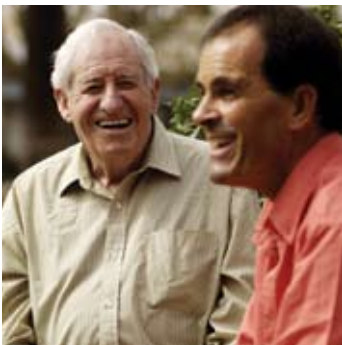
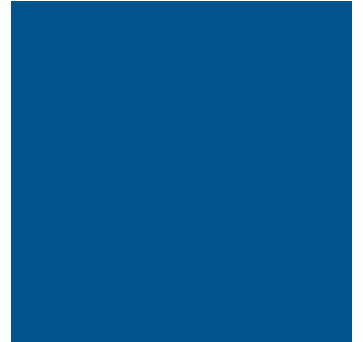


Because mental health matters



Victorian Mental Health Reform Strategy 2009–2019

Summary



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Because mental health matters

Victorian Mental Health
Reform Strategy 2009–2019

Summary

Premier's message



Mental health and wellbeing is essential for a satisfying, productive life. Our government is committed to supporting Victorians to achieve good mental health, and to assisting people who experience mental health problems to recover and thrive. The new Victorian mental health strategy is a critical step towards achieving these goals.

Mental health is an issue for the entire community. Most people will feel the impact of a mental illness at some time in their lives, either through their own experience, or through family or friends, or in the workplace. The new Victorian mental health strategy provides the leadership that Victorians have requested in mental health – focusing on the need to intervene early in life, early in illness and early in episode.

In August last year, I was privileged to host a roundtable on mental health. This forum brought together mental health professionals, health service providers, police, magistrates, business leaders, educators, researchers, people affected by mental illness and their carers. The clear message arising from the roundtable was that we need new approaches to mental illness and its impacts on our community.

Because mental health matters sends a strong message that Victoria is determined to achieve better social and economic outcomes for people with mental illness, their families, carers and friends. This reflects the principles underpinning *A Fairer Victoria*, Victoria's action plan to reduce disadvantage and strengthen social inclusion.

Effective and sustainable reform of our mental health system, to address the deeply ingrained social and economic disadvantage that often accompanies mental illness, requires open and ongoing engagement with all stakeholders, and a whole-of-government approach.

Because mental health matters is based on wide consultation and draws on national and international best practice. It acknowledges the fundamental role that all parts of government at all levels can play in facilitating reform. It invites collaboration and partnerships with consumers, non-government organisations and the private sector. It is an agenda for the long term, not a quick fix.

Importantly, this strategy puts people at its centre to ensure that we strive to provide support for maintaining mental health, quality care when people become ill and support for recovery.

Through this ambitious ten-year plan, Victoria will remain at the forefront of the national momentum to tackle one of this country's most challenging health issues.

A handwritten signature in black ink, appearing to read 'John Brumby'.

The Hon. John Brumby
Premier

Minister's foreword

Since launching the consultation paper on Victoria's new mental health strategy in May last year, I have in turn been humbled, saddened and inspired by the experiences people have shared in response to the paper.

Several voices in particular resonated for me through the process.

Ben, a young man recovering from psychotic illness, spoke passionately about wanting the chance to have a real job but lacking the ongoing support to make this possible.

Debbie, a young mother suffering post-natal depression, voiced her feelings of isolation and alienation from family and friends, but also of being too ashamed and unsure where to seek professional help.

And Sue, a middle-aged professional woman, expressed frustration in her search for help for her elderly father with early stage dementia whose deepening depression was threatening his ability to remain at home.

We can and must do better for these people and many other Victorians.

Our consultation confirmed the importance of a new agenda that gives mental health the priority it demands. It highlighted the momentum for change that exists in our community and the message that just doing more of the same will not be adequate to meet emerging challenges.

Victoria has a well-earned reputation for progressive mental health policy and quality services, so we are building on solid foundations. Yet there is more to be done to achieve a better service experience for those affected by mental illness and better outcomes for the whole population.

