000

Number of registered Mental Health DHHS patients 2019/2020:

- 76,441

Estimated number of people needing treatment in 2019:

- Severe: 205,000
- Moderate: 242,000
- Mild: 298,000

Total: 745,000

Severity and % of population:

- Very high level: 0.45% Severe and persistent with complex multi-agency needs
- High level: 1% Severe and persistent
- Moderate level: 2% Severe and episodic, 5.5% Moderate
- Low level: 11% Mild, 45% Has experienced or will experience mental disorder

The Unserved

- Includes the “neglected severe”
- “The missing middle”

References:

- Victoria’s Mental Health Services Annual Report 2019-2020, page 2
- Victorian Mental Health Royal Commission, Interim Report page 175
In its 2017 Shifting the Dial review, the Productivity Commission encouraged all actors in the health sector to discover ‘the most vulnerable and intensive users of the health system’ and to ‘build services around them to manage their chronic conditions better’.

Royal Commission Final Report, Volume 4, page 197
Key elements of service provision and support for people with severe mental illness

- Enhanced emergency response systems
- Bed-based extended rehabilitation services
- Acute bed-based care
- Supported housing
- Community based treatment and care
- Regional Multiagency Panels
- Primary and secondary health care; GPs and PHNs
- National Disability Insurance Scheme and NGOs
Active participants with a primary psychosocial disability 2018–20

Source: Dr Gerry Naughtin, Strategic Advisor Mental Health and Psychosocial Disability, NDIS, 2021
Committed annualised supports to NDIS (psychosocial) participants, 2017/18–2019/20

- $600 (2017/18)
- $1,000 (2018/19)
- $2,000 (2019/20)

Source: Dr Gerry Naughtin, Strategic Advisor Mental Health and Psychosocial Disability, NDIS, 2021

Increase in averaged payments to service providers per psychosocial disability participant, 2018–19 and 2019–20

- Average $ per participant: $32,800 (2018-19)
- Average $ per participant: $50,900 (2019-20)

Diagnoses [ICD] June 2020

- 54% Schizophrenia
- 22% Other psychosocial disorders
- 9% Bipolar affective disorder
- 7% Major depressive illness
- 4% BPD
- 1% Obsessive compulsive disorder

Source: Dr Gerry Naughtin, Strategic Advisor Mental Health and Psychosocial Disability, NDIS, 2021
Level of met and unmet need for psychosocial disability services 2019–20 (Productivity Commission 2020 p844)

- Not receiving services, 151,000 (52%)
- Projected number supported by NDIS, 64,000 (22%)
- Accessing services outside NDIS, 75,000 (26%)

NDIS = National Disability Insurance Scheme
Victoria’s Big Housing Build

Investing $5.3 billion in more homes for more Victorians

2,000 more Victorians with mental health issues will have a home

12,000+ new homes across Victoria

More than 9,300 new social housing dwellings

10% increase in social housing dwellings

10% of all net new social dwellings will support Aboriginal housing needs
New and enhanced service elements

- Local mental health and wellbeing services (50–60) new services
- Victorian Collaborative Centre for Mental Health and Wellbeing
- Acute inpatient care: 270 new beds
- Bed- and community-based rehabilitation: Two new models of care
- Forensic beds: 127 new beds
- Statewide Trauma Centre
- Regional Multiagency Panels
- Aboriginal Social and Emotional Wellbeing Centre

Suicide Prevention and Response Office:
Statewide service for people with mental illness and substance use
Lived experience residential mental health service
Psychiatric inpatient facilities have been treated as the “black sheep” of the Victorian mental health care system over the past twenty five years.
Doctors lash out at Mental Health Commission push to shift funding from hospitals

Psychiatrists have lashed out at a plan to cut $1 billion from state and territory hospitals and move it into community and other care, saying lives are already being lost because hospitals don't have the resources to do their jobs.

**Projected bed reduction**

If the proposal had been accepted by the Commonwealth Government in the acute hospital based mental health care – of up to 15%.

*Stephen Allison and Tarun Bastiampillai, MJA 2015*
First part of the Report: 
**The Interim Report**

Second part of the Report: 
**The Final Report**
In an avalanche...
every snowflake claims innocence

adapted from Voltaire
The main era of dehospitalisation and bed reduction in mental health – from the 1960s to the early 2000s
Between 1993 and 2002 there was a reduction of 31% beds in the public sector on a per capita basis, including 2,268 long stay beds.

