Royal Commission into
Victoria's Mental Health System

Final report briefing - Chair's remarks

Introduction

On behalf of the Commission, I acknowledge the traditional owners of the land on which we meet, the people of the Kulin Nation, I pay respects to Elders past, present and emerging.

My name is Penny Armytage and, for the last two years, I have been honoured to chair the Royal Commission into Victoria's Mental Health System.

Joining me here today are my fellow Commissioners Professor Bernadette McSherry, Professor Allan Fels and Dr Alex Cockram.

The Royal Commission has delivered its final report to the Governor and it is now publicly available.

In this presentation I will briefly describe the Commissions' work, outline the major themes of our inquiry, and briefly explain the reformed mental health and wellbeing system we have designed.

On the screen you will see a selection of images, figures and powerful quotes to give you a flavour of what is in the report, what the Commission has heard and the depth of its analysis.

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The Commission and our inquiry

Across its five volumes and nearly 3,000 pages, the Commission's final report provides 65 recommendations that set out the reforms needed to transform Victoria's mental health system.

These build on the nine recommendations the Commission made in its interim report, in November 2019, to respond to immediate needs and lay the foundations for change.

The report is the culmination of an exhaustive process over two full years.

Over this time, the Commission received and read more than 12,500 contributions – made through consultations, roundtables, public hearings, witness statements, surveys and workshops. We received more than 3,200 formal submissions from individuals and organisations.

The Commission has welcomed the extraordinary levels of engagement right across the community since the very early days of the inquiry and right up until the final workshops and activities that were being held online due to COVID restrictions. Comparatively, the engagement with this Commission is truly staggering and speaks to the importance of the topic for our community.

We see this engagement as a hallmark of this Royal Commission, and the community's commitment to its aspirations.

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In addition to this consultation, we undertook a thorough investigation and analysis. The Commission used more than 7,500 research articles and reports to understand current issues and reform opportunities. This review of the literature was accompanied by unprecedented access to data obtained via the voluntary cooperation of government and services, and the use of the Commission's powers. You'll see this data throughout our report, and in some of the slides today.

I have every confidence in saying this volume of material about the mental health system has never been considered in the past. Formal deliberations of the Commissioners alone involved the consideration of more than 12,000 pages of analysis.

I hope that with the full implementation of the reforms we have recommended, an inquiry of this nature will never need to be repeated.

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The establishment of the Royal Commission into Victoria's Mental Health System in February 2019 acknowledged that Victoria's mental health system was failing to support those who needed it. The Premier of Victoria, the Honourable Daniel Andrews, described the system then as 'broken.'

The letters patent that officially established the Commission required it to report on 'how Victoria's mental health system [could] most effectively prevent mental illness, and deliver treatment, care and support so that all those in the Victorian community [could] experience their best mental health, now and into the future.'

The scope and approach of our enquiry was clearly laid out in those letters patent, presenting a call for an inquiry that would be forward facing, and 'systems' driven.

Despite the numerous reviews that have preceded this inquiry, royal commissions represent a unique opportunity to review systems because of their independence, neutrality and transparency. They hold great public value. With the support of the community, this Royal Commission has left a lasting legacy to realise the hopes and ambitions held by many.

Victoria's mental health system is depleted and broken, but it did not simply deteriorate overnight. Good mental health and wellbeing have been a low priority of governments for decades, despite the high prevalence of mental illness and poor mental health in our community. For too long, the profound human, societal and economic toll of a broken mental health system has been ignored.

Victoria's mental health system – once admired as the most progressive in our nation – has catastrophically failed to live up to expectations. Despite the goodwill, passion and hard work of many people, the system does not meet the current needs of the community and is woefully unprepared for the future.

As Honor Eastly told the Commission, a 'broken and traumatic system' can see people who are seeking help blaming themselves for the system's failures.

The system is hampered by historical and structural challenges that have emerged and persisted over several decades. Underinvestment, poor system planning, and limited accountability have ensured good mental health and wellbeing remain a low priority across government and the community.

Stigma and discrimination have entrenched this.