Prevention, early intervention, recovery and social inclusion lie at the heart of the new agenda.

We need greater focus on fostering and maintaining good mental health and wellbeing, and providing earlier support – for children and young people, and for adults before their problems become acute. At the same time we must ensure that effective services are available in the right settings to those who have enduring need or are in crisis.

We must create a more cohesive response to mental health that addresses the overall needs of an individual and is not constrained by barriers between providers.

The strategy – outlined in this summary and detailed in the main document – maps out a long-term agenda for the next decade. It includes aspirational goals as well as concrete proposals for change.

Implementation of this agenda is already starting, including a range of initiatives supported in the 2008–09 State Budget.

I look forward to working in partnership with all stakeholders to deliver on this vision and honour the voices that have been so strong and articulate in their advocacy for a new era in mental health.



A handwritten signature in black ink, which reads "Lisa Neville". The signature is fluid and cursive.

The Hon. Lisa Neville MP
Minister for Mental Health

A new direction for the next decade

Under the leadership of Victoria's first Minister for Mental Health, the Hon. Lisa Neville, the government is keen to pursue an assertive and comprehensive set of reforms to meet the dual challenge of better mental health for the whole population and improved life chances for those affected by mental illness.

The reform process initiated by the Minister has involved dialogue and ongoing partnership with a large number of individuals and organisations across Victoria.

Since the release of the consultation paper in May 2008, over 1,200 people have taken the opportunity to express their views and personal experiences at consultations across the state. Over 240 written submissions also helped shape the strategy.

The voices of people living with mental illness, their families, friends, carers and those who work to support them have resonated throughout the development of *Because mental health matters*. We heard that while there was much to be proud of in Victoria's mental health system – particularly in terms of quality clinical care, service innovation and local partnerships – there was a need for bolder reform and a new vision for mental health.

There was strong advocacy for a greater emphasis on prevention, promotion of positive mental health, early intervention – earlier in the life course as well as in the course of an illness – and for more sustained, flexible and comprehensive support delivered in the community.

To this end, Victoria's new mental health strategy is based on the following core elements of reform:

Prevention – Recognising the potential to prevent or delay the emergence of certain mental health problems and to prevent a range of negative outcomes associated with poor mental health, including physical health problems. Actively promoting positive mental health through community settings is a core part of effective prevention efforts.

Early intervention – Responding early in life, early in the course of a mental health problem, and early in an episode of illness, reduces the risk of escalation, has a positive impact on the pattern of illness, and minimises the harmful impact on individuals, their families and carers, and the wider community.

Recovery – Promoting access to client-centred treatment and ongoing support that aims to achieve real change and the best possible individual outcomes. Recovery-focused care should foster independence and the capacity of affected individuals to achieve their personal goals and lead meaningful and productive lives.

Social inclusion – Destigmatising mental illness and promoting the fullest possible participation of people with mental health problems, their families and carers in the community, and recognising the impact of multiple types of disadvantage. Social inclusion is also a critical element in preventing mental health problems in the population at large and in those identified as at risk.



‘Those who suffer from mental illness have many choices taken from them due to their illness that people in the community take for granted. Often the loss of choices in employment, education, family and housing add to the suffering...’
– a consumer consultant

'...our overwhelming need is to be listened to regarding our very ill children, and for respect, empathy and caring' – a carer

'I found the main barrier to a person with mental health problems finding and keeping work is the reoccurring episodes. The illness interrupts your daily life' – a consumer consultant with bipolar disorder

Making a difference

The reforms that the strategy proposes will make a difference to Victorians by:

- helping people with mental health problems earlier, thereby avoiding harmful individual and social impacts
- providing easier access to the most effective treatments, be it in a public mental health service or elsewhere, for a greater range of people
- offering longer-term, holistic support to sustain people in the community, drawing on all relevant health and community services
- fostering an inclusive and respectful culture of service delivery that gives people the support they need to achieve individual recovery goals.

While these aims may sound simple, they require some fundamental shifts of policy and service delivery culture. They require a strong commitment to prevention and support of positive mental health in communities, more integrated community-based clinical and psychosocial support, and the coordinated involvement of a wide range of local services in providing an inclusive whole-of-person response.

