Chief Officer for Mental Health and Wellbeing annual report 2023–24

VICTORIA State Government | Department of Health

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In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people. 'Indigenous' or 'Koori/Koorie' is retained when part of the title of a report, program or quotation.

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Acknowledgements

Acknowledgement of Aboriginal people living in Victoria

The Department of Health acknowledges the strength of Aboriginal and Torres Strait Islander people and the power and resilience that is shared as members of the world's oldest living culture.

We acknowledge Aboriginal and Torres Strait Islander people as Australia's First People and recognise the richness and diversity of all Traditional Owners across Victoria. We recognise that Aboriginal and Torres Strait Islander people in Victoria practise their lore, customs and languages, and nurture Country through their deep spiritual and cultural connections and practices to land and water. We are committed to a future based on equality, truth and justice.

We acknowledge that the entrenched systemic injustices experienced by Aboriginal and Torres Strait Islander people endure and that Victoria's ongoing treaty and truth-telling processes provide an opportunity to right these wrongs and ensure Aboriginal people have the freedom and power to make the decisions that affect their communities.

We pay our deepest respect and gratitude to ancestors, Elders and leaders – past and present. They have paved the way, with strength and fortitude, for our future generations.

Statement of recognition of lived and living experience of mental illness

The Department of Health recognises the strength and diverse voices of people living with trauma, neurodiversity, mental illness and substance use or addiction, and their families, carers and supporters, and remembers those who have been lost to suicide.

We thank people with lived and living experience for their generosity and courage in sharing their experiences and for working in partnership to transform the mental health and wellbeing system in Victoria.

Responsible body's declaration

Minister for Mental Health

Dear Minister

In accordance with s 261(2) of the *Mental Health and Wellbeing Act 2022*, I am pleased to submit to you the Chief Officer for Mental Health and Wellbeing annual report for the period 1 July 2023 to 30 June 2024.

Katherine Whetton

Chief Officer for Mental Health and Wellbeing
Deputy Secretary Mental Health and Wellbeing
Department of Health

Chief Officer for Mental Health and Wellbeing's foreword

It is a privilege to present the Chief Officer for Mental Health and Wellbeing annual report for 2023–24.

This is the first year an annual report has been required to be prepared under s 261(2) of the *Mental Health and Wellbeing Act 2022*.

The Royal Commission into Victoria's Mental Health System set an ambitious 10-year vision for a transformed mental health and wellbeing system for all Victorians.

The first phase of reform has included establishing new entities, delivering new and expanded services for children, young people and adults, more focus on early intervention, expanding the mental health and wellbeing workforce and embedding lived and living experience voices and leadership throughout the system. These reforms align with the Department of Health's strategic directions and vision for Victorians to be the healthiest people in the world.

To make system transformation possible, the Royal Commission recommended replacing the *Mental Health Act 2014* with a new Mental Health and Wellbeing Act. The new Act, which took effect on 1 September 2023, sets the foundation for a compassionate, therapeutic and human rights-focused system envisioned by the Royal Commission.

The Act legislates a range of objectives to promote good mental health and wellbeing, places people with lived experience – consumers and their families, carers and supporters – at the centre of the mental health and wellbeing system and aims to achieve the highest possible standard of mental health and wellbeing for all Victorians.

The Act's mental health and wellbeing principles promote and better protect human rights and require mental health and wellbeing service providers to:

- support the dignity and autonomy of people living with mental illness or psychological distress
- ensure people are involved in decisions about their treatment, care and support
- recognise the role of families, carers and supporters
- ensure the service system responds to the diverse needs and preferences of Victorians.

The Act also established new roles in the system including the Chief Officer for Mental Health and Wellbeing (Chief Officer). The Chief Officer has many functions under the Act, including to steward a more inclusive mental health and wellbeing system, promote the mental health and wellbeing principles, and the continuous improvement in the quality and safety of mental health and wellbeing services.

As the inaugural Chief Officer, I am pleased to provide the annual report to the Minister for Mental Health. The report includes a review of how the Chief Officer is performing their functions, the amount appropriated under s 743 of the Act (Mental Health Services Levy) and how this has supported the provision of mental health and wellbeing services.

This report also provides an overview of the services provided by public mental health and wellbeing services in 2023–24 and work to comply with the mental health and wellbeing principles outlined in the Act.

I am very proud of what we have achieved in 2023–24 to progress mental health and wellbeing reform. I can't thank the mental health and wellbeing workforce and its leaders, our reform partners and my team in the department enough for their work.

Katherine Whetton

Katherine Whetton

Chief Officer for Mental Health and Wellbeing

Deputy Secretary Mental Health and Wellbeing

Department of Health

A year at a glance

92,484
registered consumers

16,230
child and adolescent consumers

74,060
adult consumers

9,298
older person consumers

1,662
forensic consumers

5,006
specialist consumers

52.9%
women and girls

34.3%
live in rural areas

$2.7b
for mental health and wellbeing services

Reforming Victoria's mental health and wellbeing system

Delivering on mental health and wellbeing reform

Reform journey 2023–24

The release of the Royal Commission into Victoria's Mental Health System's final report in March 2021 was a major milestone on the path to transforming Victoria's mental health system. It provided a set of 65 comprehensive reform recommendations, in addition to the 9 provided in the interim report released in November 2019. The government has committed to implementing all 74 recommendations.

System transformation is being delivered over 3 phases. Phase 1 included significant work to set the foundations for reform including new entities, new services, building the workforce and enacting the new Mental Health and Wellbeing Act. We are now in Phase 2, building on all that we have achieved so far. This phase has a greater focus on:

- prevention, promotion and early intervention
- continuing to support and grow the workforce
- improving mental health and wellbeing service delivery
- driving cultural change.

Phase 3 will see the service system learn and mature.

Key reform milestones delivered in 2023–24 include the following:

- The *Mental Health and Wellbeing Act 2022* took effect from 1 September 2023, formally establishing Victoria's Mental Health and Wellbeing Commission, Victorian Collaborative Centre for Mental Health and Wellbeing and Chief Officer for Mental Health and Wellbeing.
- Co-CEOs were appointed to the Victorian Collaborative Centre for Mental Health and Wellbeing in January 2024.
- Mental Health and Wellbeing Connect Centres were launched in 8 regions across Victoria in September 2023.
- Work to develop the *Lived and living experience leadership strategy* progressed in collaboration with the lived and living experience (LLE) peak bodies, the Mental Health and Wellbeing Commission and the Victorian Collaborative Centre for Mental Health and Wellbeing.
- Local Services expanded, with 15 services now operating across the state and more than 9,000 people having received care by the end of 2023–24.
- More than 300 mental health and wellbeing workforce scholarships have been made available through the government's Mental Health and Wellbeing Workforce Scholarship Program to support study in 2024.

- Victoria's first mental health and wellbeing workforce capability framework, *Our workforce, our future*, was released in December 2023.
- The Diverse Communities Mental Health and Wellbeing Grants Program provided grants to 19 organisations.
- More acute mental health beds for women opened in December 2023 as part of an Australia-first Specialist Women's Mental Health Service (Wren).
- More Emergency Department Mental Health and AOD hubs opened, with hubs now operating at Monash Medical Centre, The Royal Melbourne Hospital, University Hospital Geelong, Sunshine Hospital and St Vincent's Hospital.
- Independent Mental Health Advocacy (IMHA) was established to support a new opt-out model of non-legal advocacy from 1 September 2023.

Engaging with consumers, carers and the mental health and wellbeing sector

Co-design in reform

The Royal Commission called for system-wide reform that is co-designed with people with LLE – consumers and their families, carers and supporters – and local communities. The Department of Health has embraced the move from relying on traditional approaches of consultation to more participatory approaches of co-design and co-production wherever possible. The case studies below provide just 2 examples of how the department has been designing new services with, not for, people. Further examples of co-design in policy and service design are included throughout this report.

Mental Health and Wellbeing Connect Centres

Eight Mental Health and Wellbeing Connect Centres (Connect Centres) are now operating across Victoria to meet the needs of families, carers and supporters. Connect Centres are a dedicated service to support those who are supporting people living with mental health and substance use challenges or psychological distress.

The new Connect Centres are 'first of their kind' and represent a new and innovative approach to commissioning and delivering LLE–led mental health and wellbeing services in Victoria.

Through family and carer-led co-design, the Connect Centres have created a warm and welcoming space that is easily accessible and available to families, carers, kin and supporters of all ages. Connection with peer workers ensures the challenges and needs of families and carers are recognised and addressed.

People in designated family carer positions in the sector and the department have collaborated to design, commission, establish and deliver this new, peer-led service. Family and carer-led processes sustain and grow the model through peer support and management in delivery, community advisory structures and co-design to drive local improvement, workforce development and model improvement, and system governance.

Further improvements to the Connect model will be ongoing, supported by a strong partnership with providers, workforce development and coordination from Connect Coordination Victoria, local community advisory and co-design processes. A Connect Development Group, established in 2023–24, provides family and carer-led system governance to ensure alignment with the evidence base and fidelity with the Connect base model.

'The Healing Place' – the Lived Experience Residential Service

Recommendation 5 of the Royal Commission's interim report laid the foundations for establishing Victoria's first residential mental health service designed and delivered by people with LLE of mental illness and recovery.

Historically, mental health services have been designed and delivered without the voices, expertise and leadership of those with LLE. There is currently no comparable service to the Lived Experience Residential Service in Victoria.

This project has been progressed in partnership between the department and lead agencies, Mind Australia and the Alfred. A majority consumer governance structure has overseen the process, driven by a consumer project team at Mind and guided by a consumer 'project fidelity group' that keeps the project grounded in consumer-leadership principles.

A consumer-led co-evaluation of the process to date reported that stakeholders have valued the development process and believe both the process and the likely output are substantially different from any government-initiated project that has gone before.

Mental Health Ministerial Advisory Committee

The Mental Health Ministerial Advisory Committee provides strategic guidance to the government on mental health reform priorities and advocates for system transformation, service improvement and better consumer outcomes.

The committee includes representatives from the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), Transgender Victoria, Foundation House, Turning Point, VMIAC, Tandem, Thorne Harbour Health, the Victorian Multicultural Commission, Mental

Health Victoria, the Victorian Alcohol and Drug Association, Orygen and other key sector bodies.

In 2023–24 the committee provided advice to government on many aspects of mental health reform, including the *Mental health and wellbeing outcomes and performance framework, Statewide service and capital plan, Diverse communities framework, Lived and living experience leadership strategy, Victorian suicide prevention and response strategy* and the *Victorian eating disorders strategy*.

Two subcommittees support the Mental Health Ministerial Advisory Committee: the Interdisciplinary Clinical Advisory Group and the Lived Experience Strategic Partnership.

Interdisciplinary Clinical Advisory Group

The Interdisciplinary Clinical Advisory Group provides strategic guidance to the government and the Mental Health Ministerial Advisory Committee on the mental health reform agenda, bringing a clinical lens.

In 2023–24 the group advised the government on reforms, including the Mental health and wellbeing outcomes and performance framework, implementing the Mental Health and Wellbeing Act, the Our workforce, our future workforce capability framework, Statewide service and capital plan, Contemporary Information Architecture, the National Disability Insurance Scheme (NDIS) Review and the Lived and living experience leadership strategy.

Lived Experience Strategic Partnership

The Lived Experience Strategic Partnership provides strategic advice to the government and to the Mental Health Ministerial Advisory Committee on the mental health reform agenda. It also advocates for better consumer, family and carer outcomes. The partnership was established to ensure reform initiatives reflect the Royal Commission's intent and are led by the principles of inclusivity, equality and partnership with LLE.

In 2023–24 the group advised government on the Mental health and wellbeing outcomes and performance framework, the Lived and living experience leadership strategy and the NDIS Review.

Investing in mental health and wellbeing reform

Mental Health Service Levy

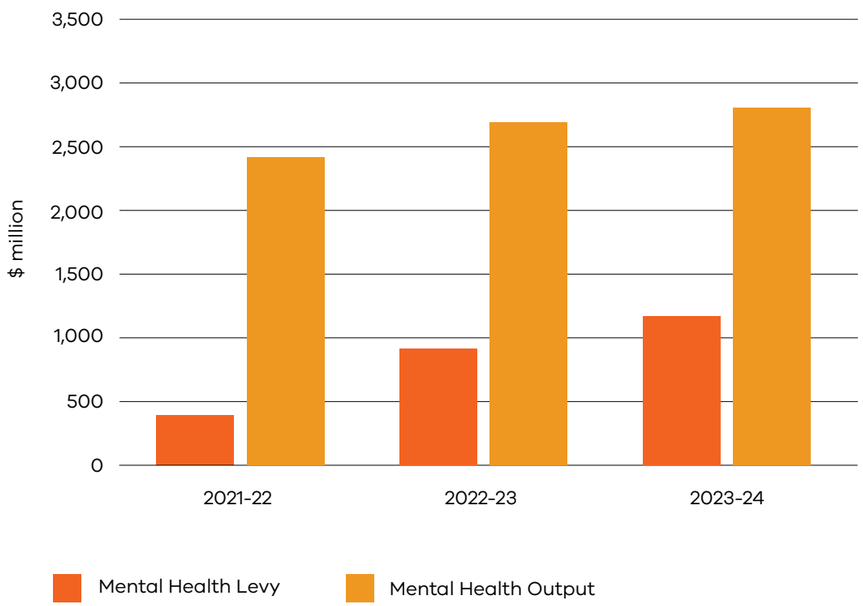
The Royal Commission recommended introducing a levy to provide a dedicated stream of mental health funding that will support a substantial increase in investment in Victoria's mental health system into the future.

The Mental Health and Wellbeing Payroll Surcharge began on 1 January 2022 on wages paid in Victoria by businesses with national payrolls over $10 million a year.

The government has legislated that 100% of revenue from the levy must be spent on mental health services. In 2023–24 the levy raised $1.2 billion.

The government's total output expenditure in 2023–24 in mental health and wellbeing services totalled $2.7 billion.

Figure 1: Mental health and wellbeing output funding and Mental Health Levy since introduction



Data source: Victorian Budget Papers, 2021-22 to 2023-24 and Victoria Annual Financial Reports 2021-22, 2022-23

Victorian State Budget investment

The 2023–24 State Budget invested $521.1 million to continue to support and reform Victoria's mental health and wellbeing system. Since the Royal Commission, the government has invested more than $6 billion in mental health and wellbeing support for Victorians. Much of the funding from previous budgets has continued to flow into the system, supporting a range of services and programs.

The 2023–24 State Budget provided additional funding for workforce growth, eating disorder services, bed-based services, mental health emergency responses, and suicide prevention and support for groups disproportionately impacted by suicide. It continues the commitment to long-term mental health reform that will benefit Victorians for generations to come.

Highlights from the 2023–24 State Budget include:

- $103.9 million to build a strong and sustainable mental health and AOD workforce
- $350.6 million to help deliver 96 new and continuing mental health beds, expanded perinatal mental health services and continued support for community-based organisations to deliver the support that their local communities need
- $17.7 million to support suicide prevention initiatives including follow-up support people for people affected by suicide, their families and loved ones
- $47.8 million to help implement the Mental Health and Wellbeing Act and important Act components including the Mental Health and Wellbeing Commission, the Victorian Collaborative Centre for Mental Health and Wellbeing, the Office of the Chief Psychiatrist and the Mental Health Tribunal
- $81.3 million to provide critical support for people experiencing severe mental illness who are involved in the criminal justice system.

Mental health and wellbeing principles

The Mental Health and Wellbeing Act sets out 13 core mental health and wellbeing principles.

The Chief Officer must make reasonable efforts to comply with these principles through the design and delivery of mental health and wellbeing services. The principles are described below.

Dignity and autonomy principle

The rights, dignity and autonomy of a person living with mental illness or psychological distress are to be promoted and protected and the person is to be supported to exercise those rights.

Diversity of care principle

A person living with mental illness or psychological distress is to be provided with access to a diverse mix of care and support services. This is to be determined, as much as possible, by the needs and preferences of the person living with mental illness or psychological distress including their accessibility requirements, relationships, living situation, any experience of trauma, level of education, financial circumstances and employment status.

Least restrictive principle

Mental health and wellbeing services are to be provided to a person living with mental illness or psychological distress with the least possible restriction of their rights, dignity and autonomy with the aim of promoting their recovery and full participation in community life. The views and preferences of the person should be key determinants of the nature of this recovery and participation.

Supported decision making principle

Supported decision making practices are to be promoted. Persons receiving mental health and wellbeing services are to be supported to make decisions and to be involved in decisions about their assessment, treatment and recovery including when they are receiving compulsory treatment. The views and preferences of the person receiving mental health and wellbeing services are to be given priority.

Family and carers principle

Families, carers and supporters (including children) of a person receiving mental health and wellbeing services are to be supported in their role in decisions about the person's assessment, treatment and recovery.

Lived experience principle

The lived experience of a person with mental illness or psychological distress and their carers, families and supporters is to be recognised and valued as experience that makes them valuable leaders and active partners in the mental health and wellbeing service system.

Health needs principle

The medical and other health needs of people living with mental illness or psychological distress are to be identified and responded to, including any medical or health needs that are related to the use of alcohol or other drugs. In doing so, the ways in which a person's physical and mental health needs may intersect should be considered.

Dignity of risk principle

A person receiving mental health and wellbeing services has the right to take reasonable risks in order to achieve personal growth, self-esteem and overall quality of life. Respecting this right in providing mental health and wellbeing services involves balancing the duty of care owed to all people experiencing mental illness or psychological distress with actions to afford each person the dignity of risk.

