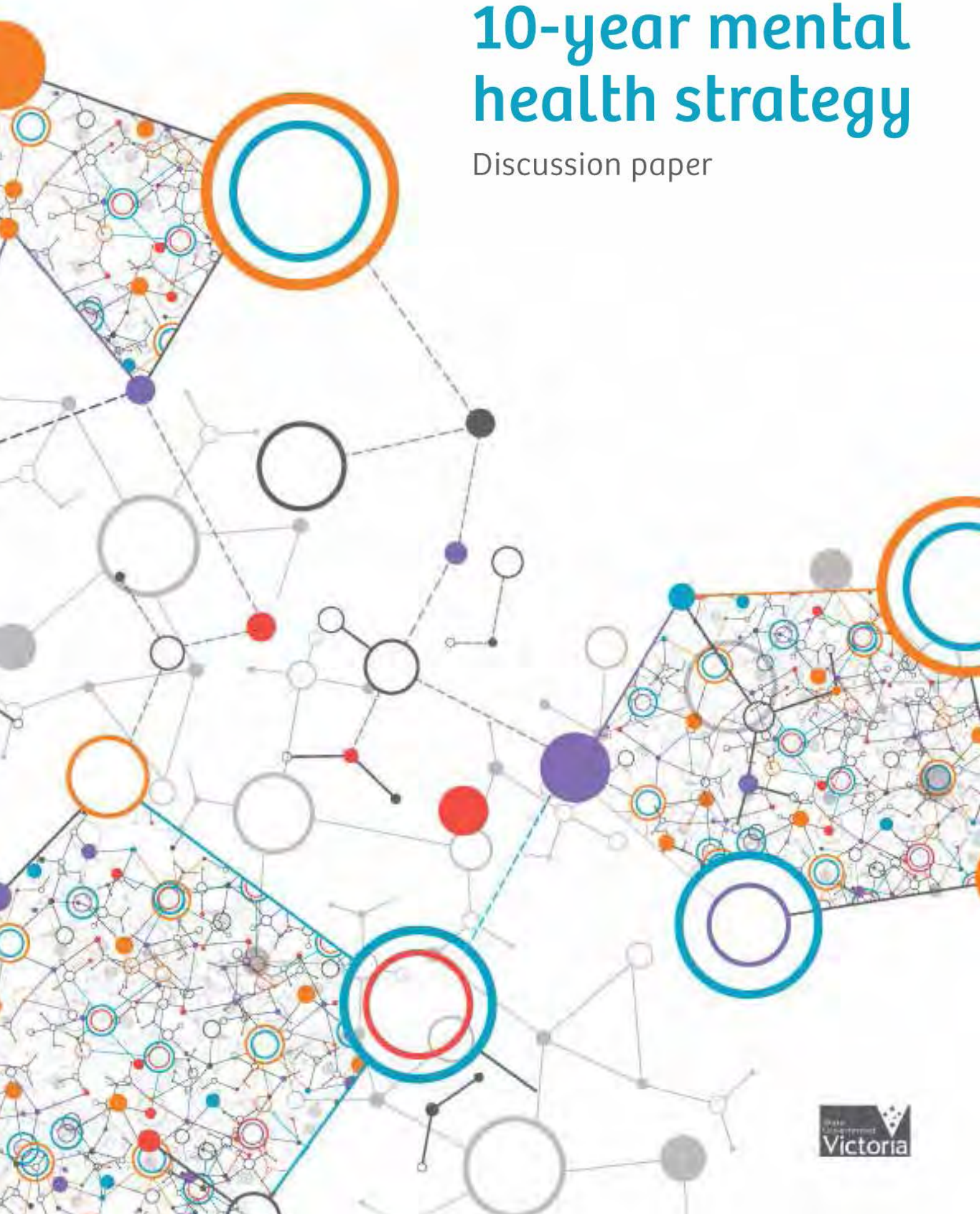
Victoria's next 10-year mental health strategy

Discussion paper



State Government Victoria

About the cover artwork

This graphic represents the connections between people, communities and services that enable good mental health. These smaller connections join together to build better understanding and outcomes for all Victorians.

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Except where otherwise indicated, the images in this publication show models and illustrative settings only, and do not necessarily depict actual services, facilities or recipients of services. This publication may contain images of deceased Aboriginal and Torres Strait Islander peoples.

Where the term 'Aboriginal' is used it refers to both Aboriginal and Torres Strait Islander people. Indigenous is retained when it is part of the title of a report, program or quotation.

Available at **www.mentalhealthplan.vic.gov.au**

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Foreword

The Andrews Labor Government was elected on the promise to deliver a 10-year strategy that sets out our shared goals for the future of the Victorian mental health and wellbeing system. We are asking for your input to help us deliver this commitment.

We know that mental health and wellbeing is a critically important part of a wider approach to community health and wellbeing. The Victorian Government is focused on the delivery of the right care at the right time and in the right circumstances, combating stigma, providing accessible services and delivering rights-based, consumer-focused healthcare.

Our specialist mental health workforce is skilled, passionate and committed to helping Victorians with mental illness, and supporting their families and carers. There are many good things about our specialist mental health services, and there are also a number of opportunities for improvement. We are getting on with this important work in the coming months.

The 2015–16 State Budget gives us a foundation for action, and allows us to develop a plan for mental health for the next 10 years. Our specialist service system must be able to deliver recovery-oriented, evidence-based treatment and care that supports individuals and their families to achieve optimal health and wellbeing. Integrating mental health's central role into the wellbeing of peoples' lives will be our goal.