In distinction to previous strategies and plans, this strategy takes a truly whole-of-government approach, recognising that mental health cannot be solely the concern of the specialist mental health service system. It also covers a broader spectrum of mental health concerns than previous plans and has partnerships with consumers, carers, and general health and community services for the provision of prevention and care at its centre.

An agenda for change

This summary provides a broad overview of the government's plans for mental health. The key proposals for change and development are set out under eight Reform Areas.

Fuller details of proposals and expected outcomes are provided in the main strategy document together with supporting information on the challenges to be addressed, the benefits of investing in reform and a description of what a networked and balanced mental health system would look like.

These reforms require leadership, workforce capacity building, cultural change, and investment from a range of sources.

The reform process has already begun with a \$128 million funding commitment over four years made in the 2008–09 budget.

The vision for mental health in Victoria

The reform vision is centred on the importance of mental health to the fabric of our society – to our family life, our relationships, our workplaces and our communities.

Good mental health is a critical element of our overall health and wellbeing at every stage of life. This means that the mental health of the whole population should be promoted and protected as seriously as physical health, and that mental health care must be an integral part of our wider healthcare system.

Our overarching vision for mental health in 2019 is that:

All Victorians have the opportunities they need to maintain good mental health, while those experiencing mental health problems can access timely, high quality care and support to live successfully in the community.

Towards 2019

By 2019 we want to see a service system and society in which:

- Victorians have a good understanding of the factors that affect mental health and are able to help themselves, families and friends to maintain good mental health and wellbeing within a supportive social, economic and cultural environment.
- All mental health services operate within a culture that upholds rights, equity and respect for consumers, carers and families, and are responsive to diversity.
- People of all ages are able to access early and effective advice, treatment and care for the mental health problems that affect them – without having to be acutely unwell or in crisis.
- Those Victorians with severe mental health problems have access to a range of care options that provide them with the least intrusive care, including emergency and acute responses when required.
- Those particularly vulnerable Victorians involved with other parts of our justice and health and community systems – including disability, housing and homelessness, drug treatment and child protection – have their mental health needs identified and are linked to mental health support and care.
- People living with enduring mental illness are supported to participate in the community and have the opportunity to achieve their recovery goals, such as participation in the workforce, without stigma or discrimination.
- The physical health care needs of people with severe mental health problems are systematically met, and the unacceptably large gap in life expectancy between this group and the general population is significantly narrowed.

Challenges and opportunities

Victoria has a strong record in mental health service development and leadership in many aspects of prevention and early intervention. Over the past decade, service enhancements have improved the experience of treatment and care for many Victorians with mental health problems.



Mental health is ‘a state of emotional and social wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively or fruitfully, and is able to make a contribution to his or her community’ – World Health Organisation.

Over the course of a year, around 19 per cent of Victorian adults will experience a mental health problem

At least 30 per cent of public mental health service consumers also have substance use problems

Some 44 per cent of people with any form of mental illness do not receive care, either because they cannot access services or they choose not to seek help

People with severe mental illness die from major physical health problems – including heart disease, cancer and diabetes – at around 2.5 times the rate of the general population

More people are now supported in community-based facilities, acute care is co-located with general hospitals and many individuals receive much of their mental health care from primary health services.

We have some world-class specialist services, and innovative programs connected to settings such as schools and homelessness support services. At the same time, the system has worked on many fronts to provide the social supports that are the prerequisites for rehabilitation and recovery for people with mental health problems.

Looking to the future, Victoria is faced with a number of challenges.

Reducing the impact of mental illness across the broader service system

We need to approach mental health problems as both a cause and a consequence of a wide range of health and social problems. We must reduce the numbers of people with mental health problems forced into involvement with services such as homelessness support and the criminal justice system, and increase the capacity of those working in these services to better identify the emergence or escalation of mental health problems and facilitate access to appropriate and support.

