



Chief Officer for Mental Health and Wellbeing annual report 2024–25

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Except where otherwise indicated, the images in this document show models and illustrative settings only, and do not necessarily depict actual services, facilities or recipients of services. This document may contain images of deceased Aboriginal and Torres Strait Islander peoples.

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, suicidal distress, gambling harm and substance use or addiction, and their families, carers, supporters and affected others 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 2024 to 30 June 2025.



Pam Anders

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

Foreword



It is a great privilege to present the Chief Officer for Mental Health and Wellbeing annual report for 2024–25 to the Minister for Mental Health.

More than 93,000 Victorians accessed public mental health and wellbeing services this year, which is a slight increase on the previous year. This shows continued growth in demand across all age groups and service types. Adult consumers remained the largest cohort, with specialist, aged and child and adolescent mental health services also seeing modest increases. Women and girls made up just over half of registered consumers, and one in 3 consumers lived in rural areas.

This year marked an important signpost in Victoria's mental health and wellbeing reform journey. With the release of *The next phase of reform: mental health and wellbeing in Victoria*, we entered a new chapter – one that builds on the foundation years of reform since the 2021 Royal Commission into Victoria's Mental Health System and sets a roadmap as we move to the next phase. It builds on all we have achieved and learned in the foundation years of reform. Our shared vision is a mental health and wellbeing system that delivers inclusive, personalised, compassionate, integrated care so all Victorians are supported to live and experience the life they want.

Throughout 2024–25 we have made meaningful progress towards this vision. We launched the *Mental health and wellbeing outcomes and performance framework*, placing lived and living experience at the centre of how we measure success. We opened new services, including Victoria's first residential eating disorders service and the Family Healing Centre for children aged under 11 and their families. We expanded the reach of Mental Health and Wellbeing Locals, supported the growth of a diverse and skilled workforce, and deepened our partnerships with Aboriginal communities, diverse communities and people with lived experience.

We continued to embed the principles of the *Mental Health and Wellbeing Act 2022* across the system – ensuring dignity, autonomy, cultural safety and equity are not just aspirations but everyday practice.

This report reflects the collective effort of many: consumers, carers, families, clinicians, peer workers, community leaders and service providers. I thank you all for your commitment, courage and collaboration.

A handwritten signature in black ink, reading 'Pam Anders'.

Pam Anders

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

As we look ahead, we remain focused on delivering a system that is responsive, accountable and grounded in the voices of those it serves. Together, we are building a future where mental health and wellbeing is a shared priority – and where every Victorian is supported to thrive.

A year at a glance

93,108

registered consumers

16,343

child and adolescent consumers

74,288

adult consumers

9,498

older person consumers

1,823

forensic consumers

5,606

specialist consumers

53.2%

women and girls

33.1%

live in rural areas

\$2.995b

for mental health and wellbeing services

15,441

consumers supported by Mental Health and Wellbeing Locals



Reforming Victoria's mental health and wellbeing system



- » Balee 1.06
- » Bunjil 1.07
- » Warrak 1.0
- » Waerrene
- » Toilet

Delivering on mental health and wellbeing reform

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. The first phase of reform has seen:

- consumer and carer rights legislated
- new services delivered
- the focus on early intervention expanded
- wellbeing in the community improved
- the mental health and wellbeing workforce expanded, including embedding lived and living experience (LLE) voices throughout the system.

We are now in the next phase of reform, building on all that has been achieved so far. The third phase of reform will see the service system learn and mature.

The next phase of reform

The next phase of reform: mental health and wellbeing in Victoria, released by the Minister for Mental Health in December 2024, is a roadmap that signals our priorities and the direction we are taking in this next stage of reform, with one goal in mind: make Victorians the healthiest people in the world. Developed through extensive consultation with sector partners, the plan guides the delivery of sustainable and person-centred care by:

- enhancing service delivery
- strengthening our workforce
- promoting mental health and wellbeing
- ensuring inclusivity and equity.

The plan is not static and is designed to evolve in response to community needs, stakeholder input and future State Budgets.

What we heard through the first phase of reform

A series of forums held in 2023 sought feedback from the mental health and wellbeing sector on progress of the reforms and future priorities. This is what we heard:

- We need to find the right balance for the pace of reform – there is a need to prioritise reforms and build the workforce.
- We need to focus on prevention and early intervention.

- A strong and capable workforce that reflects our community is a key enabler to reform.
- Lived and living experience is a strength that we should build on.
- We need to work towards a more collaborative system.
- A shared vision will guide us through reform.

This feedback has shaped our vision and priorities for the next phase of reform.

Our vision

Our vision is a mental health and wellbeing system that delivers inclusive, personalised, compassionate, integrated care so all Victorians are supported to live and experience the life they want.

- **Consumers** have choice and agency and access to high-quality and holistic care, as well as leadership roles.
- **Carers, families, supporters and kin** are recognised, respected and supported, including in leadership roles.
- **Aboriginal communities** are supported by upholding self-determination and cultural safety, and physical, emotional, social and spiritual aspects of wellbeing are central and interconnected.
- **Diverse communities** are reflected and embraced in our services and models of care.
- **Workforces** are diverse, multidisciplinary and collaborative, and feel safe, valued and supported.

Our priorities

There are 6 priorities for the next phase of reform, outlined below. Each includes underlying focus areas. An additional cross-cutting priority is enriching our ways of working, including revamped sector and clinical engagement and responding to the unique strengths and needs of diverse communities.

1 PRIORITY	<p>Focusing on prevention and promotion to keep people well in their communities and reduce demand on acute mental health and wellbeing services.</p> <ul style="list-style-type: none"> • Preventing suicide and the onset of suicidal distress • Promoting mental health and wellbeing • Promoting First Peoples social and emotional wellbeing • Diversity and inclusion
2 PRIORITY	<p>Growing strong, safe and supported workforces including diversifying and retaining talent and building worker skills and capabilities.</p> <ul style="list-style-type: none"> • Growing the workforce • Safety and wellbeing • Workforce capability
3 PRIORITY	<p>Supporting a system that embeds lived experience at every level by growing lived experience leadership as well as embedding lived expertise and perspectives that reflect the rich diversity of the communities we serve.</p> <ul style="list-style-type: none"> • Lived experience leadership, workforce and services • Lived and living experience supports
4 PRIORITY	<p>Delivering new and better services that are connected, inclusive and locally accessible to further improve Statewide and Area Services (community and bed-based services).</p> <ul style="list-style-type: none"> • Service rollout • Supporting the mental health and wellbeing of young people • Mental health crisis response reforms • System redesign
5 PRIORITY	<p>Providing more support to the system so it can deliver improved services to deliver better outcomes with stronger accountability.</p> <ul style="list-style-type: none"> • Funding and performance management system • Regional governance and supporting complex care • System planning
6 PRIORITY	<p>Driving cultural change by helping the sector to align its practice with the principles of the <i>Mental Health and Wellbeing Act 2022</i>.</p> <ul style="list-style-type: none"> • Quality and safety • Implementing the Act

Milestones delivered in 2024–25

Key mental health and wellbeing reform milestones delivered in 2024–25 include:

- launching the *Victorian suicide prevention and response strategy 2024–34*, the *Victorian eating disorders strategy 2024–31*, the *Statewide mental health and wellbeing service and capital plan 2024–2037*, the *Mental health and wellbeing outcomes and performance framework* and *The next phase of reform: mental health and wellbeing in Victoria*
- finalising *Wellbeing in Victoria: a strategy to promote good mental health 2025–2035* and *Diverse communities mental health and wellbeing framework* and its *Blueprint for action*

- delivering the Schools Mental Health Fund to all government schools
- delivering the first 10 Social Inclusion Action Groups
- establishing Victoria’s first residential eating disorders service
- appointing the new Parkville Youth Mental Health and Wellbeing Service Board Chair and members
- delivering the Aboriginal Mental Health Traineeship Program
- building new Mental Health and Alcohol and Other Drug Emergency Department Hubs
- commencing work to redesign community mental health and wellbeing services to improve consistency across the state
- implementing activity-based funding models for admitted mental health services

Release of the *Mental health and wellbeing outcomes and performance framework*

The Royal Commission recommended developing an outcomes framework as recommendation 1 and a performance framework as recommendation 49 of its final report in February 2021.