National Mental Health Report, 2004
Psychiatric beds per 100,000 population (2017–19)
Victorian public mental health bed numbers according to bed type: 2018/19 compared to 2030

<table>
<thead>
<tr>
<th>Bed Type</th>
<th>2018/19</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>General adult acute</td>
<td>799</td>
<td>1,069</td>
</tr>
<tr>
<td>General adult non-acute</td>
<td>152</td>
<td>152</td>
</tr>
<tr>
<td>Forensic</td>
<td>136</td>
<td>263</td>
</tr>
<tr>
<td>Total adult beds</td>
<td>1,087</td>
<td>1,484</td>
</tr>
</tbody>
</table>

Beds per head of population

2018/19 AIHW/RC for Forensic

With minimum RC-recommended increases, projected to 2030

Tarun Bastiampillai and David Copolov, 2021
<table>
<thead>
<tr>
<th></th>
<th>Australian beds/100,000 2018/19 AIHW</th>
<th>Victorian beds/100,000 2018/19 AIHW (except Forensic)</th>
<th>Victorian beds/100,000 plus minimum RC increases</th>
</tr>
</thead>
<tbody>
<tr>
<td>General adult acute</td>
<td>24.3</td>
<td>19.4</td>
<td>21.7</td>
</tr>
<tr>
<td>General adult non-acute</td>
<td>7.8</td>
<td>3.7</td>
<td>3.1</td>
</tr>
<tr>
<td>Forensic</td>
<td>3.5</td>
<td>2.7</td>
<td>4.4</td>
</tr>
<tr>
<td>All total</td>
<td>35.6</td>
<td>25.8</td>
<td>29.2</td>
</tr>
</tbody>
</table>

Tarun Bastiampillai and David Copolov, 2021
Total Victorian, public adult mental health beds and adult mental health beds per 100K of population 2018/19 compared to 2030

- Victorian beds per 100,000 of population (2018/19 AIHW): 25.8
- Victorian beds per 100,000 of population (2030 recommended by The Adult Psychiatry Imperative): 29.2
- Victorian beds per 100,000 of population (2018/19 AIHW/RC for Forensic): 25.8
- Victorian beds per 100,000 of population (2018/19 AIHW/RC for Forensic plus minimum RC increases projected to 2030): 29.2
- Victorian beds per 100,000 of population (recommended for 2030 by The Adult Psychiatry Imperative): 51

Tarun Bastiampillai and David Copolov, 2021
Mental health-related hospitalisations with specialised psychiatric care - by hospital type, 2017-18

Number of hospitalisations

<table>
<thead>
<tr>
<th>Number of Hospitalisations</th>
<th>Schizophrenia</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Depressive Episode</td>
</tr>
<tr>
<td>25,000</td>
<td>15,000</td>
</tr>
<tr>
<td>20,000</td>
<td>12,000</td>
</tr>
<tr>
<td>15,000</td>
<td>9,000</td>
</tr>
<tr>
<td>10,000</td>
<td>6,000</td>
</tr>
<tr>
<td>5,000</td>
<td>3,000</td>
</tr>
</tbody>
</table>

- Private hospitals
- Public psychiatric hospitals
- Public acute hospitals

Mental health services – in brief, 2019
Sub-components of the Mental Health Integration Index (2014)

- Access to health services
- Governance and anti-stigma initiatives
- Opportunities for work and education
- Environment – to enjoy a stable home life
The importance of psychiatric inpatient care

“Psychiatric beds” are so much more than pieces of hospital furniture

• Therapeutic environment for the resolution of mental health crises, and recovery after relapse or deterioration
• Care by multi-disciplinary teams
• Detailed diagnostic assessment and formulation
• Close observation and monitoring
• Instigation or modification – and review - of treatments
• Carer and family engagement
• Comprehensive discharge planning
A home
‘Hospital in the home’ is a form of assertive care in the community, not a form of hospitalisation
Governance roles in these hospitals

The Peter MacCallum Cancer Centre

The Royal Women’s Hospital

Cabrini Hospital
Training and clinical roles in these hospitals

Royal Melbourne Hospital

Prince Henry’s Hospital

Royal Edinburgh Hospital

Royal Park Hospital
Professor Nick Keks AM
Royal Park Hospital, Parkville, Victoria

Professor Sir Aubrey Lewis
(an inspirational Australian from a bygone era)

Aubrey Lewis Unit, Royal Park Hospital

Professor Jayashri Kulkarni AM

Professor Pat McGorry, AO

Professor Bruce Singh AM, next to the other Co-Director of the NHMRC Schizophrenia Unit – circa 1990