Matching response to population need and potential benefit

The impact of demographic change, including population ageing and social diversification, will pose new challenges for the service system. Investment needs to be more systematically based on evidence about the spectrum of mental health conditions and where greatest potential exists for benefit – whether through prevention, early intervention or longer-term treatment. We also need to reach a larger proportion of those affected, including many vulnerable individuals with slightly less severe mental illness but complex health and social needs.

Easing pressures on specialist mental health services

We need to increase the effectiveness and efficiency of the public specialist system, while building its capacity to work in partnership with other services to provide a wider overall response to mental health problems. Key issues of workforce adequacy and sustainability, information technology and infrastructure are central to this challenge.

A greater focus on children and young people

We need responses to children and young people that prevent mental health problems, intervene early where problems are emerging and provide effective treatment when required, in order to reduce the chances of long-term psychiatric disability. We also need to respond to evidence about the importance to mental wellbeing in children and young people of fostering resilience, good parenting and supportive communities.

Improving the experience of consumers and carers

This starts with improving access to services and the ability to navigate the service system. We need a service system that takes a holistic approach to address the individual's range of needs, whether they be for alcohol and drug treatment, physical healthcare, housing or other support.

We need a service culture that sees consumers, carers and families as valued partners in treatment and care, and in service governance, planning and evaluation. They also have the right to experience mental health and broader health and community support services that make them feel safe, and treat them with respect and dignity.

Because mental health matters

Because mental health matters is designed to help Victoria address these challenges. It is structured around eight Reform Areas. The following section outlines goals and proposed actions under each of these Reform Areas. This summary represents potential actions that will be considered over the life of the strategy and does not at this stage imply the commitment of specific additional financial or human resources.

Reform Area 1: Promoting mental health and wellbeing – preventing mental health problems by addressing risk and protective factors

Victoria has been an international leader in putting mental health promotion on the agenda. With mounting evidence about risk and protective factors, we want to make community prevention programs a core part of our mental health effort. We also want all relevant health promotion and social programs to incorporate a strong focus on supporting positive mental health.

Goal 1.1	Lead an organised and collaborative effort to promote positive mental health in targeted community settings
Goal 1.2	Promote a socially inclusive society to strengthen recognised protective factors for mental wellbeing
Goal 1.3	Renew Victoria's suicide prevention focus through a wide range of government programs
Goal 1.4	Reduce the risk factors for mental health problems associated with substance misuse

Actions to meet these goals may include:

- Mental health promotion in schools and early childhood settings to build resilience and protective factors. This will complement healthy eating, physical activity and drug education to create an integrated healthy living and healthy minds approach.
- Support for evidence-based workplace programs to promote positive mental health and wellbeing for delivery across the public and private sectors. These would focus on building individual coping skills and organisational ability to deal with stressors in the work environment.
- Contribution to social inclusion policies and programs including those addressing discrimination, family violence, homelessness and unemployment, via local government, Primary Care Partnerships, and area-based programs like Neighbourhood and Community Renewal.
- Developing of education and awareness campaigns and ongoing efforts through a range of media to highlight the risks to mental health associated with problematic alcohol and drug use, especially binge drinking, cannabis and amphetamine use.
- Renewing suicide prevention plan, *Next steps: Victoria's suicide prevention action plan*, using the new national framework to strengthen our ability to identify and respond to risk factors and emerging trends in suicide behaviour and suicide prevention.
- Developing the expertise and capacity of relevant workforces to use evidence in designing and implementing mental health promotion. Develop a catalogue of interventions that represent best practice in addressing risk and protective factors and determinants. Build on the Mental Health Promotion short course to create locally relevant applied skills training related to interventions.



With state funding, **VicHealth** has played an international leadership role in establishing the social determinants of mental health and best practice in mental health promotion

Early in 2009 we will launch an awareness raising campaign for young people, highlighting the risks to mental health of **cannabis use**

2008–09 saw the allocation of \$13.5 million over five years to begin the redesign of **child and youth services** within a 0–25 years framework starting in two demonstration sites

Funding of \$2.5 million over five years was introduced in 2008–09 to enhance **paediatric eating disorder services** in three sites

Family support received a boost in the 2008–09 budget with \$3.3 million over four years to expand the **Families where a Parent has a Mental Illness** program in partnership with ChildFirst agencies

Reform Area 2: Early in life – helping children, adolescents and young people (0–25 years) and their families

With 75 per cent of mental health problems emerging before the age of 25, increased support to children and young people with emerging or more fully developed mental health problems is a high priority for reform. This will involve redevelopment and expansion of child and youth mental health services that work in partnership with a range of universal services, and are welcoming and family focused.