Wellbeing of young people principle

The health, wellbeing and autonomy of children and young people receiving mental health and wellbeing services are to be promoted and supported, including by providing treatment and support in age and developmentally appropriate settings and ways. It is recognised that their lived experience makes them valuable leaders and active partners in the mental health and wellbeing service system.

Diversity principle

The diverse needs and experiences of a person receiving mental health and wellbeing services are to be actively considered noting that such diversity may be due to a variety of attributes including any of the following:

- gender identity
- sexual orientation
- sex
- ethnicity
- language
- race
- religion, faith or spirituality
- class
- socioeconomic status
- age
- disability
- neurodiversity
- culture
- residency status
- geographic disadvantage.

Mental health and wellbeing services are to be provided in a manner that:

- is safe, sensitive and responsive to the diverse abilities, needs and experiences of the person including any experience of trauma; and
- considers how those needs and experiences intersect with each other and with the person's mental health.

Gender safety principle

People receiving mental health and wellbeing services may have specific safety needs or concerns based on their gender. Consideration is therefore to be given to these needs and concerns and access is to be provided to services that:

- are safe; and
- are responsive to any current experience of family violence and trauma or any history of family violence and trauma; and
- recognise and respond to the ways gender dynamics may affect service delivery, treatment and recovery; and
- recognise and respond to the ways in which gender intersects with other types of discrimination and disadvantage.

Cultural safety principle

Mental health and wellbeing services are to be culturally safe and responsive to people of all racial, ethnic, faith-based and cultural backgrounds.

Treatment and care is to be appropriate for, and consistent with, the cultural and spiritual beliefs and practices of a person living with mental illness or psychological distress. Regard is to be given to the views of the person's family and, to the extent that it is practicable and appropriate to do so, the views of significant members of the person's community. Regard is to be given to Aboriginal and Torres Strait Islander peoples' unique culture and identity, including connections to family and kinship, community, Country and waters.

Treatment and care for Aboriginal and Torres Strait Islander peoples is, to the extent that it is practicable and appropriate to do so, to be decided and given having regard to the views of Elders, traditional healers and Aboriginal and Torres Strait Islander mental health workers.

Wellbeing of dependents principle

The needs, wellbeing and safety of children, young people and other dependents of people receiving mental health and wellbeing services are to be protected.

How the Chief Officer is performing their functions

Section 261(1) of the Mental Health and Wellbeing Act outlines the functions of the Chief Officer for Mental Health and Wellbeing.

These functions include to:

- plan, develop, fund, provide and promote a range of mental health and wellbeing services, and evaluate performance, standards and outcomes
- steward and manage the mental health and wellbeing system, and develop the capacity of its workforce
- promote the objectives of the Act and the mental health and wellbeing principles
- collect, compile and analyse data about the provision of mental health and wellbeing services, and promote their continuous improvement
- implement the recommendations of the Royal Commission into Victoria's Mental Health System.

The Act also requires the Chief Officer to provide a summary of actions in their annual report that demonstrate reasonable efforts have been made by the Chief Officer to comply with the mental health and wellbeing principles.

The work of implementing and embedding the principles is a core part of mental health and wellbeing system transformation.

For example, consideration of the gender safety principle is demonstrated through undertaking gender impact assessments for all newly funded initiatives in the mental health and wellbeing system in 2023-24. Furthermore, gender safety is demonstrated in the establishment of Australia's first dedicated public women's mental health service, Wren, which provides both inpatient and in-home care for women with complex mental health challenges.

Another example is the consideration of the wellbeing of young people principle through the delivery of programs and services for children and young people, including the Children's Health and Wellbeing Locals, Statewide Child and Family Centre, Youth Prevention and Recovery Care services and Healthy Equal Youth program.

The following section of this report summarises the actions taken by the Chief Officer to perform their functions and comply with the mental health and wellbeing principles in 2023-24. Every effort has been made to embed, uphold and promote all principles in the design, implementation and oversight of the mental health and wellbeing system.

Embedding the mental health and wellbeing principles in service delivery

Advancing Aboriginal self-determination to improve mental health and wellbeing outcomes

Social and Emotional Wellbeing team expansion

Funding from the 2021–22 State Budget of $116.2 million over 4 years and $32.3 million in recurrent funding continues to help implement the Royal Commission recommendations relating to improving Aboriginal social and emotional wellbeing. A core focus of this funding is establishing and expanding multidisciplinary Social and Emotional Wellbeing teams in Aboriginal community-controlled health organisations across Victoria with statewide coverage by 2025.

Supporting cultural safety in mainstream health services

Funding has been provided to Infant, Child and Youth Area Mental Health and Wellbeing Services to support cultural safety training and community engagement activities.

Aboriginal Social and Emotional Wellbeing Scholarships

The Royal Commission recommended awarding a minimum of 30 scholarships to Aboriginal people to gain clinical mental health qualifications. The department and VACCHO have partnered with Deakin, La Trobe and RMIT universities to deliver the Aboriginal Social and Emotional Wellbeing Scholarship program.

Since launching in 2022 the program has surpassed its target of 30 scholarships, with 49 scholarships awarded to Aboriginal undergraduate and postgraduate students studying a mental health discipline at these universities. These scholarships are helping to build a skilled and qualified Aboriginal mental health and social and emotional wellbeing workforce.

Koori Mental Health Liaison Officer program

The Royal Commission recommended the establishment of a network of Koori mental health liaison officers in Infant, Child and Youth Area Mental Health and Wellbeing Services. Phased recruitment of 10 Koori mental health liaison officers in these services across the state has progressed in 2023–24 to support the cultural safety of Aboriginal children and young people accessing acute mental health services.

Balit Durn Durn Centre of Excellence in Aboriginal Social and Emotional Wellbeing

The Royal Commission identified VACCHO as having a lead role in designing and delivering Aboriginal social and emotional wellbeing recommendations, through an Aboriginal Social and Emotional Wellbeing Centre of Excellence.

In its interim report, the Royal Commission recommended VACCHO be resourced to develop, host and maintain an Aboriginal Social and Emotional Wellbeing Centre of Excellence, now known as the Balit Durn Durn Centre, led by VACCHO.

VACCHO established the Balit Durn Durn Centre (meaning strong brain, mind, intellect and sense of self in Wurundjeri/ Woiwurrung language) in May 2022, providing sector leadership and supporting excellence in Aboriginal social and emotional wellbeing practice.

Co-design of a service model for Aboriginal Healing Centres

In 2023–24 the Balit Durn Durn Centre led the co-design process for developing a service model that will inform 2 Aboriginal Healing Centres in Victoria. The co-design process is exemplary of an Aboriginal-led and self-determined model involving Aboriginal communities, services and knowledge holders.

Once established, the healing centres will provide a culturally safe and holistic model of care including access to cultural strengthening programs, Elders, psychologists, therapists and specialists trained in healing intergenerational trauma.

Co-design of The Nest service model framework

The Balit Durn Durn Centre has also progressed a co-designed service model for Aboriginal children and young people with intensive social and emotional wellbeing needs. The framework model, called 'The Nest' Aboriginal Wellbeing Service Model Framework, has been created by the Balit Durn Durn Centre in consultation with an expert advisory group formed specifically to provide strategic direction for this project.

When implemented, The Nest will guide health services to develop consistent and high-quality culturally responsive models of care delivered to Aboriginal children and families requiring intensive social and emotional wellbeing supports.

Elevating lived and living experience

Lived and living experience workforces

This year has seen continued work to develop structures and supports for lived and living experience workforces (LLEWs). This extensive work has focused on creating discipline foundations for LLEWs in mental health, AOD and harm reduction settings. Some 2023–24 highlights include the following.

Lived Experience Peer Cadet Program

The Lived Experience Peer Cadet Program offers people with LLE part-time employment with a participating community mental health organisation while studying a Certificate IV in Mental Health Peer Work. They develop knowledge, skills and confidence in LLE peer work in a structured and supported environment.

The program was launched in 2022, with a second cohort of 30 Lived Experience Peer Cadets graduating in June 2024.

In 2024 the program was re-designed to offer participants 2 days of paid work placement and one day of paid study leave per week over a 10-month cadetship period. The program is being hosted by 9 community mental health services across Victoria.

Discipline-specific supervision

In 2023–24 the department funded the Access to Supervision program to provide discipline-specific supervision for 137 people over the 12 months. This included 81 consumer workers and 56 family/carer workers.

The first Carer Perspective Supervision training was delivered in 2023–24, based on the *Carer perspective supervision framework*[1]. Thirteen carer supervisors and trainers have been recruited to deliver further training in 2024–25.

Consumer Perspective Supervision training places were provided to 16 consumer supervisors.[2] Another 5 training courses have been commissioned for the next 2 years.

Tertiary scholarships

The Lived and Living Experience University Scholarship Program awards scholarships valued up to $13,000 to support LLEWs to attain university-level qualifications and to build management or leadership capability.

Twenty-two scholarships were awarded in 2023–24. Examples of courses recipients are studying include: Graduate Diploma in Healthcare Leadership and Management; Graduate Certificate in Business Administration; Master of Education (Research); and a Doctorate of Public Health.

1 Carer Perspective Supervision Framework <https://www.thermh.org.au/files/documents/Corporate/carer-perspective-supervision-framework.pdf>

2 Consumer Perspective Supervision Framework <https://cmhl.org.au/sites/default/files/resources-pdfs/FINAL%20CPS%20framework%2018.pdf>

Training

The department continued to fund training for LLEWs delivered by established LLE training providers. Training offerings in 2023–24 included Intentional Peer Support[3], Single Session Framework for the Carer Lived Experience Workforce[4], Uniting's Hearing Voices[5] and Mind's Peer Work Program.[6]

Emotional CPR and Alternatives to Suicide training was also delivered in collaboration with VMIAC in 2023–24.

The Centre for Mental Health Learning has developed and provided training to broader mental health workforces about LLEWs, as well as delivering discipline-specific training for carer LLEWs.

Guidance and supports for organisations

The department has also funded a range of supports for organisations that employ LLEWs including the Yale Learning Collaborative, a 12-month program for organisations that will begin in December 2024. An assessment tool for organisations to understand their current situation in relation to LLEWs has been developed, for testing in 2024.

Supports for all workforces with lived experience

Big Feels @ Work delivered more podcasts in 2023–24 for mental health and AOD workers who've 'been there' too.[7] There are now 30 podcast episodes featuring interviews with people that cover the complexities of working in the mental health and AOD sectors while navigating your own 'big feelings'.

The department would like to thank all partners involved in developing and delivering this extensive program of work including VMIAC; Tandem and the Carer Lived Experience Workforce Network; Harm Reduction Victoria, Self Help and Addiction Resources Centre; Centre for Mental Health Learning; the Bouverie Centre; Centre for Mental Health Nursing (Consumer Academic Program); Mental Health Victoria; and Mind Australia.

Lived and living experience leadership strategy

The Royal Commission recommended delivering mental health services led by people with LLE of mental ill health or psychological distress and developing system-wide involvement of family members and carers. In 2023–24 work progressed to develop the *Lived and living experience leadership strategy*. This strategy will outline the government's vision for better experiences and outcomes for all Victorians through the leadership LLEWs across the state's public mental health and wellbeing and AOD systems.

The strategy is the first of its kind to bring together diverse LLE communities, workforces and leaders across mental health and AOD, including harm reduction and suicide prevention, to set out the collective priorities for change. The strategy is being developed in partnership with established and emerging LLE leaders and system steward partners including:

- VMIAC, Tandem, the Self Help and Addiction Resources Centre and Harm Reduction Victoria providing collective LLE community expertise
- entities including the Mental Health and Wellbeing Commission and the Victorian Collaborative Centre for Mental Health and Wellbeing, supporting accountability and collaboration to help drive improvements across the system
- First Peoples' perspectives, including local stakeholders, and national perspectives provided by the Black Dog Institute Indigenous Lived Experience Centre
- 14 LLE technical experts bringing diverse perspectives, experiences and expertise across mental health, AOD, harm reduction, consumer and family/carer perspectives, LGBTQIA+ and cultural diversity.

The strategy's vision and strategic priorities are being shaped by evidence and insights from diverse LLE perspectives and other key stakeholders. This includes:

- LLE-led research, including an analysis of the Royal Commission interim and final reports to bring together the intentions of for LLE leadership, workforces and partnerships, and a literature review identifying concepts and models of LLE leadership across LLE-led organisations, mainstream services and academia
- Aboriginal-led analysis of opportunities to enhance First Peoples' leadership in health and wellbeing
- early sector engagement with 249 stakeholders to understand the current state and requirements for change
- targeted stakeholder testing of draft elements to ensure the vision and strategic directions are accurate, ambitious and achievable for the strategy's diverse stakeholders.

The strategy will deliver a cohesive and strategic roadmap to guide government, sector organisations and individual efforts to create meaningful and sustainable change.

Mental Health and Wellbeing Connect Centres

In 2023–24, 8 Connect Centres recommended by the Royal Commission were established to support carers of people with mental health challenges, mental illness, psychological distress or addiction. The Connect Centres are the first of their kind in Australia.

The Connect Centres are a free service for people who are caring for or supporting someone experiencing mental health challenges, mental illness or psychological distress, with or without co-occurring substance use challenges. Through LLE-led co-design, the Connect Centres have created a warm, welcoming space that is easily accessible and available to families, carers, kin and supports of all ages. Services include individual peer support, family therapy, group programs, service navigation and flexible brokerage to support access to practical and immediate needs.

The Connect Centres may be directly accessed in-person via walk in, phone or through online bookings. Support is also delivered on an outreach basis to family, carers, kin and supporters to promote access. All centres are staffed by a majority family-carer workforce, with 98 of the 113 new roles created to date being designated family-carer positions.

3 Intentional Peer Support <https://www.sharc.org.au/sharc-programs/peer-projects/intentional-peer-support/>
4 Single Session Framework for the Carer Lived Experience Workforce <https://www.latrobe.edu.au/research/centres/health/bouverie/courses/pd/single-session-peer-work>
5 Hearing Voices <https://www.unitingvictas.org.au/services/mental-health/hearing-voices-support/>
6 Mind's Peer Work Program <https://www.mindaustralia.org.au/peer-work-mind>
7 Big Feels @ Work <https://www.bigfeels.club/big-feels-at-work>

Strong and supported workforce

Our workforce, our future

Our workforce, our future, a capability framework for the mental health and wellbeing workforce, was launched in December 2023. It builds on the *Mental health and wellbeing workforce capability framework* released in December 2021 by providing further detail to support different roles and levels within the mental health and wellbeing workforce. It also includes outcome statements and information to support reflective practice.

The framework puts consumers, carers, families and supporters at the centre of care, treatment and support. It acknowledges and values the breadth of expertise and experience across the workforce.

The capability framework has begun implementation across the sector with a range of sector consultations. A central team is guiding implementation at the state level, and a series of workforce forums were held across Victoria in early 2024.

Expanding Victoria's mental health and wellbeing workforce

Several initiatives throughout 2023–24 expanded Victoria's mental health and wellbeing workforce including the following:

- The department awarded 350 postgraduate scholarships to support speciality skill development for nurses, LLEWs, allied health professionals and AOD practitioners.
- A training pipeline of new workers has been funded and commissioned through the 2021–22 and 2022–23 State Budgets through to 2025. These positions have been commissioned across the mental health and wellbeing sector, with a portion being delivered through state-funded community mental health services:
  - 92 funded psychiatry registrars, with the department on track to deliver more than 100 positions by 2026
  - more than 400 mental health nurses
  - more than 300 psychologists
  - more than 600 extra allied health clinicians
  - 132 junior medical officer rotations positions annually since 2022.
- The Regional Mental Health Workforce Incentive Program has continued. The program aims to attract and retain workers in state-funded mental health and AOD services in rural and regional Victoria, providing:
  - workforce relocation and incentive grants
  - integration support for workers and their families
  - support to promote jobs.
- Fifty new Earn and Learn trainee positions are supporting workers to complete a Certificate IV in Mental Health while being employed in a community mental health service (all 50 positions have been commissioned). Trainees are supported with workplace supervision, training and education. The program aims to increase the pipeline of mental health workers, helping to develop a skilled and diverse workforce.

Support was provided to grow the psychiatry workforce, with 36 new first-year psychiatry registrar positions (plus supervisors) and 132 FTE junior medical officer psychiatry positions delivered for the 2024 training year.

The Jobs That Matter 'make a difference' campaign ran from August 2023 to the end of December 2023. Running across Victoria, New South Wales, South Australia, Queensland and Tasmania, the campaign gained more than 28 million impressions and resulted in more than 28,000 click-throughs to the Careers.vic jobs board.

Towards regional governance

The Royal Commission recommended taking a new regionalised approach to the way decisions about mental health and wellbeing services are made. The Royal Commission recommended a staged approach to implementation, with 8 Interim Regional Bodies (IRBs) established as a first step to build the foundation for future Regional Mental Health and Wellbeing Boards.

The IRBs were fully established in October 2022 after appointing members to each of the 5 regional (Loddon Mallee, Barwon South West, Grampians, Hume and Gippsland) and 3 metropolitan (South East Metro, North East Metro and Western Metro) IRBs. Members reflect the rich diversity of each region and bring a range of expertise and experience. Each IRB includes members who identify with a personal LLE of mental illness or psychological distress and/or LLE as a family member or carer.

Throughout 2023–24, IRBs made progress towards regional governance by:

- engaging with sector stakeholders, including peak non-government organisations, service providers, Primary Health Networks and Health Service Partnerships
- engaging with communities to build local knowledge
- advising the department on regional priorities.

