



Annual Report Summary 2023-24


**Mental Health
& Wellbeing
Commission**




Mental Health & Wellbeing Commission

 **Phone:** 1800 246 054
(free call from landlines)

 **Complaints:** help@mhwc.vic.gov.au
General enquiries: info@mhwc.vic.gov.au

 **Website:** <https://www.mhwc.vic.gov.au/>

 [instagram.com/mhwc_vic](https://www.instagram.com/mhwc_vic)

 [linkedin.com/company/mental-health-and-wellbeing-commission-vic](https://www.linkedin.com/company/mental-health-and-wellbeing-commission-vic)

Acknowledgement of Country

The Commission acknowledges the Traditional Custodians of Country and their continuing connection to land, waters, skies and community. We pay our respects to their Elders past and present, and to their community leaders, and extend that respect to all Aboriginal and Torres Strait Islander peoples.

This document is available in PDF and RTF formats on our website. To receive a hard copy version of this publication please email: info@mhwc.vic.gov.au or call 1800 246 054.

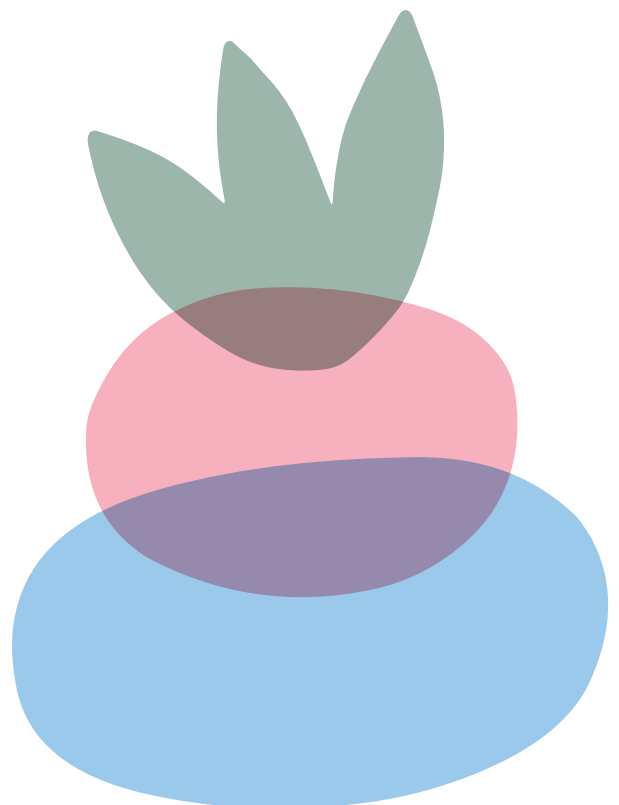
Authorised and published by the Victorian Government. © State of Victoria, Australia (Mental Health and Wellbeing Commission), September 2024.

With the exception of images, photographs or branding, this work is licensed under a Creative Commons Attribution 4.0 licence. The terms and conditions of this licence, including disclaimer of warranties and limitation of liability are available at Creative Commons Attribution 4.0 International.

You are free to re-use the work under this licence, on the condition that you credit the State of Victoria, Australia (Mental Health and Wellbeing Commission) as the author and/or owner of the work, indicate if changes have been made to the work and comply with the other licence terms.

Who we are

The Mental Health and Wellbeing Commission (the Commission) is an independent statutory authority that holds government to account for the performance, quality and safety of Victoria's mental health and wellbeing system.



The Commission was established on 1 September 2023, in line with a recommendation of the Royal Commission into Victoria’s Mental Health System.

What we do

The Commission promotes, supports and protects the rights of consumers and their families, carers, supporters and kin.

As an independent body, the Commission has the powers necessary to perform its functions under the Act. These functions include:

- dealing with complaints
- initiating investigations
- conducting inquiries
- reporting on and sharing data on the performance, quality, and safety of Victoria’s mental health and wellbeing system
- making recommendations to the Premier, Minister, and heads of public service bodies.

Our leadership team

The Commission is led by four Commissioners. Each of the Commissioners brings lived and or living experience to their role.