There is much to consider as we set out our strategy and our priorities.

Your opinions and expertise count. They will shape and inform the Victorian Government's decisions about what needs to be done. I urge you to remain involved and continue to engage with us as we improve the mental health and wellbeing of the Victorian community.

Martin Foley MP
Minister for Mental Health

Introduction

The Victorian Government's 10-year strategy for mental health will provide a strategic long-term vision, articulating the outcomes we want for Victorians, guiding the continuous improvement and transformation of the way we support social and emotional wellbeing, enable recovery, and work with partners to achieve this.

A new strategy will build on the policy framework and directions outlined in 'Because mental health matters', adjusted for the contemporary context and changing circumstances.

The new strategy will provide a long-term vision for mental health. It will complement and build on other important and more immediate strategic work, including the review of mental health community support services, transitioning to the National Disability Insurance Scheme and the development of the next Public Health and Wellbeing Plan.

This discussion paper:

- **outlines a vision to guide mental health policy and strategic investment**
- **proposes key outcomes that we can work toward to realise this vision**
- **identifies some strategic investment and activities required to achieve these outcomes.**

A series of technical papers that accompany this discussion paper examine key issues and the experience of particular vulnerable groups in more detail.

This discussion paper is intended to start the conversation – the final strategy will reflect your input and ideas, and provide for a staged implementation of key actions.

We invite you to reflect on some general questions as you consider this discussion paper:

- What matters to you, and why?
- What should our strategic vision be?
- What would it look like to achieve this vision? What would be different?
- What should we do differently to foster better mental health in Victoria?
- What will work to deliver better outcomes for individuals, families and the Victorian community?
- What is the Victorian Government's role in the national context of shared responsibility?

How to be involved

You can contribute to the next 10-year strategy for mental health in Victoria by:

- posting a quick thought or comment via the consultation website www.mentalhealthplan.vic.gov.au
- attending a workshop or event. See the website for details of public forums
- submitting a written response via the website
- contributing your own ideas via email mentalhealthplan@dhhs.vic.gov.au.

The closing date for submissions is 16 September 2015.

All submissions and contributions will be carefully considered by the Department of Health & Human Services, which will develop a draft strategy for the Minister's consideration later in the year.

For further details about any aspect of the consultation please contact mentalhealthplan@dhhs.vic.gov.au or visit the website: www.mentalhealthplan.vic.gov.au.

Vision

All Victorians have the opportunity and right to experience their best mental health.

This holistic vision is about enabling opportunities and conditions for every member of the community to experience their best mental health. It applies to people with mental illness or a mental disorder as well as those without. It brings together different understandings of health and wellbeing, and seeks to build on the strengths of individuals, families and our communities to support engagement, enjoyment and contribution.

To achieve this vision, all levels of government, non-government organisations, the private sector, businesses and the wider community have a role to play.

The vision articulates a **shared commitment to build healthy and resilient communities**. It promotes social inclusion and economic participation as the fundamental building block of positive social and emotional wellbeing.

This means addressing the barriers and disadvantage that disproportionately impact on people with mental illness, and actively combating stigma and discrimination associated with mental illness. It recognises the need to provide effective treatment and support to people experiencing poor mental health to assist them on their self-defined recovery journey. It also captures the need to support carers and families in their caring role, because recovery is not a journey that one walks alone.

'Mental health is a state of wellbeing in which an individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (World Health Organization 2014).'

'Aboriginal concept of health is holistic, encompassing mental health and physical, cultural and spiritual health. Land is central to well-being. This holistic concept does not merely refer to the 'whole body' but in fact is steeped in the harmonised interrelations which constitute cultural well-being. These inter-relating factors can be categorised largely as spiritual, environmental, ideological, political, social, economic, mental and physical. Crucially, it must be understood that when the harmony of these interrelations is disrupted, Aboriginal ill health will persist (Swan and Raphael, 1995).'

'[Recovery is] a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even within the limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness (Anthony 1993).'

Questions

Is this the right vision for the next 10-year mental health strategy? Why or why not?

Scope

This mental health strategy is for all Victorians.

It seeks to promote the conditions for good mental health in the Victorian community, and to support people, families and carers affected by poor social and emotional wellbeing and mental illness.

The strategy will focus on the specialist mental health treatment system **and** prevention, early intervention, social support and primary care. It will integrate mental health and wellbeing with wider community care models of service.

A commitment to creating and maintaining the conditions for all Victorians to experience their best mental health requires broad and universal outcomes and action.

We know that certain population groups are at higher risk of poor mental health and mental illness because of greater exposure and vulnerability to unfavourable social, economic and environmental circumstances. Entrenched disadvantage starts before birth and accumulates throughout life.

Alongside universal action, we need to target more intensive actions for people who experience social and economic disadvantage.

This discussion paper pays particular attention to the social and emotional wellbeing of Aboriginal[1] Victorians. Mental health problems and suicide significantly contribute to the overall health gap experienced by Aboriginal people.

The technical papers that accompany this discussion paper provide a greater level of detail and analysis about how the experience of particular groups and circumstances give rise to a greater need for more targeted intervention.

Questions

Is this the right scope for the mental health strategy? Why?

1 The term 'Aboriginal' is used in this paper to refer to both Aboriginal and Torres Strait Islander peoples.

Why we need a mental health strategy

Good mental health and social and emotional wellbeing is fundamental to a thriving Victorian community.