This has resulted in a mental health system that fails to support, and in some instances even harms, those who turn to it. Demand has outstripped supply; the system reacts to mental health crises rather than preventing them; and the preferences of people living with mental illness or psychological distress are often ignored.

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The quote on the screen now was shared with us anonymously. It reflects what so many have said and experienced – of working up the courage to ask for help, only to be turned away. This is the result of a deeply compromised system.

Personally, I was shocked by what I saw and what I heard in the course of this Commission.

I have worked in senior roles in government departments for decades, and I was confronted by the fact that the system wasn't compromised in part, its foundations were broken.

The historical neglect of mental health means that 'band-aid' solutions will not work. The words of a participant in a community consultation speak to what is needed.

They said, 'We don't want to fill in the potholes, we want a new road'.

The Commission recognised that the scale of change needed is profound. It must be redesigned from its foundations. This meant we had to adopt a 'systems design' approach to reform. That involved reconsidering the foundations and organising structures of the system. Incrementalism was not a viable or practical option.

The future system will not be a collection of discrete reforms tacked on to an antiquated system, but a fundamental redesign.

We wanted to ensure that what we recommended would endure.

That it would not succumb to the same gradual decline experienced since the early 1990s.

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Earlier I spoke about the generosity of the many people that have shared their personal experiences with the Commission. We would like to recognise those organisations that have helped us with this task and would like to thank VMIAC, Tandem and VACHHO in particular.

We are very fortunate to have two individuals who have contributed to the Commission join us today.

I had the pleasure of meeting with both of these individuals as part of our one-on-one meetings, which took place via Zoom, due to the COVID-related interruptions to our second round of public hearings.

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First, I would like to welcome Justin Heazlewood to the stage. Justin shared his experience as a young carer as part of his witness statement in 2020. Today he will share a reading from his book, ‘Get up Mum’, which was written from Justin’s perspective as a 12-year old.

Justin reading

Thank you, Justin.

Now I would like to welcome Denna Healy, who also shared her experience with the Commission as part of her 2020 witness statement. Today Denna will perform a poem, which formed part of her submission.

Denna reading

Thank you, Denna.

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Themes

Before I talk about the Commission's vision for the future, let me say something about the current challenges we heard consistently throughout our inquiry.

These themes have shaped our reform directions.

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Undoubtedly the biggest theme is that the system is under-resourced. There has simply never been enough investment in it.

This failure to invest means that too many people struggle to get enough help, or any help at all. A growing population and an increasing need for mental health services means that the system is overwhelmed by demand. There are simply not enough services.

As the graph on the screen shows, the Commission estimated that in 2019–20, there were up to 95,400 people who **needed** specialist mental health services who were unable to access them from either the public or private sectors.

The next graph shows that of the estimated **need** for 4.7 million hours of community-based specialist mental health services from our public mental health system, only 1.4 million hours were provided by the public system. That means the system is only responding to less than a third of the current need.

When people do get a service, data reported indicates that in 2019–20, active adult clients of public mental health services received about 5 per cent of their community contact hours from a consultant psychiatrist.

Surprisingly, for those who were seen by a consultant psychiatrist, the average total service hours was just 2.1 hours per client, per year. With so little contact, this is incredibly compromising for both clinicians and consumers.

A lack of resources has forced mental health services to raise the thresholds for who they can see. This means that many people who ask for help are turned away unless they are in absolute crisis.

We heard from people and their families, at times in harrowing detail, about the impacts of being turned away from services at their darkest hour, and the sometimes-tragic consequences of this.

This is shameful in a developed and wealthy country like Australia where the failure to invest in mental health cannot be simply explained by a lack of resources.

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Victoria's mental health system is overly complex, fragmented and inconsistent across different parts of the state.

People cannot easily identify paths to the right care and to recovery. There are few resources – not even a comprehensive website – to help people find and access the right supports.

The next graph on the screen shows how from July last year, corresponding with and following COVID restrictions, there was a major increase in the number of young people aged up to 17 years seeking help from emergency departments in connection with intentional self-harm and suicidal thoughts.

