



**MentalHealth
Victoria**

Collaboration • Knowledge • Leadership

The First 100 Days **Mental Health Sector** **Brief to an Incoming** **Victorian Government**

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Executive Summary

This document serves as a guide to an incoming Victorian State Government for its first 100 days in office to strengthen the strategic approach to mental health reform, strategy, and investment throughout the next term of government.

It is authored by Mental Health Victoria (MHV), Victoria's peak body for mental health and wellbeing. It is informed by extensive and detailed consultation across Victoria's mental health and wellbeing sector throughout September–November 2022.

MHV's advice is clustered into six thematic areas:

- Strategy
- Spending
- Support where it is most needed
- Sustainability
- Sequencing
- Skills

Context and Sector Feedback

In 2021, the Royal Commission into Victoria's Mental Health System (RCVMHS) handed down its 14,000-page, 5-volume Final Report with 65 recommendations for reform. Together with its 9 interim recommendations, the RCVMHS provided a vision for reform that could reorient Victoria as a global leader in mental health and wellbeing.

In successive budgets, the Victorian Government has committed in excess of \$5 billion to begin structural reform of Victoria's mental health system.

The first two years of the reform agenda have, however, coincided with the COVID-19 pandemic (and associated public health orders), a sustained increase in service demand, workforce shortages and labour market disruptions, ongoing and overlapping environmental crises, and growing economic uncertainty as the 'cost of living crisis' threatens living standards.

This backdrop has placed unavoidable limitations on the transformative potential of the Victorian Government's reform agenda in its first two years. Throughout late 2022, several key themes have emerged from deep consultation across Victoria's mental health and adjacent sectors.

Key concerns from the sector:

- Divergent stakeholders have concerns with the strategy underpinning the reform process to date
- System disruption, and widespread structural uncertainty about funding continuity for many organisations, with smaller services particularly vulnerable
- Structural workforce limitations that have worsened throughout 2022
- Unsustainable pressure on mainstream services. While demand for many services has increased and then broadly plateaued since late 2021, workforce shortages have entrenched a state of 'permanent crisis'
- Concerns about structural gaps in child and youth mental health services, and ongoing uncertainty about the status of community managed mental health
- Unsustainable demand on emergency services

This brief outlines concrete, evidence-based, and sector-supported steps that an incoming Victorian Government can - and must - take in its first 100 days in office to safeguard the integrity and fidelity of Victoria's mental health reform agenda.



About Mental Health Victoria

MHV is the peak body for mental health in Victoria. Our members include consumer and carer groups, community health and mental health services, hospitals, medical associations and colleges, police and emergency services associations, professional associations, unions, local governments, and other bodies across the health and related sectors. Our aim is to ensure that people living with mental illness can access the care they need, when and where they need it. Our view is that all Australians should have access to a core suite of services that they can choose from – be they delivered in the home, the community, or in the hospital.

Our Evidence Base

In preparing this brief, MHV has consulted with its membership, its Lived and Living Experience Advisory Group and a broad range of professional and peak bodies through the Victorian Mental Health Peaks Network (VMHPN) – a network of over 40 peak and professional organisations from across the mental health and intersecting sectors, and the Service Reform Advisory Network (SRAN) – a network of over 50 service providers to provide input into the RCMHS recommendations relating to service design and provision.

This brief is informed by detailed and widespread consultation across the Victorian mental health and wider community and adjacent sectors throughout late 2022, over 50 targeted consultations and interviews throughout September - November 2022, and multiple detailed survey responses.

These consultations and outreach processes will also inform and underpin Mental Health Victoria's extensive budget proposals for the 2023/24 Victorian State Budget. These budget proposals will be delivered to the incoming government, and published, after November 26th 2022.

Strategy

The incoming Victorian Government must urgently assess, evaluate, and (where necessary) adapt its strategic approach to transformation and reform of the mental health service sector.

Reform is ongoing and must be seen as a process of continuous improvement, not a one-off change. Existing strengths within the process must be identified and developed, while allowing for ongoing innovation and adaptation. Problems need to be addressed through an iterative and reflective process and allow enough time for genuine improvement.