The Royal Commission outlined that existing performance frameworks such as the *Mental health performance and accountability framework* focused too narrowly on measuring the delivery of mental health services and not enough on the outcomes of services for consumers and carers, as well as the whole Victorian community.

To address that, the Royal Commission recommended the framework be designed in partnership with people who know the system best – consumers, carers, families and supporters, the mental health workforce and those in allied sectors.

More than 300 people with experience of the mental health system contributed to the framework’s development. As a result of this extensive consultation, the framework puts consumer and carer experience as the central element of service performance.

Over time, the framework aims for consumers to experience improvements in the safety, appropriateness, effectiveness, accessibility and connectedness of mental health and wellbeing services.

The framework was released alongside *The next phase of reform* in December 2024.

The structure of the framework

The framework uses the Victorian Government outcomes architecture to frame data around the impact on mental health and wellbeing. Over time, this will change the way performance is measured and reported on across the mental health and wellbeing system to make sure it is working to support better mental health and wellbeing for all Victorians.

The architecture of the framework is tiered to provide a direct link from the 'big picture' at the top to the details of how to measure impact:

- **Vision:** The big picture, aspirational statement that describes what the government wants to achieve for the community.
- **Domains:** These provide a logical structure for grouping related outcomes. Organising by domains helps ensure frameworks cut across traditional policy divisions, as emphasised in the Royal Commission's report.
- **Outcomes:** These outline what success looks like and reflect the ambition for the reformed mental health and wellbeing system. They are clear, unambiguous statements about the things that matter to people and communities.
- **Indicators:** These are the changes that need to happen to achieve a desired outcome. Indicators reflect

the key drivers and influences on progress towards an outcome.

- **Measures:** These provide granular, specific detail about how to measure the concept outlined in the indicator. Measures are the detail about how progress will be tracked.

Domains

The 4 domains are a central element to the framework, which categorise our reform priorities and what we aim to achieve.

Domain 1: People and communities are enabled to experience the mental health and wellbeing they want. This domain presents an overview of the factors contributing to the mental health and wellbeing of both individuals and communities. Understanding these factors means we can support improved system performance and public accountability.

Domain 2: People are supported by mental health and wellbeing services to live the life they want. This domain focuses on how the performance of services impacts the experiences of consumers and families, carers, kin and supporters.

Domain 3: People in the mental health and wellbeing workforce are adaptive and collaborative and bring together diverse knowledge, skill sets and experiences. This domain is dedicated to measuring and managing the skills, distribution and wellbeing of the workforce, including the LLE workforces.

Domain 4: System structures and leaders drive real change and accountability. This domain will support leaders to better collaborate, manage and be accountable for improving services in Victoria's actively changing mental health and wellbeing system.

Implementing the framework

The framework is being rolled out gradually to make sure it supports services and their delivery. The initial phase of implementation is focused on building a strong foundation for future transition to outcomes-based reporting. During the initial phase, the framework will be introduced alongside the Mental health performance and accountability framework. This means services can keep reporting and using data as they currently do to improve practices while the new framework is being implemented.

The outcomes and performance framework will be reviewed and updated over time to keep pace with changing needs and expectations. Although the outcomes in the framework have been designed for long-term relevance, it may be necessary to update the indicators and measures as the system evolves and changes.

Before releasing the new outcomes and performance framework, an interim monitoring framework was used to assess how our programs

and services were improving for people accessing the mental health and wellbeing system. This was reported in previous annual reports as an appendix of data tables. As measures and data sources for the new outcomes and performance framework are being finalised, future reports will transition to reporting based on the new framework.

There were no changes to service planning or funding because of the new framework in 2024–25. Initial data will be sourced for the framework by shadow reporting with existing mechanisms such as the performance and accountability framework.

The department is working closely with services to ensure any future changes to data collection, reporting or oversight to support implementation of the performance framework are being finalised, future reports will transition to reporting based framework are clearly communicated, understood and useful. The intention is to implement the framework in partnership with service providers, making sure it is practical and sustainable.

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

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 and sector leaders from the Victorian Aboriginal

Community Controlled Health Organisation (VACCHO), Victorian Mental Illness Awareness Council (VMIAC), Tandem, Thorne Harbour Health, the Royal Australian and New Zealand College of Psychiatrists, Mental Health Victoria, the Centre for Multicultural Youth, Orygen and other key sector bodies.

In 2024–25 the committee advised the government on aspects of mental health reform, including the next phase of mental health and wellbeing

reform, community redesign, workforce retention and Mental Health and Wellbeing Locals.

Two subcommittees supported 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 2024–25 the group advised the government on reforms including:

- the next phase of mental health and wellbeing reform
- mental health and wellbeing outcomes and performance framework
- mental health system performance
- community redesign
- establishing a new mental health statewide trauma service
- crisis response reforms
- LLE workforce leadership
- opt-out nonlegal advocacy

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 set up to ensure reform initiatives reflect the Royal Commission's intent and are led by the principles of inclusivity, equality and partnership with lived and living experience.

In 2024–25 the group advised government on the next phase of mental health and wellbeing reform, transparency and accountability, community redesign and LLE workforce leadership.

The Mental Health Ministerial Advisory Committee, Interdisciplinary Clinical Advisory Group and Lived Experience Strategic Partnership took part in a review of advisory groups in late 2024. Following the outcome of this review, a new advisory structure has been set up to support mental health and wellbeing reform in 2025 and 2026.

The Victorian Aboriginal Community Controlled Health Organisation and Mental Health and Wellbeing Division Partnership

VACCHO and the Mental Health and Wellbeing Division (MHWD) continues to work in strong partnership, through a formal VACCHO–MHWD partnership agreement. Through this partnership, VACCHO and MHWD have progressed the Royal Commission's recommendations for improving Aboriginal social and emotional wellbeing.

The VACCHO–MHWD partnership sits under the Aboriginal Health and Wellbeing Partnership Forum – the lead decision-making body for Aboriginal health and wellbeing in Victoria.

As part of the forum's agreement and action plan, the department is committed to ensuring Aboriginal voice and Aboriginal self-determination is embedded in the department's State Budget bid process.

In 2024–25 VACCHO, with support from the department, led a self-determined co-designed process to develop business cases for 2 new Aboriginal designed and led services. The department recognises and deeply values the leadership of VACCHO in writing the 2024–25 business cases, which were shaped by extensive community engagement.