These presentations peaked in late November 2020 with a 4-week moving average of just under 140 young people under the age of 17, presenting per week. You can see just how striking the peak is after stage 4 restrictions. We all know that the preference for our young loved ones would not be an emergency department but a pathway into more appropriate supports.

Mental health services are too often poorly integrated with each other, and badly coordinated with areas such as housing, physical health, alcohol and other drugs, and the justice system.

Commonwealth and state-funded services are poorly connected, despite opportunities to strengthen and encourage partnerships and coordination.

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The mental health system is also imbalanced.

It is over-reliant on a medical approach, including hospital inpatient services and emergency departments for people in crisis.

There is a striking lack of community-based services that are close to people's homes, their families and their support networks. Victoria has not achieved the long-held vision of a community-based mental health system. As a result, we are missing out on opportunities to offer community-based care to people earlier in their experience of mental illness or psychological distress.

Resource-constrained specialist mental health services rely too heavily on medication and offer too little in the way of therapeutic, recovery-orientated care.

There has also been too little effort to create effective responses to mental illness and psychological distress outside the formal mental health system. We know that social factors – including the communities and places where people live – have a strong role in shaping mental health. But leaders across many sectors need to better help these places and settings to support good mental health and wellbeing.

The early years of life are critical to later mental health. However, the system does not respond well to the mental health and wellbeing needs of infants and children, and expectant or new parents. By failing to focus on these early years, we are missing opportunities to safeguard the mental health and wellbeing of our future generations.

We also know that teenagers and young adults are disproportionately affected by mental illness and psychological distress. Our young people need world-class and holistic mental health care to support them to recover and lead flourishing lives. But too many never receive this care. This undermines their ability to achieve good mental health and wellbeing in adulthood.

At the other end of the age spectrum, there is a big service gap for older Victorians. Increasing demand and inadequate investment in services for older adults means that many who do seek support are turned away.

We do not place enough value on the mental health and wellbeing of our elders.

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We found also that access to mental health services is inequitable.

Mental illness and psychological distress do not discriminate. However, some people in our community experience more barriers to getting help.

Poverty and disadvantage make it especially difficult for people to access services. A disproportionate number of people living with mental illness have low incomes and no private health insurance. For many, even access to primary care is difficult to afford.

Catchments that determine access to services create a ‘postcode lottery’, and where people live dictates how difficult it is to gain access to services – this situation can be worse for people in rural and regional areas.

Disgracefully, sometimes it is those most in need of support who experience the most significant barriers.

These groups include Aboriginal people who continue to endure the effects of trauma caused by colonisation, dispossession, the impacts of the Stolen Generation, and ongoing discrimination.

Other groups that face specific, unacceptable barriers to appropriate mental health care include LGBTIQ+ people, refugees, people from culturally diverse backgrounds and people living with disabilities.

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Too often, people's rights, safety and dignity have been seriously breached in mental health services.

Many people who do obtain access to the system, or are forced to, have not been treated with dignity and respect.

There is an excessive use of restrictive practices and compulsory treatment and, as the graph illustrates, the number of people subject to compulsory treatment is stubbornly high in Victoria. It's also stubbornly high compared to national rates.

Despite the current policy commitment to use it as a last resort, there remains a persistent use of compulsory treatment for all age groups, and surprisingly this includes young people.

These interventions can cause severe trauma to people, some of whom are already traumatised by their experience of mental illness and difficult events in their lives.

Our inpatient units, in particular, can feel frightening and be unsafe.

The mental health system should be set up to support people, not to compound their distress or trauma.

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The Commission found that families, carers and supporters are marginalised in many mental health services.

Each year, around 60,000 Victorians care for someone living with mental illness, and they are often vital to that person's wellbeing and recovery.

However, families, carers and supporters are often left out of engagement and not given information that would help them in their caring role. Many of those carers need - but cannot access - dedicated supports in their own right.