With work underway to consider the future of broader health system governance through the *Health services plan*, the department has paused work on establishing Regional Mental Health and Wellbeing Boards to allow time to consider alignment with statewide system reforms. The work of the IRBs will inform how best to deliver on the intent of the Royal Commission's recommendations within the changing governance landscape.

Delivering services for children and young people

Children's Health and Wellbeing Locals

Three new Children's Health and Wellbeing Locals in Bendigo, Sunshine and Cranbourne opened in December 2023 in response to a Royal Commission recommendation. The 3 Locals are delivered in partnership with the Commonwealth Government, an initiative co-funded through the *Victorian–Commonwealth Bilateral Schedule of the National mental health and suicide prevention agreement*.

The Children's Locals are a new and innovative wraparound service providing access to developmentally appropriate health, mental health and wellbeing care and support, as well as family services and group parenting programs for children and families experiencing disadvantage and adversity.

The Children's Locals will strengthen support for parents, improve intervention in early life and increase free and timely access to integrated multidisciplinary care for children aged 0 to 11 years experiencing developmental, behavioural and emotional challenges. A specialist workforce delivering care includes paediatricians, psychiatrists, psychologists, allied health and LLE staff.

Local community health services in each area deliver the Children's Locals. They do this in partnership with the local Infant, Child and Youth Area Mental Health and Wellbeing Service and a local family services provider.

Statewide Child and Family Centre

Victoria's first Statewide Child and Family Centre opened in October 2023. Operated by Austin Health in Macleod, the 12-bed centre delivers residential mental health and wellbeing treatment, care and support to children under 11 in an environment that allows them to stay with and be supported by their families. The centre responds to a Royal Commission recommendation to provide tailored models of care.

The service provides early intervention to children and their families with access to specialist treatment, care and support in a safe and compassionate homelike setting. The facility creates a welcoming and healing atmosphere featuring private rooms and shared living spaces, a communal kitchen, dining, lounge, laundry and family activity areas, outdoor garden areas, and clinical consulting areas.

Youth Prevention and Recovery Care beds

Youth Prevention and Recovery Care (YPARC) services provide around-the-clock care and support to young people aged between 16 and 25 experiencing mental health challenges and/or psychological distress.

In 2023–24 the first stage of refurbishment and upgrade works were completed across 3 sites as part of the $141 million Expanding Mental health Treatment Facilities for Victoria's Youth capital program. Four bedroom upgrades were completed, administration facilities extended, and new interview and lounge facilities constructed at the Bendigo YPARC. Three new bedrooms were completed at the Frankston YPARC, along with refurbishment of 3 bedrooms and construction of a new outdoor sensory garden. At the Dandenong YPARC, 5 bedrooms were refurbished and a new administration wing constructed. Of the 5 new 10-bed YPARC facilities funded as part of the program, contractors were appointed to construct the Traralgon, Heidelberg, Geelong and Shepparton sites, with construction at Traralgon and Heidelberg well progressed. Planning permission was granted to construct the new Ballarat YPARC.

Delivering new and expanded adult services

Mental Health and Wellbeing Locals

There are 15 Mental Health and Wellbeing Locals (Local Services) now operating across Victoria. The first 6 Local Services opened in October 2022 in the local government areas (LGAs) of Benalla/Wangaratta/Mansfield, Brimbank, Frankston, Greater Geelong – Queenscliffe, Latrobe and Whittlesea. In December 2023, the second tranche of Local Services began offering wellbeing supports as part of a scaled approach to establishment. These Local Services are in the LGAs of East Gippsland, Greater Bendigo – Loddon – Campaspe, Greater Dandenong, Greater Shepparton – Strathbogie – Moira, Melton, Mildura and Yarra Ranges.

As of 30 June 2024, Local Services have supported more than 9,000 people. Services include face-to-face appointments via walk-ins, group sessions and outreach, as well as through phone calls and telehealth.

Local Services provide an easy way to receive treatment, care and support for people aged 26 years or older who are experiencing mental health concerns. This includes people with co-occurring AOD treatment and care needs.

Local Services deliver integrated mental health and wellbeing treatment, care and support for people who need more support than they can get from primary and secondary mental health and related services, such as general practitioners and private psychologists, but do not need the type and intensity of treatment, care and support delivered by Area Services.

Case study:
Greater Geelong–Queenscliffe Local Service

Background

Sarah is a 34-year-old woman with a history of complex trauma. Her experience of seeking and engaging in mental health services had been a real challenge for her – finding the right kind of treating team that balanced a focus on her symptoms as well as her personal goals.

What did the team do?

When Sarah first engaged with the Greater Geelong–Queenscliffe Local Service she was isolated and distrusting. Her living situation was characterised by conflict, and she was really distressed. Recognising the complexity of Sarah's experience, the Local Service's interdisciplinary team worked with Sarah on her priorities and designed an integrated care plan around her goals while maintaining a focus on building connection.

During the 10 weeks that Sarah was with the Local Service, she built a positive relationship with a peer worker who supported her with building connections in the community through the Social Prescribing program, as well as supporting her to identify and refocus on her personal goals. At the same time, the team provided psychiatry, group and individual therapy interventions. These interventions focused on reducing her distress and supporting her to develop new strategies to manage her mental health and wellbeing.

Outcome

The collaborative and person-centred approach delivered by the Local Service supported Sarah to make important life changes while at the same time ensuring she was working at a pace that did not exacerbate her distress. Sarah achieved a number of goals with the support of the team including returning to study, making a move to living alone and building connections with a supportive community. Sarah credited the Greater Geelong–Queenscliffe Local Service with saving her life.

Note: For the purpose of deidentification, we have used the pseudonym Sarah.

Transforming Trauma Victoria

The Royal Commission recommended the government establish a Mental Health Statewide Trauma Service by the end of 2022 to deliver the best possible mental health and wellbeing outcomes for people with lived experience of trauma.

In October 2022 Phoenix Australia led a consortium of 13 organisations appointed for 3 years to design and deliver the statewide trauma service, now known as Transforming Trauma Victoria (TTV). The TTV consortium has expertise in research, workforce training and specialist trauma-related mental health care and support.

In 2023–2024, TTV has engaged in extensive consultation with mental health services, people with lived experience of trauma from across the age span, diverse populations, non-government organisations, clinicians and other key experts and stakeholders to design and develop its key functions as a statewide service. During this time around 170 consumers and carers have been engaged, almost 70 services visited, and 291 frontline workers involved in co-designing TTV.

In addition to consultation activity, 3 workforce capability pilots have been established and are operating in Shepparton, Western Melbourne (Brimbank) and the Geelong and Queenscliffe region. The learnings from the pilots will provide valuable input into designing the TTV service model for both metro and regional cohorts.

Funding to operationalise TTV is subject to future budget considerations. Once fully operational, it is anticipated TTV will provide:

- a specialist trauma service
- training and capability development in trauma-informed approaches to the mental health workforce
- access to digital peer-led supports
- a translational research program
- This will ensure TTV's core functions adopt the latest in best practice approaches and actively enable the mental health and wellbeing system to recognise and respond to trauma earlier.

The Hamilton Centre

The Hamilton Centre opened in April 2023. The centre is the statewide service for people living with mental illness and substance use, established in response to a Royal Commission recommendation. The Royal Commission acknowledged that substance use and addiction are highly prevalent among people living with mental illness, and vice versa. It also recognised the need to integrate mental health and AOD treatment, care and support to improve outcomes for people with co-occurring needs.

Turning Point is the lead provider of the Hamilton Centre. A statewide clinical network supports the centre's functions. The initial services forming this network are St Vincent's Hospital Melbourne, Eastern Health, Western Health, Austin Health and Goulburn Valley Health.

The centre's initial focus is providing clinical advice and support to mental health and wellbeing clinicians who are delivering integrated care in Area Mental Health and Wellbeing Services. The Hamilton Centre will lead training and education to strengthen integrated care capability across the mental health and AOD sectors and deliver integrated care research.

Gender impact assessments in designing new services

Gender impact assessments were completed for all new funded initiatives in the mental health and wellbeing system in 2023–24, following implementation of the Gender Equality Act 2020.

The need to consider gender impacts of new initiatives and policy change is embedded through the design, implementation and operation of the mental health and wellbeing system in the following ways:

- **Policy** – the assessment process ensures all initiatives and policies are sensitive to and avoid discriminating on the basis of gender.
- **Service design** – new service models will stipulate requirements for health services to respond to in their local model of care, including the need to provide gender sensitive practice that acknowledges different experiences, expectations, pressures, inequalities and needs of women, men, and trans and gender diverse people.
- **Service planning** – health and population data is used to plan new or revised service models, to be inclusive of women and gender diverse people.

Women's Recovery Network (Wren)

The Royal Commission heard that many women face gender-based harm or abuse in the mental health system. The Specialist Women's Mental Health Service, now known as the Women's Recovery Network (Wren) was set up in recognition of this – to ensure gender and sexual safety for women in acute inpatient settings. The service model was co-designed with women with LLE and will help ease pressure on the public system by delivering supports for public patients in a private setting.

Wren is operated as a partnership between Alfred Health, Goulburn Valley Health and Ramsay Health Care. The service enables women to receive dedicated therapeutic care while reducing the risk of gender-based harm and violence.

The first 5 acute mental health beds opened in Shepparton in 2022–23. They include 2 inpatient beds at Ramsay Health Care's Shepparton Private Hospital and 3 Hospital in the Home beds managed through Goulburn Valley Health.

Another 30 beds opened in November 2023 at the Albert Road Clinic in metropolitan Melbourne. Alfred Health and Ramsay Health Care run these together.

The 35-bed Wren aims to support more than 750 Victorian women each year with a range of complex conditions including those who have experienced trauma and sexual abuse, eating disorders and women experiencing perinatal mental health issues.

Mental Health Beds Expansion Program

The government is improving access to mental health services through the Mental Health Beds Expansion Program. This is an $801 million investment provided in the 2022–23 State Budget to deliver 260 new acute public mental health beds.

In 2023–24:

- 22 new mental health beds opened as part of expanding the Royal Melbourne Hospital's acute inpatient unit
- 52 beds at the Sunshine Mental Health and Wellbeing Centre opened in 2023 and become fully operational in 2024
- 30 beds at Northern Hospital opened in 2023 and became fully operational in 2024
- 24 Hospital in the Home beds – operated by Barwon Health and Royal Melbourne Hospital – continued.

These new beds will reduce pressure on hospital emergency departments (EDs) and give Victorians experiencing acute mental illness access to urgent treatment in a specialised, safe, and high-quality setting. Reduced pressure on EDs is already evidenced by a significant reduction in the average length of stay for MH or AoD related presentations at Sunshine ED since 52 beds were opened at Sunshine Mental Health and Wellbeing Centre in 2023. From a high of 12.2 hours in 2021-22 it has now been reduced to 6.9 hours in 2023-24 which is less than the state average length of stay for MH or AoD related presentations.

Mental health, alcohol and other drug emergency department hubs

The government has delivered 7 ED mental health and, AOD hubs across the state, to better support Victorians experiencing urgent mental health and AOD issues. This innovative service directly responds to an increasing number of people with mental health and AOD problems who seek help in EDs, when their condition has reached crisis point. The hubs support people aged 16 years or older experiencing mental health and AOD issues – with patients assessed and treated by an ED mental health team of psychiatrists, nurses, psychologists, occupational therapists and social workers as well as staff with lived experience.

In 2023–24 new mental health and AOD ED hubs opened at the Monash Medical Centre and the Royal Melbourne Hospital. Hubs have previously opened at University Hospital Geelong, Sunshine Hospital and St Vincent's Hospital. Hubs at Frankston Hospital and Latrobe Regional Hospital will open in the future.

Supporting Victorians with eating disorders

Enhanced Integrated Specialist Model

The government funded 6 metropolitan health services (Alfred Health, Austin Health, Eastern Health, Melbourne Health, Monash Health and the Royal Children's Hospital) in January 2021 to enhance their existing eating disorder responses through the Enhanced Integrated Specialist Model for eating disorders. The 2022–23 State Budget provided funding to expand to 4 more regional health services (in Barwon, Bendigo, Grampians and La Trobe). This model has continued through 2023–24.

Victorian eating disorder strategy

Work progressed throughout 2023–24 to develop the Victorian eating disorders strategy 2024–2031. This is in response to the growing prevalence and impact of eating disorders on the Victorian community. The strategy was developed in partnership with Eating Disorders Victoria and the Victorian Centre of Excellence in Eating Disorders. The department undertook an extensive engagement process, consulting with more than 200 people including people with LLE of eating disorders, families, carers and supporters, and organisational representatives across health services and community, research and advocacy settings.

Strategy work has considered all Victorians, of all ages and diversity groups, with or at risk of developing an eating disorder. Actions and initiatives consider the full stepped system of care across key settings that can support the prevention, early identification, intervention and treatment of eating disorders across the public health system, mental health and AOD specialist systems. The new Victorian strategy has been developed alongside the *National eating disorders strategy 2023–2033*.

Supporting the wellbeing of diverse communities

The findings of the Royal Commission showed that diverse communities are often marginalised and experience poorer mental health and wellbeing outcomes than the general population. They also experience:

- difficulties accessing services
- ongoing stigma and discrimination
- a lack of culturally appropriate services.

Work progressed throughout 2023–24 to develop the *Diverse communities mental health and wellbeing 10-year framework and blueprint for action*.

The framework aims to improve the mental health and wellbeing of diverse communities, with a focus on multicultural, LGBTIQA+ and disability communities. A Diverse Communities Steering Committee continued to inform the design and development of the framework and blueprint in 2023–24.

The government has also funded targeted programs that support the mental health and wellbeing of diverse communities. These include the following.

Diverse Communities Mental Health and Wellbeing Grants Program

The 2021–22 State Budget committed $9.6 million over 4 years to deliver a flexible funding pool for diverse community organisations and peak bodies to deliver services that respond to the mental health and wellbeing needs of their communities. This is in recognition of the important role they play in improving mental health for diverse communities. The grants program enables community-led organisations from diverse communities to engage in the mental health reforms while also supporting the mental health and wellbeing of their respective communities.

In 2023–24 the government provided $4.2 million over 2 years for projects that deliver an extensive range of programs, direct services, advocacy, research and workforce development to help create a more diverse and inclusive mental health and wellbeing system.

This builds on the 2021–22 and 2022–23 grants funding rounds, which aimed to set the foundations and support diverse communities to engage in the mental health reforms.

All projects funded in the 2023–25 round have begun work and are currently supported by the department through a Community of Practice.

Healthy Equal Youth program

The Healthy Equal Youth (HEY) program is a collaborative initiative between the department and Youth Affairs Council Victoria. Operating for more than 13 years the HEY program provides place-based services, awareness campaigns, education and opportunities for young people up to 25 years old. Its goal is to raise awareness, promote diversity, eliminate stigma and empower LGBTIQA+ youth to feel safe, celebrated and supported.

A key feature of the program is its collaborative approach, leveraging the expertise of 17 partner organisations to foster inclusive spaces and provide tailored peer support, referrals and education. These partners represent different regions and areas of focus, including mental health, community health, youth services and family support.

The HEY program also facilitates an annual community grant, with $100,000 allocated each year for small, innovative projects aimed at improving the mental health of LGBTIQA+ young people. Grants of up to $10,000 are provided to community-led initiatives. These play a vital role in reducing stigma, enhancing mental health literacy and promoting connection.

In 2023–24 the HEY program maintained critical services while addressing growing community needs. The program facilitated peer support groups, leadership development opportunities and mental health awareness campaigns, with events such as Wear It Purple Day and regional Rainbow Balls fostering social connection, visibility and celebration.

The HEY grants program supported several innovative projects, including podcasts, short films and community zines. These amplified the voices of LGBTIQA+ youth and strengthened mental health literacy across Victoria. Key HEY partners, such as Minus18, headspace Morwell and the Diversity Project in Shepparton, ensured services were accessible and culturally responsive, addressing both urban and regional needs.

Rainbow Door program

The Rainbow Door program is operated by Switchboard Victoria and continued through 2023–24.

Rainbow Door is a specialist helpline that offers advice, information, referral and support to LGBTIQA+ people who are experiencing a range of physical, mental or social health problems. These include experiences of domestic violence, poor mental health and homelessness. The program allows for LGBTIQA+ people to have peer support when navigating existing health or social support structures. It operates 7 days a week, 365 days a year (including public holidays) and is staffed between 10 am and 5 pm, operating virtually and via phone, SMS and email.

The program is delivering timely support to LGBTIQA+ communities, facilitating referrals and building the capability of mainstream services through providing LGBTIQA+ specific advice and best practice frameworks.

Supporting trans and gender diverse Victorians

Eight organisations received a share of a $900,000 funding package in 2023–24 to expand access to vital mental health support services for trans and gender diverse Victorians. This was in response to increased distress, intentional self-harm and suicide among the Victorian trans and gender diverse community, as reported by the Commissioner for LGBTIQA+ Communities in early 2023. Funding was used to deliver a range of activities and programs including recruiting staff for specialised targeted services, delivering resources, training and events, and community engagement and network support group activities aimed at improving mental health outcomes for trans and gender diverse Victorians. All projects funded under this package concluded in June 2024.

This complements the $21.4 million invested in 2021–22 to support the mental health and wellbeing of trans and gender diverse young Victorians over 4 years. This funding delivers mental health and primary care services through Orygen, peer and family support services through Transgender Victoria and Transcend Australia, and statewide specialist services through the Royal Children's Hospital and Monash Health.

