

# Productivity Commission mental health inquiry

Whole of Victorian Government submission

# Contents

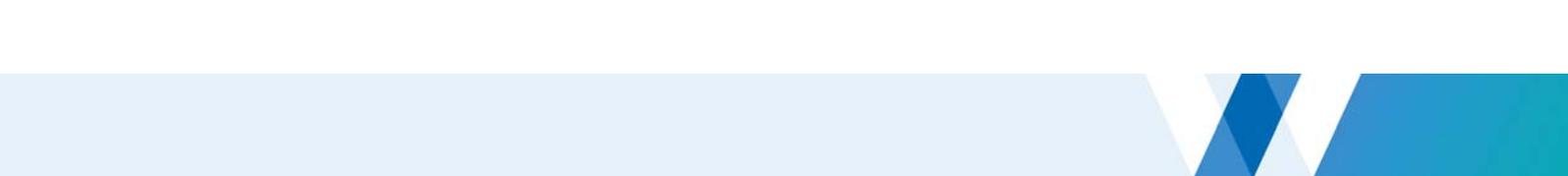
<b>Key messages</b>	<b>3</b>
<b>Introduction</b>	<b>5</b>
<b>Relationship between the inquiry and Victoria’s Royal Commission</b>	<b>6</b>
<b>Commonwealth opportunities and reform directions</b>	<b>7</b>
Mental health services	7
Early in life	9
Adulthood	11
Older people	14
Priority populations	15
Mental health workforce	17
Towards coordinated care and a fully integrated system	18
<b>Appendix - Victorian policies, services, programs and initiatives</b>	<b>20</b>
Victorian mental health services	20
Mental health at life stages	25
Priority populations	41
Systemic approaches to mental health service delivery	46

# Key messages

- Every person living with mental illness deserves high quality and appropriate care and treatment for as long as they need it, allowing them to not only manage their mental illness, but also live a full life.
- Every year, around 3,000 Australians will take their own lives. This can only be described as a national emergency with suicide being the leading cause of death for Australians aged between 15 and 44.
- We don't have the best mental health system we could or should have in providing Australians the support and treatment they need, when and where they need it.
- State and Federal Governments must work together to do more, and do things differently, so Australians can live full and productive lives.
- The Victorian Government's landmark Royal Commission into Victoria's Mental Health System and the commitment by the Victorian Government to implement all Royal Commission recommendations, acknowledges that we need to do more to improve the mental health and wellbeing of Victorians.
- In recent years, *Victoria's 10-year mental health plan*, the *Victorian suicide prevention framework 2016-25*, and record investment in the *Victorian Budget 2018-19* highlight the deep and ongoing commitment to make services more accessible to Victorians and reform the system.
- There is an opportunity for the Commonwealth to demonstrate a similar and enduring commitment to improving the mental health of all Australians.
- There is a strong relationship between mental health and economic participation and productivity. Improving the mental health of Australians will benefit individuals, their families, employers, the community and the economy.
- While people with mental illness are less likely to participate in the workforce, many people with mental illness manage their condition well and participate socially and economically, contributing our broader society and Australia's gross domestic product (GDP).
- Considering the Royal Commission will shape Victoria's future mental health system, this submission focuses on specific opportunities for the Commonwealth to promote mental health and improve outcomes for Australians living with a mental illness. This includes working more closely and collaboratively with states and territories.
- There is a clear return on investment for strengthened and increased Commonwealth funding and effort for the mental health and interfacing systems.<sup>1</sup>
- Given the importance of identifying, treating and supporting people with a mental illness early (both in life and illness), stronger and better of primary care is a priority as it will deliver sizeable improvements for individuals' experience and outcomes, which in turn contributes to enhanced participation and productivity.
- Getting the appropriate care and treatment in the community has become harder than ever before and as a result, Australians aren't getting the support and treatment they need early enough and here in Victoria, are instead ending up in our EDs and ambulances.
- It's why the Commonwealth should focus on addressing the underlying determinants of mental health to prevent mental illness and promote mental health. This requires multi-sector action

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<sup>1</sup> <https://mhaustralia.org/publication/investing-save-kpmg-and-mental-health-australia-report-may-2018>



across policy areas where the Commonwealth has clear responsibilities or opportunities to positively influence, such as income support, employment services, industrial relations, housing and homelessness, education and training, social services and immigration.

# Introduction

The Victorian Government welcomes the opportunity to provide a submission to the Productivity Commission inquiry into the role of mental health in supporting social and economic participation, enhancing productivity and economic growth.

Victoria acknowledges the significant impact that poor mental health can have on social and economic participation and is deeply committed to improving the mental health of Victorians. Victoria does this through a range of policies, services, initiatives and innovations, which seek to identify illness, increase early access to mental health services for people who are mentally unwell, prevent mental illness by addressing the determinants of mental health and promote mental wellbeing.

The Victorian Government has demonstrated a strong commitment to improving the Victorian mental health system. This includes through *Victoria's 10-year mental health plan* and the *Victorian suicide prevention framework 2016-25*, a record investment in the 2018-19 Victorian Budget to respond to service demand and reform the system and, most recently, the landmark Royal Commission into Victoria's Mental Health System (Royal Commission). The Victorian Government has pledged to implement all the Royal Commission's recommendations. The Royal Commission has commenced, and its recommendations will shape Victoria's future mental health system.

Mental health is everyone's business and the Productivity Commission's inquiry provides an opportunity for the Commonwealth to demonstrate similar leadership and a long-term commitment to improve the mental health of all Australians.

Considering Victoria's Royal Commission, this submission focuses on specific opportunities for the Commonwealth to better support and promote the mental health of Australians, including working more closely with states and territories and building a stronger, better primary healthcare system.

As well as considering the Commonwealth's role in mental illness treatment and support, the inquiry should consider how the Commonwealth can lead a national approach to preventing mental illness and suicide, and promoting mental wellbeing.

The submission is structured according to key life stages (early in life, adulthood and older age) in recognition of the different experiences and determinants of mental health at each life stage. It considers issues across a broad spectrum of policy areas, including healthcare, education and training, employment, workplace health, income support, housing stability, homelessness, social services, criminal justice and child protection. The submission also considers the specific experience of priority populations, including Aboriginal Victorians, and provides information about relevant Victorian policies, programs and services.

Consistent with the definition of key terms in the Productivity Commission's Issues Paper, 'mental illness' is used in this submission to describe a diagnosable health problem that significantly affects how a person thinks, behaves and interacts with other people. 'Mental health problem,' 'mental ill-health' and 'mental health issue' are used interchangeably to describe diminished mental health, including from a mental illness. The term 'mental injury' is used to refer to a mental illness where work has been a substantial or major contributing factor to the injury.

# Relationship between the inquiry and Victoria's Royal Commission

The Victorian Government funds and delivers public sector mental health services that provide specialist care for people with severe mental illness. These include specialised mental health care delivered in public acute and psychiatric hospital settings, specialised community mental health care services and specialised residential mental health care services.

The Commonwealth funds a range of mental health-related services through the Medicare Benefits Schedule (MBS) and the Pharmaceutical Benefits Scheme (PBS)/Repatriation Pharmaceutical Benefits Scheme (RPBS). The Commonwealth also funds a range of mainstream programs and services which provide essential support for people with mental illness. These include income support, social and community support, disability services, workforce participation programs and housing assistance.

Victoria believes the Productivity Commission inquiry into mental health and the Royal Commission into Victoria's Mental Health System are complementary. Each inquiry will provide opportunities for the Commonwealth and Victoria to better support and promote people's mental health, including greater collaboration and coordination across Victorian and Commonwealth services and programs. The Terms of Reference for the Royal Commission are available at <https://engage.vic.gov.au/royal-commission-mental-health-terms-of-reference>

Given the timing of the Productivity Commission report (final report to be provided by May 2020), it is possible that the Royal Commission will draw on the Productivity Commission's economic analysis in formulating its own recommendations (final report to be provided in October 2020).

There are several areas where the scope of these inquiries intersect. The Victorian Government considers the Productivity Commission may identify opportunities for the Commonwealth in the following areas where collaboration and coordination with Victoria will be beneficial:

- to address the wider determinants of mental health that are solely or partially the responsibility of the Victorian Government (e.g. child protection, forensic mental health, housing and homelessness, education and training and support for carers)
- improving care coordination and the integration of mental health services (e.g. between Commonwealth funded primary care, the National Disability Insurance Scheme and state-funded community based and hospital care), particularly for people with severe, persistent and complex mental illness
- programs that prevent suicide and address mental health co-morbidities
- better service and infrastructure planning, governance, accountability, funding, commissioning and information sharing arrangements
- improving mental health outcomes for groups at heightened risk of experiencing poor mental health
- improving data collection and research strategies to advance continuity of care and monitor the impact of any reforms.

# Commonwealth opportunities and reform directions

Considering Victoria's Royal Commission will shape Victoria's future mental health system, this submission focuses on specific opportunities and possible reform directions for the Commonwealth to better support and promote the mental health of Australians.

The Productivity Commission should consider focusing on the following overarching areas in relation to the Commonwealth's role:

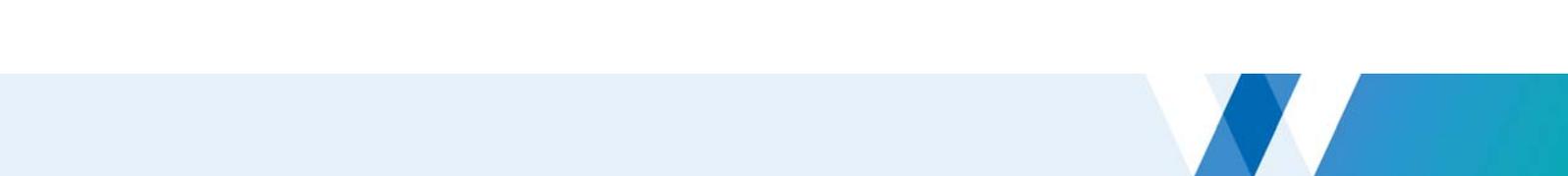
- **Greater investment in mental health and related services** – This includes expanded funding for primary health care and the National Disability Insurance Scheme (NDIS), funding for primary health networks (PHNs) to deliver interventions that respond to local needs and support for the coordination of Commonwealth and state services. In addition, the Commonwealth and Victoria should consider the most appropriate funding arrangements for state-delivered mental health services that ensure funding adequacy, certainty and sustainability.
- **Co-investment and partnership** – This includes considering how both effort and funding at the local effort can be utilised across governments toward shared outcomes and improvements.
- **Improved access** – This includes considering how particular services such as those funded via the MBS can be more readily accessed, such as bulk billing Mental Health Plans via GPs and increasing the number of sessions available dependent on need.
- **Enhancing the reach and coordination of population and place-based mental health promotion initiatives** – This includes considering the relative effectiveness of different service models, clarifying roles and responsibilities across levels of government and supporting local responses that may be required when specific needs are identified.
- **Enhanced support for Aboriginal and Torres Strait Islander Australians** – Based on Aboriginal understandings of social, emotional and cultural wellbeing, this work should include improving access to service provision as well as addressing the impacts of colonisation and intergenerational trauma. Guided by self-determination, reform effort must promote greater Aboriginal and Torres Strait Islander control and choice in the mental health system, and ensure culturally responsive and safe services.
- **Address stable and affordable housing, particularly for people with mental illness** – Stable housing is a key determinant of mental health, a preventative factor for the escalation of mental illness and essential for recovery from mental illness.

## Mental health services

### Current challenges

In any one year, around 19 per cent of Victorians experience some form of mental illness. Around 12 per cent experience mild mental health conditions (such as depression or anxiety), around four per cent experience moderate illness and a further three per cent experience severe mental illness. Only 45 per cent of people with mental illness access mental health services, with those living in regional and rural areas having poorer access.

Suicide is the leading cause of death for Australians aged between 15 and 44. About 200 Australians attempt suicide every day and of those, on average, eight will die. A total of 621 Victorians died by suicide in 2017.



People with mental illness experience significant barriers to accessing mental health services. These include the limited availability of mental health services, stigma, cost, difficulties navigating the mental health system, lack of secondary-tier services, lack of awareness of mental health care and the options available and difficulties travelling to services due to either their illness or the side effects of medication.

There are also specific barriers to accessing general practitioners (GPs), including declining rates of bulk billing, difficulties identifying a GP with an interest and training in mental health, difficulties getting a consultation (particularly on short-notice during a mental health crisis), and after organising a consultation, limitations on the length of the consultation.

While Australia's mental health system does have some focus on promoting mental wellbeing and prevention of mental illness, there is no systemic or coordinated approach to promotion and prevention across key population settings and sectors.

## Opportunities for the Commonwealth

- Increase investment in mental health promotion and mental illness prevention, including identifying mechanisms to ensure a comprehensive and well-integrated national approach to promoting mental health and addressing the determinants of mental health.
- Work with states and territories to implement a national information or behaviour change campaign to improve public awareness and reduce the stigma associated with mental illness and suicide.
- Redesign crisis helplines to strengthen their offering, better integrate them into the mental health system and ensure that calls no longer go unanswered.
- Consider opportunities for MBS funded mental health plans to provide affordable, quality services for more Australians and play a greater role in enabling better mental health and wellbeing.
- Consider differential age-appropriate responses across the life course that acknowledges risk and protective factors relevant to different age groupings.

## Primary care

- Strengthen the skills of GPs to better identify and appropriately assess, treat and refer people requiring mental health support. This includes improving the coordination of care between the public and private mental health treatment sectors.
- Implement all recommendations from the *Better Access Initiative* review to allow people:
  - with moderate or severe mental illness or suicidal behaviours to access more than ten sessions
  - experiencing distress and early signs of crisis to access support
  - to obtain a referral and secure a first appointment in a streamlined way.
- Consider opportunities to support the delivery of mental health services through primary care by health professionals other than GPs. This includes options for people with common mental health conditions, such as depression and anxiety, who may require secondary support but are not sufficiently unwell as to require specialist mental health services.
- Further strengthen PHNs and linkages with other services by progressing a range of service alignment, reform and service improvement priorities. This includes stronger co-commissioning, aligned commissioning and pooled commissioning of services where the benefit is clear (for example, chronic disease management, mental health and alcohol and other drug (AOD) services). There is also an opportunity for greater collaboration at a regional level between PHNs and state-based services (e.g. mental health, education and housing) to better respond to people with complex needs.

## Suicide prevention

- Consider additional funding for interventions following a suicide (suicide postvention) and bereavement support, and the value of linking in with existing networks and services in regional and metropolitan areas. The StandBy - Support After Suicide service is one of the 17 organisations that receive funding from the Commonwealth through the National Suicide Prevention Leadership and Support Program (NSPLSP). StandBy is operating in 13 PHNs nationally, including Ovens-Murray in Victoria. Further Commonwealth funding would enable StandBy to provide broader national reach, including into other Victorian locations.
- Fund additional access to support for people who are at risk of suicide following a critical life event, such as retrenchment, relationship breakdown or the death of a spouse.
- Consider rolling out suicide prevention awareness training, such as applied suicide intervention skills training (ASIST) and Suicide Risk Continuum training delivered by *headspace* and offered to Victorian government secondary schools, to increase community and workforce understanding of the signs of suicidality and how to ask the questions and support someone to get the help they need.
- Consider opportunities to share learnings from suicide prevention programs, such as the place-based suicide prevention trials, to inform future development and implementation of effective programs to prevent suicide. These learnings should contribute to the suicide prevention evidence base at a national level, including the National Suicide Prevention Implementation Strategy, currently being prepared for COAG Health Ministers.
- Collect consistent national data and share information across jurisdictions to inform a national approach to reducing suicide.
- Ensure there is a dedicated focus on reducing Aboriginal and Torres Strait Islander suicide rates through a new National Mental Health and Suicide Prevention Plan. Aboriginal and Torres Strait Islander communities have undertaken sustained advocacy to address high suicide rates among Indigenous communities, particularly young people. Funding allocated under a new Plan should be allocated to initiatives designed in partnership with Indigenous communities that address the cultural, social and emotional determinants of wellbeing.

