



A Sustainable Future for Mental Health Submission to the Victorian State Budget 2024-2025

December 2023

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Acknowledgement of Country

Mental Health Victoria acknowledges Victoria's Aboriginal and Torres Strait Islander communities and their rich culture. We pay our respect to Elders past and present, and acknowledge Aboriginal and Torres Strait Islander peoples as the Traditional Owners and custodians of the land and waters on which we live and work. We recognise and value the ongoing connection and contribution of Aboriginal and Torres Strait Islander peoples and communities to Country and culture. MHV acknowledges that sovereignty has never been ceded and this always was and always will be, Aboriginal and Torres Strait Islander land.

About Mental Health Victoria

Mental Health Victoria (MHV) is the peak body for mental health in Victoria.

Our associates 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 support and services that they can choose from - delivered in the home, the community, or in the hospital setting.

About this submission

In preparing this brief, MHV has consulted with its associates, its Lived and Living Experience Advisory Group (LLEAG), and a broad range of professional and peak bodies through surveys, forums, and targeted consultations. We reviewed multiple survey responses and organisational budget submissions, as well as discussions held as part of a dedicated online forum in October 2023. This brief is informed by detailed analysis of widespread feedback from the Victorian mental health and wellbeing and adjacent sectors, as well as the wider community. MHV has engaged directly with associate and stakeholder organisations and the LLEAG in the development of this submission, as well as reflecting on our ongoing engagements with community services, the mental health sector, and Victorian community members throughout 2023 to inform the recommendations presented here.

MHV wishes to recognise those people touched by mental health vulnerabilities, trauma, suicide and neurodiversity, and their families and kin, friends, and carers, who have contributed directly and indirectly to our work, and particularly to this submission. We recognise and pay respect to the ongoing contribution of people with lived and living experience in the mental health sector.

Introduction

2023 has been a critical year for the mental health and wellbeing sector and for our shared reform journey. We are fast approaching the half-way point of the Royal Commission's ten-year time horizon and find ourselves at a crucial moment to consider what has been achieved and what still needs to be done.

As we move into the 2024-2025 financial year, the mental health system needs continuous and deliberate investment in supporting continued service provision while concurrently investing in priorities that will enable sector reform and advance the vision of the Royal Commission. This next period of the ten-year reform journey provides an essential opportunity to reevaluate mental health reform and make conscious choices to prioritise the key initiatives and investments that will make a difference for Victorians impacted by mental health vulnerability.

System transformation is an ongoing and evolving process, and as we negotiate the many challenges of leading change, we have opportunities to look to reform that has been realised in other sectors and draw from their experience. Those who have worked in family violence services and people working in the disability sector can help us to better identify the opportunities and pitfalls of leading deep, systemic change. While the recommendations developed by the Royal Commission into Victoria's Mental Health System serve as our roadmap, we need to engage the diverse expertise and experience available across the mental health and allied sectors to inform our change strategy.

We have heard time and again from our associates, stakeholders, and community members that while integration and collaboration are at the heart of successful change, they are often the most difficult elements to realise. At Mental Health Victoria we believe that this is a critical moment for the mental health and related sectors and stakeholders to consider how we might best work together to streamline existing and innovative approaches to leading change, in order to provide holistic care and support to the Victorian community.

At this point in the journey, access to detailed and timely information is even more important. Transparency regarding the priorities and process of reform is critical in sustaining stakeholder engagement and building the trust necessary to realise deep, systemic change. Access to accurate and timely data is vital to ensure the sector can track progress and evidence change as it is realised. Uncertainty regarding reform direction, process and outcomes are current and major challenges identified by services and advocates. In the absence of appropriate reporting, it is impossible for the sector and its stakeholders to maintain confidence and trust in the reform process.

The vision set out by the Royal Commission is the guide for mental health reform, and in order to fully realise and demonstrate its value, the sector deserves transparent and comprehensive reporting to share in reform successes and identify challenges. It is similarly critical that the Victorian community be supported to access information about the mental health system, to be able to identify what supports are available, how best to navigate them, and the progress and efficacy of reform to date. The reform agenda must be visible and accessible to both the sector and the Victorian community at large. Significant service reform requires broad community support to accelerate and validate the work being done at government and system level, and it is essential that people are aware and informed of their rights and options in the mental health system to streamline their engagement and improve outcomes.



Current resource constraints are more severe than what was anticipated in the early stages of reform, and mental health and allied support services are stretched thin with growing demands and barriers to growth such as workforce constraints. The mental health and wellbeing sector is under immense pressure in delivering continuity of service as well as leading reform initiatives. In this challenging environment, every dollar invested in mental health has become even more critical. Smart investment is essential for safeguarding the existing services and programs that support mental health in Victoria, as well as enabling the progress of systems and cultural change.