Collaboration with Commonwealth and state governments

National mental health and suicide prevention agreement

The *National mental health and suicide prevention agreement 2022* sets out the shared intention of the Commonwealth, state and territory governments to work in partnership to improve the mental health of all Australians. As the first agreement of its kind, it is ambitious in scope and intent, reflecting a shared commitment by governments to work together towards a more coordinated, compassionate and person-centred mental health and suicide prevention system.

The *Bilateral schedule on mental health and suicide prevention: Victoria* sets out a range of initiatives where the Victorian and Commonwealth governments have agreed to partner to support

important mental health system reforms. Through the first national agreement and associated bilateral schedule with the Commonwealth, Victoria has made a concerted effort to ensure national and state reform streams are aligned and mutually supporting. Key achievements include:

- statewide rollout of the Hospital Outreach Post-suicidal Engagement (HOPE) program for adults (36 locations)
- expanded referral pathways into the Child and Youth HOPE program
- delivering 3 new Children's Health and Wellbeing Locals for community-based mental health care for 0 to 11-year-olds and their families
- delivering 15 new Mental Health and Wellbeing Locals across 17 locations, for adults to address the 'missing middle', with free mental health treatment, care and support
- continued work to enhance and integrate youth mental health services, including funding to boost service capacity and collaboration with the Commonwealth on an integration model between headspace services and Infant, Child and Youth Area Mental Health and Wellbeing Services.

Joint Health and Mental Health Ministers' Meeting

During 2024–25 a series of Joint Health and Mental Health Ministers' Meetings provided an opportunity for engagement with stakeholders across Australia's mental health system. These forums brought health ministers and mental health ministers

from across Australia together with sector leaders and LLE advocates to discuss shared priorities and explore collaborative approaches to reform.

Key priorities from these meetings

- Mental health system reform**
 Discussions focused on improving access, equity and coordination across the mental health system. Stakeholders emphasised the importance of embedding lived experience in the design and delivery of services and continuing progress under the *National mental health and suicide prevention agreement*.
- Psychosocial supports**
 The meetings highlighted the critical role of psychosocial supports for people with moderate to severe mental illness. Sector representatives contributed to planning for future service arrangements, informed by recent analysis of unmet needs outside the National Disability Insurance Scheme.
- Workforce development**
 Workforce shortages and increasing demand were key concerns. Stakeholders shared insights on workforce attraction and retention and contributed to developing a national capability framework. The value of peer workers and non-medical roles was strongly recognised.

- Child and youth mental health**

The mental health and wellbeing of children and young people remained a central focus. Stakeholders discussed opportunities to better integrate services across health and education systems and to harmonise age-based service models to support smoother transitions.

- Cross-jurisdictional coordination**

Improving information sharing and coordination across jurisdictions was a recurring theme. A national framework was developed to support better services for consumers interacting with multiple systems, with input from LLE and First Nations representatives.

- ADHD diagnosis and prescribing**

Stakeholders explored options for nationally consistent prescribing practices for ADHD, aiming to improve access and affordability while maintaining appropriate safeguards.

These meetings reinforced the importance of inclusive, collaborative engagement in shaping mental health policy and service delivery. The contributions of LLE representatives and sector stakeholders continue to inform reforms that are responsive to community needs and grounded in real-world experience.

Investing in mental health and wellbeing reform

Mental Health Services Levy

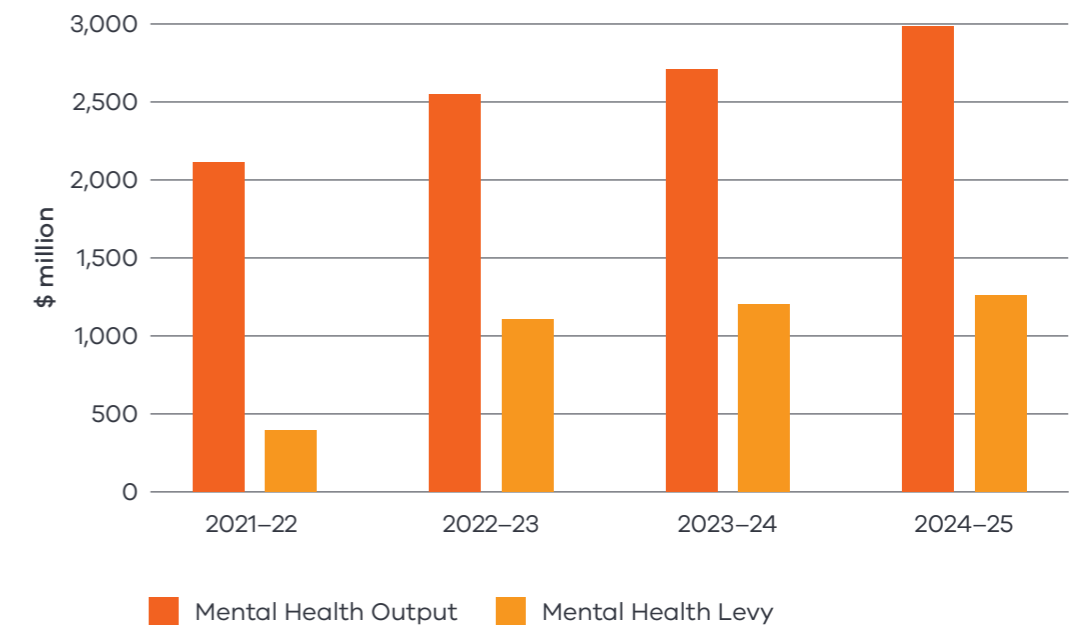
The Mental Health Services Levy was introduced to provide a dedicated stream of mental health funding that will support ongoing investment in Victoria's mental health services.

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 2024–25 the levy raised \$1.259 billion (Figure 1).

The government's total output expenditure in 2024–25 in mental health and wellbeing services totalled \$2.988 billion.

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



Data source: Victorian Budget Papers, 2021–22 to 2025–26 and Victorian annual financial reports 2021–22 to 2023–24.

2024–25 Victorian State Budget investment

The 2024–25 State Budget delivered strong investment into Victoria’s mental health and wellbeing and alcohol and other drugs (AOD) system to continue and expand critical mental health and wellbeing services. 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 State Budgets has continued to flow into the system, supporting a range of services and programs.

Notably, the 2024–25 State Budget provided additional funding for eating disorder services, bed-based services, AOD services, mental health emergency responses, 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 2024–25 State Budget include:

- **\$31 million** to support a **coordinated and stepped approach to eating disorders care**

- **\$3.8 million** to **strengthen suicide prevention programs** and support groups disproportionately impacted by suicide
- **\$15.8 million** to continue to **expand the mental health workforce** including a graduate program that will help establish a pipeline of future workers for Mental Health and Wellbeing Locals
- **\$16 million** over 3 years to open 20 **Youth Prevention and Recovery Care (YPARC)** beds in Heidelberg and Traralgon, providing early intervention care and recovery-focused treatment, care and support to young people aged 16–25
- **\$95.1 million** for the **statewide action plan to address AOD harms**
- **\$10.2 million** to continue support for **consultation liaison psychiatry services** and maintain multidisciplinary treatment, care and support to consumers with eating disorders at Melbourne Health, Austin Health and Monash Health
- **\$2.8 million** continue delivering statewide **community mental health programs** that provide specialist support to cohorts experiencing mental ill health

- **\$6.4 million** to continue **Orgyen’s Moderated Online Social Therapy (MOST) program**, an online platform that connects young people aged 12–25 with personalised support
- **\$10 million** for the **Mental Health Capital Renewal Fund** to deliver priority infrastructure upgrades for mental health services
- **\$6.1 million** to continue progressing **mental health and wellbeing reform** and drive system transformation
- **\$1.4 million** to continue delivering the **TelePROMPT service**, which connects paramedics at the scene of a mental health crisis in the community with mental health clinicians via telehealth

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. People 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 AOD use. 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
- 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 access is to be provided to services that:

- are safe
- are responsive to any current experience of family violence and trauma or any history of family violence and trauma
- recognise and respond to the ways gender dynamics may affect service delivery, treatment and recovery
- 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 dependants principle

The needs, wellbeing and safety of children, young people and other dependants 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 mental health and wellbeing services, and promote their continuous improvement
- implement the recommendations of the Royal Commission.