## Early in life

### Current challenges

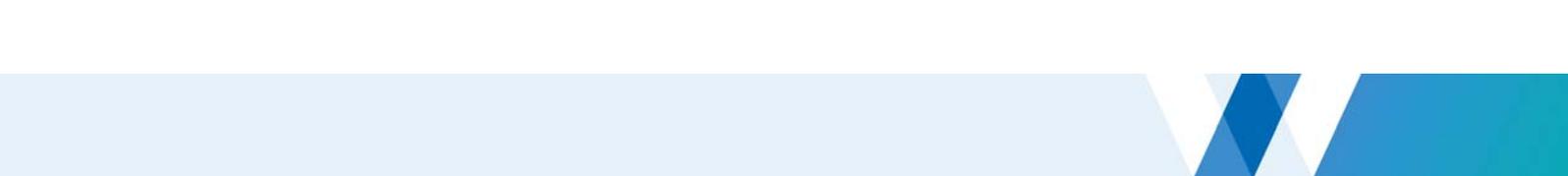
Mental illness often starts early in life and can have significant implications for future health, learning, employment and personal relationships. It is estimated that around one in four young people (aged 16-24 years) and one in seven children and adolescents (aged 4-17 years) have a mental health problem. One half of all mental health conditions emerge by the age of 14, and three-quarters by the age of 24.<sup>2</sup>

Mental illness can significantly impact learning and development outcomes, with stress negatively impacting the process of learning and memory. Poor mental health is associated with substantially poorer early learning skills at school entry. However, good mental health in the first few years of life has been associated with better long-term mental, physical and social outcomes.

Young people with mental illness experience lower rates of educational attainment and higher rates of unemployment than young people generally and also face a range of additional barriers to participation in education, training and employment which are linked to their mental illness.

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<sup>2</sup> Lawrence D, Johnson S, Hafekost J, Boterhoven De Haan K, Sawyer M, Ainley J, Zubrick SR (2015) *The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing*. Department of Health, Canberra.



There is increasing awareness of the number of young people experiencing mental illness, and services which are most frequently provided in primary care and the education system are conscious of the need to improve capacity and accessibility. This is particularly acute for children 12 years old and under where, at school entry, one in four children are developmentally vulnerable, or at risk, in the domains of social competence and emotional maturity.<sup>3</sup> For young people in regional and rural areas, key practical barriers to accessing services include affordability of services, lack of transport, lack of time and unavailability of local services.

Evidence suggests university students are experiencing heightened psychological distress, in part due to academic and financial pressures, isolation, loneliness and poor self-care. The Victorian Coroner released a report in January 2019 that also noted specific concerns regarding international student suicides in Victoria, and some of the issues students face.<sup>4</sup>

## Opportunities for the Commonwealth

- Consider leading the development of a single web-based portal to make it easier for parents to access capacity building resources.
- Work with Victoria to shift perceptions about mental health early in life through delivering primary prevention activities and expanding the coverage of existing evidence-based parenting programs, such as *Tuning into Kids*, which teaches parents to recognise, understand and respond to their children's emotions to support good mental health. This work should be undertaken in collaboration with maternal and child health services, early childhood services and schools.
- Consider bolstering funding for child mental health services to enable PHNs to commission a broader suite of services to support healthy social, emotional and behavioural development in children.
- Work with Victoria to build a stronger network of support for child mental health (including to address the system gap in mental health services for children 12 years old and under) through a more systematic connection between state and Commonwealth funded maternal and child health, early education, school and mental health services. This could include a coordinated approach to system design and delivery, such as aligned funding guidelines and greater collaboration across geographic region between levels of government.
- Consider opportunities to improve integration and coordination between Commonwealth and state funded services for children and young people, including working with PHNs more closely in commissioning child and youth mental health services (including *headspace*) and improved referral pathways and integration with primary care, including exploring co-located service models.
- Consider developing a new early intervention outreach response for young people aged 12-25 years to complement public or private clinical treatment. This could include specialist responses tailored to the needs of young people with eating disorders, obsessive compulsive disorder and other anxiety and conduct disorders.
- Consider opportunities to better support young people aged 12-18 with severe mental illness who need intensive psychosocial support to return home after an acute episode who will not meet the National Disability Insurance Scheme (NDIS) disability requirements related to permanency of functional impairment. Some of these children and young people are at risk of voluntary relinquishment to the out-of-home care (OOHC) system.

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<sup>3</sup> Australian Early Development Census National Report 2015 A Snapshot of Early Childhood Development in Australia

<sup>4</sup> <https://www.coronerscourt.vic.gov.au/sites/default/files/2019-01/16%201035.pdf>

- Consider opportunities to better support young people to develop an understanding of how to identify mental health risk factors in the workplace and develop their capacity to manage and respond to these risk factors prior to them entering the workforce.
- Consider opportunities to further build on intersectoral approaches to child and youth mental health, including mental health promotion initiatives in community-based settings such as schools, workplaces and social services.
- Consider ways to build workforce capacity to better identify and respond to emerging mental health issues in children such as through Emerging Minds (the National Workforce Centre in Child Mental Health).
- Require initial teacher education training to include a greater focus on mental health issues to facilitate the development of capable and responsive education workforces across early childhood, school and higher education.

## Adulthood

### Current challenges

During periods of unemployment, people are likely to receive lower incomes (both immediately and upon re-employment), experience social isolation and may face a stigma associated with unemployment. These effects can increase the risk of a person developing mental illness.

People with a mental illness experience significant barriers to participating in the workforce. Barriers include the episodic nature of mental illness, stigma and discrimination, the perceptions, attitudes and understanding of employers and fellow employees, and structural issues associated with poorly coordinated services and financial disincentives to participate in work.

Currently more than one-third (37.4 per cent) of jobseekers registered with the Commonwealth's disability employment services are identified as having a psychiatric condition as their primary disability (Department of Social Services – data as at 30 June 2017). However, the job placement rate for these people is one of the lowest across all disability types at 30 per cent.

Although employment can have positive impacts on the mental health and wellbeing of individuals, workplace stress can contribute to mental illness. WorkCover claims for mental injuries in Victorian workplaces have increased over the past five years to September 2018, representing an average annual growth of 4.4 per cent. WorkSafe Victoria has predicted that mental injury claims will grow at least 34 per cent by 2030 (versus 12 per cent growth for physical injuries). Mental injury claimants are more likely to experience longer periods of time off work following their injury, compared with physical injury claimants.

Affordable, accessible housing is also a fundamental factor in people's mental health, serving as a preventative factor for mental illness and the escalation of mental illness. People with housing problems are at greater risk of developing mental illness.

Australia has among the most expensive housing in the world. It also has a severe shortfall of social and affordable housing, including a shortage of over 500,000 rental dwellings that are affordable and available to the lowest income households.

For people with disability, NDIS implementation issues are impacting on current and prospective participants' access to adequate psychosocial supports, which in turn impacts the ability of these individuals to participate socially and economically. These include (but are not limited to):

- unclear delineation between the NDIS and mental health system at the operational level resulting in scope creep, gaps in service provision and duplication of services

- inconsistent NDIS access decisions, particularly concerns with how the permanency requirement and ‘significant’ functional impairment are being assessed, as well as how the episodic impacts of mental illness are being accounted for at access and in plans
- significant delays in the NDIS access, plan development and review processes which increases risk of deterioration, relapse and results in discharge delays from bed-based mental health treatment services.
- the significantly lower than expected proportion of capacity building supports in plans, resulting in lost opportunity to improve participants functional capacity and recovery, and support improved housing and employment outcomes
- plans not adequately, or flexibly, considering the impacts of psychiatric crisis and fluctuating needs of participants with a psychosocial disability, which increases the risk of avoidable admissions to, or prevents safe discharge from, acute inpatient beds (for example, insufficient support coordination in plans)
- significant reductions in plans post review due to plan underspend or because the participant is viewed as ‘stable’ (with the resultant risk that withdrawal of disability supports will negatively impact on the participant’s ongoing capacity to manage their life circumstances and or self-manage their mental illness and its impacts).

People with a mental illness, including those with major illnesses, are over-represented in the criminal justice system, both as offenders and victims of crime. In 2017-18, 37 per cent of Victorian prisoners had an identified or suspected mental health condition on reception into prison. In many cases, people will enter prison with mental illness that has previously gone undiagnosed and untreated.

While Medicare provides universal access to health care for the general population, the availability of Medicare-funded GP, psychology and other allied health services ceases when a person enters the prison or youth justice system. This inequity can lead to gaps in service-provision and in the continuity of mental health treatment and care upon release.

## Opportunities for the Commonwealth

### Employment

- In resourcing mental health services nationally, ensure greater recognition of the role of employment both as a protective factor and supportive factor in the effective treatment of mental health issues.
- Consider expanding programs that integrate employment support services to people with mental illness with clinical mental health services, to be complemented by approaches to improve mentally healthy workplaces. One such model is the Individual Placement & Support (IPS) model which integrates clinical mental health services with employment assistance to support the recovery and economic participation of people experiencing mental illness. The IPS has a strong international evidence base and has also been shown to be effective through multiple pilots in the Australian context.<sup>5</sup> The federal Department of Social Service is currently funding another trial of the model for young people (see <https://www.dss.gov.au/mental-health-programs-services/individual-placement-and-support-ips-trial>).

### Workplace mental health

- Advocate for stronger leadership to create healthy workplaces. The Commonwealth could consider a national strategy to articulate the importance and benefits of investing in, and

<sup>5</sup>‘Supported employment for people with severe mental illness: systematic review and meta-analysis of the international evidence’ in *The British Journal of Psychiatry* (2016) 209, 14–22

embedding, mental health promotion within workplaces. This should involve industry, unions, insurers, researchers and other key stakeholders.

- Consider opportunities to build the capability of employers of all sizes to promote worker wellbeing, prevent mental illness and support workers with mental illness stay at or return to work after an episode of mental illness. This could involve developing a 'one-stop' shop for employers providing evidence-based information, resources and training programs to create mentally healthy workplaces and manage mental health issues in the workplace.

## Housing

- Consider the need for greater investment in the growth of social housing and homelessness services across Australia, complementing significant existing State investment, to increase the number of homes available to respond to housing demand, including from people with mental illness. This could, among other things, enable more timely provision of social housing to people in urgent need, including those experiencing mental illness.
- Consider options to address the significant housing gap for people with a severe mental illness and associated psychosocial disability, including for those who require supported accommodation (including NDIS Specialist Disability Accommodation (SDA)).
- Consider how to improve links between mental health support and housing assistance systems at a national level (particularly social housing and the homelessness service system) to achieve better outcomes for people with mental illness. This could include improved coordination of housing and support at the time that people commence a tenancy (to ensure housing and support needs are identified and where possible aligned) and during a tenancy (particularly at times when mental illness has the potential to contribute to tenancy issues that may lead to tenancy failure).

## NDIS

- Victoria and the Commonwealth should work collaboratively to:
  - develop a psychosocial gateway for people with psychosocial disability to forge a connection with organisations that have considerable expertise in psychosocial disability and provide linkages to supports and services for individuals with severe and persistent mental illness, but who are ineligible for an NDIS package
  - ensure NDIS assessors have specialist psychosocial expertise and capability
  - review how NDIS access criteria is applied to people with a psychosocial disability which considers the episodic nature of mental illness and ensure access decisions are made by skilled clinicians
  - review current NDIS price settings as a pathway to independent price setting to ensure the sustainability of a specialist psychosocial disability workforce and quality and safety outcomes for participants with a primary psychosocial disability.
- Ensure the NDIA and partner agencies are better equipped to collaborate with clinical mental health services, assist eligible people with a psychosocial disability to understand, contemplate and access the NDIS, engage carers and families in decision-making and deliver a timely response to those seeking to access the NDIS.
- Increase investment in information linkages and capacity (ILC) building to ensure people with a psychosocial disability who are not eligible for the NDIS are supported to build their individual capacity and increase their economic and community participation.
- Consider ways to better delineate the roles and responsibilities between state-funded services, the NDIS and wrap-around services for participants.

- Consider an uplift in funding for advocacy services for people living with mental illness who may not be well placed to self-advocate due to their condition.

## Criminal justice

- Lift the Medicare exclusion for prisoners and young offenders to enable Medicare-funded psychology and other allied health services to form part of the suite of primary mental health services provided in Victorian prisons and youth justice centres. This will allow these cohorts to receive enhanced treatment and may increase the likelihood that prisoners and young offenders continue to engage with and access services upon release.
- Improve health care attendance of people at risk of entering the justice system, to enable earlier intervention in mental health and general health issues, and improve whole-of-life outcomes for this cohort.

## Older people

### Current challenges

While the prevalence of mental health disorders tends to decrease with age, there are certain sub-groups of the older population that are at higher risk. These groups include people in hospital and supported accommodation, people with dementia and older carers.

Across the general population, Australians over the age of 65 have the lowest rate of contact with community mental health care services (except for children under the age of 15) and use of Medicare funded mental health services decreases with age. However, use of mental health related prescriptions increases with age, indicating that older people are more likely to receive pharmacological treatment for mental health issues, rather than other forms of therapeutic treatment.

The availability of and access to services have been identified as barriers to mental health service provision for older people in regional areas. Access barriers include difficulties obtaining appointments with GPs and mental health services, specialist mental health services not being available locally and services being at full capacity. People living in remote areas of Australia may need to travel long distances to access health services, and transport can be an issue for those older people who no longer drive and where public and community support transport is sparse.

### Opportunities for the Commonwealth

#### Service integration

- In the context of recommendations from the Aged Care Royal Commission, consider the need for a multilevel, multisystem strategic response to focus on promoting good mental health and wellbeing and preventing the development of mental illness in people as they age, while also intervening early to treat and provide psychosocial supports to older people with emerging or established mental illness.
- Consider strengthening the interface between NDIS and aged care systems with homelessness services and ensure their adequacy in supporting people with mental illness and significant psychosocial disability to live independently in the community without risk of homelessness. This includes ensuring housing and homelessness risks are identified, and reasonable and necessary housing supports are included in NDIS plans to support an individual to sustain their tenancy.

## Access to services and supports

- Consider ways to improve access to mental health services for older people living in residential aged care. The recent Commonwealth funding allocated through PHNs is welcome, and greater data and transparency on the services provided would assist in understanding ongoing demand issues and gaps.
- Consider options for addressing access barriers to mainstream aged care services, including residential services, for people with mental health issues. This should consider targeted approaches for populations who face additional barriers to service access, including former prisoners.
- Consider the need for a more comprehensive specialist dementia care program. Victoria is working with the Commonwealth to implement a small-scale initiative to support people with challenging behaviours arising from dementia. This program provides care for people exhibiting very severe behavioural and psychological symptoms of dementia (BPSD) who are unable to be effectively cared for by mainstream aged care services
- Consider strengthening the skills and capability of public and private aged care residential services to better identify and manage people experiencing mental illness, including behavioural symptoms due to dementia and mental illness.
- Consider equipping GPs to better identify and appropriately assess, treat and refer older people with mental illness, and continue to strengthen the coordination of care between the public and private mental health treatment sectors. Specifically, consider:
  - a review of the Mental Health Plan questionnaire so that it better identifies the drivers of mental illness and its impacts on older people
  - improved training for GPs in non-drug related interventions that treat depression, such as social prescriptions, to avoid long term and unnecessary reliance on anti-depressants at the expense of other more appropriate therapeutic options.
- Consider equipping the generalist aged care workforce to identify the signs of mental illness and respond to people's needs appropriately through the training and specialist consultation and liaison services.