**Chair Commissioner –
Treasure Jennings**



**Lived Experience
Commissioner,
Consumer –
Maggie Toko**



**Lived Experience
Commissioner, Carer –
Jacqueline Gibson**



**Commissioner –
Annabel Brebner**

Our commitment:

At the Commission we have made a commitment to be:



Fearlessly independent



Grounded in the expertise of people with lived experience



Brave, fair, impartial and transparent in our work



An exemplar organisation for lived experience leadership



A voice for inclusion, understanding and compassion



Focused on addressing the most important issues at the time that best serve the public interest.

Our functions

Under the Act, the Mental Health and Wellbeing Commission has the following functions and powers:

- Hold the government to account for:
 - I. the performance, quality and safety of the mental health and wellbeing system, including the implementation of recommendations made by the Royal Commission into Victoria's Mental Health System; and
 - II. ensuring the mental health and wellbeing system supports and promotes the health and wellbeing of consumers, families, carers and supporters and the mental health and wellbeing workforce.
- Design and deliver initiatives that create awareness of people with lived experience and their unique experiences, including promoting the role of families, carers, supporters and kin of persons living with mental illness or psychological distress.
- Handle complaints about Victorian publicly funded mental health and wellbeing services, which include mental health and wellbeing services run and delivered by a public hospital in Victoria.
- Elevate lived experience leadership and support effective participation of people with lived experience in decision-making processes.
- Lead and support initiatives to prevent and address stigma related to mental illness.
- Monitor and report on the performance, quality and safety of the mental health and wellbeing system.
- Report on the use of restrictive interventions in designated public mental health and wellbeing services.
- Monitor and report on the progress to improve the mental health and wellbeing of the Victorian community.
- Monitor and report on the progress of implementing the recommendations made by the Royal Commission into Victoria's mental health system.
- Promote effective complaint handling by public mental health and wellbeing service providers.
- Make recommendations to the Premier, Minister and heads of public service bodies.
- Promote and support compliance with the Act and report significant breaches of the Act to the Health Secretary.

Lived experience at the commission

The Mental Health and Wellbeing Commission has designated lived experience functions:

- to elevate the leadership, and support the full and effective participation, of consumers and carers in decision making processes
- to develop and support the leadership capabilities of lived experience
- to design and deliver initiatives to develop awareness and understanding of people's experiences of mental illness and distress
- to promote the role, value and inclusion of families, carers, supporters and kin.

The Commission is Led by the two Lived Experience Commissioners, Maggie Toko (Consumer Commissioner) and Jacqueline Gibson (Carer Commissioner) and has a dedicated Lived Experience Team.

What we've done

The first 10 months of the Commission have been largely focused on establishment; laying the foundations and plans for how we will execute our new functions.

You can find some of the key documents here:

- Strategic Direction
- System Monitoring and Reporting
- Strategic Plan
- Our approach to compliance monitoring

Since our Annual report has been released we have also produced these additional key documents, available on our website:

- Strategic Plan
- Lived Experience Plan
- Supporting consumers' rights through improved understanding of complaints about restrictive practices - first insights report (January 2025)

Year one priorities



Engage with consumers, carers, carers groups and peak bodies and with service providers across the system.



Develop guidance on the mental health and wellbeing principles from the Act so that everyone can understand and follow them.



Design and develop our approach to compliance and report the baseline of service performance, quality and safety.



Build and nurture the Commission team and shape our culture.

Complaints

How many people contacted us?

Between 1 September 2023 and 30 June 2024, we received:

2,195 new enquiries, complaints and referrals (including referrals from the Australian Health Practitioner Regulation Agency).

78% (1,719) were complaints

61% (1,339) were in-jurisdiction complaints, that were progressed by the Commission through the different resolution pathways.

Who contacted us?

73.7% (987) in-jurisdiction complaints came from people accessing services themselves (consumers).

22.6% (303) in-jurisdiction complaints were made by family members and carers. Complaints from carers can be made on behalf of a consumer or about their own experiences with the services.

3.7% (49) in-jurisdiction complaints were made by others, including advocates, lawyers and service staff.

Mental health and wellbeing services

95% (1,278) of the in-jurisdiction complaints received by the Commission were made about designated mental health and wellbeing services (DMHWS), including hospital-based, community, residential, specialist and forensic services.

Less than 1% (12) complaints received were about mental health and wellbeing community support services (MHWCSS) these services. This could be attributed to the lower number of people who access these services.