The Act also requires the Chief Officer to provide a summary of actions in their annual report that demonstrate reasonable efforts have been made 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.

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 2024–25. 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.

The actions are grouped according to the priority and focus areas of *The next phase of reform*.

Embedding the mental health and wellbeing principles in service delivery



Focusing on prevention and promotion

Preventing suicide and the onset of suicidal distress

There has been a slight decrease in the suicide rate for Victoria in 2024–25, with a rate of 10.9 deaths (per 100,000) compared with 11.8 in 2023–24 (Table 1). Victoria’s rate has been stable over the past several years, sitting in the range of 10.2 to

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 2025 is 387 suicide deaths, which is lower than for the same time last year.^{1,2}

Table 1: Victoria’s rate of deaths from suicide per 100,000

Reference year	4 years prior	3 years prior	2 years prior	1 year prior	Most current data
2024–25	10.2	10.1	11.5	11.8	10.9

Release and implementation of the Victorian suicide prevention and response strategy

The *Victorian suicide prevention and response strategy 2024–34* was released on World Suicide Prevention Day, 10 September 2024. The 10-year strategy, which responds to recommendation 26 of the Royal Commission, builds a systems-based, evidence-informed, whole-of-government and community-wide approach to suicide prevention and response.

The strategy replaces the *Victorian suicide prevention framework 2016–2025*, which provided a strong foundation in suicide prevention to

build on, including evidence of what works in aftercare and the important role local communities play in preventing and responding to suicide.

The strategy was developed in partnership with people with a lived and living experience of suicide – including people who have survived a suicide attempt, live with suicidal thoughts, care for or support someone who is suicidal, or have lost someone to suicide. It was also shaped by extensive consultation with clinicians, people who work with people disproportionately impacted by suicide and other experts in the field.

Guided by 8 principles, the strategy aims to reduce the rate of suicide, support those impacted by suicide

1. Refer to the [Coroners Court of Victoria Monthly Suicide Data Report July 2025](#).
2. 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.

and stop the stigma that surrounds it by working across government, service providers and the community to deliver objectives under 6 priority areas and achieve our vision of: *All Victorians working together to reduce suicide.*

Achieving the vision of the strategy will require a range of complex and, at times, interconnected activity across departments, agencies, sectors and communities, acknowledging that everyone has a role to play in suicide prevention and response. Action is needed across a range of areas such as education, emergency services, housing, employment, gambling harm, justice and health to drive down suicide rates.

To support successful delivery and implementation, an accountability framework and rolling implementation plans accompany the strategy.

Each implementation plan will outline the specific initiatives (programs, services and policies) that will be delivered over a specific period. Each initiative aligns with the strategy’s priority areas and objectives and has a lead government department, agency or community partner.

The accountability framework aims to support, track, promote and assess the implementation and progress of the strategy. It supports the strategy’s whole-of-government and community-wide approach, setting out the responsibilities of government and the community, as well as the ways we will ensure the government and our partners deliver on our joint commitment.

Governance and advisory mechanisms to elevate suicide prevention and response

Suicide Prevention and Response Office

The Royal Commission outlined new arrangements to elevate suicide prevention and response across government decision-making and to drive efforts (recommendation 26).

The Suicide Prevention and Response Office, established in July 2022 and led by Victoria’s first State Suicide Prevention and Response Adviser, drives systemic, evidence-informed change in collaboration with people with lived and living experience of suicide.

The office is supported by whole-of-government governance and advisory structures to strengthen decision-making and drive strategy implementation efforts. It partners with the Balit Durn Durn Centre of Excellence for Aboriginal Social and Emotional Wellbeing to support an Aboriginal-led approach to suicide prevention and response. It also works with the Commonwealth Government and National Suicide Prevention Office to ensure Victoria’s efforts align with and complement national approaches, including the *National suicide prevention strategy 2025–2035* and the *National Aboriginal and Torres Strait Islander suicide prevention strategy 2025–2035*.

Suicide Prevention and Response Victorian Secretaries' Board Subcommittee

The Royal Commission recommended establishing the Suicide Prevention and Response Victorian Secretaries' Board Subcommittee (the subcommittee) to oversee the suicide prevention and response system, acknowledging the important role each department and agency plays in suicide prevention and response.

Convened in 2022, the subcommittee is co-chaired by the Department of Health and the Department of Premier and Cabinet and includes membership from all government departments. In recognition of their independence, the Coroners Court of Victoria and WorkSafe Victoria take part as advisory members.

In 2024–25 the subcommittee convened to drive implementation of the strategy and discuss key topics including:

- endorsing the strategy's First implementation plan 2024–2026 and communication and engagement approaches for the strategy's launch
- acting as 'strategy champions', raising awareness of the strategy across government
- taking part in a cross-government workshop with teams leading strategy initiatives and expert advisory committee members to strengthen collaboration and capability
- endorsing the strategy's monitoring and evaluation approach, the first annual report framework and revised advisory structures
- cross-government implementation insights, such as transport suicide prevention initiatives, Royal Commission into Defence and Veteran Suicide findings, wellbeing economy approaches and data-sharing opportunities.

Suicide Prevention and Response Expert Advisory Committee

The Suicide Prevention and Response Office is also guided by an expert advisory committee that includes people with lived and living experience of suicide and other experts including academics, researchers and representatives from clinical services and organisations delivering suicide prevention and response policy and programs.

In 2024–25 the committee convened to:

- collaborate on the design, communication and engagement approaches for the strategy's *First implementation plan 2024–2026*
- provide expertise and advice on the design of the models of care for the LGBTIQ+ aftercare and statewide peer call-back services
- advise other areas of the Mental Health and Wellbeing Division on key pieces of reform, including the crisis system redesign project
- take part in a cross-government workshop with teams leading strategy initiatives and members of the Suicide Prevention and Response Victorian Secretaries' Board Subcommittee to strengthen collaboration and capability.

Zero suicide framework

The Mental Health Improvement Program supports Victorian healthcare services to adopt the *Zero suicide framework*. The framework aims to improve the pathway of care for people experiencing suicidal thoughts and behaviours and to support their families, carers and supporters. It also builds workplace culture and workforce capability and confidence to support optimal care.