Experiences of financial hardship and mental health vulnerability are closely linked, and we consider that our sector and the government need to prioritise innovative approaches to funding, commissioning, integration, service delivery and partnerships to deliver the outcomes needed for Victoria. We must ensure that efficient allocation of resources are prioritised to provide the most essential and effective support to those who need it most.

This submission from Mental Health Victoria for the 2024-2025 Victorian state budget, identifies key opportunities for new and sustained investment, and reprioritisation of other initiatives, to avoid the real risk of stalling or undoing the progress achieved in our reform journey. While this paper outlines clear priorities, it is not an exhaustive list.

Mental Health Victoria has endeavoured to pinpoint the most pressing service gaps and risks to service continuity in the current landscape, using a needs-based analysis. We have identified three major priority areas for action and investment:

1. Shortages and capacity constraints in the mental health and wellbeing workforce;
2. The inherent connection between mental health and the housing crisis and homelessness services; and
3. The outstanding recommendations of the Royal Commission falling due.

We have also highlighted further priority recommendations for immediate funding based on our engagement with the sector.

While we look forward to realising the vision of a transformed mental health system, we cannot ignore the present moment and the immediate needs of our community and our sector. Reform requires deliberate and robust support for the sector to enable service continuity to the community and strengthen the foundations for future transformation. We must be able to prioritise current needs in addition to determining solutions for tomorrow.




Under Pressure: The Mental Health Workforce

The bold vision of the Royal Commission to transform the mental health and wellbeing system is dependent upon a thriving workforce. Government initiatives such as the Mental Health and Wellbeing Workforce Strategy 2021-2024 and the Mental Health and Wellbeing Workforce Capability Framework have reiterated the Royal Commission's priority for fully equipping the workforce to deliver the reform journey, and the State Government has invested in workforce capacity through several years of State Budgets. As identified in our 2023-2024 Budget Submission¹, there are ongoing structural workforce shortages in the mental health sector that have not been fully addressed by the existing Government funding arrangements and strategies. With demand for mental health and wellbeing support only increasing and the rapid pace of the reform, the system is under immense pressure, and workforce support and development is absolutely essential to the sustainability of the reform work already achieved and to the realisation of the future envisioned by the Royal Commission.

Funding for the growth and capacity building of the mental health and wellbeing workforce may have increased following the Royal Commission, but the demand for support has more than kept pace. In 2023, one in three Australian psychologists have their books closed, compared to one in one hundred prior to the Covid-19 crisis². The narrative from the sector tells the story of a community struggling to even secure an appointment with a mental health and wellbeing professional or service, and of choice being severely limited to what is available as opposed to what may be most appropriate.

Continual investment in the recruitment and retention of a skilled and diverse mental health workforce is a major priority for the mental health and wellbeing sector, with workforce capacity being consistently raised by our associates and stakeholders as a critical barrier to implementing change and delivering best practice care within their service. These challenges are especially prevalent in regional communities, where even General Practitioners have extensive waitlists and local specialist mental health and wellbeing services are limited.

The National Mental Health Workforce Strategy 2022-2032 commissioned research that found a 32% national shortfall in mental health workers compared to targets in 2019, which was predicted to increase to 42% by 2030³. The largest shortfalls were identified for peer workers and psychologists, which is consistent with experiences in Victoria. Community mental health services have indicated they are experiencing significant difficulty in attracting and retaining psychologists and clinical staff for a multi-disciplinary team, challenging the principles of holistic and person-centred care. In coordinating and delivering the Peer Cadet Program, MHV has identified significant barriers facing the expansion and capacity building of the peer workforce both within and beyond the program. The lived experience workforce continues to face capacity constraints due to organisations, and particularly HR departments, being ill-equipped to appropriately support lived experience staff, a lack of suitable leadership and management training opportunities for peer workers, and no formalised career progression pathway for lived experience staff. MHV considers that the continuation and expansion of the Peer Cadet Program and ongoing support of Lived and Living Experience Workforces (**LLEW**) requires action on priority recommendations to appropriately resource the program and associated initiatives.



Our associates and stakeholders continue to cite short-term contracts and insecure funding as a barrier to retention, with high turnover rates significantly impacting training and capacity within the organisation. In regional Victoria, services are often dependent on recent graduates and placement practitioners and find it particularly difficult to retain workers who do not have long-term attachments to the area. Services are facing very high demand, and staff are already spread thin trying to keep up with the support and care needs of clients. Further training and capacity building places another strain on already stretched resources, especially with limited embedded expertise from long-term employees. The sector is facing significant difficulty in maintaining current service levels. Expanding delivery and developing further expertise is not feasible without appropriate support to retain current workforce and invest in their professional development.