Promoting mental health and wellbeing

Social Inclusion Action Groups

In recognition that communities are best placed to promote social inclusion and connection, the Royal Commission recommended setting up and funding community collectives known as Social Inclusion Action Groups (SIAGs) in each of the state's 79 LGAs.

The 2022–23 State Budget allocated $9.1 million to deliver the first 10 SIAGs. In 2023–24 the department worked with councils to implement the first 5 SIAGs in the LGAs of Benalla, Frankston, Latrobe, Mansfield and Wangaratta.

The first 5 SIAGs recruited community members who lead decision making for the initiative. Across the state, 80 SIAG members began work to understand local needs and become experts in their own community. This phase of establishment supports allocation of the Local Social Inclusion Investment Fund to reduce social exclusion and support social inclusion and connection.

A range of engagement activities were undertaken across the 5 sites. For example, the Benalla SIAG hosted 11 rural community-led events attended by about 700 people to support community connection and discuss local priorities. The event series supported connections in rural townships, including successfully engaging community members who had never previously attended an event in their local area.

Work began in 2023–24 to deliver the next 5 SIAGs, with Brimbank, Greater Geelong, Whittlesea, Mildura and Ballarat announced in August 2024.

Local Connections

The Royal Commission recognised that communities play an important role in supporting mental health and wellbeing, particularly social connectedness, and recommended a trial of social prescribing.

Local Connections is a social prescribing initiative being trialled in the first 6 Local Services. It supports people who are experiencing loneliness and social isolation to engage in community-based activities to build a sense of belonging and social connection. People are supported to attend activities such as art, creative, nature or other groups and activities.

Local Connections was co-designed by people with LLE of psychological distress, mental illness and addiction, including carers, families and supporters. They designed the social prescribing experience and the role of the link worker, including the qualities, responsibilities and experiences required of the role.

Service maturity across 2023–34 reflects recruitment and onboarding of staff, improved understanding of social prescribing within the Local Service and community, and a steady increase in referrals and pathway development within the local community.

Strengthening suicide prevention and response

The Royal Commission recommended Victoria strengthen its suicide prevention and response efforts. Over the past 3 State Budgets, more than $212 million has been invested to help implement the Royal Commission's suicide prevention and response-related recommendations.

Suicide prevention and response strategy

In 2023–24 the department's Suicide Prevention and Response Office completed an extensive engagement process to develop a new suicide prevention and response strategy and accompanying accountability framework and implementation plan. The strategy was co-designed with people with LLE of suicide, sector partners and organisations working with groups disproportionately impacted by suicide.

The strategy will guide the work of the Suicide Prevention and Response Office and government over the next decade. It is a call to action for governments, workplaces, schools, the media, sectors, industries and the Victorian community to come together to reduce the rate of suicide, support those impacted and stop the stigma that surrounds it. The Suicide prevention and response strategy 2024–2034 was released on World Suicide Prevention Day, 10 September 2024.

Hospital Outreach Post-suicidal Engagement program

The Hospital Outreach Post-suicidal Engagement (HOPE) program delivers tailored, holistic and responsive aftercare support to people and their personal networks (family, carers and supporters) for up to 3 months following a suicide attempt, planning or intent. Aftercare services are designed to help people who have attempted suicide to engage with a range of supports, increase protective and coping strategies and reduce the risk of a subsequent suicide attempt.

In response to a Royal Commission recommendation, the adult HOPE program has been expanded to all 22 Area Mental Health Services across Victoria, with outreach from regional HOPE teams to 9 subregional locations.

In 2023–24, referral pathways into HOPE programs continued to expand so more people can access the program without needing to attend an ED. To further increase the accessibility of HOPE, services have continued to work to offer support outside of standard business hours. More than 4,800 people were supported across all HOPE sites across 2023–24.

The Royal Commission further recommended setting up a Child and Youth HOPE program, which has been funded since 2021. The Child and Youth HOPE program is currently being delivered in 4 sites – the Royal Children's Hospital, the Monash Children's Hospital, Alfred Health and Orygen Youth Mental Health. The program supports children and young people following a suicide attempt, self-harm, planning or suicidal intent, helping them to identify and build protective factors against suicide through the delivery of peer and wellbeing support, as well as clinical and therapeutic interventions. A recent evaluation found that the service was well designed and was delivering positive outcomes for children and young people, along with their families, carers and supporters on a range of indicators, including a reduction in suicidal distress. Currently, each site is supporting 15 to 20 new consumers each quarter, with 630 children and young people so far supported by the program.

Partnership with the Commonwealth Government for universal aftercare

The National mental health and suicide prevention agreement and associated bilateral schedule includes a joint commitment to deliver universal aftercare using the HOPE model of care across Victoria. Across 2022 and 2023, the department worked with the Commonwealth Government, Beyond Blue, Primary Health Networks and health services to transition 8 aftercare sites that were using Beyond Blue's Way Back Support Service model in the HOPE model of care. A consistent approach to aftercare support for Victorians across the state was achieved in December 2023.

Suicide prevention and response programs

In 2023–24 Victorian Government funding was provided to deliver the below programs and services.

LGBTIQA+ aftercare

The Royal Commission recommended that the Suicide Prevention and Response Office co-produce an aftercare service for LGBTIQA+ people and deliver the service in 3 to 5 locations. Beginning in 2023, the department partnered with Impact Co to run a series of co-design workshops with LGBTIQA+ people with an LLE of suicide, their friends, families and carers, and service providers. The co-design process, which yielded a comprehensive new model of care, was attended by more than 60 participants, including 43 people who identified as trans and/or gender diverse.

To ensure the availability of tailored aftercare support during the co-design process, interim funding was provided to Mind Australia to continue its successful LGBTIQA+ aftercare program. In 2023–24 the service received more than 150 referrals and supported more than 65 unique consumers, their families, carers and supporters through their peer-led program.

Statewide peer call-back service

The Royal Commission recommended setting up a statewide peer call-back service where people can connect with others who understand their experience, get advice about available resources and be heard and supported during a challenging time. Co-design of the service began in 2023, facilitated by Impact Co and Tandem. This involved input from people with LLE, including families, carers, and those bereaved by suicide, as well as representatives from supporting organisations. The co-design workshops were finalised in 2024, resulting in a model of care that will form the basis of a future program.

During this period of service co-design, the department provided interim funding to support the enhancement of Roses in the Ocean's

Peer CARE Companion Warmline in Victoria. The service worked with community services to ensure broad visibility of the program and the support that it provides for carers, supporters and family members.

Distress brief support trials

The Royal Commission recommended developing and implementing an intensive 14-day Distress Brief Support program for adults experiencing psychological distress. The program is being delivered under the *National mental health and suicide prevention agreement* with the Commonwealth, who finalised National Principles and Operating Guidance in December 2023 through a series of co-design workshops with people with LLE of psychological and suicidal distress. In Victoria, Darebin and Greater Shepparton were selected as the 2 trial locations following an assessment of community distress and system readiness across LGAs.

In 2024 a call for submission was released for experienced service providers in each of the locations to deliver the Distress Brief Support program, as well as a series of design workshops with people with LLE to inform local adaptation of the National Principles. The department has now selected the providers, who have begun work on designing and implementing with their respective communities and stakeholders.

Live4Life

The Live4Life program is a place-based, evidence-based community impact model, structured and targeted to specifically improve youth mental health and reduce suicide across rural communities. Between January 2023 and June 2024, 9,438 young people and 1,052 adults took part in mental health first aid training through the Live4Life program.

Strong Brother Strong Sister

In 2023–24 Strong Brother Strong Sister provided suicide prevention and social and emotional wellbeing supports to 126 First Nations young people in the City of Greater Geelong and surrounding region. Every young person taking part in the Strong Brother Strong Sister program receives cultural mentoring and is involved in creating a tailored plan to support their needs, strengths and passions.

Switchboard Victoria's suicide prevention program

Switchboard Victoria's suicide prevention program was established to create an interconnected suicide prevention system to address suicidality in LGBTIQA+ communities. The program achieves this through service provision, awareness raising, designing and delivering training, advocacy, consultancy, crisis intervention, research and LLE engagement. A 2023 evaluation found that the program is uniquely placed and fills a significant gap in providing adequate mental health services for LGBTIQA+ communities and in building the capacity of health providers to provide appropriate and meaningful suicide prevention, crisis intervention and postvention supports.

Aboriginal-led suicide prevention

The Balit Durn Durn Centre is leading the co-design of an Aboriginal-led approach to prevent and respond to suicide. This has involved convening a knowledge holders group comprising of Aboriginal people with an LLE of suicide, as well as sector partners. This co-design process will ensure suicide prevention and response efforts are designed and shaped by Aboriginal communities and community-controlled organisations.

Reducing compulsory treatment, seclusion and restraint

Compulsory treatment

The Royal Commission envisaged a mental health and wellbeing system where compulsory treatment is no longer the 'defining feature' of the system. The Royal Commission found an 'excessive use' of compulsory treatment in Victoria, with significant risks to the human rights of consumers.

The Royal Commission recommended that the government act immediately to ensure the use of compulsory treatment is only used as a last resort. It also recommended new legislation with simpler and clearer statutory provisions relating to compulsory assessment and treatment.

The Mental Health and Wellbeing Act includes a range of changes that support the objective to reduce compulsory treatment. This includes objectives to provide a broad range of voluntary, accessible healthcare options to enable a reduction in the use of compulsory assessment and treatment, and an enhanced focus on supported decision making.

The Act also includes enforceable decision-making principles that relate specifically to compulsory assessment and treatment, and – for the first time – an opt-out model for non-legal advocacy services to better support consumers experiencing, or at risk of experiencing, compulsory treatment.

An independent group was commissioned to undertake a comprehensive consultation process to advise the government on how Victoria's compulsory mental health assessment and treatment provisions could be reformed, and how mental health decision-making provisions could align with other decision-making laws.

The information collected, and consultation undertaken by the review group, will assist government in identifying a suitable legislative framework to reduce compulsory treatment, centre human rights and enable supported decision-making practices. The Act promotes voluntary treatment in preference to compulsory treatment wherever possible and seeks to minimise the use and duration of compulsory assessment and treatment to ensure the assessment and treatment is provided in the least restrictive way possible.

Opt-out non-legal advocacy and expanded legal representation

The department funds Victoria Legal Aid to deliver the IMHA service to support people who are receiving, or at risk of receiving, compulsory mental health treatment. IMHA's advocates act on the instruction of mental health and wellbeing consumers and provide non-legal assistance to ensure all Victorian consumers experiencing or at risk of experiencing compulsory treatment under the Mental Health and Wellbeing Act are offered advocacy, information and support to be involved in decision making about their care and to exercise their rights.

Over 2023–24 IMHA set up the infrastructure and staffing for a new opt-out model of non-legal advocacy that commenced on 1 September 2023. The Act requires mental health and wellbeing service providers to notify the non-legal mental health advocacy service provider (IMHA) when certain events occur. These events include:

- when a person is made subject to a temporary treatment order or treatment order
- when a person's order is varied or revoked
- if restrictive interventions are used
- when certain patients are received at, or transferred to, a designated mental health service.

When notified, IMHA contacts consumers to offer advocacy and support. Consumers may choose to opt out of this process. Advocates are also present in all designated mental health services attending inpatient units and meeting with consumers in the community.

In 2023–24 IMHA provided 38,303 high-intensity occasions of service (advocacy and coaching for self-advocacy) and 43,405 low-intensity occasions of service (information and referral). IMHA also provided 35,895 notification-related occasions of service, which includes phone calls, emails and SMSs in response to 41,501 notifications for 9,644 individual consumers.

A model for increasing access to legal representation for consumers who appear before the Mental Health Tribunal has also been developed through a co-design process with people with LLE and other stakeholders. This is currently being implemented across Victoria Legal Aid, the Mental Health Legal Centre and the Victorian Aboriginal Legal Service. The new collaborative model – the Mental Health Legal Rights Service – is being implemented in stages. But each of the legal service partners has already seen an increase in the legal services they have been able to deliver for consumers appearing at the tribunal. For example, from 1 September 2023 to 30 June 2024, Victoria Legal Aid represented consumers at more than 1,200 hearings. This is an increase of around 35% on the same period the previous year (around 940 representations). For the same period, Victorian Aboriginal Legal Service assisted 101 Aboriginal clients with tribunal matters, compared with 59 clients the previous year. Mental Health Legal Centre has also been building its capacity across its services, with an increase of 36% in its representation of consumers at tribunal hearings in 2023–24 to 506 hearings.

As implementation of the Mental Health Legal Rights Service model continues, it is expected that access to legal assistance for consumers subject to compulsory treatment and legal information for the community across the legal partners will also increase.

Work towards the elimination of seclusion and restraint

The Royal Commission recommended the government act immediately to reduce the use of seclusion and restraint. The Royal Commission also acknowledged a system that is under pressure and under-resourced also compromises the wellbeing and safety of staff, and that mental health services are unlikely to eliminate the use of seclusion and restraint unless staff feel safe at work.

In response, the Mental Health and Wellbeing Act requires service providers to aim to reduce and eventually eliminate the use of restrictive practices, with a goal of elimination within 10 years.

The Act extends the monitoring and oversight of the use of restrictive interventions to include the use of chemical restraint. In 2023 a Chemical Restraint Expert Advisory Group was set up to inform the regulation, oversight and reporting requirements related to chemical restraint.

New regulation on restrictive interventions in EDs and urgent care centres came into effect on 1 April 2024 requiring the use of all restrictive interventions be reported to the Chief Psychiatrist. This reporting requirement applies to the use of physical, mechanical and chemical restraint. It has been introduced to expand the oversight of restrictive interventions to a broader range of circumstances and to strengthen the safeguards of people receiving a restrictive intervention.

In 2023–24 work continued on developing Victoria's *Strategy towards the elimination of seclusion and restraint*, with further public consultation on proposed principles and areas of priority for the strategy. The strategy is expected to be finalised in 2025.

Public mental health services 2023–24

Overview

Key statistics for 2023–24:

1,931,557
total service hours

108,696
emergency department presentations

The data in this section of the report and in Appendix 2 helps us to understand:

- who accesses public mental health services (and how)
- the service settings
- the circumstances in which treatment is provided.

It also tells us about demand for, and use of, services. Key aspects of this data are included in the current outcomes framework (refer to Appendix 1), including data about the use of compulsory treatment and restrictive interventions.

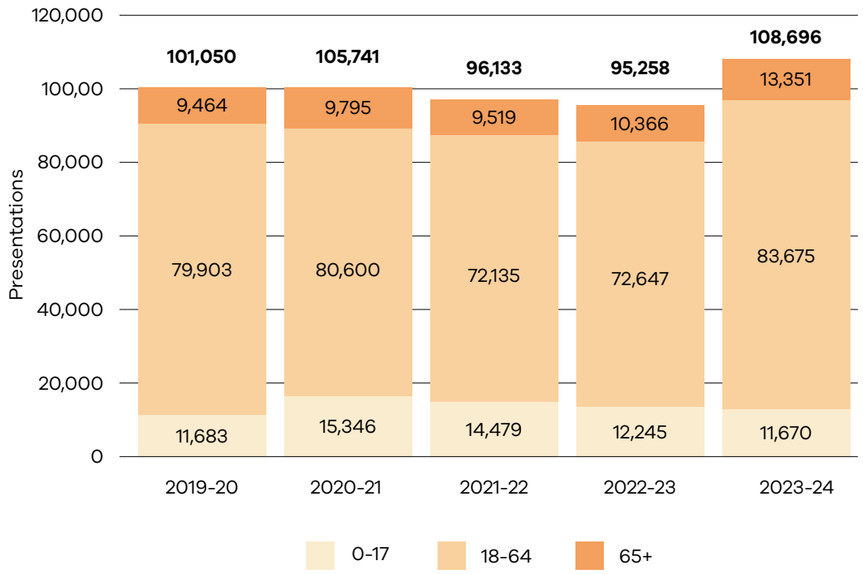
This financial year has seen a rise in service activity in some areas, reflecting high demand in areas of acute need. The total number of mental health ED presentations was higher than it had been the previous year, increasing by 12%. The proportion of total ED presentations that were mental health–related increased slightly in 2023–24 (Table 1).

Table 1: Mental health–related emergency department presentations as a proportion of all emergency department presentations

Service setting	2020–21	2021–22	2022–23	2023–24
18–64	8.28%	7.08%	7.09%	8.08%
65+	2.52%	2.44%	2.45%	2.87%
0–17	4.10%	3.54%	2.60%	2.81%
Total	6.09%	5.29%	4.95%	5.67%

There was a small increase in the overall proportion of mental health–related ED presentations from last year, but the rate is lower than those seen during the COVID-19 pandemic in 2020–21. Adults continue to have the highest rates of presentations at 8.08% (Figure 2).

Figure 2: Mental health–related emergency department presentations, by age, 2019–20 to 2023–24



Data source: Victorian Emergency Minimum Dataset

Hospital admissions for mental health have increased this year, with an 8% increase in separations from acute inpatient units (Table 2) and a corresponding 4% increase in the number of occupied bed days.