9% (49) of in-jurisdiction complaints received by the Commission did not identify a service provider.*

Approx. 79% of complaints (where the service was known) were made about designated metropolitan mental health and wellbeing services and about **21%** were made about regional designated mental health and wellbeing services.

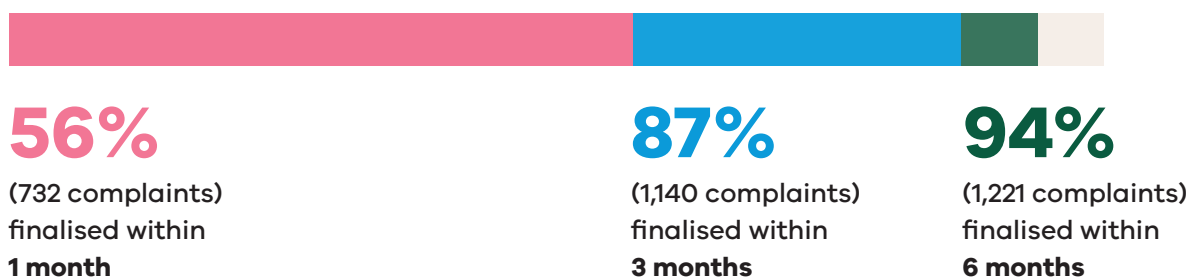
* This can occur in situations where the Commission is unable to contact the complainant for further information, either because the complainant does not wish to disclose this information, or because the complainant chooses not to progress their complaint.

Closure of complaints

During the reporting period, **1,305 complaints** were closed by the Commission that were within its jurisdiction. Of the complaints that were closed, 626 were either fully or partially resolved to the satisfaction of the complainant; 60 were not resolved, and 619 did not have a resolution applicable/reported.

For those complaints with no resolution reported, this was typically in instances where we were unable to contact the complainant after initial contact, where we could not obtain the consumer's consent to access further information necessary to progress the complaint or where resolution was not required to be reported to the Commission by the service.

Figure 6: How long it took to finalise complaints (within 1 month, within 3 months, within 6 months)



Frequently raised issues in complaints

Complaints made to the Commission often involve more than one issue. The number and percentage of complaints about each issue are recorded for all complaints received. The Commission uses a three-level system to classify the issues raised in complaints.

- Level 1 issues capture the broad themes behind complaints
- Level 2 breaks these issues down into more specific groups
- Level 3 issues provide more detailed information about the complaint

The most common issues raised in complaints were:

Figure 5: Issues raised in complaints

Level 1 Issues	Level 2 Issues (top2)	Level 3 Issues – top 1st	Level 3 Issues – top 2nd
Treatment (51%)	Suboptimal Treatment Responsiveness of Staff	Lack of care or attention (e.g. people feeling listened to or believed) (15%)	Disagreement with the treatment order (13%)
Communication (31%)	Inadequate communication with consumers/carers and other providers	Incomplete or confusing information provided to consumer (34%)	Incomplete or confusing information provided to carer, family member or nominated person (15%)
Medication (23%)	Disagreement with medication Oversedation & side effects	Dissatisfaction with prescribed medication (39%)	Side effects from medication (22%)
Conduct & behaviour (18%)	Rudeness/lack of empathy Alleged threats, bullying or harassment by staff	Rudeness, lack of respect or discourtesy (25%)	Threats/intimidation or bullying by staff – clinical (5%)
Access (11%)	Refusal to access or treat Insufficient access	Refusal to admit or treat (32%)	Lack or insufficient access to service (26%)
Diagnosis (10%)			
Facilities (6.5%)			
Complaint management (3.5%)			
Records (3%)			

Service Improvements

Over the reporting period, complaints received by the Commission resulted in 100 recommendations. All of these recommendations were made in the process of resolving individual complaints.

Services reported **255 service improvements** back to us that were made in response to complaints; some of these improvements were a result of recommendations made by the Commission.

Recommendations and service improvements often focused on:

- changes to policies, procedures and practices of service provision;
- training and providing feedback to staff.

Themes of service improvements were predominantly about reducing the use of restrictive interventions including the use of seclusion, bodily restraint or chemical restraint as well as changes in clinical governance and enhancing communication about treatment, care and support.