The Royal Commission recognised the challenges facing the mental health and wellbeing workforce, particularly in regional Victoria, with the final report making four dedicated recommendations for expanding, supporting, and training the workforce (Recommendations 40, 57, 58, 59). Eight other recommendations put forward by the Royal Commission stressed the importance of workforce capacity building to support implementation, reiterating that the workforce is fundamental to the success of the Commission's vision and to the reform journey.

Mental Health Victoria considers that in order to implement all the recommendations of the Royal Commission, the workforce must be appropriately prioritised and funded. Recommendation 40 tasked the Victorian Government with incentivising the mental health and wellbeing workforce in regional areas, with \$10.5 million committed to the program through the Mental Health and Wellbeing Workforce Strategy 2021-2024.

While this investment is welcome, the regional workforce remains under stress, and the incentive program has not yet achieved its goal for adequately resourcing regional and remote Victoria long-term. MHV is concerned that while critical work is being undertaken to expand and upskill the mental health and wellbeing workforce, gaps in data collection and reporting make it difficult for the sector to stay informed about workforce challenges and shortages and to plan for solutions. Our current knowledge regarding the state of the workforce is generally anecdotal, due to a lack of quality and timely data that could provide a clear picture of the current landscape.

In order to meaningfully evaluate the success of workforce strategy initiatives undertaken to date, and plan appropriately for the future, the State Government needs to review data collection and its approach to communication to provide a clear picture to the sector of current workforce shortages, challenges, and the efficacy of existing workforce development initiatives. Data strategies should aim to not only identify the professions in shortage but also the specific workforce needs of diverse regions and communities.

¹ Mental Health Victoria 2022, *Strategy, Stability, Support: Submission to the Victorian State Budget 2023-2024 Government*, https://www.mhvic.org.au/images/MHV-003-Budget_RGB_v2.pdf.

² Australian Psychological Society 2023, 'One in three have closed their books': Are psychologists now out of reach for GP patients?, <https://psychology.org.au/about-us/news-and-media/aps-in-the-media/2023/one-in-three-have-closed-their-books-are-psychol>.

³ Department of Health and Aged Care 2022, *National Mental Health Workforce Strategy 2022-2032*, <https://www.health.gov.au/sites/default/files/2023-10/national-mental-health-workforce-strategy-2022-2032.pdf>.

Under Pressure: The Mental Health Workforce

Recommendation	RC Commitment
<p>1a. Invest in additional incentive schemes and support mechanisms for the regional and remote mental health and wellbeing workforce.</p> <p>Fund evidence-based initiatives developed in partnership with service providers to attract and retain skilled and experienced staff to the mental health and wellbeing workforce in regional and remote Victoria. Prioritise the development and delivery of these initiatives for the second iteration of the Mental Health and Wellbeing Workforce Strategy.</p>	<p>RCVMHS Final Report (FR) R40</p>
<p>1b. Expand data collection relevant to Victoria's mental health and wellbeing workforce and establish regular publication for sector access.</p> <p>Prioritise the collection and sharing of service data by the Mental Health and Wellbeing Commission and the publication of the Department of Health's workforce data for analysis and planning. Invest in more detailed data collection and reporting that highlights workforce supply and demand, identifies areas of shortfall, and engages with the unique needs of diverse communities and regional/remote areas.</p>	<p>RCVMHS FR R44, 57</p>
<p>1c. Support the growth and governance of lived experience workforces through scaling up of the Peer Cadet Program.</p> <p>Continue and expand the delivery of the Peer Cadet Program with increased and ongoing project funding for MHV and participating organisations.</p>	<p>RCVMHS Interim Report (IR) R6, FR R28</p>
<p>1d. Implement key initiatives and monitoring approaches for psychological safety and wellbeing in the mental health workforce.</p> <p>Deliver on Component 2 of Recommendation 59 and work with the sector to implement clear sector-wide expectations and support professional wellbeing in the workforce.</p>	<p>RCVMHS FR R59</p>
<p>1e. Fund senior mental health professionals and clinicians to provide supervision and support to graduate staff.</p> <p>Provide funding to incentivise senior mental health and wellbeing staff to act as supervisors and mentors for junior and graduate workers.</p>	<p>RCVMHS FR R58</p>

Housing, Homelessness & Mental Health



The mental health and wellbeing of Victorians is closely connected to policy areas well beyond the health sector and healthcare services. Mental health vulnerability is closely tied to other experiences of vulnerability, particularly financial hardship. People living with mental health vulnerability and/or caring for someone with mental health vulnerability often experience cost of living pressures more acutely than their peers, and financial hardship is a pressing concern for mental health advocates and the mental health and wellbeing sector. As a result of financial hardship and additional care/support needs, finding affordable and appropriate housing is particularly difficult for those experiencing mental ill-health. Security and safety are fundamental for mental health recovery, and stable housing is particularly important for the wellbeing of a person and their family, carers, and supporters.