We all experience varying levels of need related to our mental health at different times during our lives. Sometimes, people's mental health will be challenged by short-term reactions to difficult situations such as school pressures, work-related stress, relationship conflict, or grieving the loss of a loved one. These challenges are usually eased with time and informal support. At other times, people will need more specialised assistance.

Mental health problems and mental illness can affect anyone, at any age. One in five Victorians will experience a mental health condition each year, and 45 per cent of us will experience a mental health condition within our lifetime.

Many people living with mental health problems and mental illness will need specialised services, treatments, and other assistance to live a satisfying life of their choosing and participate in the social, cultural and economic activities of their community.

The building blocks for good mental health in Victoria include universal education and healthcare, liveable cities, a growing economy, safe communities, and healthy families. Governments, business and the community all work towards conditions that deliver optimal mental health without ever naming this an investment in mental health.

In addition to these efforts, governments, public providers, private providers and community organisations also support optimal mental health and minimise disruption caused by poor mental health and mental illness.

A wide range of providers across the public, private and non-government sectors deliver mental health services, treatment, programs and other support in Victoria. We must ensure that these are integrated into a service system so Victorians get the right service at the right time.

The current system and policy framework forms a solid foundation for the next 10 years, however we must acknowledge we are in a period of significant change and reform.

The backdrop for a renewed vision for mental health policy and services in Victoria includes:

- the transition to the National Disability Insurance Scheme
- the recent Victorian recommissioning of the Psychiatric Disability Rehabilitation Support Service sector (now Mental Health Community Support Services) and the alcohol and other drugs community sector
- the Council of Australian Governments commitment to a new National Mental Health Plan.

The government's response to this changing dynamic will place consumers, carers and families at the centre of mental health planning and service delivery.

The 10-year strategy will build on the reforms of the past, and guide investment towards creating the conditions for Victorians to experience their best mental health, whatever their level of need and in a life that has meaning and value for them.

Questions

Why would a new strategy for mental health be important to you?

Guiding principles

The strategy will be guided by a set of principles that define the objectives and practices to promote our vision.

The principles also support a systematic and consistent approach to setting and implementing strategic directions, as well as guiding the design, development and delivery of services.

Questions

Do these principles reflect what is most important to you?

What other principles would you want to inform the mental health strategy? Why?

Consumer centred

The interests, preferences and active participation of consumers inform all aspects of service development and delivery.

Family and carer inclusion

Carers and family members are involved in service development and delivery.

Co-production

Consumers and carers (including young consumers and carers) are fully involved in the co-planning, co-designing, co-delivery and co-reviewing of policies, service design and delivery.

Recovery orientation

Recovery-oriented practice is best practice. People are supported to build and maintain a (self-defined and self-determined) meaningful and satisfying life and personal identity, regardless of whether or not there are ongoing symptoms of mental illness.

Equity and responsiveness to diversity

The diversity of the Victorian community requires a range of approaches and supports that take account of rurality, ethnicity, Aboriginality, gender and sexuality.

Population-based planning

Services will be planned and funded according to the needs of, and impacts on, the whole community (and defined subgroups), and across the spectrum of severity. This approach will invest effort where it will have the greatest benefit, while maintaining a clear focus on people who have the most intense and urgent needs.

Social model of health

Social, psychosocial, biological and medical factors all play a part in mental health and wellbeing. This requires a greater focus on risk and protective factors such as housing, employment, socioeconomic status, education, family and peer relationships, together with the impact of trauma, stigma and discrimination.

Evidence-based practice

Services and policy should be based on identified needs and the best available evidence about effectiveness.

1 in 5
Victorians will experience mental illness each year

45%
of Victorians will experience mental illness in their lifetime

1.1%
of the population will use a public mental health service each year

The direct and indirect costs of mental ill-health is estimated at
$40 billion per year
nationwide

(National Mental Health Commission 2014)

An outcomes approach

An outcomes approach focuses on the benefits we want to see for people with a mental illness, their families and carers and the broader community as a result of public sector expenditure and activities. Using this approach, governments undertake activities and outputs to achieve real, positive differences for Victorians.

Major outcomes for people with mental illness, families, carers and the Victorian community rarely come about as a result of a single action. They require a gradual reorientation of the current service system, and new and different ways of working.

This approach relies on an integrated whole-of-government, whole-of-system, effort that coordinates different policy and program areas, which all contribute to the same outcome.

Using an outcomes focus, the government can and will be held accountable for delivering benefits and for evaluating the causal relationship between policies, actions and results. Each year a mental health annual report will be tabled in the Victorian Parliament to monitor the performance of the Victorian public mental health sector and progress against the strategy.

This discussion paper proposes eight outcomes to form the basis of the 10-year mental health strategy for Victoria.

1. People with mental illness, families and carers are involved in and have genuine choices about decisions that affect them.
2. Children and their families have access to the support they need to experience their best mental health, in childhood and throughout life.
3. The health gap experienced by Aboriginal people that is attributable to poor social and emotional wellbeing, mental ill health and suicide is reduced.
4. Suicide is prevented, and the suicide rate is reduced.
5. Disadvantage is reduced and social and economic participation is increased across the Victorian community, with a particular focus on people with and at risk of mental illness and their families and carers.
6. People with mental illness and their families and carers can easily access effective, coordinated treatment and support when and where needed.
7. People who have experienced trauma are identified and can access trauma-informed treatment and support.
8. A capable and supported multidisciplinary workforce enables individuals, families and carers to experience their best mental health.