Goal 2.1	Strengthen early identification and intervention through universal services, including early childhood services, primary health care and educational settings
Goal 2.2	Provide earlier and age-appropriate treatment and care for children, adolescents and young adults with emerging or existing mental health problems and their families
Goal 2.3	Deliver targeted mental health support for particular groups of highly vulnerable young people
Goal 2.4	Build stronger, more resilient families where there is risk related to mental health and drug and alcohol problems

Actions to meet these goals may include:

- Delivery of more accessible, earlier intervention for children and young people by redeveloping services within a 0–25 years framework that improves continuity of care, fosters specialisation for children and young people, and builds partnerships with primary health, early childhood services, schools and youth services.
- Improvement of skills in the school health and welfare workforce to confidently promote mental wellbeing, identify emerging mental health problems, facilitate access to more specialist intervention where required and provide follow-up support.
- Provision of accessible help for young people (12–25 years) with emerging moderate or severe mental health conditions through a network of youth service hubs, co-located with general health, drug treatment and youth support services and working with Commonwealth-supported *headspace* sites where possible.
- Building on youth early psychosis services to further develop early intervention in accordance with international best practice pioneered in Victoria and elsewhere.
- Establishment of a statewide framework to support consistent specialist care for young people with eating disorders. This will foster locally coordinated treatment and care, with back-up from regional resources and statewide expertise, and streamlined access to inpatient care if required.
- Provision of tailored, flexible services to highly vulnerable young people who have experienced significant abuse and trauma – especially those involved with youth justice, child protection and youth homelessness services.
- Proactive support to families where mental health problems may be damaging family relationships and putting children at risk. This will connect mental health and alcohol and drug treatment services with Child FIRST sites so that family support interventions are provided when required.

Reform Area 3: Pathways to care – streamlining service access and emergency responses

It is a fundamental priority to provide clearer, swifter pathways to care that are responsive to a greater range of clients and not dependent on people being in crisis. For those in crisis, we need more efficient emergency responses and a range of appropriate facilities in both hospitals and the community.

Goal 3.1	Provide access to ‘right time, right place’ mental health care through better mental health information and streamlined referral pathways
Goal 3.2	Promote primary health services as a key access point for mental health care and referral
Goal 3.3	Improve the efficiency and responsiveness of psychiatric triage in specialist public mental health services
Goal 3.4	Build a robust, integrated emergency service system to respond effectively to people in urgent need

Actions to meet these goals may include:

- Creation of more accessible information, advice and referral services that can assist people with a broad spectrum of mental health problems, including a 24/7 call line for the general public.
- Prompt assessment and proactive assistance to those who need a mental health service to access appropriate care through the development of centralised psychiatric triage service in area mental health services.
- Promotion of general practice and community health services as key providers of primary mental health care, and a key referral point to private and public mental health services.
- Better support of people experiencing psychiatric emergencies in the community through more coordinated mental health and police community emergency responses targeted in areas and at times of high need.
- New models for short-stay units at major hospitals or in community-based facilities for people experiencing a mental health crisis including those with problematic substance use, as an alternative to emergency department presentation and inpatient admission.

Reform Area 4: Specialist care – meeting the needs of adults and older people with moderate to severe mental illness

Specialist mental health services will remain the core of our mental health system. We want consumer-focused and carer-inclusive services that offer real hope and empowerment orientated towards recovery. This will involve a wider range of treatment options, including bed-based services that connect clinical and psychosocial recovery needs.