Table 2: Mental health acute separations (excluding same day), 2019–20 to 2023–24

Setting	2019–20	2020–21	2021–22	2022–23	2023–24
Admitted – acute	26,660	26,913	25,812	24,174	26,108
Admitted – non- acute	245	263	259	248	298
Non-admitted – residential	229	182	181	132	198
Non-admitted – subacute (CCU)	565	622	556	505	434
Non-admitted – subacute (PARC)	3,374	3,675	3,792	3,903	4,277
Total	31,073	31,655	30,600	28,962	31,315

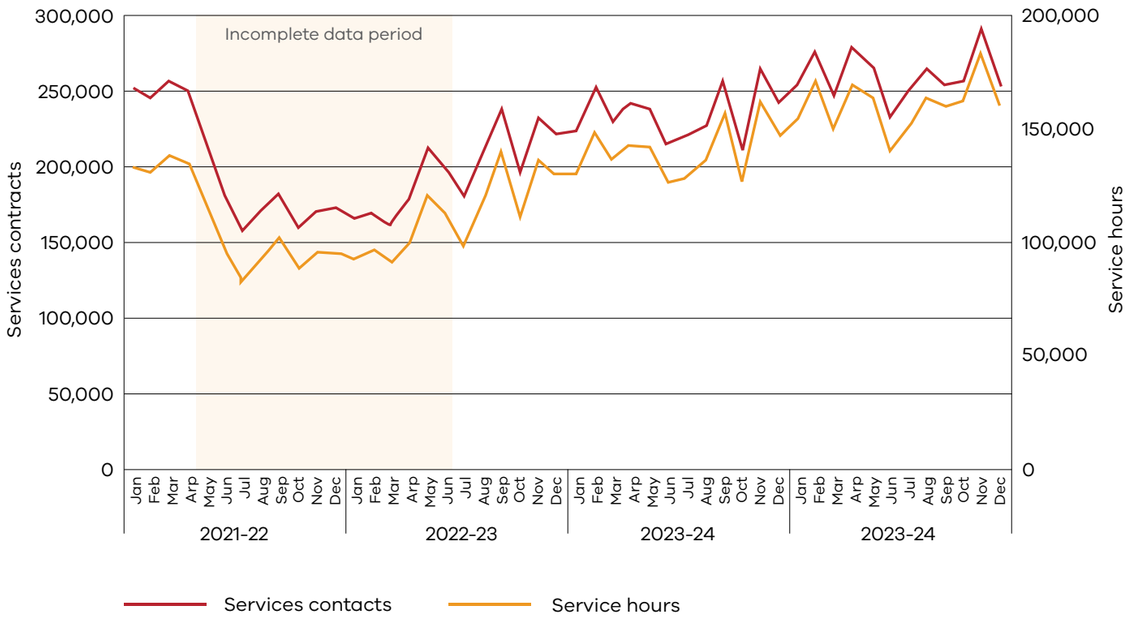
Bed occupancy rates remained stable in 2023–24, as shown in Table 3. Occupancy levels of below 85% are considered desirable and support an environment where optimal care can be provided to each person.

Table 3: Percentage of bed occupancy (excluding same day), 2019–20 to 2023–24

Setting	2019–20	2020–21	2021–22	2022–23	2023–24
Admitted – acute	86.1%	82.1%	76.6%	77.2%	78.7%
Admitted – non-acute	89.9%	89.4%	86.2%	87.8%	91.5%
Non-admitted – residential	83.7%	84.7%	81.9%	73.9%	71.5%
Non-admitted – subacute (CCU)	80.3%	79.9%	79.5%	76.6%	77.6%
Non-admitted – subacute (PARC)	71.3%	69.0%	66.7%	68.0%	70.0%
Total	83.8%	81.7%	77.9%	76.5%	77.4%

Community contact data for 2023–24 shows an increase in the number of service contacts and hours provided (Figure 3).

Figure 3: Community service contacts and hours, 2019–20 to 2023–24 (metro and rural – all client groups)



Data source: CMI/ODS. Date extracted: 24 August 2024

The overall number of consumers in 2023–24 increased by 5.7% to 92,484 clients accessing clinical mental health services. Consumers of child and adolescent/youth (CAMHS/CYMHS), adult, specialist services and aged clinical mental health services also increased by between 2.9% for aged and 14.9% for specialist services.

The number of contacts increased across most sectors. Contacts provided within CAMHS/CYMHS rose by 11.3% and in adults by 9.5%. Increases were also significant for aged (7.5%), and specialist (16.7%) services.

Total service hours increased by 14.4% overall. The largest increase was reported by specialist services, providing 15.7% more hours in 2023–24 compared with the previous year. Similar increases were seen for CAMHS/CYMHS services (14.4%) and in adult services (14.7%). Increases were also seen in the service hours provided through aged services (11.6%) and forensic (9%).

Data shows a CAMHS inpatient activity has remained stable during 2023–24, following a peak in demand experienced in 2020–21. Occupancy for this cohort has remained the same, while the average length of stay has increased (Table 4). Average length of stay has remained stable overall in 2023–24.

Table 4: Trimmed average length of stay (≤ 35 days), 2019–20 to 2023–24

Population	2019–20	2020–21	2021–22	2022–23	2023–24
Adult	9.5	9.4	9.5	10.2	10.0
Aged	15.4	15.7	15.1	15.1	15.7
CAMHS	6.2	5.8	5.6	6.0	6.7
Forensic	21.8	19.1	18.5	20.5	22.1
Specialist	15.6	14.9	14.6	15.4	15.8
Total	9.8	9.7	9.8	10.4	10.4

Community contact data for 2023–24 shows an increase in the number of service contacts and hours provided (Figure 3).

Public mental health services access in 2023–24

Overview

Key statistics for 2023–24:

92,484
consumers accessed mental health services, 5.7% higher than last year

There was an increase in the number of children and young people, and adult consumers, accessing public mental health services in 2023–24. The total number of people accessing services was 92,484, 5.7% higher than the previous year, with the majority being adult consumers. Specialist (14.9%) and child and adolescent consumer numbers were also higher (8.5%) than the previous year. Aged services saw a slight increase (2.9%), though they are a relatively small part of the service system.

Just over half of registered consumers (52.9%) were women or girls and a third (34.3%) lived in rural areas.

How people were referred to clinical services in 2023–24

Most people were referred to clinical mental health services by hospitals, as shown in Table 5. About a quarter of referrals were from EDs (25.7%), and Table 6 shows that the proportion of referrals from EDs remains stable between 23% and 25% over the past 5 years. Another 28.7% of referrals came from acute health, a 1.3% increase on 2022–23 results. The latter group may include people who were admitted with a physical illness or injury and were subsequently referred for mental health treatment. General practitioners continued to be a key source of referrals (8.3%), as were families (6.1%).

There were 108,696 mental health–related ED presentations in 2023–24, a 12.2% increase from the previous year, spread across all age groups (Table 7). Across the age spectrum, there were 26,108 separations in mental health acute inpatient units in 2023–24, which was 8% more than 2022–23. There has been a decrease (3%) in the proportion of compulsory admissions this year, with fluctuations in a narrow range over the past 5 years. In 2023–24, 47.5% of admissions were compulsory.

Table 5: Source of mental health referrals, 2023–24

Referral source	2023–24
Acute health	28.7%
Emergency department	25.7%
General practitioner	8.3%
Family	6.1%
Client/self	4.5%
Community health services	3.9%
Police	2.4%
Others and unknown	20.4%

Table 6: Source of referrals (newly referred consumers only), 2019–20 to 2023–24

Source	2019–20	2020–21	2021–22	2022–23	2023–24
Acute health	22.2%	23.3%	26.7%	27.4%	28.7%
Emergency department	25.9%	24.3%	23.3%	23.5%	25.7%
General practitioner	9.8%	9.7%	9.0%	8.8%	8.3%
Family	6.6%	6.8%	6.4%	6.7%	6.1%
Client/self	4.8%	4.8%	4.9%	5.2%	4.5%
Community health services	4.3%	4.2%	3.3%	3.6%	3.9%
Police	3.8%	3.9%	3.8%	3.4%	2.4%
Others and unknown	22.4%	22.7%	23.1%	21.3%	20.4%

Table 7: Mental health–related emergency department presentations, 2019–20 to 2023–24

Population	2019–20	2020–21	2021–22	2022–23	2023–24
Adult	79,903	80,600	72,135	73,633	83,675
Aged	9,464	9,795	9,519	10,885	13,351
CYMHS	11,683	15,346	14,479	12,352	11,670
Total	101,050	105,741	96,133	96,900	108,696
Client/self	4.8%	4.8%	4.9%	5.2%	4.5%
Community health services	4.3%	4.2%	3.3%	3.6%	3.9%
Police	3.8%	3.9%	3.8%	3.4%	2.4%
Others and unknown	22.4%	22.7%	23.1%	21.3%	20.4%

How people experienced our services

Information about people's experience of our services, and their outcomes, is captured in different ways. The 'Your Experience of Service' (YES) survey helps us understand how people experience mental health treatment and care, including whether they feel they were respected, and the impact of the service on their overall wellbeing. The department has also implemented the Carer Experience Survey (CES) to measure how carers, family members and supporters experience mental health services in their capacity as a carer. Questions contained in the CES relate to opportunities to be involved in care and decision making, support and relevant information provided to the carer and the overall impact the service had.

Results for the YES survey this year show approximately one-third of consumers rated their experience of care with a service in the preceding 3 months as excellent (36.3%), with another 29.5% responding that their experience was very good. While most consumers – a 65.8% combined of excellent and very good responses – considered their experience with the service as positive, there is clearly room for improvement for some consumers.

We saw a similar trend in results for the CES, with an increase in the proportion of carers reporting positive experiences compared with the previous year. In 2023–24, 23.5% of respondents considered their experience as a carer with the service in the past 6 months to be excellent, while 20.7% stated it was very good and another 18.5% reported that it was good. Together, 62.7% of carers reported having a positive experience. These results suggest there is significant opportunity for services to improve their approach to engaging with the carers, family members and supporters of consumers.

More information about CES is in the Carer Experience Survey section, and results for the YES survey outcome indicators are in Appendix 1.

Child and adolescent mental health services

Key statistics for 2023–24:

16,210

Child and adolescent mental health service (CAMHS) / Child and youth mental health service (CYMHS) consumers

1,672

separations

There was an increase in the number of children and adolescents accessing community clinical mental health services in 2023–24. Inpatient separations in this cohort decreased from the previous year.

Most children and young people receive clinical treatment in the community. In 2023–24 there were 16,210 registered CAMHS/CYHMS consumers – an increase of 8.6%. Some children and young people in Victoria require inpatient treatment for mental illness. During the year, there were 1,672 separations of children and young people for mental illness, a decrease of 6.4% from the previous year. Compulsory admissions were at 23.4%, and this remains substantially lower than the level of compulsory treatment for other age groups. The average duration of a period of compulsory treatment was 24.5 days in 2023–24, an increase of 24.4% from the previous year.

The proportion of children and young people receiving treatment in the community on a community treatment order remained low and stable at 1.4%.

The trimmed average length of stay (< 35 days) for CYMHS was 6.7 days in 2023–24 (Table 4), an increase of 11.7% from 2022–23. The average length of stay is much shorter compared with adult, aged and other inpatient services. The bed occupancy rate decreased from the previous year to 46.0% (Table 8). The readmission rate for CAMHS decreased slightly this year but it is high in comparison with other age groups, at 15.6% in 2023–24. This can reflect models of care that may involve a relatively short length of stay (reflecting concern about disconnecting children and young people from their family, friends and networks longer than necessary) but capacity to readmit the child or young person as required.

Community contacts are the largest part of CAMHS work. They may involve activities such as assessment and treatment, adolescent day programs or intensive outreach for young people. CAMHS teams often involve parents and siblings, as well as schools, in supporting a young person. In 2023–24 there were 453,760 reported contacts, an increase of 11.3%, reflecting similar increases seen for other cohorts in community contacts.

Activity for unregistered consumers include contacts where a child or young person was referred to community mental health and assessed but it was found that their needs would be best met by a different type of service.

In this instance they may have been referred to a service, such as school-based mental health services, private psychiatry or psychology services, and would not be registered as a public mental health consumer. In 2023–24 a higher proportion of service hours (12.0%) were delivered to CAMHS/CYMHS unregistered consumers than for unregistered adults and older consumers.

Table 8: CYMHS bed occupancy rate (including leave, excluding same day), 2019–20 to 2023–24

Service setting	2019–20	2020–21	2021–22	2022–23	2023–24
Admitted – acute	60.9%	66.4%	52.0%	46.1%	46.0%

Adult mental health services

Key statistics for 2023–24:

74,060

adult consumers[8]

25,841

separations

Inpatient services

In 2023–24 there were 25,841 separations of adults for mental illness, an increase of 8.5% compared with last year. The most common diagnoses were schizophrenia and mood disorders such as depression and bipolar disorder. Stress and adjustment disorders were the third most common diagnoses. The proportion of compulsory admissions was slightly lower at 51.9%.

Bed occupancy for adult inpatient services was high at 79.9% (Table 9). The trimmed length of stay for adults slightly decreased to 10 days.

Of the adults who were admitted as inpatients, 72.1% had contact with a community service before admission. The post-discharge follow-up rate was 91.5%. In 2023–24, 13.4% of people were readmitted to hospital within 28 days of discharge compared with 13.2% in 2022–23.

Table 9: Adult bed occupancy rates (including leave, excluding same day), 2019–20 to 2023–24

Service setting	2019–20	2020–21	2021–22	2022–23	2023–24
Admitted – acute	92.2%	86.3%	80.5%	77.2%	82.6%
Admitted – non-acute	87.6%	86.4%	85.5%	87.8%	90.4%
Non-admitted – subacute (CCU)	80.3%	79.9%	79.5%	76.6%	77.6%
Non-admitted – subacute (PARC)	71.3%	69.0%	66.7%	68.0%	70.0%
Total	85.6%	82.1%	78.6%	76.5%	79.9%

8 This number refers to consumers accessing adult services. Each service is classified based on the service or funded program type and not the age of the consumer.

Clinical mental health services delivered in the community

Key statistics for 2023–24:

2,295,498
contacts

1,377,729
service hours

The number of recorded community contacts for adults in 2023–24 was 2,295,498, an increase of 10.5% over the previous year, with service hours showing an increase of 14.7%. Just over 15% of adult consumers receiving treatment in the community were on community treatment orders, a slight decrease of 0.4% on 2022–23 figures.

Prevention and recovery care

Key statistics for 2023–24:

4,277
separations

70%
bed occupancy

Prevention and recovery care (PARC) services offer short-term support in residential settings, generally providing care for up to 28 days when a person is either becoming unwell or is in the early stages of recovery from an acute admission. Most are for adults, but there are 4 Youth PARC services for young people aged 16 to 25 years in Bendigo, Frankston, Dandenong and Parkville. Young people may also attend an adult PARC, but it is rare for 16- to 18-year-olds to do so.

Separations increased by 9.6% to 4,277 in 2023–24. Occupied bed days increased this year by 9.3%, and bed occupancy was at 70.0%.

Aged mental health services

Key statistics for 2023–24:

9,298
aged consumers[9]

258,079
community contacts

The number of aged consumers using public mental health services increased by 2.9% in 2023–24 to 9,298. Most of this group had previous contact with mental health services with 38.0% being new consumers. During the year, there were 2,500 separations of Victorians aged 65 years or older. Bed occupancy increased this year (Table 10).

The trimmed average length of stay increased to 15.7 days. This is much longer than the adult length of stay. The longer length of stay partly reflects the time that is sometimes required to find safe, appropriate accommodation, or to put in place appropriate discharge supports for unwell elderly people. Sometimes a consumer cannot be discharged to return home, or a nursing home may decline to have them return to that service. It may be necessary to find other accommodation and undertake processes such as applications to VCAT for guardianship and administration orders.

The preadmission contact rate was 76.2%, up 3% from the previous year. This reflects better continuity of care provided by services. Almost half of all admissions were compulsory (41.1%), and this has been fairly stable over the past 4 years. The post-discharge follow-up rate was 94.3%, an increase from the previous year.

Readmissions within 28 days were low at 7.8%.

Mental health bed-based aged care services (hostels and nursing homes) are provided for people with high levels of persistent cognitive, emotional or behavioural disturbance who cannot live safely in general bed-based aged care services. They are designed to have a homelike atmosphere, and residents are encouraged to take part in a range of activities. Where possible, opportunities are sought to discharge consumers to less restrictive environments such as general aged care facilities.

For mental health bed-based aged care services, there were 193 separations in 2023–24, similar to figures reported in previous years. The bed occupancy rate decreased to 73.4%. They provided 126,606 occupied bed days, 11.2% lower than last year.

There were 258,079 community contacts in 2023–24, 7.5% higher than the previous year. With this increase in contacts, the number of service hours delivered also increased by 11.6% to 147,975 hours, suggesting providers were spending longer with clients when they received a service contact.

Table 10: Aged bed occupancy rates (including leave, excluding same day), 2019–20 to 2023–24

Service setting	2019–20	2020–21	2021–22	2022–23	2023–24
Admitted – acute	80.9%	79.8%	74.6%	81.3%	81.6%
Non-admitted – bed-based	83.9%	85.0%	82.9%	75.4%	73.4%
Total	82.9%	83.3%	79.4%	75.1%	76.2%

9 This number refers to consumers accessing aged services. Each service is classified based on the service or funded program type and not the age of the consumer.

Forensic mental health services

Key statistics for 2023–24:

1,662
consumers

172
separations

33,373
community contacts

Forensic mental health services provide assessment and treatment for people with mental illness or disorders and involvement with the criminal justice system. Depending on clinical need, treatment may occur within prison, in the community or in a secure inpatient setting at the Thomas Embling Hospital in Fairfield.

The number of consumers treated in forensic mental health services decreased by 0.6% in 2023–24. Overall, there were 172 separations of people from acute forensic mental health inpatient units during the year, a decrease of 33 from 2022–23.

