25 January 2019

Mental Health Royal Commission Establishment
Department of Premier and Cabinet
1 Treasury Place
Melbourne VIC 3002


Dear Sir/Madam

Re: Royal Commission into Mental Health Terms of Reference Consultation

The Victorian Branch of the Royal Australian and New Zealand College of Psychiatrists (RANZCP Victorian Branch) welcomes the opportunity to inform the Terms of Reference of the Royal Commission into Mental Health.

The RANZCP Victorian Branch represents almost 1500 members including over 1000 qualified psychiatrists and nearly 400 members who are training to qualify as psychiatrists. This submission is based on extensive consultation over the past three months with Victorian psychiatrists and community members with a breadth of academic, clinical, service delivery, lived experience and expertise and founded on evidence of what works in practice.

The RANZCP Victorian Branch is strongly supportive of the Royal Commission into mental health as it provides an unprecedented opportunity to design a mental health system that meets the need of Victorians in the 21st century. We commend the Government for this initiative.

The Victorian mental health system was designed more than 20 years ago in an environment of deinstitutionalisation and has had only iterative changes since then. A substantial evidence base has developed over the past 20 years demonstrating the effectiveness of psychotherapeutic approaches in severe mental illness. The importance of effective pharmacological approaches and appropriate therapeutic environments has become equally clear.

Despite this, resources to support the public specialist mental health system have not kept up with population growth and demand. It is currently unable to meet the needs of the Victorian community. Victoria receives the lowest per capita funding of any other state and has remained below the national average for 10 years.

Consumers and their families are not able to access acute care and longer term staged-care. Despite 3% of the population having a severe mental illness, state-funded Victorian clinical mental health services treat only 1.1% of the population each year. The number of specialised mental health hospital beds per capita has dropped 5% over the past 10 years.
This means that many people who are acutely unwell and presenting with severe symptoms such as psychoses, mania or suicidality are not getting the treatment they need. While primary prevention and intervention is crucial, addressing acute care access must be the starting point for the Royal Commission.

Recruitment and retention of the mental health workforce is at crisis level. Psychiatrists, in particular, are leaving the public system at unprecedented rates. Between 2011 and 2014, the proportion of psychiatrists that worked only in the private sector increased from 34% to 45%, while the proportion that worked in both the public and private sectors declined from 43% to 31%. Workforce shortages and low attraction into mental health service delivery are now preventing services from staffing critical clinical areas. There are currently two wards of nine beds and eight beds in metropolitan Melbourne which are unable to be opened as the hospitals cannot staff them.

The RANZCP Victorian Branch is looking to the Royal Commission to undertake a close, systematic examination of Victoria’s mental health system and provide purposeful recommendations of reform to meet the needs of Victorians both now and in the future.

The RANZCP Victorian Branch therefore urges the Victorian Government to direct the Royal Commission’s Terms of Reference to:
1. focus on redesigning the architecture of the state-funded mental health system;
2. provide recommendations of appropriate governance frameworks which increase accountability and transparency to measure outcomes;
3. provide recommendations for an integrated, whole-of-life mental health system;
4. provide recommendations for sustained staged care and support for people with mental illness, particularly focusing on severe mental illness;
5. provide recommendations for an urgent workforce pipeline and a long-term workforce strategy to ensure staff with sufficient skills are able to be recruited and retained both now and in the future; and
6. consider what must change to improve access to acceptable care across the state for consumers and their families and make specific recommendations to improve rural access.

This will require the Royal Commission to investigate:
7. best-practice models which deliver evidence-based care to at risk and diverse groups and people with mild, moderate and severe mental illness with equal emphasis across the whole lifespan;
8. the response of the mental health system to people with comorbid health issues, such as addiction, intellectual disability and physical illness; and
9. the links with accommodation, justice, employment, occupation and vocational training and government services.

The recommendations made here are intended to provide clear and specific advice to the Victorian Government on the issues the Royal Commission should focus on. The RANZCP Victorian Branch is looking to the Royal Commission to provide strong, implementable recommendations that are effective, interconnected and result in a system that maximises the outcomes of people with lived experience. This requires a deep understanding of the complex challenges within each of these priority areas and a systematic investigation involving all mental health stakeholders.
We look forward to the Royal Commission getting underway and providing further submissions as it progresses.

If there are any queries about the content of this submission, please contact Policy and Advocacy Advisor Adele Beasley on 9601 4978 or at adele.beasley@ranzcp.org.

Yours sincerely

[Signature]

Professor Richard Newton  
Chair, RANZCP Victorian Branch