Goal 4.1	Build a more responsive system of specialist community-based mental health care geared to early intervention, relapse prevention
Goal 4.2	Provide a wider range of bed-based options that are well connected with both clinical and psychosocial rehabilitation services
Goal 4.3	Tailor services for prisoners and people with a forensic history to achieve improved outcomes
Goal 4.4	Foster an integrated response to people’s physical health and mental health problems

Action to improve access to appropriate services begins in 2008–09 with allocation of \$10.4 million over four years for a **24 hour telephone line** providing information, advice and referral, and \$5.5 million for the redesign of **psychiatric triage** in key hospital locations

Since 2002–03 we have opened 65 extra **acute inpatient psychiatric beds**, to address critical gaps in the service system

The strategy will build on the establishment of **68 step up/step down prevention and recovery care (PARC) beds** since 2002–03, to provide treatment for consumers recovering from an acute episode, or prevent avoidable admission to an acute inpatient facility

Starting in 2008–09, \$5.6 million has been earmarked over four years to expand **intensive clinical and psychosocial outreach** support to people with a mental illness to allow them to live independently

The 2008–09 budget provided \$3.1 million over four years for new inner city **supportive housing** for homeless people with mental health and other complex needs

Actions to meet these goals may include:

- Active promotion of consumer self-determination and carer- and family-inclusive practice, including peer support to help consumers and carers navigate the extended mental health system. Consumer and carer participation in broader service planning and governance will also be encouraged and facilitated.
- Working towards better availability of community-based specialist mental health services to adequately meet the needs of Victorians of all ages with severe and enduring mental health problems and psychiatric disability, underpinned by workforce reform and improved practice.
- Creation of new specialist mental health services delivered through selected community health services, to meet the needs of adults and older people with moderate to severe mental illness who are socially, economically or geographically disadvantaged.
- Working towards an equitable distribution of inpatient, sub-acute, rehabilitation and recovery beds, particularly in areas of rapid growth and locations that are currently under resourced.
- Assistance to older people with emerging or existing mental health problems by enhancing the capacity of aged persons mental health services to provide secondary consultation, training and short term shared care to primary health services and mainstream residential aged care facilities.
- Development of new and expanded alternatives to inpatient care for adults and older people with severe mental illness, including greater access to sub-acute Prevention and Recovery Care services and intensive in-home treatment and support for older people.
- Prioritisation of the physical health of people with severe mental illness through an assertive program of targeted health promotion, systematic screening and access to chronic disease management programs.
- Strengthening the capacity of prison health services to improve longer-term mental health outcomes for prisoners as part of the new Justice Health model. This will be complemented by new medium-security forensic mental health beds and enhanced capacity of community-based clinical and PDRS services to support people with a forensic history.

Reform Area 5: Support in the community – building the foundations for recovery and participation in community life

We aim to provide a comprehensive ‘platform for recovery’ that provides organised, sustained and tailored approaches to care coordination for those needing longer-term support to live successfully in the community, with renewed focus on housing, workforce participation and community inclusion.

Goal 5.1	Promote a more coordinated and tailored approach to people with severe mental illness who require support from multiple services
Goal 5.2	Improve access to stable and affordable housing that is linked to flexible, scaled psychosocial rehabilitation support
Goal 5.3	Support participation of people with mental health problems in the workforce and other aspects of community life
Goal 5.4	Reduce involvement with the criminal justice system of people with mental health problems as victims or offenders

Actions to meet these goals may include:

- Supporting people with severe mental illness and multiple needs and their carers through designated care coordinators who will lead the development of comprehensive care plans. Standard elements of plans will include clinical, psychosocial rehabilitation, general health care and community living support.
- Provision of individually tailored packages of psychosocial outreach support linked to a wider range of secure and affordable long-term housing options to people with enduring psychiatric disability who are homeless or at risk of homelessness.
- Explicit consideration of the needs of people with mental illness, alongside people with other complex needs, as part of the planning and allocation of new and existing social housing, including that provided by Housing Associations, and the development of new housing and support models.
- Creation of clearer linkages between specialist employment services and specialist mental health services. This may include co-location or provision of specialist employment workers on an in-reach basis to specialist mental health services.
- Fostering partnerships between business groups, public sector organisations, PDRS services, exemplar employers and training providers to create training and employment opportunities, and promote ‘employer readiness’ for people with moderate to severe mental health problems.
- Promotion of community acceptance and inclusion of people with mental health problems in social and recreational activities through public awareness initiatives and partnerships with local government and non-government organisations (NGOs).
- Development of new approaches in the criminal justice system to divert people with mental illness from custody. This may include a mental health court list to provide assessments, brokerage funding and referral to community-based services, and enhanced advocacy and support to victims, suspects and offenders at early stages of their contact with courts.
- Strengthened pre- and post-release transitional programs to address mental health, alcohol and drug, housing and other complex problems that affect the ability of prisoners to re-integrate into the community (as part of the Corrections Demand Management Strategy).