A good strategy will include the following elements:

- **Reform implementation evaluation framework:** True reform is not a box-ticking exercise. How things are implemented is as important as what is being implemented, and to measure that requires a framework to evaluate the effectiveness of reform efforts. Evaluation will allow reform to take an outcome-focussed approach so that the intent and spirit, as well as the specific actions, of each recommendation is realised.
- **Consultation and collaboration plan:** Effective reform requires the diverse range of sector participants to have a voice and contribute as active agents of change. Meaningful consultation and collaboration must therefore be deeply embedded across all reform activities. Considering the complexity of the mental health and wellbeing system, and the scale of the RCVMHS's reforms, this requires a plan to ensure consultation and collaboration occurs authentically, inclusively and comprehensively.
- **Cross-communication mechanisms:** The effective roll-out of large-scale social reforms involves the implementation of a complex array of interconnected smaller reforms. It is essential that cross-communication mechanisms are established and maintained throughout the course of the reform process to avoid different arms of the reform machine pursuing divergent directions or duplications, and generating perverse and unforeseen outcomes that may take more years and more money to resolve.

Spending

The incoming Victorian Government must provide flexible and adaptable models of funding to ensure responsiveness to local and emerging mental health needs.

This approach must address and/or provide for:

- A growing mismatch between capital and service expenditure, that threatens to erode ongoing service quality while longer term reforms and capital investments come online.
- Transitioning the sector from 'funding' services to 'commissioning' services requires a clear framework and capacity building to avoid loss of much needed workforces, services and expertise, particularly when these are located in smaller and specialist providers.
- Improved clarity on the timelines for commissioning the remaining Local Mental Health & Wellbeing Services.
- A budget for innovation. Recent budgets have re-entrenched existing models of care, with no space for forward looking, innovative research and exploration of new initiatives and models of care.
- A coherent, whole-of-government strategy for community managed mental health. This must include:
 - Coherent action to reframe and reset NGO/Area Mental Health & Wellbeing partnerships
 - Leadership of a coherent, joint strategy with Commonwealth to re-establish a program of psychosocial supports outside the NDIS
- An urgent Review of Commissioning Processes. Recommendation 51 of the RCMHS (earmarked for end-of-decade) must be expedited. In collaboration with Regional Mental Health & Wellbeing Boards, the incoming Victorian Government must work with the Commonwealth Government and PHNs to establish a co-commissioning approach (including through pilot schemes) to Commonwealth- and State-funded services. This approach should include:
 - Funding cycle length for psychosocial supports needed for minimum of five years
 - Greater consistency in contracting and longer contracts when Primary Health Networks are commissioning services
 - More secure and permanent employment arrangements in community managed mental health sector
- Disaster preparedness. The incoming Victorian Government must adapt its strategic approach to investment to address reasonably foreseeable, interconnected, and exponential public health and climatic crises response programs during the term of the next government. The State Government needs to make a comparable fiscal commitment to that made by Federal Government for community and specialist mental health services, especially in high risk areas of the State.

Support where it is most needed

The incoming Victorian Government must ensure that mental health services (and workforces) are funded and supported to be adaptable, nimble, and responsive to emerging demand and community need informed by reliable data.

This must include:

- Taking steps to alleviate pressures on emergency services and frontline workforces. This can be achieved through:
 - Expediting reform initiatives linked to Recommendations 8-10 of the RCMHS
 - Increasing capacity in hospitals, and funding investments to facilitate step down care provision and partnerships in the community to improve patient flow.
- Continue to take progressive steps to invest with urgency in workforce attraction, growth, and retention. This can be achieved through:
 - Reviewing and updating the Victorian Mental Health and Wellbeing Workforce Strategy (December 2021)
 - Continuing, expanding, and refining targeted approaches to international and interstate recruitment.
 - Providing support and resourcing to the rapidly growing lived and living experience workforces to create employment pathways, workplace readiness and industrial protections.
 - Increase funding for postgraduate psychology training to stop recurrent loss of a readily available workforce.
 - Commit to enshrine allied health pay parity within 2024-2028 Public Mental Health EBA
- Immediate support for Suicide Prevention and Crisis Assistance services. Ongoing underinvestment in Suicide Line Victoria is resulting in high numbers of unanswered calls and likely preventable deaths.
- Expand Support for Young Victorians, through:
 - Providing infrastructure grants over four years to implement five integrated youth mental health service hubs. These hubs would then provide a template for youth mental health service reforms in other areas of the state
 - Undertake a strategic business case, feasibility study, master planning and build of a new purpose-built 50-56 bed acute youth acute inpatient unit at the Parkville Youth Mental Health Precinct to service Melbourne's densely populated north-west and western suburbs
 - Fund Victoria's Centre for Community Child Health (CCCH) to roll out right@home to vulnerable families across Victoria.
 - Deliver Australia's first state-wide research centre dedicated to the mental health and wellbeing of children aged 11 years and under
 - Expand and scale COMPASS (a community of practice for GPs, paediatricians, psychologists and nurses in NW Melbourne) by funding child psychiatrists to build capacity in the local workforce and to provide high quality, early intervention expertise for common paediatric mental health concerns
- Expand Support for Consumers, Families, Carers and Supporters through:
 - Sustaining, expanding, and supporting the development of the *Lived and Living Experience Workforce Development Program*
 - Increasing access to legal representation for consumers before the Mental Health Tribunal, through expediting RCMHS Recommendation 56(3)
 - Funding, supporting, and expanding the Family and Carer-led Centres
 - Expand the Carers Victoria *Carer Wellbeing and Connection in Touch Program* to provide wellbeing support and connectedness to carers, families and supporters

Sustainability

The incoming Victorian Government must guarantee a sustainable pace of reform.

Effective and sustainable reform is more than just implementing priorities. The Victorian reforms require clear and agreed vision and timelines, engagement, systems mapping, culture and practice change, expertise and funding: all of which must be founded in lived and living experience. While in some respects urgent change is required to address pressing community needs, in practice this urgent change may exacerbate problems, heighten risk, and undermine the integrity and success of reforms. A sustainable approach to reform requires deep expertise and engagement to ensure the reform process does not exacerbate the problems it seeks to address.

A sustainable approach to reform requires:

- **A sustainable pace:** Now that the fundamental building blocks of the new system are in place, a more sustainable pace of reform is necessary to ensure we get the trickier parts of reform right. While some elements of reform may still require urgent implementation, the general pace of reform should be considered in order to address the complexities involved and enable authentic codesign.
- **Capacity-building:** While the Government has a critical role to play in reform implementation, ultimately it will be people on the ground who are the active agents of change. Workers, services, consumers, carers, family members and supports all require capacity-building to ensure they can engage meaningfully in the reform process and play their respective roles in the process effectively. This requires additional resourcing on top of what is required to maintain “business as usual”.
- **Strategic sequencing of reforms:** As discussed further below, the sequencing of reform activities requires recalibration to ensure the reform process is sustainable and addresses urgent areas of risk.

Specialised Services

The incoming Victorian Government must support specialist organisations with funding certainty, and provide targeted support for vulnerable communities.

This approach should include:

- Providing targeted and sustainable support for vulnerable communities.
 - Since 2022, there has been surging demand for counselling and associated casework services within CALD, refugee, and migrant communities
 - Demand for specialist LGBTQIA+ services increased during the pandemic, this need has not been met
- Radically enhancing investment in Alcohol and Other Drugs (AoD) Services, and investing in developing the specialist AoD workforce.
- Victoria’s AoD sector will be integrated with the mental health sector. It is critical that both sectors can support each other to manage local caseloads, and to ensure that people do not have to wait for care they urgently need.
- The AoD treatment sector has reported that state-wide, there is a need for an additional 242.8 EFT to meet current demand. This structural workforce deficit must be urgently addressed.

Sequencing

The incoming Victorian Government must review—and where appropriate, reorder—the sequencing of key RCVMHS reforms.

The RCVMHS's timeline of reforms requires a recalibration based on what we have learned through the reform process so far. A resequencing of reform activities is an essential component of a sustainable approach to reform, and should be embedded into a revised strategy. Otherwise, there is a risk that the critical issues the recommendations seek to address will be exacerbated by the reform process itself.