The Mental Health Improvement Program supports Victorian healthcare services to align and refine their current approaches by:

- providing health services with Zero suicide framework workshops to self-assess against the framework and identify opportunities for improvement
- using improvement methodology
- drawing on the perspectives of those with lived and living experience
- supporting partnering services to share their learnings and insights with other services
- fostering collaboration and growth of workforce capability to drive and sustain meaningful improvement
- developing training resources for all workforce to supplement existing training within services.

Safer Care Victoria held 12 workshops across 10 health services in 2024–25 to assess alignment with the *Zero suicide framework*.

The inaugural Victorian Zero Suicide Framework Forum was held on 24 June 2025 and was attended by 160 delegates from across the mental health and wellbeing system. The forum featured powerful presentations on responses, postvention strategies and lived experience leadership. An evaluation showed that 93.5% of attendees found the sessions engaging and relevant and that 82.3% expressed increased interest in implementing the framework.

Suicide prevention and response programs

LGBTIQ+ aftercare

The Royal Commission called for the Suicide Prevention and Response Office to collaboratively design and implement an aftercare service specifically for LGBTIQ+ communities (recommendation 27.2.a).

A co-design process to develop the new model of care for the LGBTIQ+ aftercare service was completed in late 2024. Mind Australia was funded to continue delivery of its successful LGBTIQ+ aftercare program to ensure uninterrupted access to tailored support for the community throughout the co-design period.

In 2024–25 the peer-led service received 148 referrals and supported 72 unique LGBTIQ+ people with thoughts or intentions of suicide, along with their families, carers and supporters.

Statewide peer call-back service

To support families, carers and supporters caring for people experiencing suicidal behaviour and those bereaved by suicide, the Royal Commission recommended setting up a statewide peer call-back service (recommendation 31.2).

Beginning in late 2023 and finalised in late 2024, the co-design process to develop a new model of care for the future program was delivered through a collaborative partnership approach with Tandem. The program will seek to connect families, carers, kin and supporters of people experiencing suicidal behaviour and people bereaved by suicide with others who understand their experience, providing support and advice about available resources. To provide interim support during the co-design period, funding was provided to Roses in the Ocean to enhance their national [Peer CARE Companion Warmline](#).

Distress Support Service

The Distress Support Service is a short-term (2- to 3-week) community-based approach that offers a compassionate, non-clinical response to adults who are in distress but do not need emergency care. The

program aims to help people address difficult circumstances in their lives and equip them with tools and skills to manage their distress. It will also help connect people to local services that can provide longer term supports, if needed.

The program, recommended by the Royal Commission, is being delivered under the *National mental health and suicide prevention agreement* in partnership with the Australian Government. It will be known nationally as the Distress Brief Support program trial.

In Victoria, Darebin and Shepparton were selected as the 2 trial locations after an assessment of community distress and system readiness across all local government areas. In 2024–25, 2 providers were commissioned to deliver the program trial. Both undertook a local co-design process to adapt the national program to suit the local context:

- ermha365 will deliver the service in Darebin, partnering with the Victorian Aboriginal Health Service and Switchboard Victoria.
- Mind Australia will deliver the service in Shepparton in partnership with Primary Care Connect.

The program trial is expected to commence in September 2025.

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. In 2024–25, 9,428 young people and 663 adults

across 14 Live4Life communities took part in mental health first aid training through the program.

Strong Brother Strong Sister

In 2024–25 Strong Brother Strong Sister provided suicide prevention and social and emotional wellbeing supports to 419 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.

Yarning SafeNStrong

In 2024–25 the Yarning SafeNStrong 24-hour helpline, operated by the Victorian Aboriginal Health Service, continued to deliver 24-hour, 7-day-per-week tele-counselling to Aboriginal and Torres Strait Islander people across the state. Yarning SafeNStrong provides culturally safe and trauma-informed counselling, with more than 200 calls received per month during 2024–25.

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 LGBTIQ+ communities. The program achieves this through service provision, awareness raising, designing and delivering training, advocacy, consultancy, crisis intervention, bereavement support, research and LLE engagement.

In 2024–25 Switchboard received ongoing funding to continue to deliver their suite of suicide prevention programs including LGBTIQ+ Support after Suicide, LGBTIQ+ Lived Experience Network, Aboriginal and Torres Strait Islander suicide prevention, and LGBTIQ+ leadership and capacity-building. Together, these initiatives address a critical gap in mental health service provision for LGBTIQ+ communities while also strengthening the capability of health providers to deliver inclusive and effective suicide prevention, crisis response and postvention care.

Hospital Outreach Post-suicidal Engagement program

The HOPE program delivers tailored, holistic and responsive aftercare support to individuals and their personal networks – including family, chosen family, carers and supporters – for up to 3 months following a suicide attempt, planning or intent.

The program provides a blend of peer, wellbeing and clinical supports to help participants identify the factors contributing to their suicidal distress, engage with a range of services, strengthen protective and coping strategies and reduce the risk of future suicide attempts.

The adult HOPE program operates at 22 Area Mental Health and Wellbeing Services across Victoria, with outreach from regional HOPE teams to 11 subregional locations.

In 2024–25 referral pathways into HOPE programs continued to expand so more people can access the program without needing to attend an ED. More than 13,445 people have

accessed support since the program began in 2017, with more than 3,884 people supported across 2024–25.

Child and Youth HOPE program

The Child and Youth HOPE program is currently being delivered at 4 Area Mental Health and Wellbeing Services – the Royal Children’s Hospital, Monash Children’s Hospital, Alfred Health and Parkville Youth Mental Health and Wellbeing Service (previously Orygen Specialist Program).

The program offers supportive care to children and young people following a suicide attempt, self-harm or experiences of suicidal thoughts or planning. Through a combination of peer support, wellbeing-focused care and clinical and therapeutic supports, it helps them feel heard, build resilience and strengthen protective factors to support their recovery and wellbeing.

In 2024–25 the Child and Youth HOPE program launched a trial of expanded referral pathways, co-funded with the Australian Government through the bilateral schedule of the National mental health and suicide prevention agreement. By broadening referral pathways so children and young people don’t need to attend an ED to access the program, this initiative aims to improve access to timely, supportive care for young people experiencing distress.

Since the program’s inception in 2022, more than 1,111 children and young people have received support, with more than 447 accessing care across 2024–25.

Promoting mental health and wellbeing

Wellbeing in Victoria: a strategy to promote good mental health

Wellbeing in Victoria: a strategy to promote good mental health 2025–2035 was launched in August 2025. The wellbeing strategy is a bold, long-term commitment to promote good mental health for all Victorians wherever we live, work, learn and play. The strategy provides a coordinated approach that brings communities, service providers and government together to strengthen our focus on prevention, promotion and healing. The strategy is the first step in responding to recommendation 2 of the Royal Commission's final report, which emphasised the importance of prevention and wellbeing promotion as being integral to the redesign of the mental health and wellbeing system.

The first 2 years of implementation will focus on building strong foundations for Victoria's wellbeing promotion system. This includes embedding wellbeing in decision-making across economic and social systems, strengthening leadership, resourcing and capability, building collaborative relationships, improving evidence, data and monitoring and promoting what already works.

The strategy aligns with and supports 2 other strategies – the *Victorian suicide prevention and response strategy 2024–2034* and the *Diverse communities' mental health and wellbeing framework*. Together they build the foundation for an integrated and coordinated approach to wellbeing in Victoria. All 3 are supported by the *Mental health and wellbeing outcomes and performance framework*.