Housing affordability in Australia is at a record low, and the struggle to find housing close to work opportunities, support networks, and social connection is one familiar to all too many Victorians. For people experiencing mental health issues, their location and living situation can be determining factors in the care and support they are able to access. Being priced out of centrally located and well-serviced areas is of particular concern for people experiencing mental health vulnerability, who are less likely to have secure full-time employment and a commensurate income. Only 62.1% of Australians with a mental health condition are employed⁴, which drops even further to 33.5% for people with psychosocial disability⁵.

On average, Australian households receiving income support payments as their primary source of income are living below the poverty line by over \$150 per week⁶, severely limiting their capacity to cover housing costs in metropolitan areas and regional centres.

People with lived experience of mental health vulnerability are significantly more likely to experience challenges associated with housing and homelessness. In 2023, SANE Australia reported that 42% of their survey respondents were experiencing housing insecurity, 21% felt unsafe in their current living environment, and 14% were experiencing homelessness⁷.

Housing insecurity and mental health vulnerability can exacerbate each other and result in increasing hardship for those affected, compounding difficulties, barriers, and stress levels, perpetuating marginalisation and distress. Data indicates that the problem is growing, with the number of Australians with a mental health condition experiencing homelessness increasing at a rate of 6.7% per year, with people with a mental health condition accounting for 31% of all specialist homelessness service users⁸.

As affirmed by the findings of the Royal Commission, people living with mental health vulnerability are a priority population group in housing and homelessness, at both elevated risk of housing insecurity and greater dependence on stable housing for their general wellbeing.

⁴ Australian Bureau of Statistics 2018, *Mental Health 2017-2018 financial year*, <https://www.abs.gov.au/statistics/health/mental-health/mental-health/2017-18>.

⁵ Australian Bureau of Statistics 2018, *Psychosocial Disability: 2018 Survey of Disability, Ageing and Carers*, <https://www.abs.gov.au/articles/psychosocial-disability>.

⁶ Australian Council of Social Services (ACOSS) and University of New South Wales 2023, *Poverty in Australia 2023: Who is affected*, https://povertyandinequality.acoss.org.au/wp-content/uploads/2023/03/Poverty-in-Australia-2023_Who-is-affected_screen.pdf.

⁷ SANE Australia 2023, *Results are in: Our community are feeling alone and unsupported*, <https://www.sane.org/news/results-are-in-our-community-are-feeling-alone-and-unsupported?highlight=WyJicmlkZ2luZyZlZm90aGUlCl0aGUUnZ29vZCcilClJnYXAiLClhZ2FwJyJlcmJyaWRnaW5nlHRoZSIsImJyaWRnaW5nlHRoZSlnYXAiLCl0aGUuZ2FwJ2Fwll0=>.

⁸ Australian Institute of Health and Welfare 2022, *Specialist homelessness services annual report 2021-22*, <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/clients-services-and-outcomes>.

Evaluation of the Doorway program in Melbourne has found that Housing First models for people experiencing housing insecurity and severe mental ill-health improve participant outcomes with regard to housing, mental health and recovery⁹. We refer to Mental Health Australia's submission to the National Housing and Homelessness Plan for further discussion on the relationship between housing and mental health and recommendations for a more integrated system¹⁰.

Housing and homelessness services report that many of their service users have long-term and complex mental health needs and that they are generally not receiving treatment or accessing mental health and wellbeing services. Our associates and stakeholders identified that people experiencing extreme mental health and housing vulnerability often bounce between emergency departments, the justice system, and the street due to a lack of comprehensive and integrated support. Lack of secure housing impedes people from seeking mental health support, and an unstable and/or unsafe living environment undermines the recovery impacts of any support a person is able to access. Integrating these policy spheres and service sectors is critical in realising better outcomes for people engaged in either or both systems.

The Royal Commission recognised the transformative potential of housing stability for mental health recovery and recommended that 2,000 units of Victoria's Big Housing Build be designated as supported housing for Victorians living with mental illness who require ongoing intensive care and support (Recommendation 25). The Commission recommended an additional 500 medium-term supported housing places for young people living with mental health vulnerability and experiencing housing insecurity. These housing units and their allocation were required by the Commission to be diverse in range, appropriately located, accompanied by multidisciplinary support, and reviewed periodically. \$3.4 million was allocated towards Recommendation 25 in the 2021-2022 State Budget, with an update stating that there were 32 contracted projects delivering 200 mental health supported housing units in the 2022-2023 financial year.