Figure 7: Service improvements themes*

a. Communication	50
b. Clinical governance	55
c. Restrictive intervention	75
d. Alleged staff misconduct	24
e. Risk assessment and management	29
f. Safety	24

* Multiple service improvements can be reported through a single complain and/or for more than one theme. This explains how the number of themes exceeds the number of service improvements reported by services

Figure 8: Service improvements actions by services

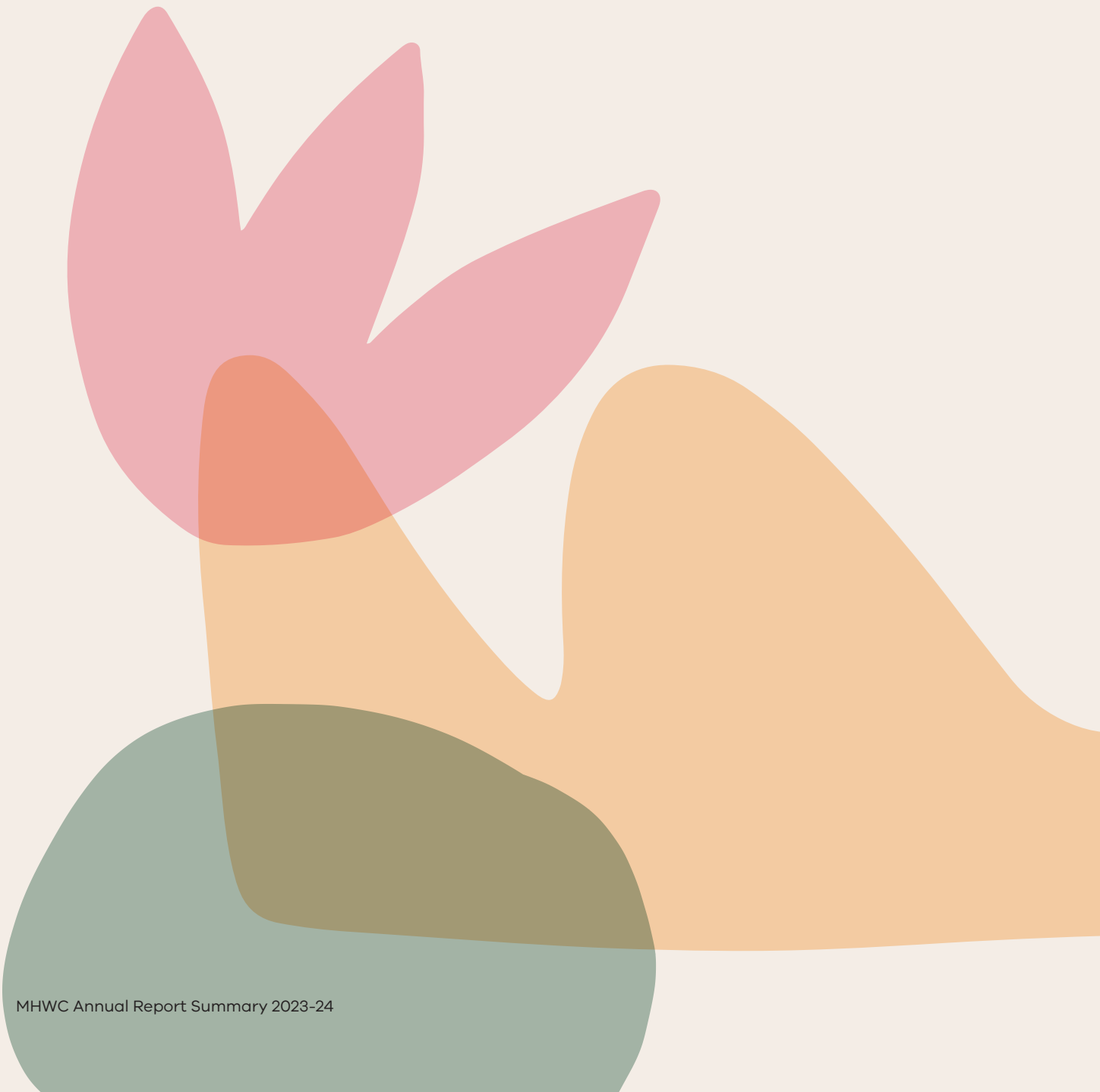
a. Policy/procedure/practice	159
b. Training/input to staff	88
c. Undertake an audit/ investigation	4
d. Other systemic change	1
e. Improvements to infrastructure	2
f. Other systemic change	1

System oversight

The Commission is required to report on the safety, quality, and performance of the system, as well as progress towards improving mental health and wellbeing outcomes in the Victorian community.

