



Fact Sheet

Mental Health and Wellbeing Commission

Currently, there is

no single independent body which holds government to account for meeting objectives across the mental health system or improving mental health and wellbeing outcomes.

This is necessary both for the Department of Health—in its role as system manager—and also across government.

In comparison, the mental health commissions set up in



New South Wales and Queensland,

and at the national level, provide an additional check on their respective mental health systems.

Another example is **New Zealand's Mental Health and Wellbeing Commission,**

which is expected to commence work in early 2021.



Mr Angus Clelland, CEO of Mental Health Victoria, told the Commission that a new body

can act as the capstone of system governance and provide oversight, support the development of new service models, support innovation and snap at the heels of politicians, government departments and service providers.²

The role and functions of the Secretary of the Department of Health are set out under the *Mental Health Act 2014 (Vic)* and the *Health Services Act 1988 (Vic)*.



Under the Mental Health Act, the Secretary's role is to plan, develop, fund, provide and enable the provision of a comprehensive range of mental health services that are consistent with, and promote the objectives of, [the] Act and the mental health principles.¹

The effective governance of Victoria's mental health and wellbeing system will be fundamental to realising the Royal Commission's aspirations for a reimagined system.

Good governance strengthens the community's confidence in government—ensuring the public trusts that mental health and wellbeing services will meet the expectations of people living with mental illness or psychological distress, families, carers and supporters now and into the future.

Government and its funded agencies must also be held to account for system-wide objectives. It is only through accountability that Victorians can be confident that government is providing a mental health and wellbeing system that improves peoples' experiences and outcomes and adapts to the needs and expectations of the Victorian community.

This will require strong leadership that sets the direction, stays true to the Commission's reforms, inspires and effects system-wide cultural change, and works in accountable and transparent ways.

The perspectives of people with lived experience of mental illness or psychological distress, families, carers and supporters, to lead and shape the design, commissioning and delivery of services, are central to the governance of a system. People who use the system provide great insight into challenges and opportunities, and should lead and contribute to decision making.

The reforms put forward by the Royal Commission demand new ways of working, a cultural shift and reinvigorated leadership. Victorians need to be confident that government will stay true to the Commission's aspirations of a reimagined mental health and wellbeing system.



Lack of consumer representation at governance level is problematic. If the consumer perspective is not present at the top level, then it will keep getting lost everywhere else and a critical mass needed to change culture will not occur.³

- Cath Roper



Throughout my career, I have noticed myself, and other consumer/survivor workers, open up fresh perspectives on old issues for the mental health sector. When we read documents, hear about issues or reflect on opportunities, our lens is often different to the status quo. Having been in services, and having a lived experience of distress and recovery, means that we are constantly finding ways to shift mental health services to better meet the will and preferences of the people using services.⁴

- Indigo Daya

A new and impartial body will keep government on track and ensure the mental health and wellbeing system continues to meet the expectations of people with lived experience of mental illness or psychological distress, families, carers and supporters. That is why the Royal Commission is recommending a new Mental Health and Wellbeing Commission for Victoria.

It will reinvigorate system leadership, and have bold objectives and appropriate powers.

This new Commission will be a critical feature of the future mental health and wellbeing system—elevating the status of mental health and wellbeing; holding government to account with the ability to initiate its own inquiries into matters that support its objectives; and exemplifying and enabling lived experience leadership. The new Mental Health and Wellbeing Commission will include Commissioners with lived experience of mental illness or psychological distress and lived experience as a family member or carer.

The Department of Health will continue to manage the mental health and wellbeing system, with material changes. The Mental Health and Wellbeing Division will be headed by a Chief Officer for Mental Health and Wellbeing whose role is legislated and who reports to the Secretary.

The functions of Mental Health Reform Victoria, which was established in the Commission's interim report to commence implementation of its interim recommendations, will be transferred to the new division by mid 2021.

To support government-wide and community-wide approaches to improving mental health and wellbeing, governance structures must be established that comprise all relevant government departments. This includes a Mental Health and Wellbeing Cabinet Subcommittee, chaired by the Premier for at least two years, along with a Mental Health and Wellbeing Secretaries' Board, chaired by the Department of Premier and Cabinet.