## Priority populations

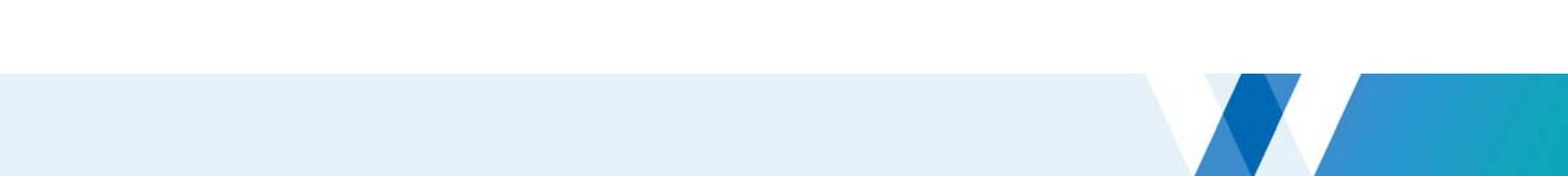
### Current challenges

Aboriginal and Torres Strait Islander people experience higher rates of mental health issues than other Australians, with deaths from suicide twice as high, hospitalisation rates for intentional self-harm 2.7 times as high and rates of high and very high psychological distress 2.6 times as high as for other Australians.

Social, historical and economic disadvantage contribute to high rates of physical and mental health problems, high adult mortality, high suicide rates, child removals and incarceration rates, which in turn lead to higher rates of grief, loss and trauma.

Aboriginal and Torres Strait Islander peoples have significantly lower levels of usage of Medicare Benefits and Pharmaceutical Benefits. Barriers to accessing mental health services include perceived potential for unwarranted intervention from government organisations, long wait times (more than one year), lack of inter-sectoral collaboration and the need for culturally competent approaches including in diagnosis.

Over a quarter of a million first-generation adult Australians from culturally and linguistically diverse (CALD) backgrounds are estimated to experience some form of mental illness in a 12-month period. A significant number of people from CALD backgrounds do not seek help for their mental health problem or are reluctant to do so.



People from CALD backgrounds may also miss out on mental health services due to a lack of information in community languages and culturally appropriate services, difficulties using mainstream services because of language and cultural barriers, confusion about how services operate or lack of unawareness of the range of services and supports that are available.

Compared to the general population, LGBTI people are more likely to experience mental illness, engage in self harm and attempt suicide. Barriers to health service access include LGBTI people's fear of discrimination, rejection and breach of confidentiality. Unless services are explicitly inclusive, many LGBTI people will often assume a lack of understanding and potential discrimination. This is particularly the case in faith-based services, due to a history of explicit homophobia from some religious institutions

Further, lack of recognition within generic mental health and suicide prevention policies and programs continues to result in LGBTI people not being reached and their needs not being addressed.

Poor family functioning, neglect and experiences of trauma, including sexual, physical and emotional abuse and exposure to family violence, significantly increase the risk of mental illness in children and young people. The prevalence of mental illness among children and young people in the child protection and out of home care systems is around four times higher than the Australian national average. A survey of young people detained in youth justice facilities in Victoria in 2017 revealed that around one half presented with mental health issues, and 70 per cent had experienced abuse, trauma or neglect in childhood or adolescence.

Children whose parents have mental health issues are also at greater risk of developing mental health problems as they get older, with potential complications in infancy and social and behavioural problems in childhood and adolescence.

People living in rural and remote areas face a range of unique stressors not experienced by the rest of the population, including personal and community stress in farming areas experiencing drought conditions. Suicide rates are higher for rural and remote communities compared with metropolitan areas, showing that there are significant mental health issues to be addressed in rural and remote areas. However, people living in these communities often have more limited access to mental health, medical and other support services.

## Opportunities for the Commonwealth

### Aboriginal populations

- Through a refresh of the *Closing the Gap Framework* and review of the *National Indigenous Reform Agreement*, ensure there is a renewed focus on addressing the cultural, social and emotional wellbeing of Aboriginal people.
- Using the *Uluru Statement from the Heart* as guidance, there is an opportunity to promote truth-telling and healing as part of a national process on the establishment of a Voice to Parliament. As noted by community leaders this process can support healing and improve mental health outcomes for Aboriginal and Torres Strait Islander communities across Australia.
- As part of the National Suicide Prevention Implementation Strategy, ensure there is a dedicated focus on reducing suicides rates amongst Aboriginal and Torres Strait Islander people through a new National Plan.
- Build a skilled and well supported mental health workforce and Aboriginal mental health workforce that can deliver culturally responsive, trauma-informed services in mainstream mental health services and Aboriginal community-controlled organisations.

## CALD populations (including refugees and asylum seekers)

- Given the ongoing demand on existing services and programs, consider providing funding to support and expand existing programs and identify new opportunities to support CALD communities across Australia (including refugees and asylum seekers) and non-residents. Priority should be given to programs and services which employ or engage members of the relevant community or communities in their design, development, implementation and evaluation. Wherever possible, programs should also support the leadership capacity of the members of these communities.
- Consider funding professional development and sector capacity building programs which support mainstream services to respond effectively to the needs of CALD communities.
- Consider replicating the Victorian Government language services reforms, particularly a remuneration increase for professionals interpreting in Commonwealth funded services, to ensure parity for interpreters and availability of interpreters for Commonwealth funded mental health services. Providing free interpreting services to specialist Commonwealth funded mental health services, including psychiatrists and psychologists (through mental health care plans), would lessen the barriers CALD communities face in accessing mental health care.

## LGBTI

- Consider ways to improve the mental health linkages and referral pathways for those who are trans and gender diverse and at different stages in affirming their gender.

## Vulnerable children and families

- To increase the likelihood that a child or young person in OOHC will receive mental health services, opportunities to improve the coordination and integration between primary health, mental health and child protection services to routinely screen for mental health issues should be prioritised.
- Consider options to improve the early identification and treatment of mental illness by simplifying referral pathways, easing intake criteria, addressing waiting lists and minimising out-of-pocket expenses, particularly for vulnerable children in child protection and OOHC. This could include strengthening dedicated OOHC Medicare Benefits Scheme (MBS) items, including mental health, for assessment and follow up treatment for children and young people in OOHC.

## Rural communities

- Improve access to mental health, health and other support services for rural and remote communities, including opportunities to attract and retain mental health and related workers in rural communities.
- As part of ongoing national efforts to support drought-affected communities, consider options to improve the mental health and related supports available to farmers, their families and farming communities.

## Mental health workforce

### Current challenges

Attracting individuals into a career in mental health is an important issue nationally.



There are national shortages in the mental health workforce due to our ageing population, increased workforce demand, diminishing supply, the perception of mental health work as a less prestigious career opportunity and worker safety and wellbeing concerns. In addition, the mental health workforce is working with increasing complexity and require access to evidence-based learning and development opportunities to support them to respond to this.

The lived experience workforce is rapidly expanding without the necessary supports and structures to which other disciplines have access. Retention of lived experience workers is challenging due to low wages, part time roles, difficulty accessing supports and lack of career pathways.

There is also a question of whether the existing mental health workforce will be able to meet the needs of people, particularly in rural and remote communities, due to issues such as recruiting and retaining people in these areas.

## Opportunities for the Commonwealth

- Consider informed and targeted nationwide campaigns to attract mental health workers with the requisite skills to meet demand and link them to real jobs. Early, defined and supported career pathways need to be created for new and prospective workers.
- Improve capacity and capability of the workforce to provide psychotherapeutic interventions to ensure that consumers have access to therapeutic approaches, and support workforce retention by increasing job satisfaction.
- Increase the capability of the workforce to respond to the complexities associated with working with forensic clients, given the demand for forensic services in Australia has increased rapidly over recent years and further increases in demand are projected.
- Consider opportunities to develop new workforces, such as peer workers, coaches and support coordinators, who are local community members trained to identify and respond to people who may be experiencing mental health issues.
- Increase the number of lived experience leadership positions to assist with access to supervision, helping to create better work environments for lived experience workers.

## Towards coordinated care and a fully integrated system

### Current challenges

The National Mental Health Commission's Report on the National Review of Mental Health Programmes and Services found Australia's mental health system has fundamental structural shortcomings. This included that services and programmes are often not well linked or integrated, do not explicitly enable services coordination and integration and do not appear planned or designed with integrated whole-of-government, whole-of-life outcome objectives in mind.

These issues extend to the integration of mental health services with related services. For example, mental health and AOD needs are closely related and their coexistence can impede the person's recovery from both mental illness and addiction, and increase the risk of suicide. The AIHW estimates that 80 per cent of clients treated in the AOD system have comorbid mental health issues. The presence of both mental health and AOD misuse adds complexity to assessment, diagnosis and treatment.

Families of people with a mental illness experience a range of health, financial and other problems associated with caring for a person with mental illness. Carers of people with mental illness are also less likely to fully participate in employment.

## Opportunities for the Commonwealth

- All governments should continue to focus on successfully implementing all the actions in the Fifth National Mental Health and Suicide Prevention Plan – a shared responsibility and effort. This will require national leadership and additional investment to overcome barriers progress reforms, such and PHN/local hospital network co-commissioning.
- Consider how the Commonwealth could address barriers to greater flexibility in the delivery of mental health services. This includes more flexible workforce roles, funding allocations that follow patients across services and sectors, and data sharing and linkage across the Commonwealth and states.
- Work with states and territories to consider opportunities to embed prevention through routine screening and behavioural support, incentivised through funding models at high value touch points in the system, and reinforced through place-based interventions.
- Consider opportunities to improve data collection and access to universal data sets, including a greater focus on outcomes, public benchmarking and funding an updated edition of the National Survey of Mental Health and Wellbeing.
- Consider opportunities to establishing a mechanism for prioritisation and oversight of mental health research, including a focus on incorporating consumers and carers into research and addressing disconnection between research and service delivery.
- Efforts to address unmet need for people with co-occurring AOD and mental health concerns should focus on priority supply gaps and seek to leverage opportunities for integration with other parts of the health and social care system (including primary care) and increasing the capacity of other settings to deliver AOD responses. Key opportunities include:
  - new approaches for co-commissioning and integrated planning which incentivise the role of GPs in AOD treatment and better integrate treatment for those with dual diagnosis
  - expanding community-based services to improve client access and outcomes, including mental health promotion, and improve clients' engagement with health and social welfare services through co-commissioning with PHNs
  - further integrating mental health and AOD treatment services through new funding and service models to support shared care, in particular, considering fit for purpose funding models that address the needs of people with mental health and AOD needs at different stages of their life (for example, child, youth, postnatal women and older people).
  - partnering with the education sector and PHNs on better coordinated mental health and AOD services for children and young people, including introducing screening for mental illness by health professionals of children and young people at an appropriate age
  - consider ways that policy and funding models for health care can encourage integrated physical and mental health care.
- Consider examining opportunities for new national carer support mechanisms, such as a Commonwealth funded carer counselling program, improved financial support, access to training and improved respite services.
- Access to carer support for recipients of the NDIS remains inadequate and should be reviewed, particularly as it pertains to respite service access.

# Appendix - Victorian policies, services, programs and initiatives

## Victorian mental health services

Responsibility for meeting the mental health needs of the Victorian community is shared across local, Victorian and Commonwealth governments. Private practitioners, not-for-profit, religious and charitable organisations also support people experiencing mental health issues and/or emotional distress.

While the Commonwealth is the main provider of mental health promotion, suicide prevention and early intervention services, the Victorian Government also employs mental health promotion and illness prevention strategies. These include preventing exposure to hazards, altering unhealthy or unsafe behaviours, increasing resilience and impacting on the determinants of mental health. Many Victorians receive primary mental health care via Commonwealth subsidised private psychiatric and psychological services.

Alongside general practice and privately funded services, Victoria's network of community health services make up the primary health sector in Victoria. Community health services deliver a range of primary health, human services and community-based support to meet local community needs, including mental health services such as general counselling.

The Victorian Government funds specialist mental health services for people with severe mental illness. The largest proportion of Victorian mental health funding is spent on clinical mental health services delivered in hospitals and community settings.

While targeted at people with severe mental illness, state-funded specialist mental health services have a role in prevention and early intervention – for example, by referring people with less serious illness to appropriate alternative services; preventing crisis and relapse in people with severe mental illness; and delivering specialised services to children and young people at risk of developing mental illness. Non-clinical supports in the community can be critical in facilitating a person's social and economic participation.

## Overarching Victorian mental health policy

*Victoria's 10- year mental health plan*, released in November 2015, is a long-term commitment by the Victorian Government to improve the mental health and wellbeing of Victorians, including the services and outcomes for Victorians with a mental illness, their families and carers.

The Plan's goal is that all Victorians experience their best possible health, including mental health. The Plan has four focus areas:

- i. Victorians have good mental health and wellbeing
- ii. Victorians promote mental health for all ages and stages of life
- iii. Victorians with mental illness live fulfilling lives of their choosing, with or without symptoms of mental illness
- iv. the service system is accessible, flexible and responsive to people of all ages, their families and carers, and the workforce is supported to deliver this.

In the three years since releasing the Plan, Victoria has delivered more investment in suicide prevention and forensic mental health services and expanded our mental health workforce.

Major strategies developed under the Plan include:

- *the Victorian suicide prevention framework 2016–25*

- *the Mental health workforce strategy*
- *Balit Murrup: Aboriginal social and emotional wellbeing framework 2017–2027.*

In addition to mental health specific policies, policies and investment in primary prevention such as *Free from Violence - Victoria's strategy to prevent family violence and all forms of violence against women* have potential to reduce the burden of mental illness associated with these harms.

## **Mental health promotion, suicide prevention and early intervention**

### **Primary population health policy related to mental health**

The *Victorian public health and wellbeing plan 2015-2019*, is the primary population health policy for the state of Victoria and is required to be produced every four years under the *Victorian Public Health and Wellbeing Act 2008*.

Mental health is one of the six priorities in the plan, which identifies the opportunity to improve outcomes across a wide range of mental and physical health problems. In addition to recognising mental health as a key priority for the state, the plan identifies a life course approach and platforms for change, including place-based approaches incorporating early childhood settings and schools, healthy workplaces and communities.

The plan complements *Victoria's 10-year mental health plan*, the Victorian suicide prevention framework 2016-25 and *Balit Murrup: Aboriginal social and emotional wellbeing framework 2017–2027*.

### **Preventing suicide in local communities**

The Victorian Government is partnering with primary health networks (PHNs) to support local communities to develop and implement place-based suicide prevention trials. With a co-investment from the PHNs, the place-based suicide prevention trials are being delivered over a four-year period across 12 Victorian locations.