The government has introduced **Koori mental health liaison officers** in rural Victoria and is working with Victorian Aboriginal Community Controlled Health Organisations on ways to improve service access for Aboriginal people in metropolitan areas

Reform Area 6: Reducing inequalities – responding better to vulnerable people

Closing the gap in mental health outcomes for Aboriginal people by promoting improved social and emotional wellbeing and providing culturally responsive care is a clear strategy priority. People with mental illness and coexisting disabilities require specific service responses. Measures are also required to address the particular needs of people from culturally and linguistically diverse (CALD) and refugee backgrounds.

Goal 6.1	Improve the social, spiritual and emotional wellbeing of Aboriginal people, their families and community
Goal 6.2	Improve outcomes for people with a mental illness and co-existing intellectual disability, Acquired Brain Injury or Autism Spectrum Disorder
Goal 6.3	Improve mental health outcomes for people from culturally and linguistically diverse and refugee backgrounds



The sustainability of the **mental health workforce** will be enhanced commencing with the extra 60 EFT agreed in the 2007 Enterprise Bargaining Agreement

Actions to meet these goals may include:

- Provision of culturally-supportive social and emotional wellbeing and recovery services for Aboriginal people living in metropolitan Melbourne, delivered through new collaborative arrangements between the Victorian Aboriginal Health Services (VAHS), Victorian Aboriginal Community Controlled Health Organisations (VACCHO), local Aboriginal organisations and mental health services.
- Exploration, with VACCHO and selected Aboriginal Community Controlled Health Organisations, of a coordinated local prevention, early identification and early intervention program targeted to young Aboriginal people aged 10–25 years at risk of, or experiencing, poor social and emotional wellbeing.
- Strengthening the capacity of mental health, disability and primary health services to identify, assess and treat people with a mental illness and co-existing disability by improving secondary consultation and creating a ‘no wrong door’ approach to the needs of this group.
- Workforce development and strengthened cultural portfolio holder positions in specialist mental health services to provide more culturally-responsive services for CALD and refugee communities.

Reform Area 7: Workforce and innovation – improving capacity, skills, leadership and knowledge

The success and viability of all proposed reforms depends on the capacity and capability of the mental health and associated workforces. The strategy aims to develop a refocused, flexible and sustainable workforce and to lead a systematic drive to adopt effective, evidence-based practice in prevention, treatment and care.

Goal 7.1	Build a sustainable, flexible and dynamic specialist mental health workforce that operates as a highly respected part of the broader health and community services sector
Goal 7.2	Develop work practices and cultures in mental health services that support high quality, effective, consumer-focused and carer-inclusive care
Goal 7.3	Systematically improve the mental health competency of other key workforces in the community
Goal 7.4	Create an organised statewide research and knowledge management capacity to provide a robust evidence base on mental health care

Actions to meet these goals may include:

- Exploration of the creation of an Institute for Mental Health Workforce Development and Innovation to drive workforce development and cultural change. This body would consolidate the work of separate specialist centres of excellence, define core competencies and training needs, facilitate training rotations across sectors and lead adoption of evidence-based practice.
- Consideration as part of the Institute of a collaborative Centre of Excellence for Consumers and Carers as a focus for consumer- and carer-led research and workforce development.
- Initiation of a program of mental health workforce redesign, based on an assessment of core competencies required to deliver best practice mental health care and better align existing roles and skills with overall reform directions.

