

ROYAL COMMISSION INTO VICTORIA'S MENTAL HEALTH SYSTEM FINAL REPORT

YOUNG PEOPLE'S REFLECTIONS



DIVERSE POPULATIONS

A REFLECTION BY MARK YIN, 22, MELBOURNE



I'm a 22-year-old currently living on Wurundjeri country in Melbourne's north west. As a 1.5-generation migrant from China, I felt that the Royal Commission's final report was really validating on the whole.

For starters, not everyone talks about or understands mental health in the same way. This varies a lot by culture, but for us there's a lot of shame and stigma around the topic, particularly when it comes to disclosing mental ill-health. People don't talk about it in order to save face and avoid appearing vulnerable. At the same time, the prevalence of mental ill-health can be quite a bit higher for racially diverse people and other diverse communities in Victoria, and not talking about it can add to the stigma.

That the report acknowledged this in such depth was really empowering, especially how it acknowledged the wide range of factors which can contribute to this. These factors include everyday experiences like discrimination; the report cited that the more frequently people experience racism, the more likely they are to experience psychological distress as well. However, these also include experiences within the 'system', where a lack of trauma-informed care or culturally safe services were often retraumatizing people from migrant or refugee backgrounds, as well as First Nations people. The Royal Commission was an important platform for these experiences to be heard; these are things individual advocates and groups have spoken

about for a long time, but now the institutional recognition at the highest level in our state has the potential to really transform outcomes.

This potential looks like it's running through many of the Royal Commission's recommendations.

Recommendation 41 ('Addressing stigma and discrimination') includes grants that partner with and support community-led organisations to challenge stigma, with an immediate focus on communities like my own - young and multicultural - which are more at risk of stigma.

Recommendation 34 argues for language services that are contemporary, making the most of modern technology to improve the accessibility of mental health services for all linguistically diverse Victorians.

We're yet to see how these recommendations will play out. Many of them concerning diverse communities sound great, but they also feel a bit high level for now - particularly as there'll be a lot of governance changes that will undoubtedly affect rollout. Still, the potential for these changes to transform mental health understandings and outcomes is something we should hold onto closely as implementation happens over the next few years.

Ultimately, the Royal Commission acknowledged that the system had been too crisis-driven, failing to grapple with the everyday experiences - including experiences in the system - that contribute to mental ill-health, especially for young diverse Victorians. At this stage, it's just great to see this acknowledgement play out in recommendations that, if implemented well, will move us towards a more triaged system that treats crises more effectively, as well as preventing and destigmatising mental ill-health in the first place.

LIVED EXPERIENCE

A REFLECTION BY EMILY UNITY, 24, MELBOURNE, VIC



As a peer worker and lived experience advocate, I was over the moon that the Royal Commission's Report had a strong focus on lived experience. To give context, the initial reason why I became so involved in lived experience is that it was integral to my personal recovery.

Healing looks different for everyone. For me, it was finding out I was not alone.

During my most challenging times, it helped so much to hear directly from people that were just like me – that had experienced what I was experiencing. While traditional therapies and medications helped me to an extent, the real catalyst in my recovery was finding people who genuinely understood what I was feeling, because they had lived it.

Recommendation 28 spoke of developing system-wide roles for the full and effective participation of persons with lived experience. This detailed leadership roles, training opportunities, addressing stigma, and in general increasing awareness and understanding of the importance of lived experience.

While I feel lucky to be one of the few lived-experience workers in the sector currently, a shared sentiment between me and my colleagues at other sites is how unsupported we are as professionals. What is not included in the job-description of a peer worker is that you are likely to be the only lived experience professional in your team. The privilege that this gives us in sharing, relating to and helping our clients is coupled with a weight and responsibility that is underrepresented. Some of the hurdles we are presented with include: stigma from your co-workers about having a mental illness; your input holding less value, especially in a clinical setting; and a lack of professional development opportunities and career pathways, exacerbated by the issue of age limits for youth peer workers.