The trials are guided by a collective impact, community-led approach, where each site-based suicide prevention coordinator works with a local governance group to develop a local activity plan, including evidence-based interventions tailored to community identified priorities. This may include initiatives like raising awareness of mental health issues and support services, general practitioner (GP) training, school-based programs, frontline staff training and training people with lived experience to talk about suicide in their communities.

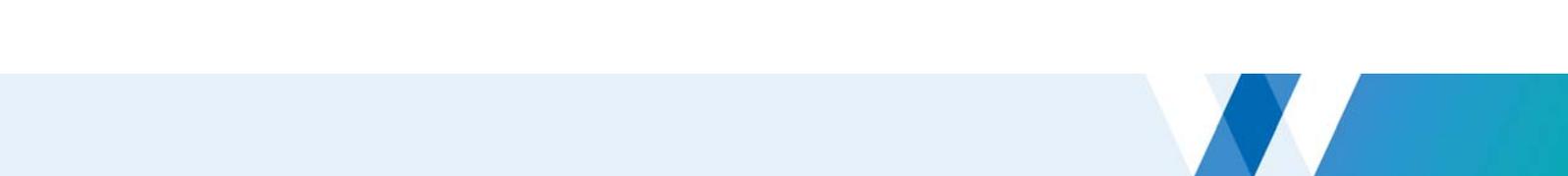
### **Mental health supports through PHNs**

The Victorian Government and Victorian PHNs have a shared interest in a strong primary care system and work closely together on a range of collaborative programs. Our government is working with the PHNs to progress a range of shared actions under three priority areas: prevention and early detection; demand management and flow; and co-commissioning.

Work between the Victorian Government and PHNs is supported by a Memorandum of Understanding, and development of a collaborative framework to guide shared activities. The Bilateral Agreement on Coordinated Care between the State and the Commonwealth also provides a mandate for PHNs to work closely with the Victorian Government.

### **The Hospital Outreach Post-suicidal Engagement (HOPE) Program**

The HOPE program provides enhanced support and assertive outreach for people leaving an emergency department following treatment for an attempted suicide.



Individuals are provided intensive, tailored support in the community for up to three months after their discharge from hospital, which is a period of heightened risk. This can include clinical interventions, but also psychosocial supports to address stressors in their lives depending on their unique circumstances, such as assistance to find housing and employment, or to access legal support, Centrelink, drug and alcohol or relationship and family services. The program also supports the person's carers, friends and families to build resilience and the protective factors that reduce the risk of suicide, so they can better support their loved ones.

To December 2018, the HOPE program has supported over 800 people at the six original trial sites across Victoria. The *Victorian Budget 2018-19* allocated an additional \$18.7 million to expand HOPE to another six sites, which are due to launch in 2019.

## Creating mentally healthy workplaces

The Achievement Program, delivered by Cancer Council Victoria, is a health-promoting framework that supports Victorian early childhood services, schools and workplaces to create healthier environments for learning and working. The program is based on the World Health Organization's Health Promoting Schools and Workplaces frameworks and has been tailored for the Victorian context. There are five Health Priority Areas for workplaces: mental health and wellbeing, physical activity, healthy eating, AOD other drug use and smoking.

The Mental Health and Wellbeing Charter for the Victorian Public Sector establishes objectives and actions and commits all Victorian Government departments to promoting a mentally healthy and safe workplace.

The Victorian Government has also partnered with WorkSafe Victoria to deliver the WorkWell program (refer to Workplace in Adulthood below for further detail).

## Addressing social isolation

The Victorian Government recognises that isolation and loneliness can negatively impact an individual's health and wellbeing. A range of community participation programs are provided for cohorts, including young people, people with a disability and seniors, as well as supporting community platforms such as:

- the Neighbourhood House Program which funds over 400 neighbourhood houses to bring people together to connect, learn and contribute in their local community through social, educational, recreational and support activities
- the Men's Shed program which provides capital grants and funding to men's sheds to build inclusion and social connection.

An election commitment of this Victorian Government was to develop, early in the term, a whole of Victorian Government volunteering strategy. By including a focus on diversity and inclusion, the volunteering strategy will contribute to social connectedness objectives.

## Mental health supports in community health

Victoria has a network of 84 community health services which deliver a broad range of primary health and social care services, predominantly focused on disadvantaged Victorians. This encompasses people at risk of developing, or with, a mental illness.

Community health services receive funding from a range of sources including the Victorian Government and the Commonwealth Government.

Community health services make an important contribution to delivering on key strategic Victorian Government policies through its delivery of services that are flexible, locally responsive, person centred and integrated. They also have an important role in mental illness prevention, including initiatives related to improving mental health.



The Victorian Government funds a range of programs delivered through community health services that have a focus on people who are disadvantaged and/or have complex needs including mental illness. Programs include the Community Health Program which delivers allied health, nursing and counselling services.

In addition, some community health services are funded to deliver specific mental health programs, such as community mental health services and the Forensic Mental Health in Community Health program.

The Victorian Government provides grants to community health services to provide flexible, tailored support to reduce the psychological distress associated with natural disasters such as drought, floods and bushfires, including additional counselling or outreach, mental health first aid training and local coordination.

## Specialist mental health services

The specialist mental health system includes both clinical and non-clinical services. Most clinical and non-clinical mental health services are provided within geographically defined catchment areas. People access specialist public mental health services depending on their individual needs.

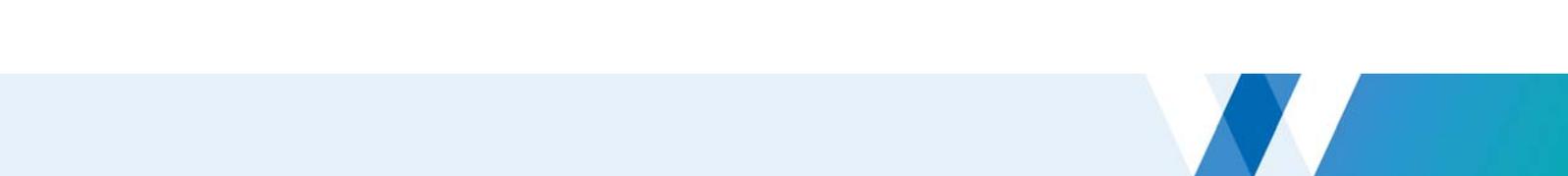
The largest proportion of the Victorian Government's mental health investment is directed to specialist clinical services, which treat approximately 72,000 people with severe mental illness each year. Clinical mental health services are part of Victoria's general health services, which operate hospitals and provide some health services in the community. Clinical mental health services in Victoria include:

- 13 child and adolescent mental health services (CAMHS)
- early psychosis services for young people aged 16-25 who are experiencing a first episode of psychosis
- 16 adult mental health services
- 14 aged persons mental health services
- statewide services, such as specialist mother and baby units, or services for people with a personality disorder
- forensic mental health services provided for adult offenders and youth justice clients, including services provided by the Victorian Institute of Forensic Mental Health, known as Forensicare.

Although the clinical mental health services offered across health services vary slightly, they generally include:

- inpatient treatment services for adults experiencing an acute episode of illness, including those who might be admitted in a general hospital setting or emergency department
- residential treatment services providing secure or non-secure, short- or medium-term treatment options for adults who are not unwell enough for an inpatient admission
- outpatient treatment services for adults who require urgent or non-urgent advice, referral and treatment, including support and continuing care services in the community.

Non-clinical mental health community support services (MHCSS), which are delivered by non-government organisations, provide psychosocial support to people aged 16-64 with severe mental illness and related disability. This part of the sector is experiencing transformational change through National Disability Insurance Scheme (NDIS) reforms.



Traditionally, MHCSS have included individual support packages, youth and adult residential rehabilitation services, supported accommodation services, planned respite, Aboriginal mental health programs, mutual support, self-help and community support services. These programs and activities focus on promoting personal recovery, supporting people to develop life skills and access resources to live well in the community and supporting people to better manage the impact of their mental illness.

## Consumer Participation

The Victorian Government recognises that mental health consumers are central to guiding their individual care and play a critical role in informing policy development, service planning and delivery. A range of initiatives reflects this commitment.

Within mental health services:

- implementation of recovery-oriented, person-centred approaches, including the use of supported decision making (for example, advance statements) and programs such as Safewards
- building a lived experience workforce, both in terms of one on one support for consumers (peer workers) and as organisational consumer advocates (consumer consultants)
- implementation of the Your Experience of Service (YES) survey, towards consumer-informed service improvement.

Within the Victorian Government's Department of Health and Human Services:

- the Mental Health Branch includes a Lived Experience Engagement team to advise on and advocate for engagement at a system level
- employment of Senior Consumer Advisor with lived experience in the Office of the Chief Mental Health Nurse
- development of a Lived Experience Engagement Framework to guide Victorian Public Sector staff
- implementation of a lived experience participation register as a source of people to provide advice to the department
- formation of a Lived Experience Advisory Group (LEAG), co-chaired by the Director of Mental Health and chief executive offices of Victorian Mental Illness Awareness Council (VMIAC) and Tandem and with membership from a wide range of safeguarding agencies and consumer and carer representation.

The Victorian Government also funds several agencies with a consumer advocacy focus:

- VMIAC, the peer-run Victorian peak agency for mental health consumers
- the Independent Mental Health Advocacy service (IMHA) through Victoria Legal Aid, which provide individual advocacy and legal support for people subject to compulsory treatment
- Our Consumer Place, which provide a wide range of resources, guides, and training regarding the mental health system from a consumer perspective.

## Mental health at life stages

### Early in life

#### Maternal and child health services

The maternal and child health (MCH) service is a free, universal primary health service for all Victorian families with children from birth to school age. The service provides a comprehensive and focused approach for the promotion, prevention and early detection of the physical, emotional and social factors affecting young children and their families.

The MCH service is delivered in all 79 local government areas from 650 locations, with over 480,000 children enrolled in the service in 2017-18.

There are three components of the MCH service that address mental health of new parents and their infants:

- i. **the Universal MCH (UMCH) Program:** All new mums and some fathers are assessed for psychosocial wellness through the Perinatal Mental Health Assessment conducted at the four week and eight week Key Ages and Stages (KAS) visits (or as needed).
- ii. **the Enhanced MCH (EMCH) Program:** Families identified as being at risk of poor outcomes through the presence of multiple risk factors, including mental health issues, are offered an enhanced suite of services in addition to the UMCH. The *Victorian Budget 2017/18* expanded the program progressively over three years to include 15 per cent of families for an average of 20 hours of support from July 2020.
- iii. **the Maternal and Child Health Line:** A 24-hour telephone advice service, which provides support, counselling and referrals to families with children from birth to school age. It is available to all Victorian parents. The MCH Line is instrumental in linking families to the UMCH program and to community, health and support services. The MCH Line handled around 100,000 calls in the 2017-18 year.

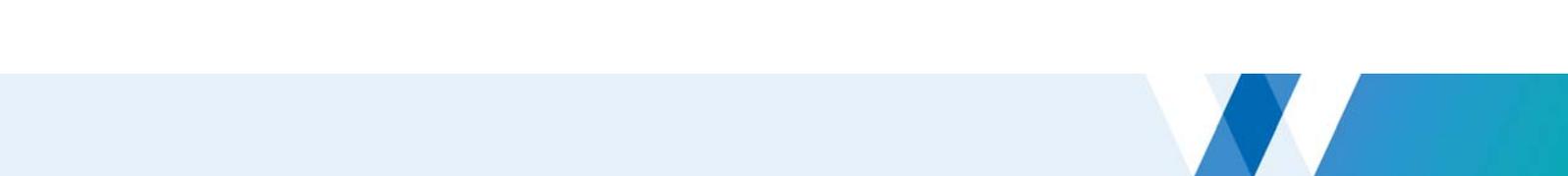
The Victorian Government also funds Perinatal Anxiety and Depression Australia (PANDA) to engage with the MCH service and staff across Victoria to increase knowledge of perinatal anxiety and depression. This includes training, support to playgroups and parent support group facilitators to increase knowledge of perinatal anxiety and depression.

#### Education and training

Victoria's education system plays an important role in the mental health of children, young people, learners and staff. Through early childhood, schools, training and skills and higher education the Victorian Government supports the healthy development of children and young people, teaches critical resilience and social and emotional skills, keeps young people engaged with education and trains health and social service workforces.

The education system is engaged across the spectrum of mental health – promoting positive mental health, providing early intervention services, and contributing to wrap-around support for those with complex needs. Education services also play a role in providing referral pathways and support for families, children and young people to engage with the clinical mental health system.

Education services in Victoria are increasingly also a provider and/or platform for health and mental health service delivery. This reflects a recognition by the Victorian Government of the strong link between mental wellbeing and learning; and the unique ability of educational institutions to identify and respond to mental health issues, and enabling children and young people to navigate and access services. For example, programs such as GPs in schools and dedicated access to *headspace* counselling provide clinical services to support student mental health directly through government school settings.



The Victorian education system plays a role in mental health workforce supply and oversees and funds vocational education and training (VET) for a significant proportion of the mental health workforce, such as enrolled nurses, and some social workers and counsellors. A number of courses related to mental health are part of the Free TAFE offering, which supports the anticipated future workforce demand for qualified mental health practitioners.

As one of the state's largest employers, the Victorian Department of Education and Training (DET) has a responsibility to promote mental health and wellbeing among employees, and to support staff with or at risk of mental illness and injury. The education system can also set a tone for, and influence, the policies and practice of funded and regulated organisations.

### ***Early childhood***

Victoria has substantial levers over prevention and early intervention through four-year-old kindergarten and the roll out of universal access to three-year-old kindergarten.

- The Victorian Early Years Learning and Development Framework - identifies 'wellbeing' as one of its five learning and development outcomes for all children from birth to eight years, and encompasses good mental and physical health
- School Readiness Funding - permanent, needs based funding that will assist Victorian kindergartens to enhance programs for children, including a focus on supporting the social and emotional wellbeing of children. Services receiving over \$5,000 will be able to access allied health professionals, including occupational therapists, psychologists and speech pathologists to work in collaboration with educators to support families and children.

### ***Schools***

Trauma and emotional distress affect children and young people and school communities every year. This may include mental health issues such as anxiety and depression and self-harm behaviours. Good mental health in the first few years of life has been associated with better long-term mental, physical and social outcomes.

- Enhancing Mental Health Support in Schools: provides support to government school communities to effectively identify and intervene early with the mental health needs of children and young people.
- Mental Health Practitioners in government secondary schools: will provide direct counselling support and other early intervention services; coordination of support for students with severe needs; and whole-of-school prevention and mental health promotion activities
- Doctors in Secondary Schools: provides assistance to government secondary school students to identify and address any health problems early and makes primary health care more accessible to these students.
- Respectful Relationships: taught within Victorian government and Catholic schools' curricula, embeds a culture of respect and equality across our classrooms and our communities. This approach leads to positive impacts on students' academic outcomes, their mental health, classroom behaviour and relationships between teachers and students.

### ***Tertiary education***

The tertiary education sector (VET and higher education) supports the mental health of students. Both higher education and VET support skills development in, and provide qualifications to, the mental health workforce. The VET sector has in place initiatives to support the mental health needs of its students, including:

- The Skills First Reconnect program, to support disengaged, high-needs learners to succeed in further education and employment. The program provides access to learning and non-learning support services.
- The Apprenticeship Support program funds Apprenticeship Support Officers (ASOs) to provide broad support to apprentices aged 18-24 during the first year of their apprenticeship. ASOs assist, identify and refer apprentices with mental health issues to health services (such as local GPs, *headspace* and TAFE student support services) when necessary.