Victoria's Housing Statement released in September 2023 restates the government's commitment to create 2,000 supported dwellings for Victorians experiencing mental illness through the Big Housing Build. The Build is scheduled to finish in 2024, with the 2,000 supported homes promised comprising 16.7% of the Build's 12,000 total social and affordable dwellings. Despite the clear priority for housing security expressed by the Royal Commission, reporting on the progress of Recommendation 25 has been limited.

The Housing Statement recognises that housing insecurity can be highly distressing, causing and/or exacerbating anxiety and trauma for those facing the possibility of homelessness. However, the Statement makes no further acknowledgement of the relationship between mental health and housing security. This is of particular concern for the planned redevelopment of 44 high rise public housing towers, which currently house 10,000 Victorians. Two of the first sites nominated for redevelopment are also those that were urgently locked down during the COVID-19 crisis in 2020, an incident which has since been recognised by the Victorian Ombudsman to have constituted a breach of human rights with a significant impact on the health and wellbeing of the residents involved¹¹.

The residents of these two sites, as well as the 42 other sites, are facing another period of potential anxiety and distress as they face relocation and the replacement of their homes. The State Government and Homes Victoria must prioritise the psychosocial wellbeing of residents throughout the renewal project – investing in initiatives to support mental health and wellbeing, and maintain community connections. While the high-rise towers are no longer fit for purpose, the communities that residents have established in and around these sites are fundamental. A home is not defined only by the physical space one inhabits, but by the network of people and communities that surround it.

MHV's associates in the housing and homelessness sector have expressed concern over the prioritisation of infrastructure spending with little to no resource identified for the support needs of the individuals and communities who occupy the physical structures.

⁹ Dunt DR, Day SE, Collister L, Fogerty B, Frankish R, Castle DJ, Hoppner C, Stafrace S, Sherwood S, Newton JR, Redston S 2022, 'Evaluation of a Housing First programme for people from the public mental health sector with severe and persistent mental illnesses and precarious housing: Housing, health and service use outcomes', *Aust N Z J Psychiatry*, 56 (3), pp. 281-291. doi: 10.1177/00048674211011702.

¹⁰ See: Mental Health Australia 2023, *National Housing and Homelessness Plan: Submission to the Australian Government Department of Social Services consultation*, <https://mhaustralia.org/sites/default/files/docs/submission-national-housing-and-homelessness-plan-sept-2023-final.pdf>.

¹¹ Victorian Ombudsman 2020, *Tower lockdown breached human rights, Ombudsman finds*, <https://www.ombudsman.vic.gov.au/our-impact/news/public-housing-tower-lockdown/>.

Maintaining and building communities of support, connecting people to services, and prioritising people's mental health and wellbeing will be essential to the smooth implementation and success of Victoria's housing initiatives.


Mental health vulnerabilities can be impacted by many other areas of social policy, as confirmed by the findings of the Royal Commission. Similarly, drawing on mental health sector expertise to inform more effective solutions in related areas such as housing and homelessness is important for better integrating public services and policy to deliver holistic solutions for Victorians.

Recommendation 46 of the Royal Commission stressed the importance of government-wide commitment to mental health and wellbeing, and we consider that there will be no meaningful and lasting progress in mental health if it is not considered and embedded across the whole of government. Neither the housing nor the mental health crises exist in a vacuum, and integrated solutions are essential in driving better outcomes and creating real change across Victorian communities.



Housing, Homelessness & Mental Health

Recommendation	RC Commitment
<p>2a. The Minister for Housing to embed perspectives on mental health and wellbeing within the portfolio.</p> <p>Mental health must be prioritised as a core consideration in housing and homelessness initiatives, particularly those engaging people at elevated risk of mental health vulnerability. In particular, the redevelopment of the high-rise public housing towers must incorporate clear and centralised mental health and wellbeing action items and priorities.</p>	<p>RCVMHS FR R46</p>
<p>2b. The Department of Families, Fairness and Housing (DFFH) and the Department of Health to publish progress and findings related to the implementation of Recommendation 25 and immediately fund any shortfall.</p> <p>Report on the progress of the 2,500 supported housing places recommended by the Royal Commission and immediately fund contracts to complete any outstanding units.</p>	<p>RCVMHS FR R25</p>
<p>2c. Fund training and professional development support for social housing workers to improve understanding of mental health service responses and avenues for help seeking.</p> <p>Support integration between the mental health and housing sectors and increase capacity of housing workers to sustain the tenancies of people with lived experience of mental ill health through funding delivery of Mental Health First Aid, trauma informed care, and early identification and response training packages to the social housing workforce.</p>	<p>RCVMHS FR R58, Summary and Recommendations, p. 20</p>
<p>2d. Fund St. Mary's House of Welcome for property maintenance and infrastructure at their Fitzroy location and additional staff with a focus on mental health support.</p> <p>St. Mary's House of Welcome's open access centre in Fitzroy has increasing associated building maintenance costs that are having to be covered by donated funds to maintain the property as fit for purpose. Due to the complex mental health needs of their service users, St. Mary's has also identified a need for engaging mental health professionals at their centre to support integrated and holistic care.</p>	<p>RCVMHS FR R37, Summary and Recommendations, p. 20</p>