- Pursuit of a sustained recruitment and retention program that attracts students and re-entry workers, targets rural students and international graduates, supports postgraduate studies, and facilitates joint academic/service appointments, public/private employment arrangements and re-engagement of retirees to teach and mentor junior staff.
- Planning and implementation of a rolling program of training for staff in health, justice, education, housing, homelessness and other community service sectors to improve mental health literacy and effective early identification, referral and follow up.

Establishment of a statewide **Mental Health Reform Council** will bring together key stakeholders to oversee and drive implementation and evaluation of the reform strategy

Reform Area 8: Partnerships and accountability – strengthening planning, governance and shared responsibility for outcomes

Strengthened governance arrangements and local coordination and planning partnerships will be important to make sure that change occurs in an effective, efficient and accountable way. Active engagement of a wide range of stakeholders and strong policy coordination and leadership across government must underpin all reform efforts.

Goal 8.1	Develop a broad-based local area planning and coordination capacity embracing the diverse elements of a community response to mental health
Goal 8.2	Strengthen mental health service governance to deliver a more connected and holistic response for consumers
Goal 8.3	Embed accountability into funding and reporting systems across all relevant programs, under a common mental health outcomes framework
Goal 8.4	Drive strategic policy coordination, monitoring and evaluation of reform efforts at statewide level

Actions to meet these goals may include:

- Using broad-based local mental health partnerships and the *Care in your community* framework to undertake population needs assessment, service planning and outcomes monitoring. These will draw on the capacity of Primary Care Partnerships and other local collaborations for particular functions.
- Bringing child and youth, adult and aged specialist mental health services under common governance arrangements and boundaries that align with general health service areas.
- Working towards the establishment of Mental Health Boards or Committees to sit under Health Service Boards. These would bring together clinical, psychosocial and primary health services, with consumer and carer representation, for joint oversight of a defined range of services and functions.
- Development of new monitoring and accountability arrangements based on a shared whole-of-system outcomes framework incorporating health and social indicators that reflect broader individual and community goals.
- Establishment of a statewide Mental Health Reform Council to bring together sectors that are central to progressing reform. Implementation and further work on particular reform priorities would be supported by a number of Partnership Groups bringing together government and non-government stakeholders.



Next steps

The release of *Because mental health matters* is a significant step in moving towards a new vision for mental health prevention, treatment and support in Victoria. Yet it is in many ways only the beginning of the journey.

Reform will occur over a ten-year period and implementation subject to detailed planning and resourcing. Some important elements of the strategy will commence in 2008–09 with the assistance of a funding commitment of \$128 million over four years made in the 2008–09 State Budget. These funds will seed reform initiatives including:

- piloting child and youth mental health service development
- improved perinatal mental health services
- better pathways to mental health care including a telephone advice and referral line and enhanced psychiatric triage
- expansion of acute care capacity for people with severe eating disorders
- extension of recovery support linked to secure housing, including a new model Supportive Housing development.

Action plans

A series of action plans, based on the priorities outlined in the Reform Areas, will be developed, commencing in the first half of 2009. These plans will outline selected proposals in greater detail, highlighting roles, responsibilities and timelines for development and implementation.

Forming new partnerships

Another focus for 2009 will be the constitution of the various partnership groups identified in the reform strategy to advise on and help drive cultural change and service development at various levels.

The establishment of a statewide Mental Health Reform Council bringing together government and non-government bodies with key roles in reform will be a priority. At the same time, we will move to create local mental health partnerships to foster planning, and service coordination and development at the local level.

The Victorian Government will also seek to engage more closely with the Commonwealth Government to meet shared goals in mental health.

Further stakeholder engagement

In progressing the new strategy, the Victorian Government intends to continue its engagement with major stakeholders to help steer change and assist in implementation. Ongoing discussions will be undertaken, particularly with those groups and individuals that contributed to the development of *Because mental health matters*.

Contact for further information

Electronic copies of this summary and the full strategy document are available at <www.health.vic.gov.au/mentalhealth/reformstrategy>. Hard copies can be ordered by email: mhreformstrategy@dhs.vic.gov.au or telephone: 03 9096 0477.