Pressure on forensic inpatient beds remains high, with a bed occupancy rate of 97.5% (Table 11).

Forensic consumers had an average duration of compulsory treatment, at 104.9 days. This part of the service system had the lowest proportion of new consumers at 23.9% but the highest proportion of consumer engagement with services in the preceding 5 years, at 31.6%.

Table 11: Forensic bed occupancy rates (including leave, excluding same day), 2019–20 to 2023–24

Service setting	2019–20	2020–21	2021–22	2022–23	2023–24
Admitted – acute	95.0%	96.9%	93.8%	98.1%	94.9%
Admitted – non-acute	96.4%	95.7%	96.1%	97.9%	99.1%
Total	95.9%	96.2%	95.2%	98.0%	97.5%

Specialist mental health services

Key statistics for 2023–24:

5,006
consumers

1,130
separations

80,685
community contacts

A range of specialist mental health services provide highly specialised treatment and care to Victorians with severe and complex illnesses. These services include perinatal mental health services, personality disorder services (Spectrum), eating disorder services and a dual disability service (for people with both mental illness and an intellectual disability or autism).

There was a 16.7% increase in service contacts in 2023–24. An increase was also seen in the number of consumers accessing specialist mental health services, a 14.9% increase from the previous year. This increased service activity is likely due to more investment in eating disorder and perinatal mental health services.

There were 1,130 separations from specialist services, 24% more than last year. The trimmed average length of stay (≤ 35 days) was a slight increase compared with the past 3 years at 15.8 days and was substantially longer than the comparable figure for adults not receiving specialist services. The preadmission contact rate continues to improve, along with the post-discharge follow-up rate increased by 3.1%. Both rates have remained relatively low compared with other cohorts at 61.0% and 79.6% respectively. Readmissions within 28 days are unusual, with a rate of 2.1% in 2023–24.

Admitted acute occupied bed days rose slightly to 23,962, and the bed occupancy rate, which is variable, was 52.3%. There are a small number of residential bed-based services, and bed occupancy for these services dropped substantially to 24.8% from 29.8%.

Compulsory treatment

The proportion of consumers on a community treatment order has been steady over time, with an average close to 15% of adults over the past 5 years on such an order. Very few Child and adolescent mental health service (CAMHS) consumers are on community treatment orders, with an average rate of 1.2% over the same period. Community orders are also relatively unusual for older people and specialist services clients, with rates in 2023–24 of 4.3% and 2.1% respectively.

The average duration of compulsory treatment in the service system increased in 2023–24, as shown in Table 12. Average duration across categories increased to 102.6 in 2023–24 compared with 88.5 in 2022–23.

Table 12: Average duration (days) of a period of compulsory treatment by cohort, 2019–20 to 2023–24

Population	2019–20	2020–21	2021–22	2022–23	2023–24
Adult	83.1	77.4	85.9	86.4	102.5
Aged	70.3	75.4	69.9	83.3	94.8
CAMHS/CYMHS	24.4	18.8	22.2	19.7	24.5
Forensic	100.6	106.0	112.0	83.7	104.9
Specialist	67.8	44.3	45.3	52.7	82.9
Total	82.9	78.2	86.9	88.5	102.6

Seclusion and restraint

Key statistics for 2023–24:

6.5 per

1,000 occupied bed days (adults)

7.4 (adults)

Average inpatient seclusion duration

Seclusion and restraint are intrusive practices that should only be used after all possible less restrictive options have been tried or considered and have been found to be unsuitable. The Royal Commission recommended that the government acts immediately to reduce the use of seclusion and restraint, with the aim to eliminate these practices within 10 years.

Data on seclusion is well established, but data on restraint is continuing to develop. Every piece of data reflects a person's experience of seclusion and restraint, which can be a traumatic event for them. Public reporting enables services to review their individual results against state and national rates and those for like services. This reporting, and regular discussion between services and the Office of the Chief Psychiatrist and the Office of the Chief Mental Health Nurse about their results, supports service reform, quality improvement and better experiences of mental health services.

The rate of seclusion fell to 6.3 episodes per 1,000 occupied bed days in 2023–24, from a rate of 8.3 in 2022–23 (Table 13). This rate was across all services, which masks the frequency of the intervention with different consumer groups. It is rare for an older person or a person admitted to a specialist service such as a parent and infant unit to be secluded. Consumers with a forensic background are secluded at a higher rate, and for this group the rate was 24.4 per 1,000 occupied bed days. This year the rate for children and young people decreased to 8.1.

Work is underway with all services to reduce the use of restrictive interventions, including work with CAMHS. Since 2022–23 differentiated service targets have been set that reflect the differences between different groups. For example, the target rate for seclusion among older people is lower than the target for adults and children/adolescents, reflecting what we know occurs in services, but seeking a reduction in seclusion in all services. Over the past 10 years the overall trend for adults, older people and specialist consumers is a decreasing seclusion rate.

Table 13: Seclusion episodes per 1,000 occupied bed days, 2019–20 to 2023–24

Population	2019–20	2020–21	2021–22	2022–23	2023–24
Adult	83.1	77.4	85.9	86.4	102.5
Aged	70.3	75.4	69.9	83.3	94.8
CAMHS/CYMHS	24.4	18.8	22.2	19.7	24.5
Forensic	100.6	106.0	112.0	83.7	104.9
Specialist	67.8	44.3	45.3	52.7	82.9
Total	**82.9**	**78.2**	**86.9**	**88.5**	**102.6**

Some consumers with a forensic background present with behaviours of concern. Thomas Embling Hospital has continued a substantial effort to reduce the use of restrictive interventions, developing tailored behavioural programs and intensifying staffing efforts.

While the number of seclusion episodes has decreased from 2022–23, the average duration of seclusion has increased from 17.2 hours in 2022–23 to 21.8 hours (Table 14). This figure includes consumers with a forensic background for whom the average duration of seclusion increased to 85.6 hours in 2023–24.

Table 14: Average inpatient seclusion duration (hours), 2019–20 to 2023–24

Population	2019–20	2020–21	2021–22	2022–23	2023–24
Adult	6.0	7.3	6.7	7.3	7.4
Aged	6.5	2.9	2.9	9.2	2.9
CAMHS	3.2	2.5	2.0	1.6	3.0
Forensic	40.5	34.5	41.1	60.2	85.6
Specialist	3.8	27.4	19.1	18.7	14.1
Total	**13.8**	**15.3**	**18.6**	**17.2**	**21.8**

The corresponding figure for adults was 7.4 hours, similar to last year's figure of 7.3 hours. For children and young people, the average duration of seclusion increased to 3.0 hours from 1.6 hours the previous year.

The bodily restraint rate has decreased slightly this year to 15.2 compared with 16.9 per 1,000 occupied bed days in 2022–23. The rate varied from 4.7 for specialist services to 50.2 per 1,000 occupied bed days for forensic service settings. Rates of bodily restraint within CAMHS inpatient settings have decreased substantially from 63.4 episodes per 1,000 bed days in 2022–23 to 27.3 in 2023–24. The average duration of restraint decreased to 6 minutes in 2023–24, from 12 minutes the previous year.

Appendices

Appendix 1:
Outcomes framework results

The current outcomes framework, and its indicators, measure and monitor how our programs and services are contributing to improved outcomes for people with mental illness.

The Royal Commission recommended developing a new mental health and wellbeing outcomes framework to drive collective responsibility and accountability for mental health and wellbeing outcomes across government portfolios.

It also recommended developing a performance framework to ensure mental health and wellbeing services are delivering improved experiences and outcomes for consumers, families, carers and supporters (recommendation 49).

While the new mental health and wellbeing outcomes and performance framework is being finalised, the current outcome indicators guide the department's activities for mental health service delivery and access.

Domain 1: Victorians have good mental health and wellbeing

Outcome 1: Victorians have good mental health and wellbeing at all ages and stages of life, and Outcome 2: The gap in mental health and wellbeing for at-risk groups is reduced

Data for outcomes 1 and 2 is drawn from the 2022 Victorian Population Health Survey and other sources.

There was a slight decrease in rates of high and very high psychological distress among adults in Victoria. These rates increased among the Victorian Aboriginal population and were stable for LGBTIQ+ Victorians. Older people (65+ years of age) continued to report significantly lower levels (13.5%) of high or very high psychological distress compared with the proportion in all adults (22.8%).

The proportion of adults with high or very high levels of psychological distress was not significantly different in people who spoke a language other than English at home (24.3%) or rural Victorians (22.0%). Psychological distress is a risk factor for a number of diseases and conditions, including cardiovascular disease, chronic obstructive pulmonary disease, injury, obesity and depression.

Indicators for outcome 1

Indicator	Reference year	Four years prior	Three years prior	Two years prior	One year prior	Most current data
1.1 Proportion of Victorian population with high or very high psychological distress (adults)	2022	15.0%	18.1%	23.4%	n/a	22.8 %
1.2 Proportion of Victorian population receiving clinical mental health care	2023–24	1.14%	1.12%	1.16%	1.23%	1.28%
1.3 Proportion of Victorian young people with positive psychological development[10]	2018	68.8%	n/a	67.3%	n/a	67.3%
1.4 Proportion of Victorian aged (65 years or older) with high or very high psychological distress	2022	9.2%	11.9%	14.2%	n/a	13.5%
1.5 Proportion of children at school entry at high risk of clinically significant problems related to behaviour and emotional wellbeing	2021	4.9%	5.6%	6.7%	7.4%	7.1%

Indicators for outcome 2

Indicator	Reference year	Four years prior	Three years prior	Two years prior	One year prior	Most current data
2.1 Proportion of Victorian population who speak a language other than English at home with high or very high psychological distress (adults)	2022	13.6%	19.1%	23.9%	n/a	24.3%
2.2 Proportion of Victorian rural population with high or very high psychological distress (adults)	2022	15.8%	15.7%	20.2%	n/a	22.0%
2.3 Proportion of Victorian population who identify as LGBTIQ+ with high or very high psychological distress (adults)	2022	n/a	n/a	41.3%	n/a	41.0%

10 This number refers to consumers accessing aged services. Each service is classified based on the service or funded program type and not the age of the consumer.

The year 2022 was the third year that data relating to LGBTIQ+ Victorians has been reported. This is possible when there is a larger sample size for the Victorian Population Health Survey, about every third year. Although most LGBTIQ+ Australians live healthy, happy lives, LGBTIQ+ people experience significant health inequalities.[11] Mental health and general physical health are poorer for LGBTIQ+ adults compared with non-LGBTIQ+ adults, and a higher proportion have 2 or more chronic illnesses.[12] Discrimination and exclusion are key contributors to elevated health risks, and this is sometimes referred to as minority stress.

As well as health disparities, a significantly higher proportion of LGBTIQ+ adults have a total annual household income of less than $40,000, could not raise $2,000 in 2 days in an emergency, and inexperience food insecurity.[13] The proportion of LGBTIQ+ adults with high or very high levels of psychological distress was significantly higher than the proportion in all adults, at 41.0% compared with 22.8%. Supporting the wellbeing of LGBTIQ+ Victorians requires ongoing, whole-of-government and community efforts towards social inclusion and equality, as well as targeted interventions.

Outcome 3: The gap in mental health and wellbeing for Aboriginal Victorians is reduced

Outcome indicators relating to Aboriginal Victorians show they continue to be over-represented in clinical mental health services. Aboriginal people form about 1.0% of Victoria's population, yet the proportion of the Aboriginal population receiving clinical mental health care sits at 4.3% and has been trending upwards over the past 5 years.

More generally, data from the Victorian Population Health Survey shows that the proportion of adults with high or very high levels of psychological distress was significantly higher in the Aboriginal population compared with the proportion in all adults, at 35.0% compared with 22.8%. Psychological distress is a proxy measure of the overall mental health and wellbeing of the population. Very high levels of psychological distress may signify a need for professional help and provide an estimate of the need for mental health services.

These results emphasise the need for ongoing, whole-of-government and community efforts towards social inclusion and equality, as well as sustained efforts to combat racism and tailored responses to support the mental health and wellbeing of disadvantaged population groups.

11 Rosenstreich G 2013, LGBTI people mental health and suicide, revised 2nd edition. National LGBTI Health Alliance, Sydney.

12 Victorian Agency for Health Information 2020, The health and wellbeing of the lesbian, gay, bisexual, transgender, intersex and queer population in Victoria: findings from the Victorian Population Health Survey 2017, State of Victoria, Melbourne

13 Ibid., Table 4.

Indicators for outcome 3

Indicator	Reference year	Four years prior	Three years prior	Two years prior	One year prior	Most current data
3.1 Proportion of Victorian Aboriginal population who are receiving clinical mental health care	2023–24	3.3%	3.4%	3.5%	4.0%	4.3%
3.2 Proportion of Victorian Aboriginal population with high or very high psychological distress	2022	30.3%	45.9%	31.8%	n/a	35.0%
3.3 Proportion of Victorian Aboriginal children at school entry at high risk of clinically significant problems related to behaviour and emotional wellbeing	2020	15.6%	14.4%	19.0%	18.5%	19.7%

Outcome 4: The rate of suicide is reduced

There has been a slight increase in the suicide rate for Victoria in 2023, with a rate of 11.8 deaths (per 100,000) compared with 11.5 in 2022. Victoria's rate has been stable over the past several years, sitting in the range of 10.1–11.8 per 100,000 population. Data released by the State Coroner indicates that the year-to-date number of suicide deaths in Victoria at the end of June 2024 at 392 suicide deaths is higher than for the same time in the previous 4 years (2019–2022).[14]

The deaths included in the Victorian Suicide Register are regularly reviewed as coroners' investigations progress and more is learned about the circumstances in which they occurred. Deaths may be removed from the register if an investigation finds they are likely not to be suicides; likewise, deaths initially missed may be added to the register as new evidence consistent with suicide is gathered. This is why some data reported here may be different from what was reported in previous reports. However, data changes are usually minor: Victorian Suicide Register analyses have shown that, over time, there is consistently less than 5% difference between the number of suicides initially identified as suicides, and the number of deaths ultimately confirmed as suicides.

Indicators for outcome 4

Indicator	Reference year	Four years prior	Three years prior	Two years prior	One year prior	Most current data
4.1 Victoria's rate of deaths from suicide per 100,000	2023	11.0	10.2	10.1	11.5	11.8

14 Coroners Court of Victoria <https://www.coronerscourt.vic.gov.au/sites/default/files/2024-09/Coroners%20Court%20Monthly%20Suicide%20Data%20Report%20-%20August%202024.pdf>

Domain 2: Victorians promote mental health for all ages and stages of life

Outcome 5: Victorians with mental illness have good physical health and wellbeing

The data analysis required to update the proportion of unique admitted clients who were discharged and used tobacco and the proportion of registered mental health clients with a type 2 diabetes diagnosis was not undertaken during 2024, therefore the results are unchanged from 2021–22, and date back to 2017–18.

Current indicators for physical health are tobacco use (as a risk factor) and type 2 diabetes (as a preventable illness). Results this year have improved, but the data for this indicator draws on inpatient admission information for physical or mental ill health in registered consumers and is therefore a limited subset of consumers accessing mental health services.

Nonetheless there is a reduction in tobacco use, which is trending down. Tobacco smoking is Australia's leading cause of preventable death and disease. Some disadvantaged groups, including people with mental illness, have substantially higher smoking prevalence than the general population. Although this indicator is trending down, there is substantial room for improvement. The latest data estimated that 11.6% of Australian adults smoked daily in 2019, a rate that has halved since 1991 (25%).[15]

The proportion of registered clients with a type 2 diabetes diagnosis is slightly reduced this year, but the level has been fairly stable over the past 5 years at or around 10%. This is almost double the prevalence in the general population, which is estimated at 5.3%. The complications of diabetes can be severe and include heart disease, stroke, blindness, kidney disease, nerve damage and amputations.

Indicators for outcome 5

Indicator	Reference year	Four years prior	Three years prior	Two years prior	One year prior	Most current data
5.1 Proportion of unique admitted clients who were discharged and used tobacco	2021–22	38.2%	37.1%	36.5%	36.5%	32.7%
5.2 Proportion of registered mental health clients with a type 2 diabetes diagnosis	2021–22	9.8%	9.9%	10.0%	10.1%	9.3%

Outcome 6: Victorians with mental illness are supported to protect and promote health

Indicators yet to be developed.

15 Tobacco smoking snapshot <https://www.aihw.gov.au/reports/australias-health/tobacco-smoking>

Domain 3: Victorians with mental illness live fulfilling lives of their choosing, with or without symptoms of mental illness

Outcome 7: Victorians with mental illness participate in learning and education

The data analysis required to update the National Assessment Program – Literacy and Numeracy (NAPLAN)-related indicators was not undertaken during 2024, therefore the results relating to children and young people with mental illness and NAPLAN in the outcomes framework are unchanged from 2020, and date back to 2018. NAPLAN was not carried out in 2020 because of the pandemic.

The indicators report the proportion of children and young people with mental illness who are at or above national minimum reading and numeracy standards at Year 3 and Year 9.

When this analysis was done with 2018 results, it was not possible to obtain data that was directly comparable with national benchmarks.

Mental illness at a young age can affect schooling and other factors that influence opportunities over a person's lifetime. Education can enable increased workforce participation and higher earnings, as well as other private and social benefits such as improved health. However, the age of onset of mental illness, often in adolescence and young adulthood, can disrupt education.

The 2018 data shows that the proportion of children and young people with mental illness who are at or above national minimum reading standards is below what might be expected and reduces from a Year 3 level of 59.5% to 49.1% at Year 9. Numeracy results are similar, varying from 64.8% at or above the national minimum standard for students in Year 3, to 50.3% for Year 9 students.