On the Horizon: Royal Commission Recommendations Coming Due

The timelines specified by the Royal Commission established three distinct time horizons for implementation: the short term (end 2022), medium term (end 2026) and long term (end 2031). For those recommendations that will fall due in the medium term, there are only two State Budgets remaining in which to fund implementation. The Royal Commission is a focal point for those engaged in the mental health sector, guiding what we are doing and where we are going. We consider it essential to address these outstanding recommendations in order to maintain the integrity of the Victorian Government's reform agenda.

RCVMHS Recommendation 3:

Establishing a responsive and integrated mental health and wellbeing system.

All aspects of Recommendation 3 have either fallen due as of the end of 2022 or will do so by 2026. Components 4 and 5 (of Recommendation 3) are due for implementation by 2024, meaning that appropriate investment through the upcoming State Budget is essential for timely delivery. The Budget must allocate appropriate resources for:

- The removal of rigid boundaries (or catchments) for service delivery based on where people live (component 4); and
- establish the requirements for each service and the links between them through the development of a 'service capability framework' (component 5).

The Mental Health and Wellbeing Act (MH&WA) 2022 stressed the importance of people being treated and cared for within their community and local area where possible, however the range and quality of services offered is inconsistent from region to region. Service and support access is not equitable across the state, with specialist services concentrated in metropolitan Melbourne. People living in regional and rural Victoria face ongoing accessibility challenges based on their geographic location.

Removing rigid catchment area requirements allows greater freedom of choice for Victorians accessing mental health care and alleviates some of the pressure on overwhelmed local services. Equitable service access across the state is an ambitious and long-term vision, and in the interim Victorians should be supported to seek the care and support that best suits their needs without restriction based on their place of residence.

Collaboration and referral pathways between services has emerged as a key priority for MHV's associates and stakeholders. We have heard time and time again that service users are not experiencing the continuity and consistency of care that they can reasonably expect. Bringing forward the development of the service capability framework is critical in strengthening the pathways and communications between services. Given service providers are stretched thin by demand pressures and workforce shortages, facilitating collaboration between services is all the more urgent. There can be no thriving mental health system without supported and integrated services, and strengthening service capability is an urgent priority for the mental health and wellbeing sector.

RCVMHS Recommendation 10:

Supporting responses from emergency services to mental health crises.

While the Mental Health and Wellbeing Amendment Bill 2023 deferred implementation of the health-led response initially legislated in the MH&WA, the State Government has committed to delivery of component 1 of Recommendation 10, which requires that emergency service responses to people experiencing time-critical mental health crises are led by health professionals rather than police wherever possible. This component falls due by 2024 and requires support for Ambulance Victoria to meet the training and capacity requirements necessary for the workforce to assume responsibility for mental health crisis response. Timely delivery on Recommendation 10 necessitates that the State Government appropriately resource Ambulance Victoria as a matter of urgency.

RCVMHS Recommendation 25:

Supported housing for adults and young people living with mental illness.

As discussed above, Recommendation 25 requires that 2,000 supported dwellings for Victorians living with mental illness be delivered as part of the Big Housing Build and that the State Government invest in an additional 500 medium-term supported housing places for young people experiencing housing insecurity and mental illness concurrently. These components of Recommendation 25 will fall due as of 2024 and 2026 respectively. Any outstanding funding for the 2,000 Big Housing Build homes must be committed in the 2024-2025 Budget to deliver on this now critical and timely recommendation of the Commission.

RCVMHS Recommendation 29:

A new agency led by people with lived experience of mental illness or psychological distress.

Recommendation 29 calls on the State Government to establish a new non-government agency led by mental health consumers and appoint its skills-based board by the end of 2024. If this agency is not funded in the 2024-2025 Budget, Recommendation 29 will not be implemented in the Commission's established timeframe. The new agency is a key investment in lived experience leadership, expertise, and capacity-building across the sector, and the timely implementation of Recommendation 29 will confirm the commitment of the State Government to a mental health reform agenda with lived experience at the centre.

As the peak body for mental health consumers, the Victorian Mental Illness Awareness Council (**VMIAC**) is leading a campaign with the Self Help Addiction Resource Centre (**SHARC**) calling for immediate funding of Recommendation 29 as a priority for lived experience advocates and community members¹². The campaign has cited community and sector concern about consumer leadership being side-lined in the reform process – a sentiment which has been echoed by other MHV associates and stakeholders.