A strategic approach to sequencing should, where appropriate, address:

- **Urgent reform needs:** Some recommendations need to be brought forward to reflect their urgency, or to ensure the integrity of the reform process. For example:
 - Recommendation 56(3), which expands representation for consumers before the Mental Health Tribunal, should be brought forward immediately considering its urgent nature and the precarious financial situation of relevant service providers.
 - Recommendation 65(b), which requires the development of a reform implementation evaluation strategy, is not due for completion until approximately half-way through the reform process. At this time, many of the reforms will already have been completed. Without a pre-existing evaluation strategy upon which to base these reforms, there is a serious risk that we will not be able to measure their success effectively. This is of particular concern with regard to recommendations where entire service streams are due for completion before any evaluation strategy is ready (see, eg, Recommendations 19, 20, 31).
 - As above, Recommendation 51(2) regarding exploration of joint Commonwealth-State co-commissioning processes should be brought forward. Mental health and allied health services straddle Commonwealth-State responsibilities and reform must ensure genuine improvement in service provision rather than increased fragmentation and perverse outcomes.
- **Extended reform timeframes:** Some recommendations require extended timeframes for delivery. For example:
 - Co-production methods take time. Extended timeframes will therefore be required for relevant recommendations, such as Recommendation 6(4), to ensure that the required co-production methodologies are undertaken with time allowed for meaningful collaboration and planned implementation.
 - Recommendations 30(4) and 61 require the translation of legal obligations around information-sharing into practical outputs, including new resources and protocols. These recommendations are due for completion in 2022 despite the new *Mental Health and Wellbeing Act*, which outlines the relevant legal obligations, having only been enacted in August 2022. More time is required to ensure these new resources adequately reflect legal obligations in ways that are capable of being easily understood and consistently applied across the system.
 - Recommendation 16, which requires the development of resources to support workplace mental health, is due for completion in 2022. Promoting mentally healthy workplaces is a crucial initiative to get right in this reform journey, and deserves the requisite time and resourcing to ensure appropriate design and implementation. Extending the timeframes for recommendations like this would enable resequencing of resources for other, more urgent reforms.

- **Reordering of reforms:** Some reform activities should be reordered to support their effective implementation. For example:
 - Recommendation 30(3)(a) to ensure family-inclusive commissioning is due for completion between 2022 and 2026, well after most new services have already been commissioned. This recommendation should be implemented before the commissioning of new services is finished.
 - Recommendation 35(b) obliges the Victorian Government to ensure all mental health and wellbeing services provide integrated treatment, care and support to people with concurrent mental health and alcohol and other drug issues. This recommendation is due for completion before the new statewide service for this cohort is established. This service will, among other things, support mental health and wellbeing services to provide integrated care through the provision of secondary consultations. The establishment and operation of the new statewide service must therefore be completed as a necessary precursor to Recommendation 35(b).
 - Recommendation 59(2) to support worker wellbeing is due for completion by 2026. This is almost half-way through the 10-year journey of eliminating restrictive practices. Given that client and worker safety issues are a key driver of restrictive practices, they must be addressed earlier than the half-way mark to ensure our goal of eliminating restrictive practices can be achieved. Similar imperatives arise with regard to Recommendation 55(3), an essential element of reducing compulsory assessment and treatment.

Skills

Reform of Victoria's mental health system will only be successful if it is undertaken with the requisite skills. There is considerable expertise and experience across Victoria that would be advantageous for reform activities, and these opportunities must be leveraged to ensure effective and sustainable reform. Not only is this approach more likely to guarantee success, it is also less costly than reliance on consultancy firms who often lack the sector-specific knowledge to support reform in such a complex area.

Skills required to ensure the success of reform activities include:

- **Evidence implementation science:** Evidence implementation science is adept at implementing policies and translating recommendations into practice. Evidence implementation experts should be employed within the Department to help guide reform implementation activities.
- **Mental health and wellbeing:** Victoria has countless people with detailed knowledge of the mental health and wellbeing system from a broad variety of important perspectives, including people with lived or living experience, carers and front-line workers. It is essential that reform activities are undertaken in ways that can facilitate deep engagement with all people across the sector, so that reform activities can be informed by their knowledge and avoid repeating the mistakes of past attempts at reform.
- **Experience of other large-scale social reforms:** The mental health and wellbeing sector is not the first sector to undergo large-scale transformation. Other sectors have been through similar journeys, and these sectors are now run by a broad range of people with experience in implementing large-scale social reforms. As far as possible, these people should be brought into the mental health reform journey to enable a more efficient, effective and engaged transformation process that realises the vision outlined in the RCMHS recommendations.



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