The Mental Health Research Institute of Victoria

Professor Nick Keks AM

Professor Suresh Sundram

Professor Sir Aubrey Lewis

The Mental Health Research Institute of Victoria

Professor Jayashri Kulkarni AM

Professor Pat McGorry, AO

Professor Suresh Sundram

Professor Bruce Singh AM, next to the other Co-Director of the NHMRC Schizophrenia Unit – circa 1990
The old and new locations of patient care at the Peter MacCallum Cancer Centre; East Melbourne, 1990-2016/ Parkville, 2016 onwards
ANNUAL REPORT 2019–2020
Peter Mac

Research

- 41 RESEARCH LABORATORIES
- 327 ACTIVE CLINICAL TRIALS
- 793 TOTAL PUBLICATIONS including 136 in high-impact journals

Workforce

- 700 RESEARCHERS (incl. 160 research students)

Clinical operations

- 37,940 PATIENTS
- 41,436 INPATIENT SEPARATIONS
- 179,750 SPECIALIST APPOINTMENTS

Financial Performance

- $726.3M REVENUE
- $124.7M RESEARCH INCOME
Recommendation

The Royal Commission recommends that the Victorian Government establishes a new entity, the Victorian Collaborative Centre for Mental Health and Wellbeing. As a first step, the Mental Health Implementation Office should establish the governance of the Collaborative Centre and begin planning for a purpose-built facility in Melbourne.
Victoria has three Women’s Hospitals, two Children’s Hospitals and two Cancer Hospitals.
INFLUENCING AND BEING INFLUENCED
BY THE WORLD AROUND US

RANZCP 2021 CONGRESS

The Royal Australian & New Zealand College of Psychiatrists
Governance of Mental Health Systems and Services: Commonwealth and Victoria

- National Cabinet
  - Mental Health National Cabinet Reform Committee
  - National Mental Health and Suicide Prevention Agreement
  - Commonwealth Departments esp Health

- Victorian Cabinet
  - Mental Health and Wellbeing Committee
  - Interdepartmental Secretaries Boards
    - Mental Health and Wellbeing
    - Suicide Prevention and Relapse
  - Mental Health and Wellbeing Division in the Department of Health
  - Regional Mental Health and Wellbeing Boards (eight)
Growing the pie and dividing it in the best way possible
With unity of voice and effort of advocates and politicians, the NDIS came into being within a five year timeframe (2008–13)

Disability Advocates

Prof Bruce Bonyhady AM
Professor Rhonda Galbally AC
Dr Helen Sykes, AM

Politicians and former politicians

The Reverend and Hon Brian Howe AO
The Hon Bill Shorten MP
The Hon Jenny Macklin
The Hon John Della Bosca
The Hon Julia Gillard AC
The Hon Tony Abbott AC

Presiding Commissioner, Patricia Scott
The Royal Commission into Mental Health received over 8,000 media mentions for the period from 1st February 2021 to 21st April 2021. Media mentions of the Royal Commission into Mental Health dropped by 90% after 2 days of being tabled at Parliament.

Channel Distribution:
- Twitter: 27%
- News: 25%
- Facebook: 24%
- Broadcast: 20%
- Blogs: 1%
- Reddit: 1%
- Forums: 1%

Sentiment Distribution:
- Neutral: 79%
- Negative: 15%
- Other: 7%

Source: Meltwater
18 Royal Commissions in Australia into Mental Health, “Lunacy”, psychiatric hospitals and asylums

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Source: Australian Psychiatric Care; accessed July 2020 [www.ahpi.esrc.unimelb.edu.au](http://www.ahpi.esrc.unimelb.edu.au) plus other references
The first Royal Commission into Mental Health in Victoria

Royal Commission on Asylums for the Insane and the Inebriate 1884-1886

Ephraim Zox - 1837-1899
Member of the Legislative Assembly 1877-1899
between 1986 and 2000 the Rosanna Forensic Hospital functioned as the main inpatient forensic facility.
Tough times for Australians with severe mental illness.

Is hope on the way?
ZHOU ENLAI  
Chairman of the Communist Party of China 1954–76

HENRY KISSINGER  
US National Security Advisor 1969–75

The French Revolution  
1789-1799
$17.7 billion to deliver once in a generation change to aged care in Australia

A joint media release outlining the government's 17.7 billion package of support and a once in a generation reform to aged care to deliver respect, care and dignity to our senior Australians.