The Royal Commission made clear that lived experience should be centralised in the new system, but many advocates and organisations have expressed that this is not always realised through reform initiatives and at the operational level. Consumer and carer workers and advocates are concerned about the sector's capacity to empower the lived experience perspective and voice meaningfully in their work and question how this capacity might be strengthened. Under Recommendation 29, the new agency would be resourced to deliver training and resources to the sector, deliver lived experience led services, and facilitate new partnerships and learning opportunities between lived experience advocates and organisations. The leadership of the new agency will be critical in shaping the future of lived experience work and advocacy in the mental health and wellbeing system, and MHV recommends its immediate establishment to fulfil and reaffirm the Government's commitment to the vision and implementation of the Royal Commission.

¹² VMIAC 2023, *Our Agency – Sign the Open Letter*, <https://www.vmiac.org.au/our-agency-sign-the-open-letter/>.

RCVMHS Recommendation 37:

Supporting the mental health and wellbeing of people in contact with, or at risk of coming into contact with, the criminal and youth justice systems.

Component 1 of Recommendation 37 requires that the Assessment and Referral Court (**ARC**) be expanded to all 12 headquarter Magistrates' Courts and is due for full implementation by 2026. ARC is currently available at only five Magistrates' Courts, three of which are located in the metropolitan Melbourne area. Establishing ARC at the remaining seven Court locations should be a priority for the upcoming State Budgets.

RCVMHS Recommendation 41:

Addressing stigma and discrimination.

The anti-stigma grants program stipulated under Component 2 of Recommendation 41 will fall due in 2024 and has not yet been funded for design and delivery by the State Government. This component engages with essential work in challenging stigma and discrimination in the Victorian community, with a particular focus on high-risk population groups. Addressing mental health stigma is crucial in early intervention and prevention, ensuring that people seek support without encountering additional disrespect and disempowerment. For some, engagement with the mental health system has been the beginning of their worst experiences of marginalisation and discrimination, where they have been made to feel less worthy and not deserving of care and respect. Reducing stigma is an essential first step in improving mental health service experience and outcomes, as well as lowering barriers to the system and to accessing personal support networks.

RCVMHS Recommendation 65:

Evaluating mental health and wellbeing programs, initiatives, and innovations.

Evaluation of Victoria's reform agenda and implementation process is essential for guiding success as well as demonstrating value and best practice to other jurisdictions as a leader in mental health reform. Without a pre-existing evaluation strategy upon which to base the reform, there is a serious risk that outcomes will not be measured effectively. This is of particular concern for those recommendations that require entire service streams and new service delivery and advocacy bodies be completed before the evaluation strategy is ready.

Component 2 of Recommendation 65 requires the development and funding of an evaluation strategy for Royal Commission reforms by 2024, which will then be improved upon throughout the reform journey. Without this strategy, the evaluation process, and the reform itself will be significantly impaired. MHV therefore regards Recommendation 65 as an immediate priority for funding in the 2024-2025 State Budget.



On the Horizon: Royal Commission Recommendations Coming Due

Recommendation	RC Commitment
<p>3a. Immediately fund and resource the implementation of outstanding Royal Commission recommendations identified above.</p> <p>Timely implementation of the recommendations of the RCVMHS, as handed down by the Commission and agreed to by the State Government, is dependent on the above recommendations being appropriately resourced for implementation in the 2024-2025 State Budget.</p>	<p>RCVMHS FR R3, 10, 25, 29, 37, 41, 65</p>

Further Priority Recommendations

Service quality and continuity is an essential priority for MHV and for our sector. Our consultation with associate and stakeholder organisations highlighted critical initiatives that require immediate investment to ensure that the mental health and wellbeing sector is able to continue delivering care and support to individuals and communities while engaging and driving reform forward.

Recommendation	RC Commitment
<p>4a. Commission MHV to develop a report on innovative and evidence-based models of commissioning and their impact on the mental health and wellbeing sector.</p> <p>As the peak body for mental health and wellbeing in Victoria, MHV is well-placed to identify best-practice commissioning processes with mental health service providers and advocacy bodies. The mental health and associated sectors are best placed to determine how we can most effectively commission services and partnerships. Commissioning for integration requires the insight and support of those services most impacted, such as those engaged with MHV through our associate base and network of stakeholders. MHV has consistently heard that traditional approaches to procurement are undermining the collaboration, connection, and continuity of the sector. We understand similar feedback is already being actioned by the government with respect to future Mental Health and Wellbeing Locals.</p>	RCVMHS FR R51
<p>4b. Provide ongoing funding certainty to Eating Disorders Victoria (EDV).</p> <p>All funding contracts for EDV are due for expiration by July 2024, meaning that all their essential services and programs are at risk of lapsing. If funding is not extended, EDV will also be unable to support implementation of the Victorian Eating Disorder Strategy, which they developed in partnership with the Department of Health and is an essential and evidence-based strategy to increase service availability and care for Victorians impacted by eating disorders.</p>	RCVMHS FR R3, 64
<p>4c. Provide long-term, secure funding to Youth Live4Life for youth suicide prevention initiatives in regional and rural Victoria.</p> <p>Youth Live4Life is the only mental health education and suicide prevention model designed specifically for regional and rural communities, and there are currently 20 communities on the waitlist for implementation.</p>	RCVMHS FR R15, 20, 26, 39
<p>4d. Continue funding to the Spiritual Health Association as the nation's only spiritual health advocacy organisation.</p> <p>For many people, spirituality is a central part of their lives and wellbeing with a close relationship to their mental health and recovery. In the interest of holistic care and support, Victoria's mental health system must hold space for spiritual wellbeing and care. Spiritual Health Association is the peak body for spiritual care in the health sector and the nation's only spiritual health care advocacy body.</p>	RCVMHS R1