Victorian Wellbeing Promotion Symposium

The department partnered with Prevention United to host the Victorian Wellbeing Promotion Symposium in November 2024. The symposium brought together more than 200 leaders from multiple sectors and across government. Participants shared their knowledge and experiences in advancing wellbeing promotion and explored practical ways to collaborate and drive systemic change. Discussions from the symposium contributed to developing the wellbeing strategy.

Social Inclusion Action Groups

Social exclusion is a major contributor to mental ill health, loneliness and isolation. Recognising the important role of community in promoting wellbeing, the Victorian Government set up the first 10 Social Inclusion Action Groups (SIAGs) in response to recommendation 15 of the Royal Commission's final report. The first 5 SIAGs were established in 2023–24 in the local government areas of Benalla, Frankston, Latrobe, Mansfield and Wangaratta. In August 2024 the Minister for Mental Health announced that the next 5 SIAGs would be established in Brimbank, Greater Geelong, Whittlesea, Mildura and Ballarat.

SIAGs are focused on strengthening the wellbeing and resilience of local communities. They do this by enhancing community connection and participation, which can boost people's wellbeing and sense of identity, agency and belonging. Each SIAG is made up of community members and leaders who work together to fund initiatives that foster

local participation, inclusion and connection through a Local Social Inclusion Investment Fund.

In 2024–25 SIAGs delivered a wide range of activities, such as whole-of-community engagement events, revitalising community spaces and funding place-based initiatives. The first 5 SIAGs have supported more than 130 community-led initiatives since their establishment.

Interim evaluation results found that SIAGs mark an important shift towards empowering communities to identify, determine and respond to local needs in a targeted way. It found that SIAGs have enabled cross-government working relationships to coordinate a systemic place-based response. SIAGs are building trust and breaking down barriers between government and community, bringing in diverse voices and perspectives and establishing community-led decision-making. The interim evaluation report also found that 100% of surveyed SIAG members feel a sense of belonging within the SIAG, and their involvement has made them feel connected to their community. Fifty-two per cent of surveyed members reported participating more in other groups or initiatives as a result of being involved in the SIAG. The evaluation is scheduled to conclude in 2026.

Local Connections – a social prescribing trial

Emerging evidence indicates social prescribing can be an effective way to improve social connection. Rather than focusing only on medical interventions, healthcare providers work with social and community services to offer community-based solutions. Recognising this potential, the Royal Commission recommended a social prescribing trial.

Local Connections (a social prescribing initiative) is being trialled in the first 6 Mental Health and Wellbeing Locals (Benalla, Wangaratta and Mansfield; Brimbank; Frankston; Greater Geelong and Queenscliffe; Latrobe; and Whittlesea). The program supports people who are experiencing loneliness or social isolation to build a sense of belonging and meaningful connections.

In 2024–25 Local Connections supported more than 1,500 people. Since the trial began in 2022, the program has reached more than 2,950 people, connecting adults and older adults with community-based activities that matter to them and bring joy to reduce loneliness and social isolation.

Despite being fully operational for a relatively short time, the program has shown positive outcomes. It also found that it is taking time for mental health and wellbeing services to develop an understanding of social prescribing and the value of non-clinical supports. This mirrors evidence that suggests that awareness and understanding of loneliness, social isolation and non-clinical interventions, such as social prescribing, is still low within the mental health and wellbeing workforce.³ Final evaluation findings will be available in late 2025.

The department hosted a World Social Prescribing Day event in March 2025, joined by more than 160 guests to celebrate the launch of the Victorian Social Prescribing Collaborative's first report and engage in deep conversations with panellists about the value of social prescribing.

3. Australian Disease Management Association (2023) Victorian Social Prescribing Survey, commissioned by the Department of Health.

Consumer story: Local Connections

Liam (pseudonym), 39 years old, is separated from his former partner and young children. Liam is also navigating legal issues, which has been extremely stressful for him. He is experiencing chronic anxiety, moderate depression and post-traumatic stress disorder. Liam uses alcohol and prescription cannabis to cope with his anxiety, which often keeps him from leaving the house when it gets too intense. Having recently moved to an outer northern suburb of Victoria from another state, Liam did not know anyone in the area and was feeling socially isolated and lonely.

Liam was referred to Local Connections where he explored his values, preferences and hopes with a link worker and activities he could engage in. Other than one-on-one support, Liam wanted to explore his new community, meet new people, feel more connected, engage in meaningful activities and have a genuine sense of belonging and purpose. Liam was motivated to get out of the house and live the life he envisioned for himself, beyond past setbacks and current life challenges.

The day after Liam's first meeting with the link worker, he was introduced to and attended a Nature Connection Walking Group. Liam eagerly engaged in conversation with everyone there. He also joined the Men's Shed at a local Neighbourhood House, volunteered on carpentry projects and got support from participants. Liam is keen to explore other opportunities for connection, such as Out Doors Inc, a non-profit organisation focused on providing nature-based excursions for adults experiencing mental health challenges.

Liam's growth and found sense of belonging is a testament to the power of social prescribing and social connection.

Release and implementation of the Victorian eating disorders strategy

The *Victorian eating disorders strategy 2024–2031* was released in October 2024 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 and shaped by extensive consultation with more than 250 people including those with or at risk of eating disorders, health services, clinical experts and advocacy groups through roundtable consultations and written submissions.

The strategy aims to create a care system that is centred on the needs of people with eating disorders, their families, carers and supporters. The aim is to build a system that is easy to navigate and that has connected services and supports based on the best available evidence for people who need them, where they need them. It will be a system that helps prevent eating disorders, identifies and addresses issues early on and is designed and delivered with input from people who have experienced eating disorders themselves.

The strategy focuses on 3 key areas:

- prevention, information and early identification
- accessible, evidence-based eating disorder treatment through a stepped care model
- wellbeing and recovery supports.

To promote accountability and action, the strategy is supported by rolling implementation plans. *The Victorian eating disorders strategy – first implementation plan 2024–26* outlines the initiatives such as programs, services and policy changes to be delivered over 2024–26.

Key evaluation milestones will help refine the strategy over time, based on community and sector feedback and available evidence.

Aligning with the objectives of the strategy, the 2024–25 State Budget invested another \$31 million package for eating disorders, building on \$39 million invested in the previous 2 budgets, which includes:

- a new day program at Barwon Health, which commenced delivery in September 2025 after an extensive program co-design process
- new in-home intensive early engagement and treatment programs at Alfred Health and Austin Health currently operating at both health services with more than 50 young people already enrolled since the 3-year fixed term funding began in July 2024
- an ongoing funding uplift for treatment, care and support delivered by Melbourne Health, Austin Health and Monash Health in 15 dedicated eating disorders beds for high-acuity consumers

- \$6.4 million over 3 years to deliver 10 dedicated early intervention professionals through Area Mental Health and Wellbeing Services across Eastern Health, Melbourne Health, Monash Health, the Royal Children’s Hospital, Western Health, Albury Wodonga Health, Bendigo Health, Grampians Health, La Trobe Regional Health and Mildura Base Public Hospital
- \$5.8 million over 3 years to Eating Disorders Victoria to continue vital services.

Schools Mental Health Fund and Menu

The Schools Mental Health Fund and Menu is delivered by the Department of Education in response to the Royal Commission’s recommendation 17 to support social and emotional wellbeing in schools.