Finally, I want to note that suicide continues to take a heavy toll on families and the Victorian community. In 2019 there were 718 deaths by suicide in Victoria. That's more than double our road toll.

Suicide has a ripple effect across the community, touching loved ones, families, friends and colleagues in profound and enduring ways.

While suicide is not always the result of mental illness, suicides of people who have not been able to get help for their mental illness are among the most devastating consequences of a failing mental health system.

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Systems-based reform

The Commission's inquiry has shone a light on a broken system. We cannot change the past. We can, however, demand a new future and a new way forward.

We must acknowledge that we, as a broader community, allowed the system's failings to go almost unnoticed for too long.

The failure of our community to demand a mental health system as strong as our physical health system says much about the stigma and discrimination against people living with mental illness and psychological distress.

In considering how these challenges might be confronted, the Commission has used a system-design approach. The Commission's approach was founded on the seven guiding principles currently on the screen.

Fundamentally the dial must shift from a system based on eligibility, to one which asks, 'How can we help?'

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In the time available for this presentation, it is not possible to describe each of the 65 recommendations in the Commission's final report.

I will provide an overview of five key reform areas. The detail can be found in our summary and recommendations document and, of course, our full report which is available on the Commission's website as well as fact sheets, personal stories and case studies.

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First are the reforms needed to **build a responsive and integrated system of mental health and wellbeing services**.

The Commission's vision is for a balanced system in which many more services are provided in the community, supported by high quality hospital and residential services for people who need them.

Substantially expanded community-based mental health services will move the system away from its current crisis-driven approach to one focused on earlier intervention, better mental health outcomes and more positive consumer experiences.

The Commission has deliberately chosen to name the future system the 'mental health and wellbeing system.'

This recognises the importance of wellbeing supports for better mental health outcomes for individuals, as well as more traditional mental health treatment.

At the centre of the Commission's vision is a new system of community-based public mental health and wellbeing services. These are shown as the bottom three rows in the diagram.

The Commission has recommended 50 to 60 new local services for adults and older adults, in addition to dedicated local services for infants, children and families; and young people.

The creation of a network of local mental health and wellbeing services recognises the importance of care delivered closer to home, closer to families and support networks, and integrated with primary and secondary services, including GPs. These services will provide a 'broader front door' so that more people can access services than is currently the case.

Area Mental Health and Wellbeing Services will provide tertiary-level, high-intensity services for people with acute or complex needs.

There will be 22 area services for adults and older adults and 13 for infants, children and young people.

At the most specialised level of care are Victoria's statewide services. The Commission recommends that existing statewide services are complemented by two new statewide services focusing on the needs of people who have been affected by trauma and for people living with mental illness and substance use or addiction.

Eight Regional Boards will be established to commission the local and area services to ensure that these services respond to the needs and strengths of their communities.

However, the rigid catchments of current specialist mental health services, where people can only receive specialist services based on their place of residence, will be dismantled. Service providers will not turn people away on the basis of where they live.

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The new mental health and wellbeing system will have age-specific services that deliver developmentally appropriate treatment, care and support. While the strict age eligibility that can result in jarring transitions will be removed, services will be provided across two aligned systems:

- one is geared to infants and children (from birth to 11 years old) and young people (12–25 years old)
- the second is a system for adults aged 26 years and over, and older adults.

The new mental health and wellbeing system will provide a greatly expanded range of service offerings. In addition to medical treatments, the system will provide extensive psychological therapies; wellbeing (or psychosocial) supports; mental health education, peer support and self-help options; as well as structured care planning and coordination.

These recommendations highlight the broad range of ways that people can be supported to recover from mental illness and recognise that a new strengths-based and integrated approach to treatment, care and support is needed.

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To ensure they can deliver the full range of functions recommended by the Commission, Area Mental Health and Wellbeing Services across both aged based systems will be delivered through a partnership between a public health service (or public hospital) and a non-government organisation that provides wellbeing supports.

People who seek help from, or who are referred to mental health and wellbeing services, will have their needs assessed and will be proactively assisted to connect with the services they need, whether these are mental health and wellbeing services or other services and supports.