Recommendation	RC Commitment
<p>4e. Extend funding for the Partners in Wellbeing program to continue delivery.</p> <p>The Partners in Wellbeing program offers wellbeing coaching and tailored expert advice/peer support for small businesses and veterans. Continuing funding for delivery ensures ongoing support for community members with unique support needs who may be unlikely to engage with mainstream services about those needs.</p>	RCVMHS R1
<p>4f. Fund the continuation of the Mental Health and Wellbeing Hubs.</p> <p>Until Mental Health and Wellbeing Locals are established across all regions of the state, continue funding to the Mental Health and Wellbeing Hubs located outside first and second tranche Local service areas, namely: Abbotsford, Boronia, Box Hill, Cheltenham, Coburg North, Cowes, Footscray, Greensborough, Horsham, St Kilda, Warrnambool, Werribee, and Wonthaggi.</p>	RCVMHS FR R15
<p>4g. Establish an ongoing and sustainable government grant to fund Lifeline in Victoria to ensure suicide prevention services can meet increasing demand from Victorian help seekers.</p> <p>This will help to build the responsiveness of Lifeline's national crisis support services, ensuring Lifeline's Victorian service capacity increases to meet the levels of Victorian demand currently being seen, while enabling the development of Lifeline community support services and improving the connectedness of the Victorian suicide prevention system.</p>	RCVMHS IR R3, FR R6, R27
<p>4h. Fund Victorian Aboriginal Community Controlled Health Organisation (VACCHO) for refurbishment of the Bunurong Health Service in Dandenong.</p> <p>The Bunurong Health Service provides a broad range of health services and programs to Aboriginal and Torres Strait Islander peoples living in the Bunurong region. The premises is no longer fit for purpose and requires significant work to ensure continuity and quality of service delivery.</p>	RCVMHS FR R33
<p>4i. Fund mental health education and training in tertiary and higher education as a core subject, with a focus on trauma-informed practice and de-stigmatisation.</p> <p>Mental health professionals and practitioners are not alone in engaging with people who are experiencing mental health vulnerability as a matter of course. Equipping university and vocational education students with fundamental mental health understanding is essential for addressing stigma and better integrated mental health considerations and care into other community facing spaces and professions.</p>	RCVMHS FR R41
<p>4j. Prioritise investment in innovative approaches and initiatives being delivered/proposed by smaller community organisations.</p> <p>Community-based organisations are accustomed to making a little go a long way when it comes to service provision, support, and advocacy. While resourcing larger service providers is essential for continuity of care, the expertise of smaller organisations who successfully deliver evidence-based projects on limited budgets is critical for sustainability and innovation.</p>	RCVMHS FR R64, R48

Recommendation	RC Commitment
<p>4k. Increase funding arrangements to include resourcing for translational research and evaluation.</p> <p>Support the evidence-base of Victoria's mental health reform journey through funding translational research and monitoring and evaluation of reform initiatives. Victoria is a leading example of bold mental health reform that must be able to be referred to and modelled by other jurisdictions through comprehensive and accessible findings. Noting that translational research will be overseen by the Victorian Collaborative Centre for Mental Health and Wellbeing there is an existing interim need to capture evidence-based practice.</p>	<p>RCVMHS FR R63</p>
<p>4l. Commit funding for the establishment of additional Infant, Child, and Family Health and Wellbeing Hubs.</p> <p>The disparity between the number of planned Adult Mental Health and Wellbeing Locals and the Infant, Child, and Family Health and Wellbeing Hubs is a point of concern given that most adults with mental health conditions first experienced symptoms in childhood. Expanding the Infant, Child, and Family Health and Wellbeing Hubs into more local government areas will provide holistic support to more young Victorians and their families in need of care.</p>	<p>RCVMHS FR R19, R20</p>



MentalHealth Victoria

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