We must be bold.

We must set clear goals and outcomes and hold ourselves accountable for achieving these outcomes.

Questions

Do you agree with taking an outcomes approach in the strategy?

Enabling genuine choice

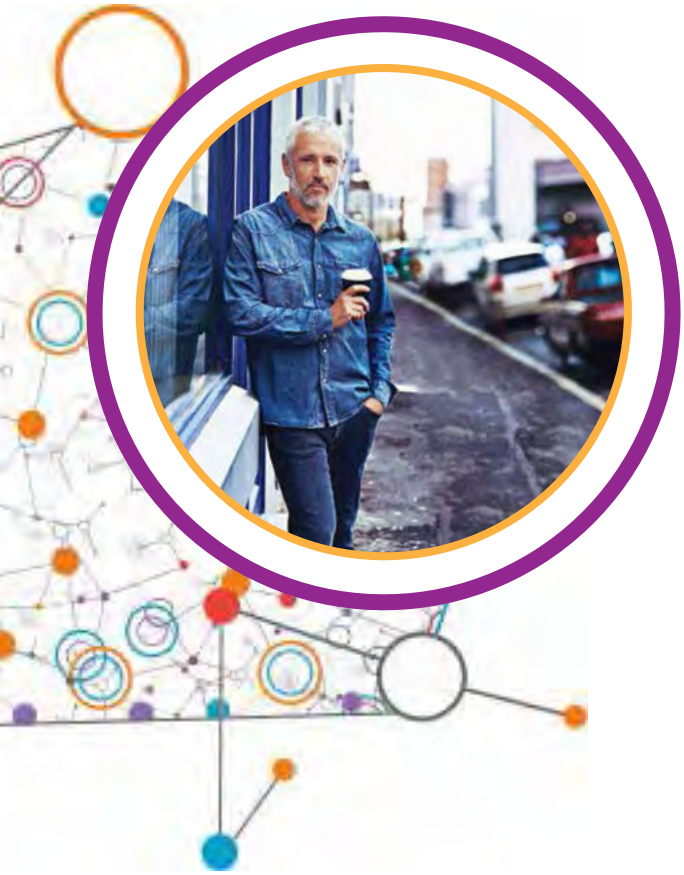
Outcome: People with mental illness, families and carers are involved in and have genuine choices about decisions that affect them.

To promote a greater focus on recovery, person-centred mental health services and human rights, we need to enable genuine choice and supported decision making.

Genuine choice allows people to make decisions about their lives, and gives them meaningful options, information and support consistent with their needs and values.

Under current policy, publicly funded clinical mental health services are provided on a catchment basis. There is an expectation that people should use the clinical mental health service in the catchment where they live, which is not the case for most other health services in Victoria.

Choice is also limited by the range of available services, and the complexity and lack of coordination between different agencies and service providers.



Even when choices are limited, we need to enable and empower people to make decisions within these constraints. This is particularly the case for people who are compulsory patients under the *Mental Health Act 2014*. Legal mechanisms in the Act that enable supported decision making include a presumption of capacity, advance statements, nominated persons and the right to seek a second psychiatric opinion. Further, the establishment of the Independent Mental Health Advocacy scheme will also support and empower patients to self-advocate and make choices about their assessment, treatment and recovery. However, these tools need to be more widely utilised and embedded in our public mental health services in order to truly facilitate patient choice.

Public mental health services offer a limited range of therapeutic interventions. Medication remains the primary, and often only, treatment offered to most people – despite increasing evidence for a wide range of other effective options.

Questions

What do you think about including this outcome as a priority in the next 10-year strategy for mental health in Victoria?

What measures or indicators would demonstrate this outcome is being delivered?

What is your view about the proposed actions?

What else could be done to achieve this outcome?

What can we do to achieve this outcome?

- Support people to access the public mental health service of their choice by abolishing catchment-restricted access to services.
- Undertake wide-scale implementation of supported decision-making mechanisms: nominated persons, advance statements, second psychiatric opinions and the patient advocacy scheme.
- Maintain, monitor and act on information about consumers' and carers' experiences of accessing and receiving services, with an initial focus on the extent to which consumers, their families and carers are actively engaged in decisions that affect them.
- Develop the capacity of the public mental health system to provide a wider range of multi-disciplinary therapeutic interventions across a range of settings, with an initial focus on increasing the availability of psychological therapies.

Supporting children and families

Outcome: **Children and their families have access to the support they need to experience their best mental health, in childhood and throughout life.**

The foundations for lifelong optimal mental health begin in childhood.

It is absolutely critical that we work to create a Victoria in which children are safe and nurtured. Families need support to provide a positive childhood so our children have every chance to grow strong and resilient.

Our schools, our child protection system, our response to family violence and our early childhood development activities are all crucial and universal for the protection and promotion of children's mental health.

Many things can contribute to the onset of mental illness in children. These include:

- developmental and environmental factors
- prenatal exposure to drugs and alcohol
- genetics
- temperament
- social skills
- self-esteem
- socioeconomic status
- discrimination
- experience of abuse in childhood and family violence
- experience at school, such as bullying and failure to achieve academically.

Protecting children from exposure to these risk factors is of paramount importance. If we cannot prevent these risks, early intervention is the best approach to address problems before they become entrenched.

We know that most mental health problems and illnesses – estimates suggest at least 50 per cent – have their onset during childhood or adolescence. Around one in seven children between the ages of four and 14 years has experienced a mental health problem. But only one in four of this cohort is seen by a mental health professional.