Crisis responses will be directly available via telephone to anyone in the community, 24 hours a day, seven days a week. Where necessary, crisis outreach teams – will be sent to the person.

The first response in a mental health crisis should be a ‘health response’.

Emergency services responses to mental health crises will be led by paramedics wherever possible, with support from mental health clinicians.

There will also be a range of new consumer-led, safe spaces and residential respite services to give people more options on where to access help in times of crisis.

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Bed-based services

While most people will receive treatment, care and support through community-based services, hospitals and residential services will continue to play an important role in the system.

The Commission’s final report recommends new beds across a range of service types, including 100 new acute inpatient beds in addition to the 170 beds recommended in the interim report.

While the expansion and transformation of community-based services will reduce reliance on bed-based services, people who do need these services will have access to better quality services in modern facilities. Consumers and staff will also have safer environments to recover in and work.

Expansion of Hospital in the Home services as an alternative to hospital inpatient care will give people more choice over their treatment, care and support.

Reforms will also strengthen bed-based services for young people. Every region will have a Youth Prevention and Recovery Care Unit (Y-PARC) and a new youth acute inpatient stream will be established to ensure young people aged 18-25 are no longer admitted to adult acute inpatient beds.

There will also be a new rehabilitation pathway for those needing continuing intensive treatment, care and support.

At Thomas Embling Hospital 107 beds will be built as well as up to 20 additional beds for people whose needs cannot be safely and effectively met in other bed-based or community settings.

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Second, the Commission has made a range of recommendations to **ensure the system is attuned to promoting inclusion and overcoming inequities.**

The needs of Victoria's diverse communities will be recognised and responded to. For example, Victorians will be able to obtain appropriate mental health information regardless of first or preferred language, hearing, literacy or neurocognitive ability.

Building on the reforms outlined in the Commission's interim report, supports to improve the social and emotional wellbeing of children and young people from Aboriginal and Torres Strait Islander backgrounds will be increased, with healing centres delivered by Aboriginal Controlled Community Health Organisations.

The Commission also acknowledges the diversity in geography, community demographics and experiences across our State.

Our interim and final reports found that people in rural and regional Victoria face particular challenges that affect their mental health and wellbeing and their ability to access services and supports.

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Building on the strength of rural and regional communities, we have recommended a networked approach to service delivery, supporting effective collaboration and coordination between services.

The Commission has also recommended allocating funding that recognises the costs of delivering high quality services in rural and regional areas.

Other recommendations include trials of new digital service delivery initiatives that meet the needs of local communities; and a workforce incentive scheme to attract and support mental health professionals to work in rural and regional areas.

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Importantly, good mental health and wellbeing is about more than services: it is a shared priority across the community. Inequality must also be tackled where people live, work and play.

There will be investment in a statewide approach to prevention and promotion activities, and these activities will concentrate on bringing a public health approach to mental health, promoting human rights and reducing imbalances in mental health and wellbeing outcomes.

‘Community collectives’ will be established that bring together community leaders and members to promote social connection and inclusion in every local government area.

Anti-stigma programs will be implemented, and there will be better access to legal protection from mental health discrimination.

Our emphasis on equity and justice includes overturning the power imbalances between consumers and those who design and deliver services.

In a first for Victoria, our recommendations will establish lived experience leaders throughout the system and set up initiatives led by people with lived experience.

A new agency will be established, led by people with lived experience of mental illness or psychological distress, to support consumer-led organisations and services.

Enhanced service delivery approaches and new legislation will give consumers more choice and control over their treatment, care and support. More lived experience professionals and experts will be employed, in a variety of roles.

The system will also work with people in their social context from the start. This is a fundamental shift. The role families, carers and supporters can play as part of a care team will be recognised.

Information sharing will be improved to support this. Families, carers and supporters will also be supported in their own right, including through the establishment of eight new family- and carer-led centres around the state.

The abandonment of young carers in particular - by multiple service systems - has been shameful.

For some young people, meeting other young carers at a Commission consultation was the first time they had made a connection and felt supported.