The fund is designed to support ‘the Menu’, which provides schools with opportunities to purchase evidence-based programs and initiatives across the 3 tiers of intervention. This includes initiatives that:

- promote student mental health and wellbeing
- enable schools to intervene early to support students
- provide targeted and more individualised support for students who need it.

The Menu was refreshed in November 2024 to include 59 evidence-based programs and initiatives, supporting schools to meet their students’ mental health and wellbeing needs, with special consideration given to programs servicing rural and regional areas.

Gambling harm prevention and response programs

A new gambling harm prevention and response model was introduced in Victoria from 1 July 2024. The gambling harm prevention programs, early intervention, treatment and support programs of the former Victorian Responsible Gambling Foundation were transferred to the Department of Health. Collectively these programs comprise the gambling harm service system.

Since 1 July 2024 the department has been responsible for delivering gambling harm prevention and response programs and services including:

- Gambler’s Help programs and services
- First Nations programs
- the Love the Game sporting clubs program
- the Be Ahead of the Game school education program.

These programs take a public health and prevention-focused approach to support people affected by gambling harm, including family and friends.

After transitioning the programs, the department has commenced the gambling harm service system renewal program, a staged approach to reform end-to-end across the continuum. This process will align with broader mental health system transformation, emphasising service integration, to support those experience gambling harm alongside other issues (including mental ill health and AOD harms).

Promoting First Peoples social and emotional wellbeing

The Royal Commission revealed the difficulties that many Aboriginal people have faced – and continue to face – in accessing appropriate care, treatment and support. Drawing on the experiences and expertise of witnesses, the Royal Commission agreed that social and emotional wellbeing supports and services should be holistic, culturally appropriate and healing-focused.

The department is partnering with VACCHO to deliver on these recommendations.

Aboriginal cultural safety

To support improved Aboriginal cultural safety within health services, including mental health services, in 2024–25 we:

- streamlined reporting indicators, which includes monitoring various cultural safety program
- allocated Aboriginal Cultural Safety Fixed Grants to 36 eligible Victorian health services (the objective of the grants is to reduce Aboriginal Victorians’ experiences of institutional and interpersonal racism and unconscious bias in the Victorian health system)
- required health services to complete an annual report and action plan that details activities undertaken with the Aboriginal Cultural Safety Fixed Grants
- funded the development of a Cultural Safety Standards and Accreditations Program
- funded the Improving Care for Aboriginal Patients program, which supports the Aboriginal Health Liaison Network

- continued to support the adult Koori mental health liaison officers (KMHLO) program and Infant, Child and Youth KMHLO program (KMHLOs are important in improving access for Aboriginal people and their families to Victorian mental health services)
- distributed recurrent funding across 13 Infant, Child and Youth Mental Health and Wellbeing Services to improve access for Aboriginal people by supporting cultural safety training and associated Aboriginal 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 71 scholarships awarded to Aboriginal undergraduate and postgraduate students studying a mental health discipline at these universities. Seventeen scholarships were awarded in 2024–25. These scholarships are helping to build a skilled and qualified Aboriginal mental health and social and emotional wellbeing workforce.

Multidisciplinary Aboriginal social and emotional wellbeing teams

The Royal Commission recommended dedicated recurrent funding to establish and expand multidisciplinary social and emotional wellbeing teams in Aboriginal Community-Controlled Health organisations (ACCHOs), with statewide coverage within 5 years.

In 2024–25 multidisciplinary Aboriginal social and emotional wellbeing teams were established in 25 ACCHOs across the state. Two non-health Aboriginal Community Controlled Organisations also received funding to deliver social and emotional wellbeing services.

These social and emotional wellbeing teams, comprising a workforce of more than 250 staff, supported more than 5,000 community members in 2024–25. Key outcomes include community members and families reporting:

- stronger social and community connections
- pride in culture
- greater ability to self-regulate negative emotions
- sustained engagement in treatment resulting in improved management of symptoms
- increased willingness to seek help when needed
- feelings of greater sense of control of own life
- feeling more resilient.

Yoorrook Justice Commission hearings

In June 2024 the Minister for Mental Health and the Chief Officer for Mental Health and Wellbeing were called to appear before the

Yoorrook Justice Commission. Through the truth-telling process, the minister acknowledged that self-determination for First Peoples’ social and emotional wellbeing has not been prioritised enough. First Peoples communities hold the knowledge to determine how best to support the social and emotional wellbeing of their communities.

The minister and the Chief Officer committed to continue working with First Peoples’ and organisations, including VACCHO and the Aboriginal Health and Wellbeing Partnership Forum, to continue implementing the Royal Commission’s recommendations and to look for opportunities to hand over power and resources to communities to determine how community can be best supported to be mentally well – in a way that is guided by First Peoples’ holistic understanding of health and social and emotional wellbeing.

The department progressed work on the following commitments in 2024–25:

- continued building career pathways for First Peoples in social and emotional wellbeing and clinical mental health
- provided recurrent funding of \$21.559 million annually from 2024–25 for social and emotional wellbeing teams in ACCHOs
- embedded recurrent funding and reporting of social and emotional wellbeing outcomes by ACCHOs within the outcomes and performance framework model
- implemented all Royal Commission recommendations.

In January 2025 the Yoorrook Justice Commission provided the department and other Victorian government departments with drafts of its final reports

and recommendations for the department to conduct a procedural fairness review. Having received input from across government, the commission delivered its final reports to government, which were tabled in the Victorian Parliament on 1 July 2025.

A key theme throughout the commission’s inquiry into the Victorian health system was the disparity between health outcomes for First Peoples and non-First Peoples due to systemic racism since colonisation, which has affected

the quality of care, access to care and health outcomes for First Peoples. The commission drew out themes of mental health, family violence and health care in the criminal justice system. It highlighted Aboriginal community control of health care as the safest way to ensure holistic and culturally safe care for First Peoples, with its recommendations focusing on funding and self-determination for First Peoples-led health services and on improving experiences in mainstream services through training, regulation and accountability.

Diversity and inclusion

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 and a lack of culturally appropriate services.

The following work has progressed in 2024–25 in response to these findings.

Finalising the *Diverse communities mental health and wellbeing framework and blueprint*

Work progressed throughout 2024–25 to finalise the *Diverse communities mental health and wellbeing 10-year framework* and its *Blueprint for action*. The framework aims to improve the mental health and wellbeing of diverse communities, with a focus on multicultural, LGBTIQ+ and disability communities. The framework was released in October 2025.

Diverse Communities Mental Health and Wellbeing Grants Program

In 2024–25 the department continued delivering grants for community-led organisations from diverse communities to support the mental health and wellbeing of culturally and linguistically diverse communities, LGBTIQ+ people and people with disability.

From 2023–25 the department allocated \$4.2 million for projects to deliver a 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 phase 1A 2021–22 and phase 1B 2022–23 grants funding rounds, which aimed to establish the foundations and support diverse communities to engage in the mental health reforms.

The phase 1 and phase 2 grant program has shown strengthened community partnerships, increased engagement with diverse groups and the successful delivery of targeted

mental health supports tailored to community-identified needs. These achievements have fostered greater inclusion and access for priority populations, setting the groundwork for future system reforms.