The VET sector has a role to play in training the mental health workforce. For example, training in aged care, community services, mental health, nursing and youth work are available through Free TAFE.

In higher education, the availability of mental health support services varies between universities. However, all universities provide health and wellbeing services to students, including health clinics with qualified medical practitioners and on-site counselling services, some of which are targeted to support at risk student cohorts, such as international students.

### **Workforce mental health**

The Victorian Government provides universal supports such as the Employee Assistance Program, Manager Assist and conflict resolution, and has also developed programs such as the Principal Health and Wellbeing Strategy which aims to improve the health and wellbeing of school leaders through access to professionals, workshops and learning and development, as well as regional and central services.

## **Responding to trauma in child protection and out of home care**

In Victoria, there are a range of therapeutic models of care that integrate specialist therapeutic interventions within the care environment, whether that is a residential facility or a foster carer's home. While these models are targeted at different groups of vulnerable children, they all aim to address trauma and improve functioning and wellbeing. For example:

- **Take 2** is a statewide service for children (0-18) who have experienced significant abuse and/or trauma and are subject to child protection intervention.
- **Circle** is a therapeutic foster care model that supports children (0-17) entering out-of-home care.
- **Aboriginal therapeutic home-based care** is targeted at Aboriginal children (0-17) in foster and kinship care placements.
- **Keep Embracing Your Success (KEYS)** is a new therapeutic model targeted at highly vulnerable young people aged 13–16 living in, or at risk of entering, residential care who are exhibiting complex, risky and challenging behaviours. This model embeds mental health services within therapeutic care.

In addition, all care workers employed by residential and therapeutic residential care programs are required to meet minimum qualification requirements based on the Victorian Residential Care Capability Framework. The framework specifies that all residential care workers are required to support children and young people with mental health conditions, including the implementation of treatment plans. The program must also identify arrangements that ensure children and young people have ready access to specialist mental health services

## **Clinical mental health services for children and young people**

As noted above in Specialist mental health services, there are 13 child and adolescent mental health services (CAMHS), provided in five metropolitan and eight rural catchments, and early psychosis services for young people aged 16-25 who are experiencing a first episode of psychosis.



In addition, the Families where a Parent has a Mental Illness (FaPMI) program aims to reduce the impact of parental mental illness on all family members, including young people, by providing timely, coordinated services within adult mental health services. The program seeks to provide family-inclusive responses to mental illness. Local FaPMI coordinators also support peer programs for young people who have a parent or sibling living with mental illness.

### **Youth residential rehabilitation and other psychosocial supports for children and young people**

The Victorian Government funds 17 youth residential rehabilitation services across the state (total of 159 beds). This service model provides psychosocial rehabilitation support to young people aged 16-25 years with a mental health condition (including those with an emerging or existing psychiatric disability) in a residential setting for up to 12 months. The service has a strong focus on preventing or minimising disability associated with mental illness, including through the development of coping skills, confidence for independent living, stable housing and participation in activities such as education and training.

The Victorian Government has committed new funding for the Early Intervention Psychosocial Support Response (refer to NDIS transition and psychosocial supports below), which will provide psychosocial support to adult clients of clinical mental health services (16-64 years) who are not eligible for the NDIS or are waiting for an NDIS access decision and their NDIS plan to begin.

### **Improving integrated support for young people at risk of experiencing homelessness**

The Victorian Government has invested in a range of initiatives that target vulnerable young people at risk of homelessness, including Education First Youth Foyers, designing and testing new medium-term youth specific housing options and further support for young people leaving OOH or the youth justice system.

In addition, the Western Region Accommodation Program (WRAP Enhanced) provides supported crisis accommodation for young people with highly complex and challenging behaviours. This program provides therapeutic interventions, counselling and advice to assist young people to address trauma, substance use issues and complex mental health issues.

### **Services in Youth Justice Centres**

Victoria currently operates two youth justice centres for young offenders who have been sentenced to a period of custody or who are on remand. The Victorian Government has funded development of a new youth justice centre at Cherry Creek, which will contain a dedicated mental health unit. This new facility is expected to open in 2021.

Victoria has also established a custodial forensic youth mental health service to provide specialist clinical mental health assessment, treatment and support services for young people in custody. These services are delivered by a multidisciplinary team of mental health clinicians, led by a consultant psychiatrist.

In Victorian Youth Justice Centres, a comprehensive primary mental health response is provided for young people in custody. The response includes an initial mental health screening assessment for each young person on admission, as well as an immediate response to a mental health crisis from mental health nurses.

## Adulthood

### Economic inclusion initiatives for people experiencing mental illness

Economic inclusion is about ensuring all Victorians have the capabilities and opportunities to participate in the economy. Economic inclusion can lead to higher long-term growth and productivity, reduced inequality, lower demand for public services, greater civic participation, reduced crime and increased social cohesion.

There is a strong relationship between economic participation and mental health and wellbeing. Long-term unemployment is associated with depression and social isolation, and as individuals move from unemployment to work their mental health tends to improve.

The following are targeted programs that support economic inclusion objectives:

- **Good Money hubs** support low income and disadvantaged Victorians to increase their financial capacity and capability by providing an innovative model for delivering safe and affordable financial products. Good Money provides no interest loans and low interest loans (StepUp), low cost insurance, budgeting advice and financial counselling to financially vulnerable households. The model is an alternative to high-cost fringe and pay day lenders. It is delivered through a partnership between Good Shepherd Microfinance, National Australia Bank (NAB) and the Victorian Government.
- The **Public Tenant Employment Program** works with public tenants with complex needs (including mental health issues) to provide pathways into secure and sustainable employment. The program has two main mechanisms – Public Tenant Employment clauses in Victorian Department of Health and Human Services housing contracts, and the provision of accredited training in skills shortage areas through partnerships with the TAFEs and registered training organisations.
- **Pathways** - supports workers in the sex industry in improved health and wellbeing, education and training and alternative forms of employment for those who wish to exit or reduce their hours in the sex industry. It provides case coordination to link women in the sex industry to services which holistically and sustainably support their health and wellbeing, and works within the service system to reduce discrimination and address barriers to sex workers accessing these services.

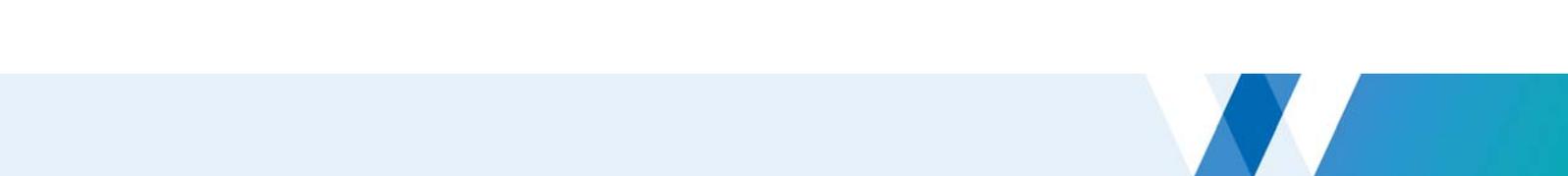
## Workplace

### *WorkSafe Victoria*

WorkSafe Victoria's vision is to ensure that Victorian workers return home safely every day. This is achieved through partnership with workplaces and the community to deliver outstanding workplace safety and return to work practices, together with insurance protection.

In its role as the regulator of workplace health and safety, WorkSafe's key responsibilities include the prevention of workplace injuries, illness and fatalities and the enforcement of Victoria's occupational health and safety laws. WorkSafe also assists employers to meet their occupational health and safety obligations and to implement effective systems to prevent workplace injuries.

The mental health of Victorian workers is a key policy priority for WorkSafe. This drives significant activity across multiple business areas.



WorkSafe's new long-term strategy WorkSafe 2030 – a guide to our transformation over the next decade, was recently launched to prepare the organisation for a very different workplace future and with two key goals:

- i. to embed in every workplace a proactive, prevention-led approach to health and safety across the state
- ii. to provide a personalised, tailored service for every Victorian who comes into contact with WorkSafe.

It means WorkSafe is investing more resources in proactive initiatives to stop workplace mental injuries and illnesses occurring, and ensuring no further harm occurs once an incident or injury occurs.

### ***Application of occupational health and safety legislation and WorkSafe guidance to workplace mental health***

Victoria's occupational health and safety is comprised of the *Occupational Health and Safety Act 2004* and the *Occupational Health and Safety Regulations 2017*, together with the *Dangerous Goods Act 1985*, the *Equipment (Public Safety) Act 1994* and associated regulations.

Under the *Occupational Health and Safety Act 2004*, an employer and other persons with management or control of a workplace are required to eliminate, so far as is reasonably practicable, risks to health and safety of their employees. If it is not reasonably practicable to eliminate risks to health and safety, then these risks must be reduced so far as is reasonably practicable.

Employers also have a general duty under the *Occupational Health and Safety Act 2004* to provide and maintain for employees, so far as is reasonably practicable, a working environment that is safe and without risks to health. Further, employees have a duty to take reasonable care for their own health and safety and the health and safety of others who may be affected by their acts or omissions at a workplace.

The *Occupational Health and Safety Act 2004* defines health to include psychological health, meaning that statutory duties under the *Occupational Health and Safety Act 2004* will also apply to psychological health in the workplace.

The *Occupational Health and Safety Act 2004* prescribes penalties for breach of a specific duty under the *Occupational Health and Safety Act 2004*.

WorkSafe addresses risk to mental health through these general duties in the *Occupational Health and Safety Act 2004*, not through the *Occupational Health and Safety Regulations 2017*. The *Occupational Health and Safety Regulations 2017* target particular risks where regulation is deemed the most effective and appropriate way to deal with the risk, but there are currently no specific requirements with respect to mental health.

WorkSafe has published guidance on a range of mental health issues to assist employers to meet their duties under the *Occupational Health and Safety Act 2004* and to assist them to implement safe systems of work. This includes guidance on work-related violence, workplace bullying, work-related stress and family violence.

The purpose of Guidance Material issued by WorkSafe is to form part of the 'state of knowledge' about occupational health and safety. Having regard to the state of knowledge in relation to a known risk is relevant in determining whether an employer has done everything reasonably practicable to ensure the workplace is safe and without risks to health.

New resources on mental health are being developed through the WorkWell program, discussed later in detail in this submission.

## **WorkSafe compensation for mental injury and illness**

### **The WorkCover compensation scheme**

The WorkCover scheme is a system of statute based, compulsory insurance that provides a range of entitlements to injured workers and insures employers against the impact of economic and non-economic loss suffered by injured workers.

A range of entitlements under the WorkCover scheme are available to injured workers if they have become permanently impaired, are claiming weekly payments for time off work or are claiming expenses for medical treatment or household services.

WorkSafe acts as the regulator and the underwriter of the WorkCover scheme. It administers the scheme through private service providers, referred to as agents, who are authorised by WorkSafe to provide services to employers and workers in accordance with the legislation and standards and procedures set by WorkSafe.

### **Premiums**

Victorian workplaces pay premiums for insurance to WorkSafe. Premium rates are set for different industry classifications and reflect the cost of physical and mental injury claims of that industry over a five-year period.

Small employers and new employers generally rely upon their remuneration and industry rate to determine premium payable, whereas all other employers have their premium payable calculated using their remuneration and 'experience rated' premium rate, which reflect an employer's own claims as compared to its industry's average claims experience.

Employers with a better than average experience receive a discounted premium rate, and those with a worse rating receive a loading on their industry rate, though poor performing employers are safeguarded by a 30 per cent cap on premium rate increases from year to year.

This nexus between claims and premium payable financially incentivises employers to achieve positive health and safety and return to work outcomes. It encourages employers to return injured workers to work to reduce future claims costs and maintain equity by balancing the premium paid and the costs incurred by different groups of employers and the safety performance of different industries.

Whilst there is no clear distinction between mental health and physical claims in the model, an employer who prevents or reduces the incidence of mental claims and improves return to work outcomes of those with a mental injury claim, will be assisting in reducing their industry's claims costs and, if performance rated, improving their individual performance rating to obtain a premium benefit.

In summary, WorkSafe uses this price signal in the premium formulation to convey the importance of both mental and physical health and safety in the workplace.

At 30 June 2018, WorkSafe Victoria's breakeven premium for workers' compensation insurance was estimated to be 1.249 per cent of rateable remuneration. Approximately 15-20 per cent of the breakeven premium is associated with primary mental injury claims. This amounts to costs to Victorian employers of around \$400 million in premium payments.

In addition to premium costs, employers who have not purchased optional excess buyout are also required to pay weekly payments for the first 10 days of an injured worker's time off work and a specified amount of the injured worker's medical and like expenses for accepted claims.

### **First responders**

The Victorian Government made an election commitment in 2018 to provide better mental health care for Victorian emergency workers, allowing these workers to access mental health support through the introduction of provisional acceptance payments for mental health injuries. A total of \$14.5 million over four years has been committed to this policy initiative which will

introduce legislation, ensuring provisional acceptance payments for mental health claims are rolled out to every Victorian worker within two years..

Additionally, the Victorian Government will establish a new Centre of Excellence for Emergency Worker Mental Health aimed at developing skills to treat emergency workers, as well as undertake significant research. A \$6 million investment will also create a Specialist Network of Clinicians, helping to put our emergency workers in touch with expert health professionals even sooner.

### ***WorkSafe is invested in preventing workplace mental injuries and illnesses***

#### **WorkWell**

In partnership with the Victorian Department of Health and Human Services, WorkSafe has developed the \$50 million WorkWell program (visit [www.worksafe.vic.gov.au/workwell](http://www.worksafe.vic.gov.au/workwell)) to make mental health a priority in the workplace.

The WorkWell program provides support to employers to promote mental health and wellbeing and help prevent risk of mental injury or illness at work. This enables employees to continue to contribute positively to the workplace, home and wider community.

The WorkWell program consists of:

- the WorkWell Toolkit – an online platform that helps employers improve mental health and wellbeing in their workplace by providing clear steps to follow based on specific workplace needs. The Toolkit is evidence based and provides tailored support, practical actions, simple steps and relevant resources. The Toolkit also has tailored information for small business.
- the Mental Health Improvement Fund – makes large scale investments in organisations or industry groups committed to making changes to create thriving workplaces. Fund investments are granted to organisations that can demonstrate an ability to achieve sector or industry-wide influence and sustainable change. The fund focuses on industries with vulnerable workforces at greatest risk of poor mental health and wellbeing, young workers, ageing workers, workers employed in industries in transition and front-line workers.
- Learning Networks - bring together groups of employers through industry groups and associations to build networks that create positive workplace cultures. The learning networks will be outcome focussed and provide a platform for employers to both share ideas and learnings and receive support and advice from experts.

#### **Raising awareness**

WorkSafe aims to raise awareness of mental health in the workplace by promoting both attitudinal change at a community level and targeted behaviour change campaigns to high risk groups.

In 2018, WorkSafe launched the Hearts and Minds campaign. The campaign carries the message that safety is for everyone, in every workplace. With a focus broadening the definition of safety to include both physical and mental wellbeing, Hearts and Minds is designed to shape and change community social norms on safety and prevention, and reinforce the message that health and safety is everyone's responsibility. This campaign launched in June 2018 and is a multi-phased attitudinal change campaign aiming to broaden the community's understanding of workplace safety and the role of WorkSafe in the changing workplace environment.