The Commission recommends dedicated support workers and a significant increase in funding to help young carers with practical needs.

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Third, the Commission has made several recommendations that focus on **getting the foundations of the system right**.

As Associate Professor Stafrace observed, the current system is achieving what it was set up to achieve. These conditions must change.

The Commission's recommendations will create new structures and approaches to system leadership, funding, commissioning, planning and governance.

A new independent and statutory Mental Health and Wellbeing Commission will be established to hold the Victorian Government to account for the performance of the mental health and wellbeing system and the implementation of the Commission's recommendations.

A new Chief Officer for Mental Health and Wellbeing will be established in the Department of Health.

This will be a statutory appointment to elevate mental health and wellbeing as a government priority, and to ensure it is never again buried within government.

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We believe a new state strategy is necessary to establish a contemporary approach to suicide prevention and response that takes account of the latest evidence, including a systems-based and whole-of-government approach.

Noting the suite of initiatives we have already recommended; we believe this strategy can be developed swiftly.

This approach involves many agencies coming together across health, social services, education, industry and many more, to respond to the interrelated factors of suicide.

As such, we have recommended a Suicide Prevention and Response Office to lead this work.

Our set of initiatives are aimed at the population level; at those who may be experiencing suicidal behaviour; and those who are at risk of suicidal behaviour.

This work builds on the recommendations about suicide prevention and response from our interim report.

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There will be new mechanisms to ensure that the quality and safety of mental health and wellbeing services are of the highest standard.

A new mental health improvement unit within Safer Care Victoria will focus on reducing the use of seclusion, restraint and compulsory treatment and on tackling gender-based violence, particularly in inpatient settings.

The aim is to greatly reduce the use of seclusion and restraint, eventually eliminating these practices, and to substantially reduce the use of compulsory treatment so it is only used as a last resort and for the shortest period possible.

Investment in mental health and wellbeing will be made a priority through the implementation of the levy recommended in the interim report.

However, the approach to planning, funding and commissioning services will also be overhauled and modernised to ensure that the government and community gets the best value for its money and that services reflect the needs of the community.

The Commission's reimagined mental health and wellbeing system will be enshrined in legislation—through a new Mental Health and Wellbeing Act.

The new Act will reflect the vision for the future system and will promote good mental health and wellbeing, as well as better supporting the rights and empowerment of mental health consumers.

There will be a renewed focus on rigorous measurement of progress and the achievement of outcomes for consumers, families, carers and supporters.

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Fourth, the Commission has called for a **fundamental modernisation of the system.**

This will include up-to-date information technology and digital approaches to service delivery.

For example, as the COVID pandemic has shown us, there are opportunities to deliver some services more efficiently using online and telehealth technologies.

While these will never altogether replace face-to-face mental health services, they can extend the reach of services to more people and provide people with more choice about how they are helped.

We have also recommended structures to support service innovation and the embedding of evidence-based forms of treatment, care and support into service delivery.

There will be a strong focus on developing, testing and embedding new approaches together with people who have lived experience of mental illness or psychological distress, families, carers and supporters.

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Fifth, the Commission's recommendations **will support a sustainable workforce for the future.**

Our recommendations include steps to grow and diversify the workforce – including lived experience workforces – and a shift to more multidisciplinary work and new ways of working across services.

Recommendations include new incentives and supports for mental health professionals to train, live and work in rural and regional communities.

The Commission also recommends a dedicated focus on workforce strategy, capability and wellbeing, informed by ongoing data collection, analysis, planning and collaboration.

The new responsive and integrated mental health and wellbeing system must also ensure that the workforce feels safe and respected, regardless of professional disciplines, role or workplace setting.

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The next steps

The implementation of the Commission's recommendations will not be easy. The system is complex, and so too are the causes of poor mental health.

The Commission's recommendations are, however, pragmatic and achievable. They have been informed by two years of analysis and significant input from people with lived experience, families, carers and supporters, and the workforce.

Implementation should not be delayed by repeating consultations we have already done.