Mr Terry Symonds, Deputy Secretary at the Department of Health and Human Services told the Commission that

there is merit in establishing 'independent external scrutiny and oversight into the system design' to ensure the Department of Health is transparently meeting its outcomes and objectives.⁵

A Commission should be a 'thorn in the side' of the Minister and First Minister regarding whether progress is occurring quickly enough. They can and should act as a conduit to relay community experience. It is essential that Commissions have sufficient power to make them effective and sufficient independence to enable them to be courageous.⁶

– Dr Peggy Brown AO

In successful businesses, consumer feedback is an essential touchstone driving change and continuous improvement, but in government the processes for co-production or co-design are often poorly developed or a box to be ticked, rather than being integral to the process. This needs to change, because without the contribution of people with lived experience to the development of government policy, practice and research, services will not be reflective of the needs and aspirations of citizens, and governments will fail in their duty to serve.⁷

– Professor Bruce Bonyhady AM

Figure 1: Recommended Mental Health and Wellbeing Commission





Recommendations

Establish the Mental Health and Wellbeing Commission, an independent statutory authority, to:

- ✓ hold government to account for the performance and quality and safety of the mental health and wellbeing system
- ✓ support people living with mental illness or psychological distress, families, carers and supporters to lead and partner in the improvement of the system
- ✓ monitor the Victorian Government's progress in implementing the Royal Commission's recommendations; and
- ✓ address stigma related to mental health.

Ensure the Mental Health and Wellbeing Commission:

- ✓ is led by a Chair Commissioner and who is supported by a small group of Commissioners, all of whom are appointed by the Governor-in-Council; and
- ✓ includes at least one Commissioner with lived experience of mental illness or psychological distress and one Commissioner with lived experience as a family member or carer.

Enable the Mental Health and Wellbeing Commission to:

- ✓ obtain data and information about mental health and wellbeing service delivery, system performance and outcomes, and other relevant information, from all government agencies;
- ✓ work with and share data and information with the Department of Health and other relevant entities (for example, the Collaborative Centre for Mental Health and Wellbeing and Safer Care Victoria);
- ✓ initiate its own inquiries into matters that support its objectives;
- ✓ handle and investigate complaints about mental health and wellbeing service delivery;
- ✓ make recommendations to the Premier, any minister and the heads of public service bodies; and
- ✓ publish reports on the performance and quality and safety of the mental health and wellbeing system.

Effective leadership of and accountability for the mental health and wellbeing system:

- ✓ Establish in legislation the role of Chief Officer for Mental Health and Wellbeing to lead the Mental Health and Wellbeing Division in the Department of Health, and set out in that legislation that this Chief Officer is:

- a. delegated the functions and powers conferred on the Secretary of the Department of Health under the new Mental Health and Wellbeing Act
- b. appointed by and reports to the Secretary; and
- c. at the level of a Deputy Secretary.

- ✓ Empower the Chief Officer to take responsibility for the implementation of the Royal Commission's recommendations, unless otherwise stated in these recommendations.
- ✓ Transfer the functions of Mental Health Reform Victoria (which was established pursuant to the interim report's recommendation 9) to the division by mid-2021.
- ✓ Ensure that the division employs people with lived experience of mental illness or psychological distress and people with lived experience of caring for someone living with mental illness in multiple, substantive positions, including leadership positions.

Facilitating government-wide efforts:

- ✓ Establish governance structures to:
 - a. facilitate government-wide and community-wide approaches to improving mental health and wellbeing; and
 - b. oversee the implementation of the Royal Commission's recommendations.
- ✓ Ensure these governance structures comprise:
 - a. a Mental Health and Wellbeing Cabinet Subcommittee, chaired by the Premier for at least two years;
 - b. a Mental Health and Wellbeing Secretaries' Board, chaired by the Department of Premier and Cabinet and comprising: the Secretaries of the Department of Health, the Department of Families, Fairness and Housing, the Department of Education and Training, the Department of Justice and Community Safety and the Department of Treasury and Finance, as well as the Chief Officer for Mental Health and Wellbeing;
 - c. a Suicide Prevention and Response Secretaries' Board Subcommittee, co-chaired by the Department of Premier and Cabinet and the Department of Health, attended and supported by the State Suicide Prevention and Response Adviser and comprising all state government departments and relevant agencies, with Deputy Secretary and Secretary-level membership; and
 - d. an Interdepartmental Committee on Mental Health and Wellbeing Promotion, cochaired by the Department of Premier and Cabinet and the Department of Health, attended and supported by the Mental Health and Wellbeing Promotion Adviser and comprising all state government departments and relevant agencies, with Deputy Secretary level membership.

¹ *Mental Health Act 2014 (Vic)*, sec. 117(a).

² *Witness Statement of Angus Clelland*, 5 June 2020, para. 39.

³ *Witness Statement of Cath Roper*, para. 36.

⁴ *Witness Statement of Indigo Daya*, 12 May 2020, para. 101.

⁵ *Witness Statement of Angus Clelland*, 5 June 2020, para. 39.

⁶ *Witness Statement of Dr Peggy Brown AO*, 22 July 2019, para. 8.

⁷ *Witness Statement of Professor Bruce Bonyhady AM*, 16 June 2020, para. 52.