The Commission's Annual Report 2023-24 represents the first round of system reporting undertaken by the Commission. It provides an analysis of the current state and recent trends in mental health and wellbeing in Victoria.

This is a starting point for meeting our reporting obligations for how mental health and wellbeing is tracking within the community and informs our future work and plans.



1. Mental health and wellbeing in the Victorian community

We looked at the prevalence of mental ill-health in the community, and what factors may have contributed to long term mental health assess the extent of community need for service delivery.

Some key takeaways:

- Available data shows that the Victorian community has experienced increasing levels of psychological distress in recent years.
- The number of people accessing mental health and wellbeing services has increased in recent years.
- In Victoria, there has been a growth in Victorian government-funded clinical mental health services delivered in the community since the reform commenced, while the number of consumers accessing bed-based services has remained steady.
- There appears to be improvement in some elements of safety in bed-based service settings. The rate of seclusion has decreased, and stronger targets for further reductions in the use of seclusion have been set by government for 2024-25. The use of compulsory treatment appears to be steady.
- The rate of Victorians taking their own lives is increasing, with data from the Victorian Coroner's Court indicating 11.7 deaths by suicide per 100,000 population at the end of 2023 (801 deaths). This trend has continued into 2024, with 453 deaths to July, compared to 434 at the same time in 2023.

The data reinforces the need for continued investment in the mental health and wellbeing system as well as a need to address the factors contributing to mental illness and psychological distress in the community.

2. System performance, quality and safety

We looked at levels of access and investment in the mental health system, as well as whether the quality and safety of the system is improving in aggregate.

Key Takeaways

- Data from the Victorian Department of Health shows that the delivery of funded mental health services has increased. From 2019-20 to 2023-24 the number of consumers accessing clinical mental health services increased by 21 per cent.
- Overall, there are positive signs of improvements in safety, with rates of seclusion and restraint decreasing. However, the use of compulsory treatment continues to be relatively consistent, with little change from 2021-22.

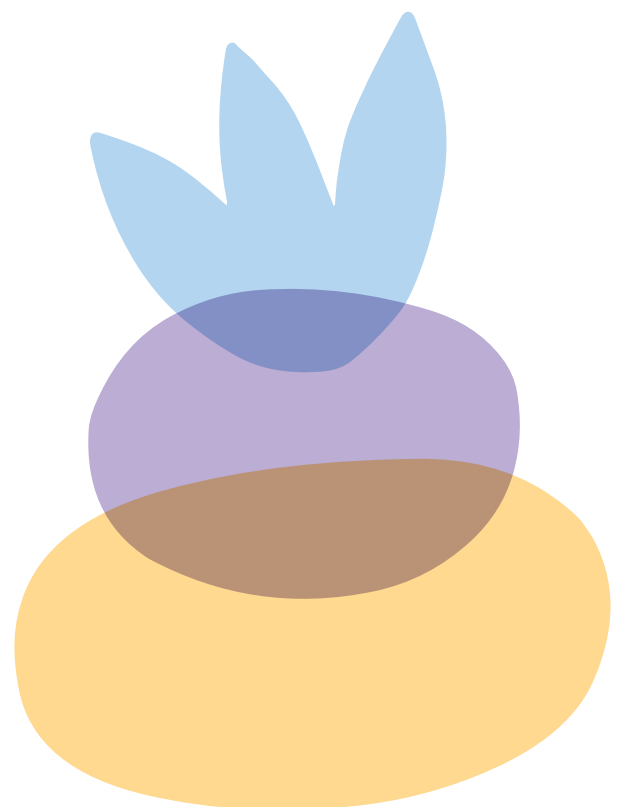


Figure 9: Summary data from our analysis of the mental health and wellbeing system



3. System and broader outcomes

We examined whether the system is helping consumers, families, carers and supporters to recover, and the overall outcomes for community