The Commission has set out its analysis of what will be required for implementation in the final volume of our report. We know what is needed and we know what must be avoided.

The transformation recommended by the Commission will not come cheaply. But the costs of inaction are too great.

Achieving the Commission's vision will require more than money.

Equally important is the shared commitment, the ambition, and collaborative efforts - respectful of each other's perspectives - across governments, service providers, community groups, advocates, people with lived experience of mental illness or psychological distress, families, carers, and supporters.

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This Commission's work is not the first inquiry into the mental health system. However, there is much cause for hope that – this time – there will be real and enduring change.

The Commission has observed a strong commitment to following through. The Victorian Government has committed to implementing all of the Commission's recommendations.

In its most recent state budget it allocated substantial initial funding for the reforms recommended in the Commission's interim report. The Deputy Premier is now Minister for Mental Health.

The Commonwealth Government has also shown a commitment to improving the mental health and wellbeing of the community.

This has been apparent through the Productivity Commission's inquiry into Mental Health and the work of the Prime Minister's National Suicide Prevention Adviser to develop a government-wide approach to suicide prevention and response.

Alongside this interest from government, there is also an encouraging level of public discourse and open communication about good mental health and wellbeing.

This has been particularly evident during the COVID-19 pandemic, which has had broad social and economic impacts for Victorians.

All of these circumstances combine to provide a real chance for us all to work together with a united voice to shift the centre of gravity away from crisis and EDs and into the community.

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Concluding remarks

The final report of the Commission is truly a collective effort.

We are deeply grateful to the people who engaged with the Commission to share their experience, knowledge and ideas for a new, better system. We have been humbled by the extraordinary commitment, dedication and care people have shown, particularly during such challenging conditions for our community.

The voices of people living with mental illness or psychological distress, families, carers and supporters were central to our work. They have shared often painful personal experiences in the hope that others will benefit from a better mental health system in the future.

I extend my thanks to those that were willing to share their experiences so generously with the media, to extend the public discourse about mental health.

We are also deeply indebted to the many mental health workers, organisations and academics for their generous and thoughtful contributions.

I would also like to thank those who organised the Commission's work and helped us analyse the inputs and write the report: the talented and hardworking Commission staff led by our skilful and dedicated CEO, Jodie Geissler.

The Commission has also been ably assisted by its Expert Advisory Committee, led by Professor Pat McGorry, specialist advisers to the Commission, including lived experience advisors, as well as our Senior and Junior Counsel Assisting.

I also acknowledge the people that will take the implementation effort forward. It will involve many, many people.

I acknowledge the work to date of Pam Anders and Professor Simon Stafrace, who have been leading the implementation of the Commission's interim report recommendations.

And also Kym Peake, former Secretary of the Department of Health and Human Services for her leadership and commitment to mental health reform over many years.

To all the public officials who so generously gave their time to the Commission, including Terry Symonds and Ross Broad, the Commission is grateful for your support.

I also acknowledge Euan Wallace and Katherine Whetton who will hold the responsibility for system stewardship going forward.

However, this is not something that government can carry alone – implementation will belong to everyone working in the system, and also the community.

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As the other Commissioners and I conclude our work, we are aware of our great privilege in having had a once-in-a-generation opportunity to review and comprehensively redesign Victoria's mental health system.

We know that the public has placed great trust in this Commission, and we have felt the gravity of this responsibility keenly.

We have been moved by the sense of hope and shared purpose we have witnessed over the last two years.

This hope is reflected in the reforms outlined in our interim and final reports.

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We want Victoria's generations of the future to be confident and resilient.

The importance of good mental health and wellbeing cannot be sidelined any longer.

It matters too much to too many.

This is not 'someone else's problem'.

This is about all of us.

It is time for a collective call to action, on the back of this final report - to create a better future for people with mental illness and psychological distress, and to realise the hopes of so many Victorians.

The Victorian community's optimism and desire for change provides an opportunity to create reform that will last.

All partners in delivering this reform must rise to the challenge.

The Commission's inquiry is over.

It is now time to act.

ENDS.