In 2016, WorkSafe launched a campaign to address occupational violence and aggression in health care. The campaign:

- helps address the issue by increasing awareness of the problem of occupational violence and aggression in healthcare

- reinforces that occupational violence and aggression is not part of the job for healthcare workers
- drives long term action by encouraging the community to stop the behaviour, healthcare workers to report the behaviour and employers to prevent the behaviour and value their workers
- increases the community's perception that occupational violence and aggression is unacceptable.

WorkSafe facilitates regional Mental Health workshops to raise awareness for small to medium business and educates employers on compliance with their duties in relation to mental health under the *Occupational Health and Safety Act 2004*, how to improve their systems of work in relation to inappropriate workplace behaviours and provide information on the negative impact of inappropriate workplace behaviours.

WorkSafe also has a partnership with Bully Zero and Brodie's Law to raise awareness about bullying in the workplace for young workers.

#### Work in the government sector

WorkSafe participates in a number of forums that focus on improving the mental health of the Victorian Public Sector.

The Public Sector Occupational Health and Safety Improvement Interdepartmental Committee (IDC) and the Public Sector Occupational Health and Safety Leadership Group (OHS Leadership Group) are government work programs on mental health and wellbeing. In October 2016, the OHS Leadership Group endorsed the Mental Health and Wellbeing Charter.

The OHS Leadership Group has endorsed key pieces of the work program to support the whole of government commitment:

- a minimum data set (MDS) and performance indicators that Victorian Government departments will report against annually to the IDC
- an education and training framework
- a work plan on occupational violence.

The Cumulative Trauma working group has been established and is made up of representatives from Community and Public Sector Union, Australian Education Union, Victoria Police, Department of Education and Training, Department of Environment, Land, Water and Planning, Department of Health and Human Services, Department of Justice and Community Safety and WorkSafe in part to:

- identify groups of employees (other than frontline emergency workers) that may be subject to repeated exposure to potentially traumatic events
- identify and evaluate any protective measures and/or initiatives currently in place or recently trialed to manage risks to psychological health that may arise from such exposure
- review evidence and identify areas for further inquiry
- make recommendations for future actions.

### ***WorkSafe is responding to risk to mental health and workplace mental injuries and illnesses***

#### Customer experience

As part of WorkSafe's 2030 Strategy, WorkSafe is transforming the way it operates by putting customers at the heart of its service, building trust, and tailoring products and services to meet the changing needs and expectations of Victorian workers, employers and providers.



WorkSafe has developed a roadmap to improving customer experience. It is the next step in future safety, health and wellbeing of Victorian workers. It will deliver a clear customer vision, experience strategy and implementation plan for the next five years to help WorkSafe improve its customer experience and guide the activities and allocation of resources that are required to successfully deliver WorkSafe 2030 outcomes.

This strategy has been created by speaking to WorkSafe clients, customers, and people delivering the experience.

#### Advisory Services

WorkSafe's Advisory Service provides information, advice and assistance to the Victorian community including employers and injured workers. The Advisory Service can advise employers and workers on psychosocial hazards in the workplace, including strategies and external supports to assist in managing the situation. It can also inform workers on how to make a formal complaint, and can also generate a request for an Inspector to attend a workplace in response to a complaint of a psychosocial hazard.

#### The Psychosocial Operations Inspectorate

WorkSafe has a specialised Psychosocial Operations Inspectorate which monitors and enforces compliance with psychological health and safety in the workplace, in accordance with the *Occupational Health and Safety Act 2004*. This includes ensuring that employers are providing, so far as reasonably practicable, a working environment that is free from risks to psychological health and safety, including by preventing inappropriate behaviours and responding to them through their systems of work should it be raised.

In addition to responding to complaints made to Advisory about psychosocial issues, the Psychosocial Operations Inspectorate undertakes strategic work to proactively facilitate mentally healthy workplaces, by building programs aimed at preventing inappropriate workplace behaviours.

Whilst maintaining a strong focus on workplace bullying, the Psychosocial Operations Inspectorate is continuing to build capacity and focus on a broader range of inappropriate workplace behaviours including sexual harassment.

Current core programs of strategic work include:

- Prevention of Bullying and Occupational Violence strategic visit program: aimed at key industries that typically employ large number of young workers, visits focus on ensuring employers are controlling the risks of bullying and occupational violence in Victorian workplaces
- Psychological Health and Organisational Factors strategic visit program: focuses on ensuring that the organisational factors that may give rise to psychological hazards are identified and addressed by workplaces.

#### Enforcement group

WorkSafe prosecutes businesses and individuals in response to serious workplace injuries and incidents for breach of duties under any of WorkSafe's legislation. WorkSafe has successfully prosecuted six cases for workplace bullying/harassment. Under the *Occupational Health and Safety Act 2004* some examples include:

- a successful prosecution against an employer for subjecting his employees to physical, psychological and verbal bullying over a two-year period. The employer was found guilty and sentenced to pay a fine of \$50,000 and costs of \$129,181.38
- a successful prosecution against a company for bullying of an employee by a company director between November 2011 and September 2014. The company was convicted, fined \$20,000.00 and ordered to pay costs of \$15,000.00.

### Person-centred case management

WorkSafe has launched an initiative called 'Person-Centred Case Management', which aims to improve experiences and outcomes for all injured workers, by equipping Agents to use WorkSafe's Best Practice Approach to Case Management and apply a biopsychosocial model to provide individualised support to vulnerable workers.

A focus on worker strengths, client-lead goal-setting and increased recognition on the importance of the worker's life as a whole (in supporting recovery and return to work) will provide a more collaborative, supportive experience for workers who have suffered a mental injury. This initiative will have positive impacts on workers with mental injuries.

The fact that the same approach is applied to mental and physical injury claims will help reduce stigma around mental illness, both for Agent staff and injured workers.

The rollout of this initiative is being supported by interactive online learning modules, in-person workshops and specially designed tools for Case Managers.

### Return to work

In support of employees with a mental injury, WorkSafe is continually seeking to improve the compensation process, and to this end, WorkSafe has implemented all of the recommendations arising from the Victorian Ombudsmen's 2016 *"Investigation into the management of complex workers' compensation claims and WorkSafe oversight"*.

A Clinical Framework underpins WorkSafe's approach to the delivery of mental health treatment and support for injured workers. Continuous quality improvement and consideration of new and emerging treatments to enhance the existing suite of treatment and support services available to injured workers continues to be core business for WorkSafe.

WorkSafe supports employees with a mental injury to return to work through a range of services and initiatives. Specific interventions in place are:

- occupational rehabilitation services
- support pathway contact services - contact made by a registered psychologist with an injured worker, early in a primary mental injury claim to assist case management and return to work planning
- facilitated discussion services - a face to face meeting for injured workers and other workplace parties where interpersonal conflict has been identified as the key barrier to return to work. The aim is to facilitate the parties involved to reach agreement about future behaviours and actions using a structured and consistent approach by experienced qualified occupational rehabilitation consultants
- vocational retraining
- WorkSafe incentive scheme for employers
- the Return to Work Inspectorate has further developed mental health competencies and education for employers on their obligations in relation to mental injury claims.

Other interventions include:

- GP case conferences
- return to work phone interventions with employers and GPs
- psychologist case conference
- mobile case management – an Agent intervention which involves a face-to-face meeting with workers/employers or GPs. This enhances positive customer experience, drives early recovery through appropriate treatment and leads to sustained early return to work outcomes

- Agent psychological resources – provide strategic advice and support on mental injury claims. These are Agent based WorkSafe Clinical Panel Psychologists who provide clinical/treatment specific psychological support to Agents to support efforts to improve Return to Work, initiate early intervention support for trauma related claims, complete targeted treatment reviews and provide peer support to improve GPs certification rates
- transition support services – a service provided to injured workers whose benefits are ceasing which provides connections to local organisations who provide free or low-cost financial advice, treatment and accommodation support and other services.

## Employment services

The investment of around \$90 million in Jobs Victoria services over four years reflects the Victorian Government's commitment to ensure that all Victorians have the opportunity to benefit from record State investment in infrastructure and strong jobs growth.

The Jobs Victoria Employment Network (JVEN) is the Victorian Government's main employment program, which commenced in October 2016 and has supported more than 6,000 long-term jobseekers into employment. Jobs Victoria delivers tailored support to long-term jobseekers and those at risk of long-term unemployment who face barriers to employment. Jobseekers with a mental illness are one of the groups targeted by the program.

Just over 10 per cent of jobseekers registered with the Jobs Victoria Employment Network are identified as having a mental health issue (as at February 2019). This represents more than 1,800 jobseekers being supported by Jobs Victoria partners.

JVEN services include a mix of specialist services and multi-target services. One of the specialist services is employment support to young people experiencing mental health issues delivered by Orygen through two *headspace* services (in Sunshine and Glenroy). This service is applying the Individual Placement and Support model which integrates clinical mental health support and vocational/employment support. The program includes two youth peer workers providing support to young people seeking employment with the help of the service.

In addition, the Jobs Victoria Innovation Fund is supporting *headspace* to develop a partnership with Local Learning and Employment Networks to deliver early intervention careers and employment support integrated with clinical care to young people who are experiencing signs of a mental illness. More information is available at: <https://jobs.vic.gov.au/about-jobs-victoria/our-programs/jobs-victoria-innovation-fund>

The following case studies demonstrate how Jobs Victoria has supported people with a mental illness :

- <https://jobs.vic.gov.au/working-stories/finding-someone-to-talk-to-leads-to-finding-a-job>
- <https://jobs.vic.gov.au/working-stories/an-uplifting-journey-back-into-the-workforce>

## Housing and homelessness supports for people experiencing mental illness

*Homes for Victorians* and *Victoria's Homelessness and Rough Sleeping Action Plan* are the overarching Victorian Government policies that aim to tackle rough sleeping and homelessness across Victoria, grow Victoria's social housing supply, ensure better collaboration between agencies and improve support services for vulnerable Victorians.

Housing First principles underpin the current Homelessness and Rough Sleeping Action Plan, emphasising the primary importance of providing stable housing as a platform from which to successfully deliver therapeutic, clinical or community-based responses to mental ill-health.

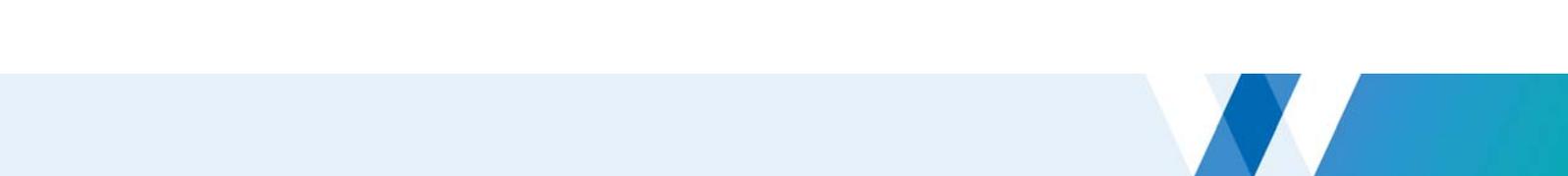
A range of housing and homelessness services are provided to support people to access stable and safe accommodation. Several initiatives are targeted to supporting people living with mental illness:

- **The Victorian Housing Register (VHR)** - established in 2016, provides a single pathway for all social housing applicants (for public and community housing) and prioritises people who are homeless and require support, and people with a disability or mental illness who need support but are not homeless.
- **The Multiple and Complex Needs Initiative (MACNI) and Support for High Risk Tenancies (SfHRT) program** - seek to integrate coordinate service housing and other service responses. These programs aim to provide a continuum of tailored supports for people with multiple and complex needs coordinated through area based complex client panels. These integrated panels of service specialists that are able to link people with a mental health issue into services.
- **Operational Guidelines for Housing Workforce** - There is a suite of operational guidelines for the public housing workforce which focus on sustaining tenancies and supporting tenants with complex needs (including those experiencing mental illness) in the residential legislative context. A Housing Practice Capability Framework is also being developed to support the public housing workforce in the delivery of person-centred services.
- **The Doorway program** - A housing and recovery program that supports people experiencing mental health issues who are at risk of or experiencing homelessness to secure and sustain a home within the private rental market and build their capacity to better self-manage their mental illness. Doorway is delivered by Wellways Australia in partnership with the Victorian Government, clinical mental health services and the Real Estate Institute of Victoria (REIV). Wellways Australia has also been allocated a one-off grant to extend and adapt the Doorway Program for NDIS participants with a psychosocial disability.
- **Modular accommodation and support program** - Homelessness services have partnered with mental health services to deliver intensive multidisciplinary support and modular unit accommodation to people experiencing chronic homelessness and mental illness.
- **Towards Home program** - Homelessness services have partnered with mental health services to deliver intensive multidisciplinary support to the modular units being developed as part of the program.
- **Supportive Housing Teams** - Teams, including community mental health workers and peer workers, providing targeted support to individuals with a history of chronic homelessness and rough sleeping. Support can include specific clinical interventions addressing people's primary and mental health issues.

## NDIS transition and psychosocial supports

Funding committed to select mental health community support services (MHCSS) forms part of Victoria's \$2.5 billion contribution to the NDIS. Defined activity types include individualised client support packages, adult residential rehabilitation services, and select supported accommodation services. These activity types are targeted to people 16-64 years with a severe mental illness and significant psychosocial disability.

Funding to providers of these defined activity types is being progressively reduced as clients transition to the NDIS. The eligibility criteria for these activity types aligns with the NDIS disability requirements and has done so since August 2014. For this reason, clients of these activity types are deemed to meet the NDIS disability requirements and will become a NDIS participants provided they meet the age and residency requirements. The Victorian Government is also funding continuity of support for clients of MHCSS defined programs who are not eligible for the NDIS due to age and residency.



The Victorian Government has committed new funding of \$50 million over two years for the Early Intervention Psychosocial Support Response. This initiative will provide psychosocial support to adult clients of clinical mental health services (16-64 years) who are not eligible for the NDIS or are waiting for an NDIS access decision and their NDIS plan to begin.

## **Improving mental health treatment and care for adults in contact with the justice system**

Victoria supports a holistic justice response that is capable of intervening early, diverting people from the criminal justice system and reducing the risk that those who have spent time in prison or youth justice will reoffend once they return to the community.

Victoria recognises that mental health is a key consideration. Early intervention—in a person's life, in illness or an episode of illness, or in their contact with the justice system— can provide a valuable opportunity to reduce the chances of that person suffering poor long-term outcomes and requiring intensive service responses.

The criminal justice system is well-placed to detect mental health problems, connect people with care and, in the case of those in custody, provide care directly. Diversion, rehabilitation and reintegration programs and services are vital to avoid people with a mental illness coming into initial, further or deepening contact with the criminal justice system. They include strengthening pathways from all elements of the justice system—including police, courts, community corrections and custodial facilities—to community treatment and support.

Mental illness identification, assessment and treatment in the Victorian justice system is fundamental.

In recognition of these matters, Victoria has identified mental health outcomes for people who are in contact, or at greater risk of contact, with the forensic mental health and justice systems as a specific issue to be considered by the State's Royal Commission into Mental Health.