Intervention and support for mental health early in life is the most effective and most efficient way of reducing mental health crises later in life and preventing other social disadvantage.

Research suggests that the most effective ways to improve mental health for children and families involve a combination of complementary models such as intensive outreach services, crisis intervention teams and age-appropriate day patient and inpatient services.

What can we do to achieve this outcome?

- Increase the capacity of services to provide treatment and support to children and their families by gradually readjusting the balance of investment in specialist mental health services.
- Increase early identification of childhood disorders and provide early intervention for children and their families, with an initial priority of identifying and working with young children with disruptive behaviour disorders.
- Increase the reach and availability of family-focused interventions to support better mental health and more resilient children, families and communities, with an initial priority of working with vulnerable children, especially those who are Aboriginal, refugees, in out-of-home care or exposed to family violence.

Questions

What do you think about including this outcome as a priority in the next 10-year strategy for mental health in Victoria?

What measures or indicators would demonstrate that this outcome is being delivered?

What is your view about the proposed actions?

What else could be done to achieve this outcome?

Improving the social and emotional wellbeing and mental health of Aboriginal people and their communities

Outcome: The health gap experienced by Aboriginal people that is attributable to poor social and emotional wellbeing, mental ill health and suicide is reduced.

Many Aboriginal people in Victoria enjoy good or excellent social and emotional wellbeing, but as a group they are significantly more likely to experience poorer mental health outcomes than other Victorians.

Mental health problems and suicide make a significant contribution to the overall health gap experienced by many Aboriginal people, accounting for 10 per cent and 4 per cent of the health gap between Aboriginal and non-Aboriginal Australians respectively.

It is important to understand the historical[2], political and social context of Aboriginal contemporary life, and how this context, including the legacy of colonisation, impacts on the mental health and social and emotional wellbeing of Aboriginal people today.

Aboriginal views of mental health and social and emotional wellbeing are different to those of non-Aboriginal people. These views must inform mental health service delivery for Aboriginal people and their families. Although the term 'social and emotional wellbeing' is often used to describe issues of mental health and mental illness, it has a broader scope within Aboriginal culture, which takes a holistic view of health that recognises the importance of connection to land, culture, spirituality, ancestry, family and community.

It is useful to distinguish between the concepts of 'social and emotional wellbeing' and 'mental illness'. The former focuses on building resilience and protective factors and reducing risk factors (such as racism and poverty). The latter requires early detection, treatment and recovery interventions.

Survivors of the Stolen Generations experience well-documented mental health impacts as a result of being removed from their families as children. Trans-generational trauma continues to affect Aboriginal people, with 47.1 per cent having a relative who was forcibly removed from their family due to Stolen Generations policies in Victoria. This is compounded by increased rates of incarceration and child protection intervention, which replicate institutionalised family separation.

These determinants contribute to, for example, the higher levels of adverse childhood experiences and stressful life events experienced by Aboriginal people compared with non-Aboriginal people. Some Aboriginal people also face social exclusion, institutionalised racism and discrimination, as well as high rates of unemployment, lower income, poorer housing, imprisonment and traumatic experiences.

2 The term 'historical determinants' refers to the contemporary impacts of colonisation on Aboriginal individuals, families, communities and cultures, and includes dispossession, cultural dislocation and separation from family and community through removal and lack of political power.

These factors directly impact physical and mental health and wellbeing, and increase the risk and prevalence of psychological distress, trauma and mental ill health among Aboriginal people.

Responding to the mental health and social and emotional wellbeing of Aboriginal people and their communities will require a range of responses that encompass promotion, prevention, early detection, treatment and recovery. This includes addressing key social and economic factors that contribute to or exacerbate mental illness, such as homelessness, unemployment, engagement with the corrections system and substance misuse.

Aboriginal health organisations also need to be supported to position themselves for the opportunities that will arise from the National Disability Insurance Scheme.

What can we do to achieve this outcome?

- Working closely with Aboriginal organisations and communities and building on existing knowledge and best practice, develop and implement a whole-of-government Aboriginal social and emotional wellbeing action plan.
- Support Aboriginal health organisations to actively participate in the delivery of the National Disability Insurance Scheme.

Questions

What do you think about the proposed strategic actions? What key policy directions, strategic investments and actions should be considered as part of the Aboriginal social and emotional wellbeing action plan?

Is there any action we should take immediately?

Preventing and reducing suicide

Outcome: Suicide is prevented, and the suicide rate is reduced.

Many of the same risk and protective factors that have an impact on mental health and mental illness can also influence the risk of suicide.

As there are risk factors for suicide, there are also protective factors that can serve as buffers against suicide. These include social inclusion, cultural identity, education, employment, financial security, quality healthcare (including mental health) as well as learnt skills such as problem solving.

Suicide, suicide attempt and self-harm are not only devastating for the individual, they have devastating and lasting impacts on friends, family and the community.

In Australia, approximately 2,000 people die from suicide each year. Around 500 Victorians die by suicide each year. Ambulance Victoria attendance records show over 6,000 call outs for suicide attempts and over 2,000 attendances for self-harm.

Many of these people need hospital admission and many have a history of mental illness. Other risk factors for suicide include physical illness, substance use problems, financial and work-related pressures, social isolation (in rural areas in particular) and personal relationship breakdown. A previous suicide attempt is the biggest predictor of completed suicide.