Key Takeaways

- Measures of good system performance and the recovery of consumers should reflect measures that are important to consumers, which are often non-clinical outcomes. This includes whether consumers receive appropriate support following service access, and in subsequent mental health episodes are able to access services to intervene earlier and in settings that maximise their wellbeing, enabling them to live the lives they want to live. While this is the aspiration – currently, outcomes data from services are largely related to experiences and impacts of clinical services.
- Clinician-reported rates of improvement in community mental health cases at closure were at 53.5 per cent in 2023-24. This was up from 52.0 per cent in 2021-22, but similar to the 53.4 per cent recorded in 2019-20.
- Assessments of outcomes from consumers have shown similar trends to clinical assessments. The proportion of registered clients experiencing stable or improved clinical outcomes in adult, child and adolescent, or aged mental health services increased slightly from 2021-22 to 2023-24, but these 2023-24 outcomes were similar to 2019-20.
- Rates of follow-up after discharge are relatively high, with 90.9 per cent of inpatient consumers experiencing follow-up within seven days.

Figure 15: Change in consumers accessing clinical services from 2019-20 by cohort

Source: Service data provided by the Department of Health

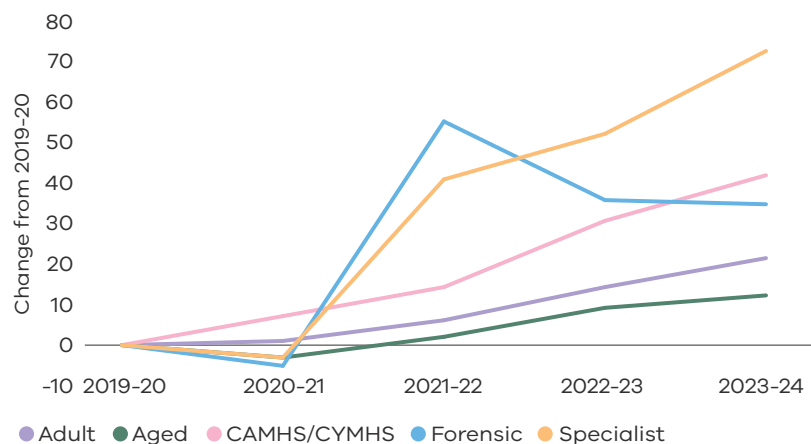
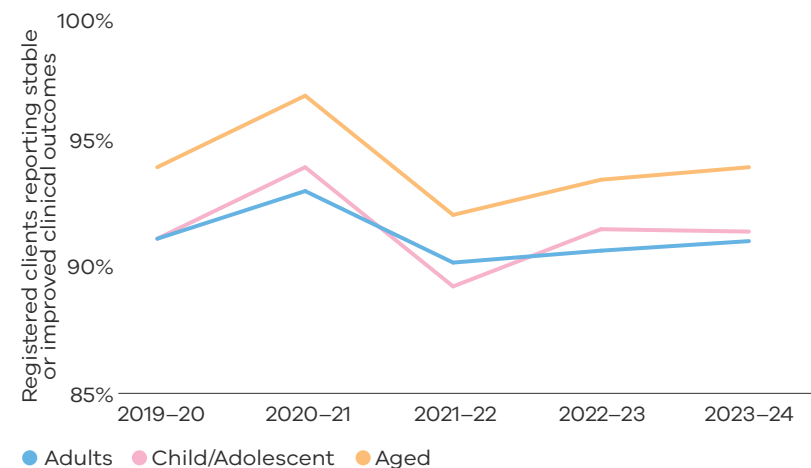


Figure 19: Proportion of consumers reporting improved clinical outcomes from services

Source: Your Experience Survey (YES) data provided by the Department of Health



Progress on the recommendations

The final report of the Royal Commission into Victoria's Mental Health System was tabled in a special sitting of the Victorian Parliament on 2 March 2021.

The final report included 65 recommendations in addition to the nine interim report recommendations. The recommendations set out a 10-year vision for a future mental health system where people can access treatment close to their homes and in their communities.