### **Police**

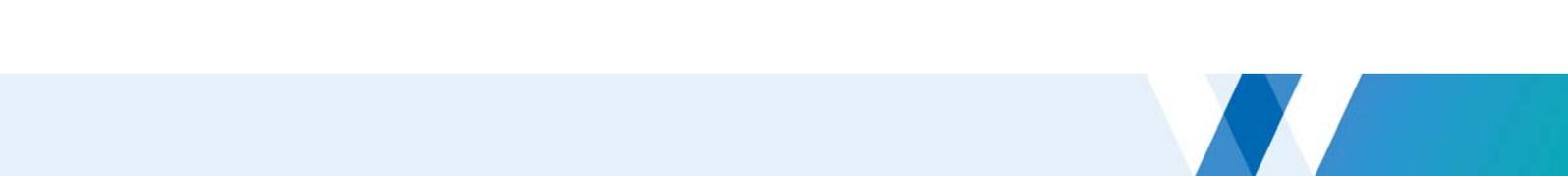
As the first point of contact with the criminal justice system, it is critical that police are supported to respond to people with a mental illness and, where appropriate, connect them with appropriate services. In Victoria, Mental Health and Police Response programs support targeted and timely responses to people needing urgent mental health support in the community, while also reducing pressure on police, ambulance and emergency departments. Under these programs, mental health clinicians travel with police to relevant call-outs.

In Victoria, police have specific powers under the *Mental Health Act 2014* to apprehend individuals who appear to have a mental illness and need to be apprehended to prevent serious and imminent harm to themselves or another person. This statutory framework is supported by a Victorian Department of Health and Human Services Protocol that guides clinicians and police where support is requested, with a view to:

- ensuring assessment and treatment is conducted in the least restrictive way possible, to support achievement of the best possible therapeutic outcomes
- enabling individuals to be involved in assessment, treatment and recovery decisions, while respecting their individual rights and needs.

### **Courts**

Where a person's contact with the criminal justice system has resulted in a court proceeding, courts should be provided with clinical advice to enable mental health to be appropriately considered in the conduct of proceedings and the making of orders. The Magistrates' Court of Victoria has established the Assessment and Referral Court list in five locations for accused persons who have a mental illness and/or a cognitive impairment.



Court responses to people with a mental health illness is further supported by the Mental Health Advice and Response Service located in thirteen Magistrates Courts across Victoria. The service provides clinical mental health advice within the court to reduce delays in proceedings and remand, and to improve the appropriateness of mental health interventions and referrals for people appearing before the court. The program enables clinical services to intervene early in the criminal justice process, by identifying where individuals charged with an offence and appearing before the court have a mental illness, and providing timely advice and links to treatment providers. Where needed, immediate psychiatric intervention is provided and referrals are made to appropriate mental health services. Priority is given to providing immediate responses to those presenting to the court who are acutely mentally unwell.

### ***Services for young offenders in the community***

For young offenders in the community, Victoria has funded a community forensic youth mental health service that provides specialist services for young people with significant mental health issues who are at high risk of reoffending.

### ***Services for adult offenders on community-based orders or parole***

Forensicare is a Victorian statutory authority that provides forensic mental health services, including a community forensic mental health service that is primarily for people who have a serious mental illness and have offended, or are at high risk of offending. Specialist assessment and treatment is also provided for people who present with a range of serious problem behaviours.

Victoria also provides a community health-based program to provide mental health assessment and treatment services for offenders on a community correction order, who have moderate severity mental health issues and a condition on their order to undertake mental health treatment.

Those in the community continue to have access to other mental health services available to the general public.

### ***Prison-based services***

In Victoria, there are 11 public prisons, three privately-operated prisons, and one transition centre for supervised transition back into society.

In Victorian prisons, prisoners have access to primary mental health and specialist (forensic) mental health services. Primary health care is delivered by registered mental health nurses and GPs. Prisoners with more complex or acute mental health needs can be referred to forensic mental health services provided by psychiatrists, psychologists, nurse practitioners, mental health nurses and allied health practitioners, such as social workers and occupational therapists.

All prisoners receive a mental health screening assessment within 24 hours of reception into a prison, and have ongoing access to primary mental health services at all prison locations. They also have access to referral to forensic mental health services, including outpatient case management and specialist consultations, which are available at some prison locations. Prisons in regional areas have limited specialist mental health services that may be restricted to a visiting psychiatrist.

Mental health needs are considered in the placement of all prisoners. Prisoners with an identified or suspected mental illness are assigned a psychiatric risk rating (P-rating) on reception into a prison. The proportion of Victorian prison entrants who were allocated a psychiatric risk rating at prison reception assessment was 37.2 per cent in 2017-18, 36.9 per cent in 2016-17 and 38 per cent in 2015-16.

Within the men's prison system, bed-based forensic mental health services are available through the 16-bed Acute Assessment Unit at the Melbourne Assessment Prison and the 30-bed Psychosocial Rehabilitation Unit (St Paul's) at Port Phillip. In November 2017, the

Ravenhall Correctional Centre (RCC), the new medium security men's prison, opened in Melbourne's west. The RCC provides state-wide access to forensic mental health services for all prisoners in men's prisons with a dedicated precinct comprising of 75 bed-based services split across four units, and specialist outpatient services for prisoners accommodated at the prison.

In the women's system, prisoners requiring forensic mental health services can access these at the Marmak Unit at the Dame Phyllis Frost Centre, which comprises a 20 bed-based unit, outpatient and outreach services, as well as day programs and consultancy.

The Victorian Royal Commission into Mental Health will investigate a range of issues relating to the interface of the mental health and justice systems. This includes the need for early intervention and prevention to reduce the risk of people entering or cycling back into the criminal justice system, and the impact of mental illness on demand in the prison and broader justice system. The Royal Commission is expected to make recommendations for reforms in relation to the community, acute and forensic mental health systems that will address key challenges for those in or at risk of entering the justice system.

## Improving mental health treatment and care for young people in contact with the justice system

The *Victorian Budget 2017-18* allocated \$83 million to support initiatives of the Forensic Mental Health Implementation Plan under the 10-Year Mental Health Plan. The initiatives funded include:

- (i) **Secure forensic mental health unit for youth justice clients:** A specialist three-bed secure forensic mental health unit is being built to accommodate young people in youth justice custodial facilities who require compulsory acute inpatient treatment under the *Mental Health Act 2014*. This unit will facilitate clients receiving timely and appropriate treatment in a secure inpatient setting and forms part of a care pathway to and from the Custodial Youth Forensic Mental Health Service which operates from youth justice custodial settings.
- (ii) **The Custodial Forensic Youth Mental Health Service:** Addresses the particularly high rate of mental illness and mental health problems among young people in youth justice custody, by providing effective, on-site specialist mental health treatment and support. A key focus of the Custodial Forensic Youth Mental Health Service is to address the complex interface between mental illness and offending behaviour in young people to ensure effective treatment outcomes and reduce reoffending.
- (iii) **Community Forensic Youth Mental Health Service:** The Community Forensic Youth Mental Health Service provides mental health services to young people who are exhibiting problem behaviours associated with emerging mental illness and who are at risk of offending.

## Older people

### Social participation and inclusion of older people

The *Victorian public health and wellbeing plan 2015-2019* outlines a platform that emphasises health and sustainable environments, place-based approaches, and person-centred approaches. The Victorian Government works within a broad healthy ageing framework which is complemented by the government's response to *Ageing is everyone's business* which commits to the Age-Friendly Victoria initiative, with the aim of building age-friendly communities and addressing social isolation and loneliness amongst Victorian seniors.

These policies are supported by several initiatives:

- **The Seniors Participation Grants Program** has been developed to improve the health and wellbeing of socially isolated and vulnerable seniors, develop new models for effective participation opportunities for seniors and continue to create inclusive age-friendly initiatives in local communities.
- **Community Participation for Seniors from Emerging Communities** to build capacity and increase knowledge among seniors from six target communities (Horn of Africa – Sudanese Dinka, Ethiopian, Somali; Burmese Karen, Filipino and Afghani) from the Brimbank, Hobsons Bay, Wyndham and Greater Dandenong local government areas.
- The **Seniors Card program** acknowledges and celebrates the contribution seniors have made and continue to make to our communities and the State of Victoria. The program encourages older people to keep active and engaged in the community by providing incentives and making it more affordable to get out and about.
- **Universities of the Third Age** provides learning and education opportunities for older people.

## Supporting mental health of older people in the community

The Victoria Government funds several initiatives that seek to improve mental health and wellbeing of older people in the community:

- **Aged persons mental health community team mobile services** provide assessment, treatment, rehabilitation and case management for people with a mental illness primarily over 65 years of age.
- **Aged persons mental health intensive community treatment** offers an alternative to treatment in an aged persons mental health acute inpatient unit. It provides intensive treatment in the older person's home during an acute phase of a mental illness. It aims to minimise the length of stay in an inpatient unit during an acute episode of illness.
- **Preventing elder abuse** supports frontline staff to better respond to cases of suspected elder abuse and offering better support to victims. An integrated model of care offering specialist clinical advice, family and financial counselling and medication services.

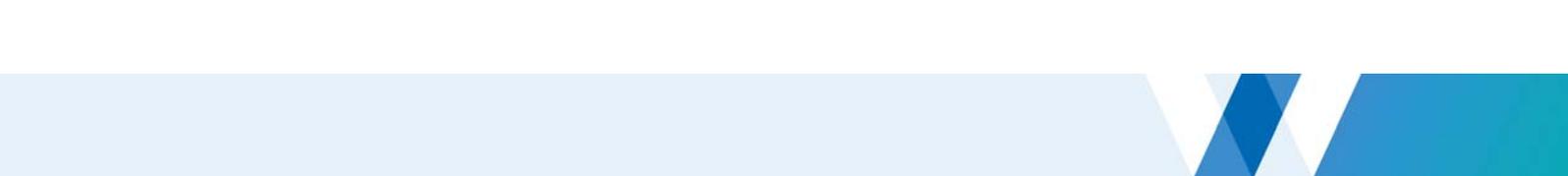
Aged persons' mental health nursing homes and hostels supplement public sector residential aged care services. They provide specialist community residential services for aged clients who cannot be managed in general residential system aged care services due to their level of persistent cognitive, emotional or behavioural disturbances. Services include long-term accommodation; ongoing easement, treatment and care of residents, rehabilitation and respite care. There are currently 21 services providing 491 operational places. In addition, generic public sector residential aged care services accommodate people with a history of mental illness.

The Victorian Government does not fund psychosocial support services for people 65 years and over. Clients however who turn 65 can continue to receive MHCSS.

The Victorian Government is funding continuity of support for clients of MHCSS defined programs who are not eligible for the NDIS due to age and residency.

## Priority populations

The Victorian Government is pursuing a number of policy priorities to ensure diverse communities have equitable access to health and community services, and receive responsive and inclusive care.



Designing for Diversity is an approach to embed diversity considerations at the outset of service and policy design processes in health and human services. Examples of its application in policy documents include *Health 2040: advancing health access and care*, which identifies that: ‘Access to care should be driven by need, regardless of gender, sexual orientation, social circumstance, location, ethnicity or cultural background, or mental health’.

## Aboriginal Victorians

*Balit Murrup: Aboriginal social and emotional wellbeing framework 2017-27* is a key commitment under *Victoria’s 10-year mental health plan* and is also a companion document to *Korin Korin Balit Djak: Aboriginal Health, Wellbeing and Safety Strategic Plan 2017-2027*. The key focus of *Balit Murrup* is to improve the social and emotional wellbeing and mental health of Aboriginal people, families and communities. The four key domains for action under *Balit Murrup* are:

- Domain 1: Improving access to culturally responsive services
- Domain 2: Supporting resilience, healing and trauma recovery
- Domain 3: Building a strong, skilled and supported workforce
- Domain 4: Integrated and seamless service delivery

To support the strategic directions under *Balit Murrup*, in 2017-18 the Victorian Government committed \$8.4 million over three years to support two new initiatives - a mental health traineeship program for Aboriginal people in mental health services and Aboriginal clinical and therapeutic positions in Aboriginal community controlled health services.

The Koori Mental Health Liaison Officer program seeks to improve access for Aboriginal people to mental health services and to support mental health services to provide high quality, holistic and culturally appropriate health care and referrals for Aboriginal people.

An Aboriginal mental health traineeship program has been established with ten Aboriginal mental health trainees employed across eight mainstream health services. The Aboriginal mental health trainees are provided with supervised workplace training and clinical placements, while concurrently completing a Bachelor of Science.

In building a strong, skilled and supported workforce, ten Aboriginal clinical and therapeutic mental health positions are being employed across ten Aboriginal community controlled health organisations to provide culturally safe and inclusive mental health care for Victorians.

To improve access to culturally responsive services, the Victorian Government allocated \$11.7 million for four demonstration projects to test new service models for Aboriginal Victorians with moderate to severe mental illness, trauma and other complex health and social needs. Each demonstration project is a consortium led by a local Aboriginal community controlled organisation in partnership with a local public health service.

## Culturally and linguistically diverse communities

Victoria is Australia’s most culturally diverse state, with almost one quarter of our population born overseas. Victorians come from over 230 countries, speak over 200 languages and follow more than 120 different faiths.

The Victorian Government’s cultural diversity plan, *Delivering for Diversity - Cultural Diversity Plan 2016-19*, provides a framework for to embed cultural diversity in all its health and human services, programs and policies. The plan builds on the government’s wide-ranging efforts to improve service access and effectiveness for culturally and linguistically diverse communities.

These communities include those with a long-established presence in Victoria, as well as recently arrived migrants, including refugees and asylum seekers. The plan aligns with Victoria’s multicultural objectives to:

- maximise the benefits of our cultural diversity
- build the capacity of CALD communities
- promote social cohesion and community resilience
- ensure that our services and infrastructure respond to the cultural diversity of our state.

## **Building mental health literacy and capability in ethnic communities grants program**

This program provides funding to establish community-led or peer-led self-help support programs for people with lived experience of mental illness and their families and carers from CALD backgrounds and refugees.

This program is targeting marginalised population groups who can experience heightened levels of stigma and discrimination due to their mental illness.

The program aims to assist people of all ages within multicultural communities, including refugees, to:

- better understand mental wellbeing, mental ill-health and the impacts of trauma (mental health literacy)
- identify and build protective factors and reduce risk factors for mental ill-health and trauma at the individual, family and community level that are culturally responsive and safe
- reduce stigma and discrimination associated with mental ill-health (taking into account cultural understandings of mental ill-health)
- build capability for self-determination and management of their mental health condition, to advocate for their own or broader community needs and to understand and navigate the mental health service system

Tandem and the VMIAC are partners in this work, with all projects being evaluated by Victorian Transcultural Mental Health.

## **Language services reforms**

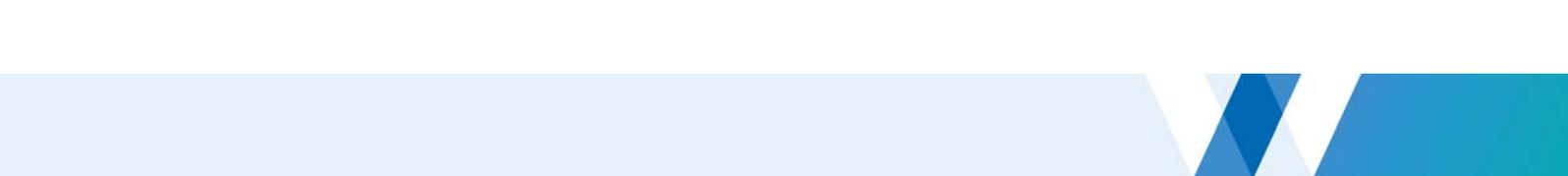
In 2017, the Victorian Government reviewed the delivery of language services by departments and made key recommendations to improve the sustainability and viability of the interpreting industry. Actions taken in response to the review include an increase in remuneration for interpreters and introduction of a Regional Service Charge to improve delivery to regional areas.