Higher rates of suicide are also seen among some population groups, due to experiences of abuse, exposure to trauma, discrimination or disadvantage, including Aboriginal people, lesbian, gay, bisexual, transgender and intersex people, refugees and asylum seekers, emergency workers and war veterans.

Understanding risk factors and protective factors can assist in developing suicide prevention interventions – both universal (whole-of-population) and selective (targeted to high-risk groups or individuals).

What can we do to achieve this outcome?

- Develop a whole-of-government suicide prevention framework and action plan for Victoria.

Questions

What do you think about the proposed actions?

What else could be done to achieve this outcome?

What measures or indicators would demonstrate that this outcome is being delivered?

Reducing disadvantage and increasing social and economic participation

Outcome: **Disadvantage is reduced and social and economic participation is increased across the Victorian community, with a particular focus on people with and at risk of mental illness and their families and carers.**

We can open up greater possibilities and opportunities for optimal mental health by actively addressing inequity, disadvantage and discrimination.

Good mental health is associated with better physical health outcomes, improved educational attainment, increased economic participation, and rich social relationships. We know that social inclusion, freedom from discrimination and violence, and access to economic resources are the most significant determinants of mental health.

We also know that economic and social disadvantage and poorer physical health are closely related to poor mental health. People who experience social and economic disadvantage such as low educational attainment and participation, homelessness, unemployment and poverty have a higher risk of mental illness.

These risk factors can also worsen existing mental illness, and contribute to poor mental health by interfering with a person's ability to handle the everyday stresses of life.

People with mental illness have a higher incidence of homelessness, higher mortality and poorer physical health, lower workforce participation and higher unemployment, higher harmful substance use and more contact with the criminal justice and child protection systems compared with the general population. Mental illness can make it harder to build the social, personal and economic conditions that protect mental health, and the absence of these protective factors can contribute to a person experiencing mental illness, its severity and their ability to manage their mental illness.

However, our service systems are not very good at responding to people with complex issues associated with social disadvantage. These systems are characterised by duplication, gaps and inconsistencies due to poor planning, funding and governance changes, as well as changes to the coordination and operation of services between Commonwealth and state-funded and delivered services.

As a result, people with multiple and complex needs are seen in separate services, but often without coordinated intervention to address their multiple needs. In some cases, people move from service to service and ultimately fall through the gaps. Siloed funding streams (between and within Commonwealth and state responsibilities) exacerbate this problem.

By enhancing protective factors and diminishing risk factors, we can foster good mental health and prevent the onset of mental health problems and illnesses, and reduce their impact.

31%
of people who are homeless have a mental illness

15%
had a mental health issue prior to becoming homeless; and

16%
developed mental health issues after becoming homeless

We need a shared agenda for change and collective action across multiple service systems in order to achieve better mental health and wellbeing outcomes – especially when mental ill health is driven or exacerbated by social disadvantage such as homelessness, family violence and poverty.

What can we do to achieve this outcome?

- Support clinical and support services providers and consumers and carers as Victoria transitions to the National Disability Insurance Scheme.
- Take action to improve the life expectancy of people with mental illness (to achieve parity with people without mental illness), with an initial focus on reducing the prevalence of smoking among people with mental illness.
- Increase the proportion of people with mental illness in stable, affordable and safe places to live.
- Enhance the support for social and economic participation of people with mental illness.
- Reduce recidivism and contact with the criminal justice system by people with a mental illness through improvements to the range and availability of services for them, with an initial focus on forensic patients and Aboriginal people on custodial and community orders.
- Provide timely, effective coordinated services for people with co-occurring mental health and alcohol and other drug problems.

Questions

What do you think about including this outcome as a priority in the next 10-year strategy for mental health in Victoria?

What measures or indicators would demonstrate this outcome is being delivered?

What is your view about the proposed actions?

What else could be done to achieve this outcome?

Responding to need with effective, coordinated treatment and support

Outcome: People with mental illness and their families and carers can easily access effective, coordinated treatment and support when and where needed.

We will continue to build a first-rate specialist public mental health service system that can, together with the private mental health service system, provide timely access to high-quality treatment and other support services when and where people, families and carers need them.

Specialist mental health services support people of all ages experiencing the most severe and persistent mental illness. Many people who present to specialist public mental health services have complex issues, with co-occurring substance misuse and physical health problems.

People who use the specialist mental health service system may also experience disadvantage, such as homelessness, unemployment and social exclusion which contributes to and exacerbates their mental illness. The complex interplay between social disadvantage and mental illness makes it extremely difficult for people, and the services that support them, to address their mental ill health and move towards recovery.

Integrating mental health services with general healthcare is a way of closing the treatment gap and ensuring people get the care they need. This requires seamless access to services and supports throughout a person's lifespan and as their needs change due to ageing or other circumstances.

The life expectancy of people with severe mental illness is about 25 years less than the general population

48% of the detainees brought into police custody had previous contact with the public mental health system

The public mental health service system is experiencing increasing, sustained demand pressure that is affecting the capacity of the service system to provide timely access for people with high acuity mental illness. Investment in core service capacity has not kept pace with population growth.

Without extra capacity, entry thresholds will continue to be forced up, which means people must meet a higher level of clinical acuity before they can receive specialist treatment, which in turn continues to drive crisis, less-timely access and shorter periods of support than people need. If this dynamic is not addressed, it will also place greater pressure on primary mental health services led by general practitioners, which are ill equipped to manage people with high-acuity mental illness.