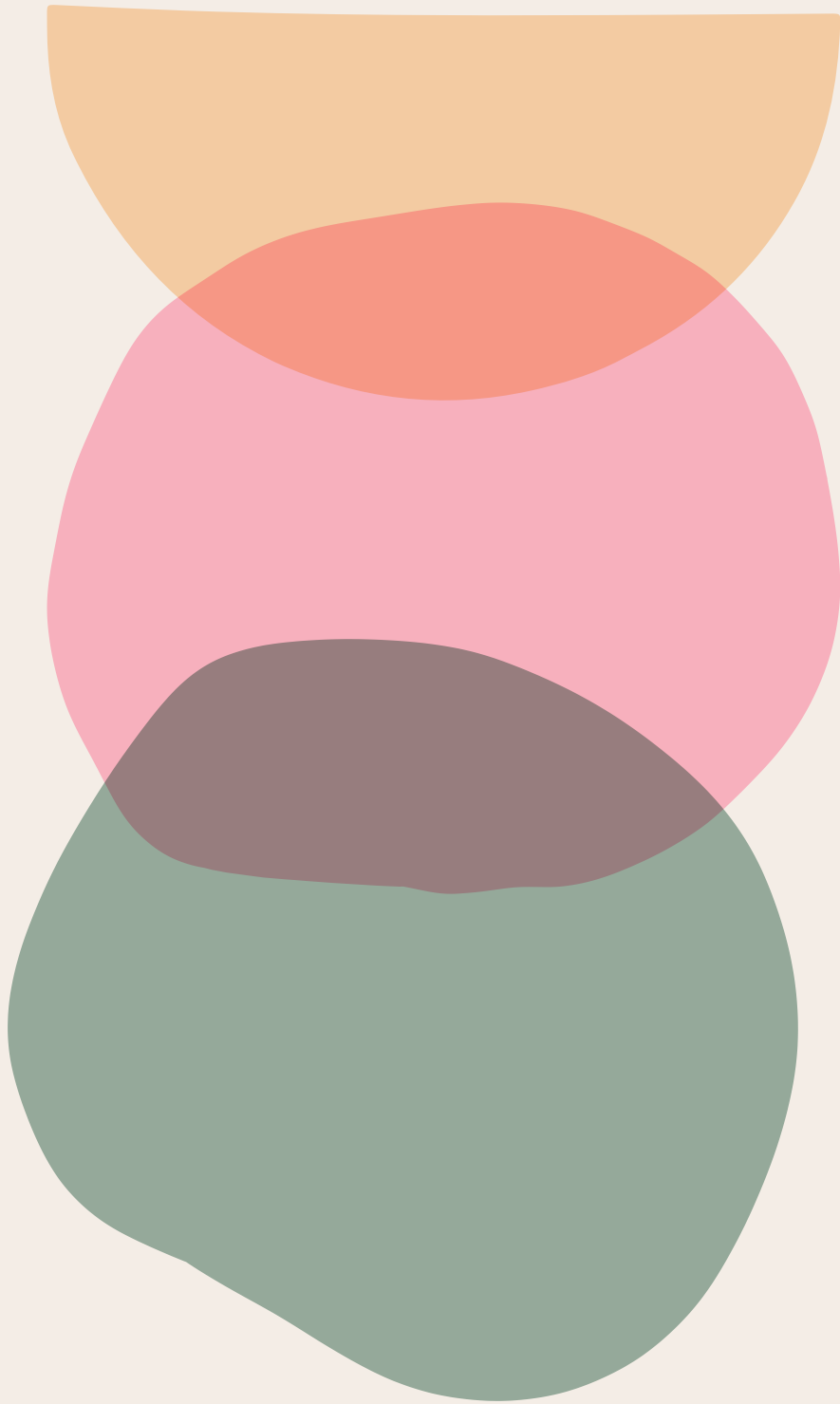
The Victorian government committed to implementing all recommendations.

Our role

The Commission is charged with monitoring and reporting on the progress of implementing the recommendations made by the Royal Commission.

As outlined in the Commission's Monitoring and Reporting Plan, our role includes:

- Independent oversight of the implementation of the Royal Commission recommendations.
- to identify concerns with implementation progress and approach to alert government, the sector, and the community to any emerging risks and problems.
- to elevate the status of mental health across government, to ensure the recommendations remain a priority. You can see a full table outlining the Royal Commission recommendation progress against the original timelines outlined by the Royal Commission on Victoria's Mental Health System as 30 June 2024 from page 59 of our annual report. Note that this data is as reported by government. We have committed to doing our own consultative assessment to supplement this reporting.



**Mental Health
& Wellbeing
Commission**