The Victorian Government also funds Victorian Transcultural Mental Health to provide resources to mental health providers as well as secondary consultations, allowing providers to seek advice about engaging with CALD communities.

## **Refugees and asylum seekers**

The number of refugees and asylum seekers settling in Victoria is higher than at any time during the past three decades. Over the last five years Victoria has settled over 22,500 refugees. Victoria is also currently home to around 11,000 asylum seekers on Bridging Visas awaiting determination of their refugee status, some 38 per cent of all asylum seekers nationally.

Victorian Foundation for Survivors of Torture (Foundation House) work with young people and their families from African backgrounds. This work will have a specific focus on young people with a South Sudanese background in Melbourne's western suburbs.



Foundation House works across Victoria to advance the health, wellbeing and human rights of asylum seekers and people with refugee backgrounds.

The *Victorian Budget 2016-17* provided an additional \$10.9 million over four years for health and human services to support increasing Syrian and Iraqi refugee settlement in Victoria. The funding package included the following:

- a mental health triage, assessment and referral program for refugee children and young people at-risk of mental health disorders, including three child and youth mental health services with outreach from organisational refugee and mainstream services. Orygen is the fund-holder for this
- a community mental health promotion and mental health first aid training program to build community resilience and rapid response – Foundation House has been funded to deliver this
- a Community of Practice in child and youth refugee mental health to develop through professional/organisational development and capacity building, particularly for primary mental health services. Foundation House has been funded to convene the community of practice which should connect with this work.

The Guide to asylum seeker access to health and community services in Victoria provides information on special access arrangements to health and community services in Victoria for asylum seekers.

Refugee Health Program is delivered by community health services in locations of high refugee and asylum seeker settlement provides nursing, counselling and other allied health services to support coordinated care.

This complements Commonwealth assistance and support and broader State Budget funding for CALD communities, including broader efforts in mental health to work with CALD communities and support specialised refugee mental health programs.

## **LGBTI**

The Victorian Government is committed to recognising, celebrating and supporting our state's LGBTI community.

The Healthy Equal Youth (HEY) program is the primary response by the Victorian Government to improve mental health outcomes of LGBTI young people. The program aims to raise awareness, promote acceptance of diversity, resilience, eliminate stigma and discrimination and improve mental health in young LGBTI people. The HEY Program supports 16 partner agencies across metro and regional Victoria

The HEY Program complements the government's broader work in mental health and suicide prevention, including the place-based suicide prevention trials and the Hospital Outreach Post-Suicidal Engagement (HOPE) initiative which include family-inclusive practice.

HEY Grants support organisations (both specialist LGBTI and mainstream youth organisations) to undertake mental health promotion and community engagement activities which focus on LGBTI young people, aged between 14 and 25 years.

The annual grants program is administered and coordinated by Youth Affairs Council Victoria. To date, the program has supported more than 65 organisations to improve the mental health and wellbeing of young LGBTI Victorians.

Targeted suicide prevention response funds \$500,000 for mental health support to the LGBTI community as part of a targeted suicide prevention response and a further \$50,000 to support initiatives for the Aboriginal and Torres Strait Islander LGBTI community



During the National Marriage Law Postal Survey in August 2017, \$500,000 was allocated to provide urgent mental health and wellbeing support, including funding for LGBTI specific crisis counselling services delivered across Victoria.

## Rural communities

The Victorian Government recognises the vulnerability of our farmers and rural Victorian's who are experiencing ongoing dry conditions.

Since 2015, the Victorian Government has contributed \$1 million per year for the National Centre for Farmer Health (NCFH). Located in the west of Victoria, the NCFH aims to improve the health, safety and wellbeing of farmers, their families and communities across Victoria. With a focus on mental health and wellbeing support, programs offered through the centre include health and lifestyle assessments as well as workshops and community presentations focussing on the health and wellbeing of communities. During the 2018 election campaign, the Government committed to provide an additional \$4 million over four years to continue funding for the NCFH.

In October 2018, the Victorian Government announced a \$25.0 million Drought Preparedness and Support Package, which included more than \$2.0 million for mental health and wellbeing services. This Package built on the Government's initial drought relief investment of \$5.0 million announced in September 2018. Mental health and wellbeing services funded as part of this investment include:

- An additional \$180,000 for the NCFH to deliver health checks to farmers.
- \$400,000 for the Look Over the Farm Gate Program - a mental health and wellbeing initiative that delivers grants for community events and mental health training. First developed in 2015 in response to the drought impacting north west Victoria, the program continues to support community groups, local government, and VFF branches who are encouraged to apply for grants of up to \$1,500 to run social events and community initiatives that raise mental health awareness in fire and drought affected communities.
- \$500,000 for a Community Resilience Program (run through Regional Development Victoria) to support community events that bring communities together, build resilience and raise awareness of drought support services.

For rural communities more broadly, the Victorian Better Health Channel, run through the Department of Health and Human Services, offers information for those living in rural and regional Victoria on mental health services available to them. The Victorian Government has funded the following initiatives to improve support rural and regional communities since 2015:

- \$220,000 to deliver Mental Health First Aid training across the ten identified drought affected local council areas and implement local community engagement and support measures.
- \$1.5 million assistance package to support dairy farmers including extended counselling and support services and additional mental health first aid sessions.
- \$300,000 in additional funding for Mental health support services supporting people in Cardinia, Baw Baw, Latrobe City, Wellington and East Gippsland Shires who are experiencing the driest conditions in the state.
- \$50,000 to Lifeline Gippsland to bolster its bushfire and drought recovery response.

# Systemic approaches to mental health service delivery

## Supporting the role of carers

*Recognising and Supporting Victoria's Carers, Victorian Carer Strategy 2018-22*, was launched by the Victorian Government in July 2018. Most actions in the strategy benefit the wide range of carers. However, the strategy also has several actions specifically supporting carers of people with a mental illness:

- improve opportunities for carers of people with a mental illness to get supports for their own wellbeing when the person they care for resists opportunities for respite
- enhance the Mental Health Carer Support Program to improve statewide access to supports and system navigation for mental health carers
- explore opportunities to enhance mental health carer advocacy options, to uphold the principles in Victoria's *Mental Health Act 2014*
- implement the Office of Chief Psychiatrist's Family and carer guidelines, which align with the principles in the *Mental Health Act 2014*
- introduce to Victoria the National Mental Health Carer Experience Survey to collect feedback from carers for service improvement.

In September 2018, the Victorian Government committed to fund \$49.5 million for:

- an additional 100,000 hours of respite for carers
- extending the eligibility for respite to young carers and mental health carers
- grants to both grassroots and statewide carer support groups, focused on regional areas and under-recognised carer groups.
- public transport concessions for carers all year and free travel in Carers Week.

The *Victorian Carers Recognition Act 2012* contains principles about the significance of care relationships, and obligations for organisations that interact with people in care relationships.

The Victorian Government also funds and supports several key initiatives for carers, including:

- the Support for Carers Program, with a total budget of \$18.9 million per annum allocated between 46 agencies around the state to provide respite and support for carers
- the Carer Support Program assists carers, families and friends of people with a mental illness through the provision of information, financial assistance and general support. The program includes the Carer Support Fund, which is administered by Tandem and provides financial assistance to support carer wellbeing and to reimburse for costs associated with their caring role.
- the Victorian Carer Card, which is funded recurrently to provide benefits that recognise the role of carers, including transport concessions. Similarly, the Companion Card is provided to the carer of a person with significant and permanent disability.

## Integration with health and social services

### Alcohol and other drug services.

The Victorian Government funds and supports several key initiatives designed to tackle dual presentations for mental illness and addiction problems, including:

- more than doubling the number of residential rehabilitation beds in Victoria to provide greater access to AOD treatment for those at the most acute end of the scale

- creating two new specialist rehabilitation services for people with co-occurring AOD and mental health needs which seeks to address the treatment gap of those with “dual diagnosis”
- trialling an eight-bed sub-acute AOD integrated stabilisation and rehabilitation service, operated by Turning Point, for people with AOD needs.

## Intersection with physical health

The *Victorian public health and wellbeing plan 2015-2019* recognises mental health as a key priority for the state. The plan identifies opportunities to improve outcomes across a wide range of mental and physical health problems using a life course approach and platforms for change, including place-based approaches incorporating early childhood settings and schools, healthy workplaces and communities.

### ***Equally Well in Victoria: Physical health framework for specialist mental health services 2019***

Under *Victoria’s 10-year mental health plan*, the Victorian Government committed to develop a response to co-occurring mental and physical illness that supports prevention and the early diagnosis, treatment and management of physical health problems for people with mental illness.

Each time a consumer engages with a clinical mental health service, an opportunity is provided to explore physical health issues and consider how they might impact on an individual’s personal recovery goals. *Equally Well in Victoria: Physical health framework for specialist mental health services* is the first of its kind in Victoria. Drawing on consumer, carer and clinician perspectives, the framework supports clinicians to work in partnership with consumers and carers to discuss physical health in the context of recovery. It provides information to help mental health services and clinicians to tailor treatment and strategies to the realities of the daily lives and preferences of consumers.

### ***Supporting local planning***

Providing communities with opportunities to participate in locally based planning is central to creating locally relevant responses. In Victoria, this is supported by legislated planning requirements, funding to support local health promotion action, and planning partnerships.

Local government has a key role in leading improvements in health and wellbeing for the local community. *Victoria’s Public Health and Wellbeing Act 2008* requires councils to produce a Municipal Public Health and Wellbeing Plan every four years. A Municipal Public Health and Wellbeing Plan outlines the local opportunities to protect and promote health and must also give regard to the state public health and wellbeing plan. An analysis of the 2017-2021 Municipal Public Health and Wellbeing Plans showed that 95 per cent of councils have mental health and wellbeing as a priority area. The types of activities undertaken include strengthening community connections, reducing stigma and discrimination and increasing awareness of and access to local services.

## Prevention funding - integrated health promotion

A broad range of agencies across the state are provided with prevention (integrated health promotion) funding. These funds support agencies in a catchment to work together and to use a mix of health promotion interventions to address priority health and wellbeing issues. An analysis of Integrated Health Promotion Strategic Prevention Plans for 2017-21 showed that overall 37 per cent of agencies include mental wellbeing as a priority. Like local government, the types of activities undertaken include strengthening community connections, reducing stigma and discrimination, and increasing awareness of and access to local services.

## Regional and Metropolitan Partnerships

In Victoria, nine Regional Partnerships and six Metropolitan Partnerships provide an opportunity for community members, local businesses, and local and state government to work together and identify, plan and implement local priority projects. Each Partnership is made up of community and business leaders, CEOs of local councils and a Victorian Government representative. Through year-round consultation, and an annual community assembly, the partnerships engage with their communities to identify priorities for their regions. The partnerships provide advice directly to the Victorian Government about these regional priorities, so they can then be incorporated into government policies, programs and planning.

Several partnerships have identified mental health related priorities, and the activities include the co-design of a youth mental health promotion program, mapping of mental health issues, investing in prevention and early intervention work with children, addressing social isolation, and advocating for mental health services.

## Victoria's mental health workforce

The Victorian Government funds and supports several key initiatives designed to expand and up-skill the mental health workforce, including:

- the new Centre for Mental Health Learning that aims to harness existing expertise, support the identification of best practice and evidence and improve state-wide access to mental health workforce learning and development
- the 'Hello Open Minds' attraction campaign and related workforce planning initiatives to support retention and growth in relevant disciplines, geographic areas and service settings
- development of new workforce models supported by cross-sector collaboration, innovation grants and lived experience roles
- development of lived-experience workforce structures and supports, including access to training, communities of practice, models of supervision and support for organisations introducing these roles
- learning and development in priority areas of need, including responding to trauma, family-inclusive practice, dual diagnosis, cultural safety and forensic issues

## Mental health workforce strategy

The *Mental health workforce strategy* released in July 2016 as the first deliverable of Victoria's *10-year mental health plan*, outlines high-level directions to support building a skilled, appropriate and available workforce that can provide quality, recovery-oriented, person-centred, family-inclusive care when and where it is needed.

## Workforce Strengthening Project

Supporting the directions of the *Mental health workforce strategy*, the Workforce Strengthening Project was established and funded in the *Victorian Budget 2018/19*, providing additional funding to allow area mental health services to recruit into various positions.

Workforce Strengthening Project initiatives include:

- 31 supernumerary clinical nurse consultant positions based on inpatient units
- general nursing to mental health nursing transition, to support the development and transition of general nurses to mental health nursing
- funding to recruit 110 post-graduate mental health nursing positions
- funding for peer workers in six prevention and recovery care (PARCs) units

- introduction of Community Mental Health Engagement Workers to assist consumers better navigate the mental health and related service systems

## Office of the Chief Mental Health Nurse

The Office of the Chief Mental Health Nurse provides practice leadership and evidence-informed directions and recommendations, as well as development of policies that address a wide spectrum of Victoria's mental health service system. This includes mental health nursing practice, policy and service design that have an impact on the workforce and promote continuous improvement in client outcomes. Through state-wide senior mental health nurse meetings and area mental health service site visits, the Chief Mental Health Nurse has access to current information regarding mental health nurse workforce issues that can inform workforce policy and influence implementation of workforce development initiatives.

## Measurement and reporting of mental health outcomes

The Victorian Health Services Performance Monitoring Framework outlines the strategic and operational aspects of monitoring and improving health service performance, and is applicable to all health programs, including mental health. The framework is aimed at achieving comprehensive performance analysis, using an approach based on performance risk.

The Victorian Government is also committed to reporting annually to Parliament and the community on state funded mental health services. *Victoria's mental health services annual report 2017-18* is the third to be tabled by the Victorian Government as part of its work to ensure increased accountability and transparency.

Victoria is undertaking a project to develop a specific performance and accountability framework (PAF) for mental health services. This will complement the framework and support service development, transparency, and accountability.

Monitoring progress and reporting on outcomes under the *10 Year Mental Health Plan* assists the Victorian Government to understand the impact of programs and services on people's lives over time. The 10 Year Mental Health Plan Outcomes Framework consists of a range of indicators that enable the Victorian Government to track whether the Plan's initiatives are contributing to better outcomes for people with mental illness, including physical health.

Mental health is also captured within the Victorian public health and wellbeing outcomes framework which provides a transparent approach to monitoring and reporting progress towards achieving better health and wellbeing. The outcome that Victorians have good mental health contains specific indicators related to increasing wellbeing and decreasing suicide with associated measures attached.

## Towards coordinated care and a fully integrated system

Victoria was actively involved in the drafting of the Fifth National Mental Health and Suicide Prevention Plan (the Fifth Plan), which all Health Ministers endorsed in August 2017.

The State Government remains committed to implementing the Fifth Plan and continuing to work with the Commonwealth and other states and territories to strengthen integrated planning and delivery, and the governance structures that provide effective mechanisms for ensuring outcomes for people are being achieved. This system integration should be considered a key priority in order to improve overall population mental health from a national level down.

In late 2018, Victoria took over as Chair of the Mental Health Principal Committee. Since taking on the role of Chair, Victoria has led a process to re-invigorate the Principal Committee. Victoria is also leading one of the most significant actions in the Fifth Plan - the development of a new National Suicide Prevention Implementation Strategy. With the rate of suicide increasing (a 9.1 per cent increase from 2016 to 2017), the infrastructure, systems and coordinated action that is required to effectively prevent suicide need to be strengthened and, in some cases, put in place.