Victoria does not systematically apply a planning model that links service responses to prevalence of mental health problems across defined areas and age groups. Nor do we currently link benchmarked levels of service provision to expected benefits at a population level. This results in uneven service capacity and access across the state, particularly for certain outer-suburban and rural areas.

The National Disability Insurance Scheme, if fully delivered as committed under the 2013 intergovernmental heads of agreement, will result in a significant increase in the support available for Victorians living with disability, including those with psychosocial disability as a result of mental illness. We will monitor any unintended service gaps or duplication that may arise as we transition to the new scheme and beyond.

Questions

What do you think about the proposed actions?

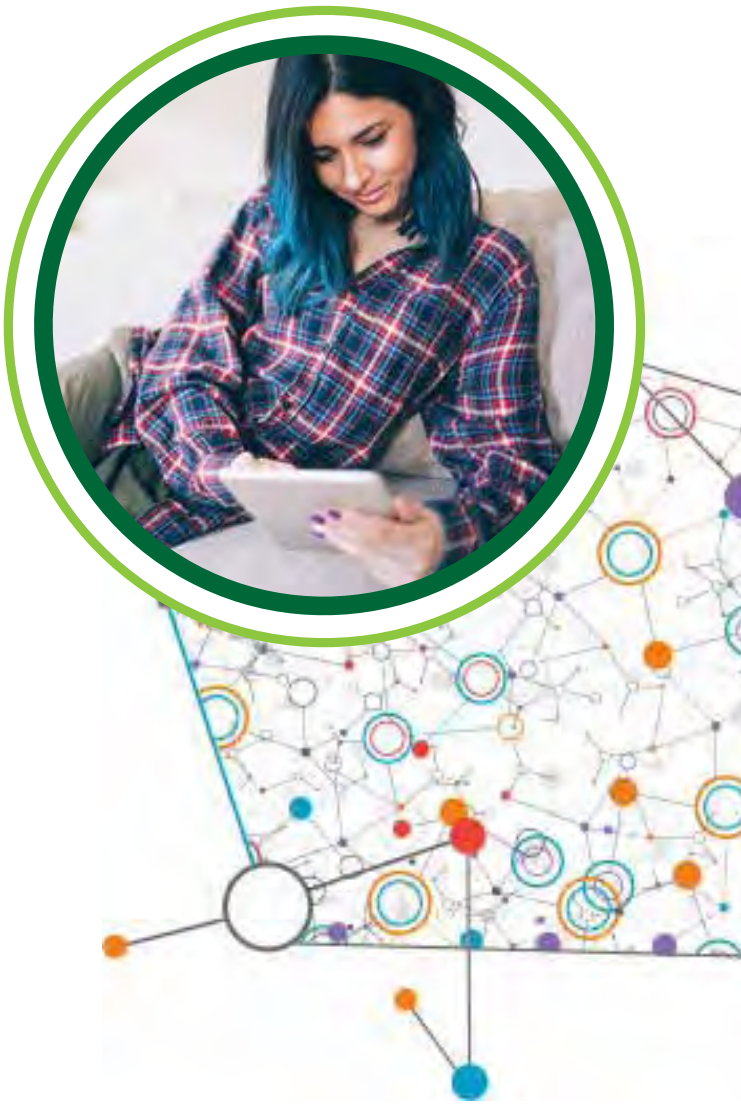
What else could be done to achieve this outcome?

What measures or indicators would demonstrate that this outcome is being delivered?

What can we do to achieve this outcome?

- Develop a new access platform to make is easier for all Victorians seeking assistance for a mental health concern to find information and access and navigate the myriad range of Commonwealth and state-funded mental health supports available.
- Continue to grow the core capacity of specialist mental health services to ensure people with a severe mental illness can access timely contemporary treatment and care early in their illness to prevent relapse, avert crisis and reduce the prevalence of psychiatric disability. This will involve planned investment in inpatient and community-based services, targeted to areas experiencing critical service gaps and demand pressures, and a clear strategy for mental health residential aged care services.
- Strengthen specialist mental health service capacity to manage high-risk clients in the community, particularly forensic clients with severe behavioural issues, commencing with the statewide expansion of the Forensic Clinical Specialist Initiative and improved support to high-risk individuals leaving prison.
- Build dedicated capacity in the service system to respond to people with a mental illness and co-occurring intellectual disability, commencing with new multi-disciplinary assessment and treatment capacity to support people with a dual disability, as well as two new bed-based transitional support units for people with high needs associated with their dual disability.
- Provide better support for people with moderate to severe mental illness (including those who have experienced trauma) who, due to the relative complexity of their mental illness and social support needs, fall through the gap between public and primary mental health services led by general practitioners.
- Ensure people with a mental illness receive the right care at the right time, as well as improved continuity of care, by better integrating and coordinating service delivery across the public and private mental health service systems (acute, community mental health services and primary mental health services), with an initial focus on supporting primary mental health practitioners to effectively treat people with more severe mental health needs.
- Evaluate the system impact of all new investments to ensure services are achieving the intended client and system outcomes as well as the impact of the National Disability Insurance Scheme on the specialist clinical mental health service system.

Recognising and responding to the experience of trauma



Outcome: People who have experienced trauma are identified and provided access to appropriate trauma-informed treatment and support.

Many of us have experienced one form of trauma or another in our lifetime. How this affects us will depend on the type or severity of the trauma, the frequency of the trauma, the age we are when it occurs, and the supports that we have around us at the time of the trauma and for the years after the event.

