

Royal Commission into Victoria's Mental Health System

Interim report analysis

For too long, Victorians have struggled to access the support they need from a mental health system overwhelmed by demand and driven by crisis. Infants, children and families living in poverty, experiencing family violence or in contact with the child protection system, have often missed out on critical opportunities to improve mental wellbeing and break cycles of disadvantage.

In November 2019, the Royal Commission into Victoria's Mental Health System released its interim report with nine [recommendations](#) to respond to immediate needs. The Commission proposes a long-term reform agenda and fundamental redesign of our mental health system. The interim report presents the early stages of the reform work and reflects 'extensive feedback about the magnitude of existing problems'.¹

The Centre's submission to the Commission focused on building the foundations for good mental health, the importance of the first thousand days of a child's life, prioritising services and supports for children and young people and providing support for families with complex needs including mental health challenges. While many of the issues that we raised in our submission have been covered by the Commission, there are some key gaps.

Factors that shape mental health

The Centre welcomes the acknowledgement that 'mental health is shaped by the social, cultural, economic and physical environments in which people live'.² The interim report also highlights the impact of socioeconomic disadvantage and low income on children.

The Centre also welcomed acknowledgement of the need for services to recognise, understand and respond to trauma in the provision of treatment, care and support. We look forward to future recommendations that respond to this identified need.

However, the Centre is concerned at the absence of any early recommendations focused on prevention and early intervention for children and families, particularly those experiencing disadvantage. Preventative action is urgently needed to begin easing the pressure on the system that propels it towards crisis responses. The interim report does not adequately address this.

The first thousand days

It is disappointing to find only one mention of infants in the body of the interim report. While the report notes that 'exposure to factors that affect a person's mental health begins in infancy',³ the report understates the relationship between mental health outcomes and the first thousand days.

If this is a stocktake of what the Commission has heard so far, then it is disheartening that infant mental health has largely been missed, despite being emphasised in several submissions including the Centre's. Infants experiencing or at risk of mental ill-health need quality support to improve their wellbeing and reduce the likelihood of adverse impacts on development and lifelong outcomes.

Children and young people

Two of the nine recommendations have some direct relevance to children. We welcome the recommendations to build the evidence for what works for Aboriginal children's social and emotional wellbeing and the development of an assertive outreach and follow-up care service for children who

¹ Interim report, p. 1.

² Interim report, p. 13.

³ Interim report, p. 41.

have attempted suicide, have suicidal ideation or have self-harmed. These must be a high priority moving forward so that quality service delivery for children can commence as a matter of urgency.

However, overall, there is little emphasis on children or their needs in this report despite recognition that a high percentage of mental illnesses commence in childhood and can impact a child's development. The Commission states that it is 'continuing to examine the necessary broader reforms to child and youth mental health services that will improve responsiveness, early intervention and quality, including alternative spaces for children and young people to seek and receive care'.⁴

It is noted that the intersection between the mental health system and related service systems will be an area of focus for the Commission over the next year. We hope that this will involve attention to family-focused supports, including parenting supports and parent-friendly mental health services.

The Commission's recommendation in relation to workforce does not make specific reference to children or the need for specialised knowledge relating to children in out-of-home care. Information relating to the mental health workforce makes no mention of the role of paediatricians. In our submission, we highlighted the significant role paediatricians play in identifying and responding to the mental health needs of children.

Out-of-home care

The report states that young people in out-of-home care are more likely to experience mental illness and are at higher risk of self-harm and suicidal behaviours than their peers living at home. The Commission found that 'in 2017–18 approximately 38 per cent of children in Victoria's statewide specialist mental health services were also engaged by child protection services within the same year'.⁵ The impacts of insecure attachment and childhood maltreatment on the mental health of children calls for investment in the prevention of and response to adverse childhood circumstances.

The Commission estimates that child protection sees an additional \$41.8 million in costs due to poor mental health. Our state has direct responsibility for children and young people in out-of-home care. We look forward to a strong set of recommendations that directly address the challenges faced by children, young people, carers and families in contact with child protection.

Conclusion

While the interim report provides a good overview of what is known about mental illness and the mental health system in Victoria, it is not clear how this knowledge will be reflected in future recommendations.

The attention to the lived experiences of people with mental illness and the strong commitment to Aboriginal self-determination in this report are highly commendable.

The Centre will be urging the Commission to prioritise infants and children in their final report and recommendations. We must not miss this critical opportunity to secure investment in prevention and ensure quality supports for infants, children and families.

The interim report and a summary can be downloaded here:

<https://rcvmhs.vic.gov.au/interim-report>

You can read the Centre's submission to the Commission [here](#).

⁴ Interim report, p. 461.

⁵ Interim report, p. 556.