Indicators for outcome 7

Indicator	Reference year	Four years prior	Three years prior	Two years prior	One year prior	Most current data
7.1 Proportion of Year 3 students receiving clinical mental health care at or above the national minimum standard for reading	2018	n/a	n/a	68.1%	64.3%	59.5%
7.2 Proportion of Year 3 students receiving clinical mental health care at or above the national minimum standard for numeracy	2018	n/a	n/a	67.9%	66.0%	64.8%
7.3 Proportion of Year 9 students receiving clinical mental health care at or above the national minimum standard for reading	2018	n/a	n/a	59.2%	52.5%	49.1%
7.4 Proportion of Year 9 students receiving clinical mental health care at or above the national minimum standard for numeracy	2018	n/a	n/a	60.1%	56.3%	50.3%

Outcome 8: Victorians with mental illness participate in and contribute to the economy

Indicators yet to be developed.

Outcome 9: Victorians with mental illness have financial security

Indicators yet to be developed.

Outcome 10: Victorians with mental illness are socially engaged and live in inclusive communities

Indicators yet to be developed.

Outcome 11: Victorians with mental illness live free from abuse or violence, and have reduced contact with the criminal justice system

The data analysis required to update the percentage of prisoners receiving a psychiatric risk rating (p-rating) on entry to prison indicator was not undertaken during 2024, therefore the results are unchanged from 2020, and date back to 2016.

Indicators for outcome 11

Indicator	Reference year	Four years prior	Three years prior	Two years prior	One year prior	Most current data
11.1 Proportion of Victorian prison entrants who, at prison reception assessment, are allocated a psychiatric risk rating	2021–22	38.2%	37.1%	36.5%	36.5%	32.7%

Outcome 12: Victorians with mental illness have suitable and stable housing

This indicator draws on data from the Health of the Nation Outcome Scales, a clinician-rated instrument comprising 12 scales measuring behaviour, impairment, symptoms and social functioning for those in the 18 to 64 years age group. It reflects the percentage of public mental health service consumers who are considered, at baseline rating, to have no significant problems with their accommodation as rated on scale 11 (problems with living conditions). The data suggests that although most clients are in stable housing, the proportion with unstable housing is large in comparison with the general population.

Indicators for outcome 12

Indicator	Reference year	Four years prior	Three years prior	Two years prior	One year prior	Most current data
12.1 Proportion of registered clients living in stable housing[16]	2023–24	78.9%	79.4%	77.7%	76.7%	75.2%

Domain 4: 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

Outcome 13: The treatment and support that Victorians with mental illness, their families and carers need is available in the right place at the right time

See explanation under outcome 16.

Outcome 14: Services are recovery-oriented, trauma-informed and family-inclusive

See explanation under outcome 16.

Outcome 15: Victorians with mental illness, their families and carers are treated with respect by services

See explanation under outcome 16.

16 2020–21 and 2021–22 data were affected by industrial activity, impacting the collection of non-clinical and administrative data and recording of ambulatory mental health service activity and consumer outcome measures. Industrial activity in 2020–21 and 2021–22 began in November 2020 and was resolved by November 2021. Affected data reported during this period should be interpreted with caution.

Outcome 16: Services are safe, of high quality, offer choice and provide a positive service experience

Indicators for outcomes 13 to 16 draw on the public mental health service data reported in Appendix 2. Many of these indicators have remained stable or only fluctuated slightly. This includes rates of readmission within 28 days. The rate of post-discharge follow-up within 7 days has increased slightly this year to 90.9%.

Follow-up soon after discharge enhances continuity of care at a time when consumers often need extra supports. The number of new registered clients has slightly decreased in the past year and at 38.7% is similar to last year's figure.

The proportion of consumers with a significant improvement in clinically reported outcomes increased slightly for adult and child and adolescent clients in 2023–24 compared with the previous year. Conversely, this proportion decreased for older person and specialist service clients.

Compulsory treatment measures were comparable in 2023–24 to previous years. Average duration of compulsory treatment was an exception, increasing by 14.1 days to 102.6. Compulsory treatment is discussed in more detail in the 'Compulsory treatment' section of this report.

Six indicators in this domain draw on data from the YES survey, which gathers the views of consumers of Victoria's clinical mental health services. Results for many of the YES indicators have increased on the previous year. The strongest result was for the proportion of consumers reporting their individuality and values were usually (18.8%) or always (70.5%) respected.

This was followed by the proportion of consumers who reported their experience of the service developing a care plan, with them, that considered all their needs was 'excellent' (37.5%), 'very good' (23.5%) or 'good' (20.8%).

Results for the YES survey show that around one-third of consumers rated their experience of care with a service in the preceding 3 months as excellent (36.3%) and more than a quarter rated their experience as very good (29.5%). A further substantial proportion rated their experience of care as good (20.9%), so there is room for improvement for some consumers. Nationally reported data indicates that voluntary patients generally report a more positive experience than consumers with a compulsory legal status.

Indicators for outcome 13

Indicator	Reference year	Four years prior	Three years prior	Two years prior	One year prior	Most current data
13.1 Rate of preadmission contact[17]	2023–24	60.6%	58.7%	62.9%	71.6%	71.1%
13.2 Rate of readmission within 28 days	2023–24	14.2%	14.8%	14.9%	12.8%	12.7%
13.3 Rate of post-discharge follow-up	2023–24	89.4%	84.5%	84.9%	90.1%	90.9%
13.4 New registered clients accessing public mental health services (no access in past 5 years)	2023–24	35.3%	34.8%	39.4%	39.1%	38.7%
13.5 Proportion of consumers reporting the effect the service had on their ability to manage their day-to-day life was good, very good or excellent	2024	n/a	79.9%	82.7%	80.1%	82.6%

17 Ibid.

Indicators for outcome 14

Indicator	Reference year	Four years prior	Three years prior	Two years prior	One year prior	Most current data
14.1 Proportion of registered clients experiencing stable or improved clinical outcomes (adults)[18]	2023–24	91.1%	91.5%	90.9%	90.5%	90.9%
14.2 Proportion of registered clients experiencing stable or improved clinical outcomes (CAMHS)[19]	2023–24	93.5%	93.7%	94.2%	91.4%	91.3%
14.3 Proportion of registered clients experiencing stable or improved clinical outcomes (aged)[20]	2023–24	91.2%	90.8%	91.0%	93.2%	93.6%
14.4 Proportion of registered clients experiencing stable or improved clinical outcomes (forensic)[21]	2023–24	n/a	n/a	n/a	n/a	n/a
14.5 Proportion of registered clients experiencing stable or improved clinical outcomes (specialist)[22]	2023–24	n/a	n/a	n/a	n/a	n/a
14.6 Proportion of consumers who reported they usually or always had opportunities for family and carers to be involved in their treatment or care if they wanted	2023–24	n/a[23]	80.6%	78.6%	81.3%	82.8%

18 Ibid.
19 Ibid.
20 Ibid.
21 Sample size for forensic and specialist clients is too low for the data to be considered reliable.
22 Ibid.
23 Because of the COVID-19 pandemic, the YES survey was not conducted in 2019–20.

Indicators for outcome 15

Indicator	Reference year	Four years prior	Three years prior	Two years prior	One year prior	Most current data
15.1 Proportion of consumers reporting their individuality and values were usually or always respected	2024	n/a	88.4%	88.6%	87.5%	89.3%
15.2 Proportion of people with a mental illness reporting a care plan was developed with them that considered all their needs as good, very good or excellent	2024	n/a	79.2%	83.1%	80.1%	82.0%

Indicators for outcome 16

Indicator	Reference year	Four years prior	Three years prior	Two years prior	One year prior	Most current data
16.1 Rate of seclusion episodes per 1,000 occupied bed days (inpatient)	2023–24	10.0	10.3	9.8	8.3	6.3
16.2 Rate of bodily restraint episodes per 1,000 occupied bed days (inpatient)	2023–24	20.7	20.9	19.8	16.9	15.2
16.3 Proportion of community cases with client on a treatment order	2023–24	11.3%	11.4%	11.1%	11.3%	11.2%
16.4 Proportion of inpatient admissions that are compulsory	2023–24	51.0%	50.2%	47.9%	50.5%	47.5%
16.5 Average duration of compulsory orders (days)	2023–24	82.9	78.2	86.9	88.5	102.6
16.6 Proportion of consumers who rated their experience of care with a service in the past 3 months as very good or excellent	2023–24	n/a	61.1%	60.3%	62.6%	65.8%
16.7 Proportion of consumers reporting the effect the service had on their overall wellbeing was very good or excellent)	2023–24	n/a	54.7%	53.8%	57.3%	59.1%

Appendix 2:
Public mental health service data

Most of the data in this appendix is drawn from the mental health Client Management Interface (CMI) / Operational Data Store (ODS). The CMI/ODS is a real-time reporting system that mental health service providers regularly update. For this reason, there may be small differences in reported data between previous and future annual reports because the system is not static.

Other collections from which this appendix draws include the Mental Health Establishments National Minimum Dataset, the Victorian Emergency Minimum Dataset and the Mental Health Community Support Services Collection. It should be noted that different data collections may use different definitions, varying inclusion and exclusion criteria, and may disaggregate data in different ways.

Data source: CMI/ODS, or as footnoted otherwise

Date extracted: 24 August 2024, or as footnoted otherwise

Date generated: 16 October 2024

Please note that the data in this report exclude Albury in New South Wales.
Some data may not sum due to rounding.

Whole population

Measure	2019–20	2020–21	2021–22	2022–23	2023–24
Total estimated residential population in Victoria ('000)*	6,730	6,862	6,992	7,120	7,246

People accessing mental health services

Measure	2019–20	2020–21	2021–22	2022–23	2023–24
Mental health–related emergency department presentations	101,050	105,741	96,133	96,900	108,696
Emergency department presentations that were mental health–related	5.78%	6.09%	5.29%	4.95%	5.67%

Measure	2019–20	2020–21	2021–22	2022–23	2023–24
Consumers accessing clinical mental health services†‡§§	76,495	76,921	81,476	87,513	92,484
Proportion of population receiving clinical care* † ‡ §§	1.14%	1.12%	1.17%	1.23%	1.28%

Consumer location	Area	2019–20	2020–21	2021–22	2022–23	2023–24
Consumer residential location	Metro	63.5%	63.5%	63.0%	61.4%	61.1%
	Rural	33.0%	33.2%	33.4%	34.6%	34.3%
	Unknown/ other	3.5%	3.3%	3.7%	4.0%	4.6%

Consumer demographics	Description	2019–20	2020–21	2021–22	2022–23	2023–24
Gender	Female	50.5%	52.0%	52.9%	53.1%	52.9%
	Male	49.3%	47.7%	46.7%	46.4%	46.7%
	Other/ unknown	0.3%	0.3%	0.4%	0.5%	0.4%
Age group	0–4	0.7%	0.6%	0.8%	0.7%	**0.7%**
	5–14	8.0%	8.6%	8.8%	9.5%	**9.7%**
	15–24	19.8%	20.2%	20.6%	19.7%	**18.8%**
	25–34	18.3%	18.6%	18.4%	18.4%	**18.8%**
	35–44	17.4%	16.8%	16.1%	16.1%	**16.4%**
	45–54	14.8%	14.6%	14.3%	14.2%	**14.1%**
	55–64	9.0%	9.0%	9.1%	9.2%	**9.5%**
	65–74	6.1%	6.0%	6.1%	6.3%	**6.1%**
	75–84	4.1%	3.9%	4.1%	4.4%	**4.2%**
	85–94	1.7%	1.6%	1.7%	1.6%	**1.6%**
	95+	0.1%	0.1%	0.1%	0.1%	**0.1%**
Consumers from culturally diverse backgrounds	Culturally diverse	14.0%	14.0%	13.7%	13.7%	13.8%
Aboriginal or Torres Strait Islander status	Indigenous	3.3%	3.4%	3.5%	4.0%	4.3%

Consumer demographics	Description	2019–20	2020–21	2021–22	2022–23	2023–24
Country of birth (top 10 non-English speaking)	India	1.0%	1.0%	1.1%	1.1%	**1.1%**
	Vietnam	0.8%	0.8%	0.7%	0.7%	**0.8%**
	China (excludes SARs and Taiwan)	0.7%	0.8%	1.1%	1.1%	**0.8%**
	Italy	0.7%	0.7%	0.6%	0.6%	**0.6%**
	Greece	0.7%	0.7%	0.7%	0.7%	**0.6%**
	Sri Lanka	0.6%	0.5%	0.5%	0.5%	**0.5%**
	Philippines	0.5%	0.5%	0.5%	0.5%	**0.5%**
	Sudan	0.4%	0.4%	0.4%	0.4%	**0.4%**
	Iran	0.4%	0.4%	0.3%	0.3%	**0.4%**
	Turkey	0.4%	0.3%	0.3%	0.3%	**0.3%**
Preferred language other than English (top 10)	Vietnamese	0.5%	0.5%	0.4%	0.4%	**0.5%**
	Greek	0.4%	0.4%	0.3%	0.3%	**0.3%**
	Mandarin	0.4%	0.4%	0.4%	0.4%	**0.4%**
	Italian	0.3%	0.3%	0.2%	0.2%	**0.2%**
	Arabic	0.3%	0.3%	0.3%	0.3%	**0.3%**
	Persian (excluding Dari)	0.2%	0.2%	0.1%	0.1%	**0.1%**
	Turkish	0.2%	0.2%	0.1%	0.1%	**0.2%**
	Macedonian	0.1%	0.1%	0.1%	0.1%	**0.1%**
	Cantonese	0.1%	0.1%	0.1%	0.1%	**0.1%**
	Dari	0.1%	0.1%	0.1%	0.1%	**0.2%**

Appendix 2: Public mental health service data

Treatment	Cohort	2019–20	2020–21	2021–22	2022–23	2023–24
Consumers accessing clinical mental health services† ‡ §§	Adult	61,038	61,736	64,708	69,717	**74,060**
	Aged	8,290	8,014	8,457	9,033	**9,298**
	CAMHS/CHYMS	11,516	12,329	13,145	14,937	**16,210**
	Forensic	1,237	1,178	1,902	1,672	**1,662**
	Specialist	2,927	2,849	3,953	4,356	**5,006**
Diagnosis	Schizophrenia, paranoia and acute psychotic disorders	23.0%	22.7%	20.9%	20.1%	**19.4%**
	Mood disorders	18.8%	18.4%	17.6%	17.0%	**16.3%**
	Stress and adjustment disorders	8.8%	9.0%	10.2%	11.4%	**11.8%**
	Personality disorders	6.6%	6.6%	6.7%	7.2%	**5.9%**
	Anxiety disorders	6.1%	6.3%	6.6%	6.3%	**7.1%**
	Substance abuse disorders	3.3%	3.2%	3.8%	4.1%	**4.5%**
	Organic disorders	2.1%	2.1%	2.2%	2.8%	**2.0%**
	Disorders of psychological development	2.0%	2.1%	2.2%	2.5%	**3.4%**
	Disorders of childhood and adolescence	1.6%	2.0%	2.1%	2.1%	**3.0%**
	Eating disorders	1.9%	1.9%	2.0%	2.0%	**1.9%**
	Other	1.0%	1.0%	1.3%	1.9%	**1.7%**
	Obsessive compulsive disorders	0.6%	0.6%	0.7%	0.7%	**0.8%**
	No mental health diagnosis recorded	23.0%	22.7%	20.9%	20.1%	**22.2%**
Referral source (newly referred consumers only)	Acute health	21.7%	22.2%	23.3%	27.4%	**28.7%**
	Emergency department	27.2%	25.8%	24.3%	23.5%	**25.7%**
	General practitioner	10.3%	9.8%	9.6%	8.8%	**8.3%**
	Family	6.4%	6.6%	6.8%	6.7%	**6.1%**
	Client/self	4.3%	4.8%	4.8%	5.2%	**4.5%**
	Community health services	4.1%	4.3%	4.2%	3.6%	**3.9%**
	Police	3.6%	3.8%	3.9%	3.4%	**2.4%**
	Other/unknown	22.4%	22.7%	23.1%	21.3%	**20.4%**

Treatment	Cohort	2019–20	2020–21	2021–22	2022–23	2023–24
New consumers accessing services (no access in the prior 5 years)‡ §§	Total	35.3%	34.8%	39.4%	39.1%	38.7%
Consumers accessing services during each of the previous 5 years‡ §§	Total	13.5%	13.6%	13.0%	12.7	12.3%

Service activity – bed-based	Service setting	2019–20	2020–21	2021–22	2022–23	2023–24
Total number of separations (excluding same day)	Admitted – acute	26,660	26,913	25,812	24,174	26,108
	Admitted – non-acute	245	263	259	248	298
	Non-admitted – bed-based	229	182	181	132	198
	Non-admitted – subacute (CCU)	565	622	556	505	434
	Non-admitted – subacute (PARC)	3,374	3,675	3,792	3,903	4,277
Occupied bed days (including leave, excluding same day)	Admitted – acute	384,825	380,231	366,791	372,640	399,507
	Admitted – non-acute	81,575	81,231	80,517	76,107	76,558
	Non-admitted – residential	150,705	151,835	146,800	123,777	128,419
	Non-admitted – subacute (CCU)	103,634	100,597	100,163	101,478	102,006
	Non-admitted – subacute (PARC)	63,397	64,538	62,535	71,495	78,058
	Total	784,138	778,433	756,808	745,500	784,550