Past exposure to trauma is highly prevalent across a range of diagnostic profiles – not just in post-traumatic stress disorder.

Trauma and stress are also known to trigger, exacerbate and in some cases cause other mental illnesses, including severe depression or anxiety, anxiety disorders such as obsessive-compulsive disorder, social anxiety or hoarding, as well as psychosis and borderline personality disorder.

Some groups of people are at greater risk of experiencing trauma due to sustained discrimination, violence and abuse, among them refuges and asylum seekers, Aboriginal people and lesbian, gay, bisexual, transsexual and intersex people. The federal Royal Commission into Institutional Responses to Child Sexual Abuse and the current Victorian Royal Commission into Family Violence highlight that many ordinary Victorians are survivors of trauma. War veterans, defence personnel, police officers, emergency services personnel, prison officers and paramedics have higher exposure to trauma by virtue of their occupational circumstances.

Trauma-informed care is based on the premise that many behaviours or responses (often classified as symptoms) expressed by people with mental illness are directly related to an experience, or experiences, of trauma. For the best recovery outcomes, the causes of a person's symptoms or responses must be understood.

Understanding a person's individual experiences of trauma not only validates their experience, it provides significant information to guide treatment. It can also guide the approach service providers and caregivers take to avoid further traumatisation or re-traumatisation.

What can we do to achieve this outcome?

- Support mental health services, including primary mental health services and community mental health services, to identify trauma and provide trauma-informed interventions with an initial focus on responding to the needs to children and families who have experienced family violence.
- Enhance the capacity of the public mental health system to identify and respond to trauma experienced by people with mental illness, with an initial focus on adopting trauma-informed practice.

Questions

What do you think about including this outcome as a priority in the next 10-year strategy for mental health in Victoria?

What measures or indicators would demonstrate that this outcome is being delivered?

What is your view about the proposed actions?

What else could be done to achieve this outcome?

Developing a capable and supported workforce

Outcome: **A capable and supported multi-disciplinary workforce enables individuals, families and carers to experience their best mental health.**

A capable and supported workforce is a prerequisite for effective, recovery-oriented services for people recovering from mental illness.

We need a public specialist mental health workforce (clinical and non-clinical) where all people are valued and professionally supported throughout their careers.

Recovery-oriented practice necessarily requires recognition of both professional expertise and lived experience.

Our mental health workforce works in environments characterised by high stress, unpredictability and high rates of occupational violence associated with people whose illness can lead to unintentional violent behaviours, family members who become agitated due to a loved one's condition and violence arising from drug and alcohol use. Exposure to violence impacts on the health and wellbeing of our workforce.

What can we do to achieve this outcome?

- Develop and implement a comprehensive strategy for recruitment, retention and development of the mental health workforce.
- Develop and support the lived-experience workforce, with an initial focus on growing the paid lived-experience workforce, and supporting the professional development of this workforce through clear and consistent role descriptions, supervision and career progression.
- Support and develop the capacity of workers in the broader health, justice, education, housing and homelessness service sectors to more confidently identify, support and refer people with mental health problems.

Questions

What do you think about including this outcome as a priority in the next 10-year strategy for mental health in Victoria?

What measures or indicators would demonstrate that this outcome is being delivered?

What is your view about the proposed actions?

What else could be done to achieve this outcome?

References

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Appendix 1: Terminology

There is continuing debate about the most desirable or acceptable terminology to describe people who have poor mental health, mental illness or a mental disorder and who receive mental health services.

The government acknowledges there are diverse views on terminology. However, for the purposes of this paper we have chosen descriptors that are clear and easily understood. Wherever possible, the terms 'person', 'individual', 'person with lived experience' and 'consumer' are used. This paper uses the terms 'patient' and 'compulsory patient' when describing a person subject to compulsory treatment.

Where the paper refers to a person 17 years of age or below, we use the term 'young person' or 'child'.

A similar array of terms refer to people whose life is affected due to a family member or close relationship with a person with mental illness, or those who are undertaking a caring role. In this document, we use the term 'family and carers'. 'Carer' means a person, including a person under the age of 18 years, who provides care to another person with whom he or she is in a care relationship.

The term 'mental health' is defined as a state of wellbeing in which an individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (World Health Organization 2014). It is about living the best lives we can live, meaningfully connected to the people around us.

The term 'mental illness' describes a diagnosable illness that significantly interferes with a person's cognitive, emotional or social abilities.

The term 'poor mental health' describes an experience of compromised or less than optimal mental health. It is **not** interchangeable with 'mental illness'. Sometimes people will experience both poor mental health and mental illness. At other times people can experience mental illness but are also realising their potential, coping with and enjoying the ordinary stresses of life, and actively participating in the work, relationships and community.

'Recovery' is the process through which people with lived experience find ways of living meaningful lives with or without ongoing symptoms of their conditions. Recovery describes the life-long process in which people self-define and self-determine what it means to live a satisfying, hopeful and contributing life.

Appendix 2: List of technical papers

Mental health and Aboriginal people and communities

Mental health and ageing and older people

Mental health and contact with the criminal justice system

Mental health and harmful alcohol and other drug use (dual diagnosis)

Mental health and housing instability and homelessness

Mental health and infants and children

Mental health and people who identify as lesbian, gay, bisexual, transgender and intersex

Mental health and physical health

Mental health and refugees and asylum seekers

Mental health and young people

Mental health, disability and dual disability

Suicide and suicide prevention

Trauma and trauma-informed care