These are just some of the reasons this recommendation is so important. We need to take steps toward ensuring lived experience roles are not tokenistic and siloed, but valued and supported. The recommendations outlined under Recommendation 28 in the report will help instigate these much-needed changes.

Recommendation 29 called for the establishment of a new agency led by people with lived experience, focusing on advocacy, training, and lived-experience network-building across the sector. I believe a dedicated body of lived-experience individuals will be invaluable – an agency where my place or my experience will not have to be justified and where lived experience people can build each other up, developing our systems and profession, and ultimately improving our ability to provide a service to the mental health community.

While overall the report shows promise and focus regarding lived experience, there were some areas which will require further details to be worked out. There was a lack of emphasis regarding the need for specific shared lived experience, such as having dedicated peer workers with psychosis, eating disorders, those who identify as culturally and linguistically diverse or LGBTIQ+. It can be highly inappropriate to group all lived experience under one bracket, and there is incredible value in creating dedicated positions for specific lived experiences, especially for marginalised and minority communities. There will also need to be further thinking about the provision of lived experience at all levels of a mental health service. It is easy to imagine how beneficial it would be to walk into a mental health service and know that the receptionist, or the café staff have similar lived experience to you. Finally, while the strong focus on peer work is welcome, it is important that youth peer work be treated as its own discipline. Youth peer work is comparatively undeveloped and unsupported, and there continues to be debate around topics such as ageing out, salary, supervision, boundaries, and access to clinical information. In addition to this, there is a paucity of research and training regarding youth peer work.



→ LIVED EXPERIENCE CONT.

Overall, the report correctly recognises that the current system does not adequately value or respond to the knowledge and expertise of people with lived experience and offers several recommendations for addressing the issues. The Report makes a meaningful starting point

and there is much more work to be done on developing frameworks and policies moving forward. I believe that the Report can help catalyse change to put lived experience at the centre of our mental health system.

RURAL & REGIONAL YOUNG PEOPLE

A REFLECTION BY JENNIFER ROWAN, 24, CAMPERDOWN



Did you know that in 70% of Victoria's most disadvantaged rural postcodes, young people would have to travel more than 50km to see the nearest psychologist? This was certainly my experience, growing up in a rural town in South West Victoria.

The issues around rural and remote access to mental health services are complex, because the problems we face are so unique. Who knew that public transport would come into conversations about mental health? Well, every rural kid, because we live the geographic isolation every day. In my own home town, the nearest headspace centre is an hour away. With working parents and very limited public transport options, accessing the service was near impossible. Not to mention that the service system in general can be confusing. In my own experience, I found it difficult to navigate who is eligible and responsible for what. Mental Health professionals such as psychologists and psychiatrists are hard to come by in very rural areas, often because funding for outreach or visiting services are limited. These are just a few of the issues facing rural young people when it comes to accessing support.

However, I am pleased to see that Royal Commission has addressed these unique issues to support the mental health and wellbeing of young people in rural and regional Victoria. **Recommendation 4** will see the creation of eight Regional Mental Health and Wellbeing Boards, that will commission mental health and wellbeing services. This reconfiguration of rural and regional mental health will also be strengthened by a strong focus on rural healthcare workforce and recruitment and retainment initiatives. This lends itself to **Recommendation 40**, which will provide incentives for the mental health and wellbeing workforce in rural and regional areas, including addressing the rural mental health and wellbeing supply needs, attract mental health and wellbeing workers to rural mental health and wellbeing services, and retain those workers in such services. **Recommendation 39** places focus on providing additional resources to enable mental health services to operate in small or geographically isolated communities, and also mentions the trial of two new digital service delivery initiatives in rural and regional areas, by the end of 2022.

The Royal Commission has acknowledged the unique problems young people in rural Victoria face when trying to access mental health services, and addressed these issues with assurance. I am placing an immense amount of hope in the new system, and look forward to witnessing this once-in-a-generation final report unfold in rural and regional Victoria.

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