Service activity – bed-based	Service setting	2019–20	2020–21	2021–22	2022–23	2023–24
Bed occupancy rate (including leave, excluding same days)	Admitted – acute	86.1%	82.1%	76.6%	77.2%	**78.7%**
	Admitted – non-acute	89.9%	89.4%	86.2%	87.8%	**91.5%**
	Non-admitted – residential	83.7%	84.7%	81.9%	73.9%	**71.5%**
	Non-admitted – subacute (CCU)	80.3%	79.9%	79.5%	76.6%	**77.6%**
	Non-admitted – subacute (PARC)	71.3%	69.0%	66.7%	68.0%	**70.0%**
	Total	83.8%	81.7%	77.9%	76.5%	**77.4%**

Service activity – community	Population	2019–20	2020–21	2021–22	2022–23	2023–24
Total service contacts, by sector‡	Adult	1,936,772	1,769,897	1,746,893	2,078,280	2,295,498
	Aged	249,924	217,523	218,437	240,032	258,079
	CAMHS/CYMHS	344,181	354,777	327,001	407,747	453,760
	Forensic	23,772	20,881	21,980	30,547	30,373
	Specialist	53,020	52,743	56,751	69,131	80,685
	Total	2,607,671	2,415,824	2,371,063	2,825,740	3,121,396
Total service hours, by sector‡	Adult	1,031,434	925,731	959,656	1,200,919	1,377,729
	Aged	129,047	107,166	112,961	132,581	147,975
	CAMHS/CYMHS	223,956	229,764	218,136	281,006	321,590
	Forensic	15,278	14,238	14,845	20,539	22,380
	Specialist	38,849	36,087	42,231	53,463	61,880
	Total	1,438,566	1,312,988	1,347,831	1,688,510	1,931,557
Unregistered consumer service hours‡ §§	Total	15.5%	16.0%	12.0%	10.6%	9.6%

Service performance	Population	2019–20	2020–21	2021–22	2022–23	2023–24
Total service contacts, by sector‡	Adult	1,936,772	1,769,897	1,746,893	2,078,280	**2,295,498**
	Aged	249,924	217,523	218,437	240,032	**258,079**
	CAMHS/CYMHS	344,181	354,777	327,001	407,747	**453,760**
	Forensic	23,772	20,881	21,980	30,547	**30,373**
	Specialist	53,020	52,743	56,751	69,131	**80,685**
	Total	2,607,671	2,415,824	2,371,063	2,825,740	**3,121,396**
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	Forensic	15,278	14,238	14,845	20,539	**22,380**
	Specialist	38,849	36,087	42,231	53,463	**61,880**
	Total	1,438,566	1,312,988	1,347,831	1,688,510	**1,931,557**
Unregistered consumer service	Total	15.5%	16.0%	12.0%	10.6%	9.6%

Service performance	Population	2019–20	2020–21	2021–22	2022–23	2023–24
Percentage of consumers readmitted within 28 days of separation – inpatient	Adult	14.6%	15.1%	15.3%	13.2%	**13.4%**
	Aged	9.0%	7.1%	6.2%	6.3%	**7.8%**
	CAMHS	21.8%	23.4%	22.6%	18.9%	**15.6%**
	Forensic	7.5%	5.0%	17.4%	15.4%	**10.0%**
	Specialist	2.1%	1.8%	2.4%	2.8%	**2.1%**
	Total	14.2%	14.8%	14.9%	12.8%	**12.7%**
Percentage of admissions with a preadmission contact – inpatient (all consumers)‡	Adult	61.7%	59.0%	63.4%	72.7%	**72.1%**
	Aged	63.6%	60.9%	65.6%	73.2%	**76.2%**
	CAMHS	60.7%	64.2%	66.9%	73.4%	**68.3%**
	Forensic	16.0%	16.2%	18.9%	22.9%	**25.9%**
	Specialist	39.5%	43.5%	46.4%	58.2%	**61.0%**
	Total	60.6%	58.5%	62.7%	71.6%	**71.2%**
Percentage of consumers followed up within 7 days of separation – inpatient‡	Adult	90.9%	84.9%	85.4%	90.8%	**91.5%**
	Aged	94.9%	89.4%	88.7%	93.5%	**94.3%**
	CAMHS	86.6%	86.1%	86.9%	87.8%	**88.5%**
	Forensic	28.6%	37.6%	64.7%	100.0%	**80.0%**
	Specialist	65.5%	68.6%	66.8%	76.5%	**79.6%**
	Total	89.4%	84.5%	84.9%	90.1%	**90.9%**
Trimmed average length of stay (≤35 days)	Adult	9.5	9.4	9.5	10.2	**10.0**
	Aged	15.4	15.7	15.1	15.1	**15.7**
	CAMHS	6.2	5.8	5.6	6.0	**6.7**
	Forensic	21.8	19.1	18.5	20.5	**22.1**
	Specialist	15.6	14.9	14.6	15.4	**15.8**
	Total	9.8	9.7	9.8	10.4	**10.4**

Compulsory treatment	Population	2019–20	2020–21	2021–22	2022–23	2023–24
Percentage of open community cases where the consumer was on a CTO	Adult	15.1%	15.2%	15.1%	15.4%	**15.1%**
	Aged	5.0%	5.0%	4.2%	4.2%	**4.3%**
	CAMHS	1.0%	1.0%	1.3%	1.2%	**1.4%**
	Forensic	13.3%	13.8%	6.3%	6.8%	**5.0%**
	Specialist	3.4%	4.6%	3.6%	2.4%	**2.1%**
	Total	11.3%	11.4%	11.1%	11.3%	**11.2%**
Percentage of admissions for compulsory treatment – inpatient	Adult	56.0%	55.5%	53.3%	55.1%	**51.9%**
	Aged	50.1%	48.7%	44.6%	46.0%	**41.1%**
	CAMHS	20.3%	21.3%	18.5%	22.2%	**23.4%**
	Forensic	100.0%	100.0%	100.0%	99.5%	**100.0%**
	Specialist	9.5%	8.5%	8.8%	8.0%	**7.4%**
	Total	51.0%	50.2%	47.9%	50.5%	**47.5%**
Percentage of consumers followed up within 7 days of separation – inpatient‡	Adult	90.9%	84.9%	85.4%	90.8%	**91.5%**
	Aged	94.9%	89.4%	88.7%	93.5%	**94.3%**
	CAMHS	86.6%	86.1%	86.9%	87.8%	**88.5%**
	Forensic	28.6%	37.6%	64.7%	100.0%	**80.0%**
	Specialist	65.5%	68.6%	66.8%	76.5%	**79.6%**
	Total	89.4%	84.5%	84.9%	90.1%	**90.9%**
The average duration (days) of a period of compulsory treatment	All	82.9	78.2	86.9	88.5	102.6
Consumers on an order for more than 12 months	All	13.1%	13.3%	14.9%	14.6%	14.5%
Adult (18+) consumers who have an advance statement recorded	All	2.96%	3.20%	3.02%	3.04%	3.99%
Adult (18+) consumers who have a nominated person recorded	All	2.51%	2.51%	2.36%	2.32%	2.44%

Restrictive practice	Population	2019–20	2020–21	2021–22	2022–23	2023–24
Rate of seclusion episodes per 1,000 occupied bed days – inpatient	Total	10.0	10.3	9.8	8.3	6.3
Average duration (hours) of seclusion episodes – inpatient	Total	13.8	15.3	18.5	17.2	21.8
Rate of bodily restraint episodes per 1,000 occupied bed days – inpatient	Total	20.7	20.9	19.8	16.9	15.2
Average duration (hours) of bodily restraint episodes – inpatient	Total	0.3	0.2	0.3	0.2	0.1

Clinician-reported outcome	Population	2019–20	2020–21	2021–22	2022–23	2023–24
Percentage of closed community cases with significant improvement at case closure‡	Adult	54.1%	55.5%	54.9%	54.6%	55.6%
	Aged	59.8%	60.6%	54.3%	54.5%	51.4%
	CAMHS/CYMHS	47.8%	45.8%	40.8%	44.6%	46.6%
	Forensic	**	**	**	**	**
	Specialist	41.9%	47.2%	51.0%	55.0%	54.8%
	Total	53.7%	54.3%	52.0%	52.9%	53.5%
Percentage of community cases closed with no 'significant' change in HoNOS score at case start and end‡	Adult	37.0%	37.5%	35.3%	35.8%	35.3%
	Aged	33.7%	37.0%	37.2%	38.6%	42.2%
	CAMHS/CYMHS	43.4%	48.2%	48.6%	46.7%	45.0%
	Forensic	**	**	**	**	**
	Specialist	45.5%	45.6%	42.6%	36.7%	37.1%
	Total	37.7%	39.6%	38.4%	38.1%	37.9%
Percentage of community cases with 'significant deterioration' in HoNOS scales at case closure‡	Adult	8.9%	8.5%	9.1%	9.4%	9.0%
	Aged	6.5%	6.3%	5.8%	6.5%	6.4%
	CAMHS/CYMHS	8.8%	9.2%	9.0%	8.1%	8.7%
	Forensic	**	**	**	**	**
	Specialist	12.6%	9.5%	3.7%	8.2%	8.1%
	Total	8.6%	8.3%	8.5%	8.7%	8.6%

Funding	Service setting	2019–20	2020–21	2021–22	2022–23	2023–24
Total output cost (Budget Paper No. 3) ($ million)[#] [††]	Clinical mental health	1,650.0	1,937.6	2,178.6	2,520.5	2,701.1
	Mental health community support services	111.0	121.8	173.7	164.3	156.3

Service inputs	Service setting	2019–20	2020–21	2021–22	2022–23	2023–24
Specialist mental health beds (from policy and funding guidelines)	Admitted – acute	1,211	1,212	1,212	1,317	1,353
	Admitted – non-acute	250	250	250	247	247
	Admitted total	1,461	1,462	1,462	1,564	1,600
	Non-admitted – bed-based	495	491	491	491	491
	Non-admitted – subacute (CCU)	348	338	338	336	336
	Non-admitted – subacute (PARC)	252	264	264	281	313
	Non-admitted total	1,095	1,093	1,093	1,108	1,140
	Total	2,556	2,555	2,555	2,672	2,740
Percentage of community cases closed with no ‘significant’ change in HoNOS score at case start and end[‡]	Administrative and clerical staff	711	n/a	n/a	n/a	n/a
	Allied health and diagnostic professionals	2,556	2,555	2,555	2,672	2,740
	Carer workers	34	n/a	n/a	n/a	n/a
	Consumer workers	40	n/a	n/a	n/a	n/a
	Domestic staff	151	n/a	n/a	n/a	n/a
	Medical officers	985	n/a	n/a	n/a	n/a
	Nurses	4,909	n/a	n/a	n/a	n/a
	Other personal care staff	190	n/a	n/a	n/a	n/a

People accessing mental health community support services

Consumers	2019–20	2020–21	2021–22	2022–23	2023–24
Total consumers accessing mental health community support services#	5,818	3,180	2,535	3,373	3,658

Consumer demographics[§§§]	Description	2019–20	2020–21	2021–22	2022–23	2023–24
Gender	Female	54.3%	54.8%	n/a	n/a	n/a
	Male	44.2%	43.7%	n/a	n/a	n/a
	Other/ unknown	1.5%	1.6%	n/a	n/a	n/a
Age group	0–4	0.3%	0.1%	n/a	n/a	**n/a**
	5–14	6.2%	0.3%	n/a	n/a	**n/a**
	15–24	19.2%	20.4%	n/a	n/a	**n/a**
	25–34	14.9%	16.3%	n/a	n/a	**n/a**
	35–44	17.7%	18.4%	n/a	n/a	**n/a**
	45–54	20.9%	21.7%	n/a	n/a	**n/a**
	55–64	15.4%	17.4%	n/a	n/a	**n/a**
	65–74	4.5%	4.3%	n/a	n/a	**n/a**
	75–84	0.8%	0.9%	n/a	n/a	**n/a**
	85–94	0.0%	0.1%	n/a	n/a	**n/a**
	95+	0.1%	0.1%	n/a	n/a	**n/a**
	Unknown	0.0%	0.1%	n/a	n/a	**n/a**
Aboriginal or Torres Strait Islander	Indigenous	2.8%	2.9%	n/a	n/a	n/a
Culturally diverse status	Yes	5.4%	7.2%	n/a	n/a	n/a

Service activity	2019–20	2020–21	2021–22	2022–23	2023–24
Community service units	128,007	2,703	46,619	51,043	51,008
Bed-based rehabilitation bed days	51,029	46,542	48,997	52,509	52,302

Service inputs	Population	2019–20	2020–21	2021–22	2022–23	2023–24
Residential rehabilitation beds	Other***	22	0	13	13	13
	Youth	159	159	159	159	159
	Total	181	159	172	172	172

Notes and annotations

Data in this report exclude Albury New South Wales.

* Population estimate is based on Victoria in Future 2019 estimated residential population at 30 June. Refer to the Department of Transport and Planning website <https://www. planning.vic.gov.au/land-use-and-population-research/victoria-in-future> for information on Victoria in Future projections.

† Sum of rows will not equal total as one consumer can access multiple services.

‡ 2020–21 and 2021–22 data were affected by industrial activity, impacting the collection of non-clinical and administrative data and recording of ambulatory mental health service activity and consumer outcome measures. Industrial activity in 2020–21 and 2021–22 began in November 2020 and was resolved by November 2021. Affected data reported during this period should be interpreted with caution.

§ Sourced from Mental Health Establishments National Minimum Dataset.

\# Impacted by the reduction in mental health community support services progressively transferring to the National Disability Insurance Scheme (NDIS).

** Further analysis of clinical outcomes data for forensic clients indicates that the sample size is too low for the data to be considered reliable.

*** Residential rehabilitation beds transitioned to the NDIS during 2018–19 and 2019–20.

§§ Impacted by changes to Victoria's consumer registration process that came into effect from 1 July 2021. Under the new registration process, consumers accessing community-based services are registered when they receive a face-to-face psychiatric examination.

§§§ Demographic data for consumers accessing mental health community support services were not collected from 2021–22.

†† 2022–23 data represent expected outcomes.

n/a: No data available for this period.

Note that some data may not sum due to rounding.

Appendix 3: Public mental health service data

Area-based clinical services[24]

Child and adolescent services/ child and youth services[25]

- Acute inpatient services
- Autism assessment
- Consultation and liaison psychiatry
- Continuing care
- Day programs
- Intensive mobile youth outreach services
- School-based early intervention programs

Adult services

- Acute community intervention services
- Acute inpatient services
- Psychiatric assessment and planning units
- Secure extended care and inpatient services
- Continuing care
- Consultation and liaison psychiatry
- Community care units
- Prevention and recovery care (PARC)
- Early psychosis (16–25 years)
- Youth PARC (16–25 years)

Aged services (65+ years)

- Acute inpatient services
- Aged mental health bed-based services
- Aged mental health community teams

Statewide specialist services

- Aboriginal services
- Brain disorder services
- Dual diagnosis services
- Dual disability services
- Eating disorder services
- Mother and baby services
- Neuropsychiatry Personality disorder services
- Torture and trauma counselling
- Victorian Institute of Forensic Mental Health (Forensicare)
- Victorian Transcultural Mental Health
- Transition support units

24 Delivery of activities varies between areas. Some services have separate teams for the various activities; others operate 'integrated teams' that perform a number of different functions.

25 Service models for children and young people vary across the state. Some areas have child and adolescent mental health services (0–18 years); some have child and youth mental health services (0–25 years); and others have specific services for adolescents (12–18 years) or youth (16–24 years).

Appendix 4:
Raw data for Figures 2 and 3

Figure 2: Emergency department presentations, by age, 2018–19 to 2022–23

Age	2019–20	2020–21	2021–22	2022–23	2023–24
Total	101,050	105,741	96,133	95,258	108,696
0–17 years	11,683	15,346	14,479	12,245	11,670
18–64 years	79,903	80,600	72,135	72,647	83,675
65+ years	9,464	9,795	9,519	10,366	13,351

Figure 3: Community service contacts and hours, 2020–21 to 2023–24 (metro and rural – all client groups)

Raw data 2020–21			Raw data 2021–22		
Month	Service hours	Service contacts	Month	Service hours	Service contacts
July	132,753	251,217	July	93,221	166,721
August	130,986	246,803	August	95,969	170,294
September	138,550	256,963	September	90,675	161,771
October	135,615	250,847	October	99,922	179,787
November	117,959	215,747	November	120,216	213,828
December	97,416	180,434	December	112,328	199,344
January	83,411	156,713	January	98,170	180,565
February	94,021	172,759	February	120,457	210,658
March	102,656	183,767	March	139,762	239,738
April	88,057	157,986	April	111,226	194,364
May	95,672	170,013	May	135,789	231,838
June	95,893	172,576	June	130,097	222,157

Raw data 2022–23			Raw data 2023–24		
Month	Service hours	Service contacts	Month	Service hours	Service contacts
July	131,053	223,748	July	154,384	253,611
August	149,686	253,196	August	170,752	277,223
September	135,567	229,519	September	149,122	244,657
October	142,990	242,630	October	170,636	277,060
November	143,372	240,163	November	164,160	265,564
December	126,483	214,366	December	140,225	231,757
January	127,944	219,565	January	150,832	251,231
February	136,625	227,010	February	164,752	264,901
March	157,947	258,473	March	159,509	254,813
April	126,336	210,005	April	162,376	257,872
May	162,902	265,378	May	184,837	290,531
June	147,608	241,686	June	159,972	252,178

Data source: CMI/ODS. Date extracted: 11 August 2024


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