The 19 projects funded in the phase 2 2023–25 grants round and supported by the department through a Community of Practice are:

- **Afri-Aus Care Inc:** for African Australian communities
- **African Australian Welfare Bureau Inc:** for young African Australians in regional Victoria
- **Albury-Wodonga Ethnic Communities Council:** for multicultural communities in regional Victoria
- **Amaze:** for Autistic people
- **Autism Spectrum Australia (Aspect):** for Autistic women and children
- **Deaf Victoria:** for people who are Deaf or hard of hearing
- **Ethnic Communities Council of Victoria:** for multicultural communities
- **Flat Out:** for trans and gender diverse people in custodial settings
- **Guide Dogs Victoria:** for Victorians living with low vision or blindness
- **Muslim Mental Health Professionals:** for the Muslim community
- **Pathways Melbourne:** for Jewish youth
- **Richmond Football Club with Bachar Houli Foundation and Korin Gamadji Institute:** for Muslim and Aboriginal youth
- **Shapes and Sounds:** for international students

- **Sunbury and Cobaw Community Health:** for older LGBTIQ+ people
- **Three for All Foundation:** for LGBTIQ+ refugees
- **Victorian Refugee Health Network:** for refugees and asylum seekers
- **Youth Disability Advocacy Service (under Youth Affairs Council of Victoria):** for young regional and rural Victorians with disability
- **Young People's Health Service:** for diverse young people experiencing homelessness
- **Youth Projects Limited:** for LGBTIQ+ youth with disabilities.

Healthy Equal Youth program

The Healthy Equal Youth program is a collaborative initiative between the department and Youth Affairs Council Victoria. Operating for more than 14 years, the 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 LGBTIQ+ youth to feel safe, celebrated and supported.

In 2024–25 the Healthy Equal Youth program maintained critical services while addressing growing community needs. It also provided opportunities for peer connection, empowerment and training and capability-building, which has had a positive impact on LGBTIQ+ young people and their families, the community and other organisations working with LGBTIQ+ young people.

Rainbow Door program

The Rainbow Door program is operated by Switchboard Victoria and continued through 2024–25.

Rainbow Door is a specialist helpline that offers advice, information, referral and support to LGBTIQ+ people who are experiencing a range of physical, mental or social health problems. These include experiences of family violence, poor mental health and homelessness. The program allows for LGBTIQ+ people to have peer support when navigating 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 LGBTIQ+ communities, facilitating referrals and building the capability of mainstream services through providing LGBTIQ+ specific advice and best practice frameworks.

Building mental health capability within Auslan workforces

The department funded Monash University to deliver a project in partnership with Expression Australia aimed at building the mental health capabilities of the Auslan and Deaf interpreter workforces in mental health settings. During 2024–25 the project governance group was set up to oversee development of the training modules with a focus on topics such as suicidal ideation, depression and forensic mental health. Training will begin in the second half of 2025.

Growing strong, safe and supported workforces

Growing the workforce

The mental health workforce comprises a range of professionals and disciplines, including LLE workers, nurses, a wide variety of allied health professionals and psychologists, psychiatrists and other medical practitioners, as well as health management, administration and support personnel.

In 2024–25 we continued investment in targeted graduate, early career and transition programs. More than 2,500 new workers have now been commissioned across the sector since 2020–21, including more than:

- 1,200 mental health nurses, both graduates and transition roles
- 900 allied health clinicians, both graduates and transition roles
- 300 psychology registrars
- 100 LLE roles
- 90 psychiatry registrars.

Since 2020–21 there has been a 25% increase in actual fulltime-equivalent workers in the public mental health sector.

Addressing regional workforce needs

Supply challenges continue in rural and regional areas. This is not unique to Victoria or to mental health. In 2024 vacancies in mental health roles continued to be more pronounced in regional and rural areas.

The 2021–22 State Budget invested \$13.7 million to develop an incentives scheme to support attraction and retention of workers in rural and regional Victoria. Launched in July 2022, the program has supported workers across community and specialist mental health services to relocate and settle in rural and regional

Victoria. The program has enabled the recruitment of local community navigators to build social connections between new recruits and their families, and their new regional communities, to encourage long-term retention.

This Mental Health Regional Workforce Incentive Program distributed more than 120 grants in 2024–25 to support workers moving to regional Victoria to work in an Area Mental Health and Wellbeing Service, state-funded community mental health organisation or Mental Health and Wellbeing Local. The program also provided integration support for workers and their families through access to funded community navigation roles.

Mental Health and Wellbeing Workforce Scholarship Program

In 2024–25, more than 300 scholarships were awarded across the following scholarship programs to build and support retention of mental health and AOD workforces:

- postgraduate mental health nurse scholarships
- psychiatric state-enrolled nursing grants
- postgraduate scholarships for allied health professionals and AOD practitioners
- LLE workforce university scholarships.

These scholarships help support workforce retention and contribute to building mental health and AOD workforces that deliver high-quality treatment, care and support for consumers and their families, carers and supporters.

Reform spotlight: Macdonald Tapfumaneyi, Mental Health and Wellbeing Workforce Scholarship Program

For Macdonald Tapfumaneyi, nursing is more than just a profession – it's a calling. As part of the Forensicare team, his passion for mental health care led him to apply for the Full Course Fee Postgraduate Mental Health Nurse Scholarship.

The opportunity not only helped him complete his Master of Mental Health Nursing degree but also propelled his career to new levels of expertise and leadership.

'The scholarship has made a significant difference in my life, both professionally and personally,' he says.

'I have always been passionate about nursing and committed to providing the best care possible to my patients. The scholarship has given me an opportunity to further enhance my skills and knowledge, which ultimately benefits those I care for.'

The scholarship provided much-needed financial assistance, allowing Macdonald to focus on his studies without financial stress. Macdonald says he is now in a better position to advance his career and take on more challenging roles within nursing.

'The scholarship has been a crucial step in my career development. It represented a pathway to achieving my goals and becoming a better nurse. I also gained valuable leadership skills and advanced nursing skills, which has opened doors to higher skilled jobs and management roles.'

The program also offered opportunities to connect with other nursing professionals, fostering a sense of community and collaboration among scholars.

'Receiving the scholarship was a privilege and the experience has been overwhelmingly positive. I believe I am now a better nurse, both in terms of skills and confidence.'

Macdonald has recommended the scholarship program to several colleagues.

'Overall, the scholarship has been a transformative experience, shaping my growth as both a professional and an individual.'

Mental Health and Wellbeing Locals Graduate and Early Career Program

The 2024–25 State Budget included \$15.8 million over 3 years for clinical and wellbeing graduates and early career workers to be employed within Mental Health and Wellbeing Locals for 12 months per intake, with further recruitment planned through until June 2027.

The Mental Health and Wellbeing Locals Graduate and Early Career Program was launched in March 2025 to:

- develop and expand a strong and sustainable pipeline of well-trained and well-supported early career mental health workers and clinicians across Victoria
- create a diverse and attractive program of learning for early career mental health workers
- create career progression pathways for experienced clinicians and workers as clinical educators and supervisors for graduate and early career professionals.

The program supports new workers entering the mental health and wellbeing workforce

including postgraduate registered mental health nurses, psychology registrars, occupational therapists, social workers or other allied health roles and LLE and wellbeing support work roles.

These workers are employed at Mental Health and Wellbeing Locals across metropolitan and regional Victoria. Funding is also provided to Mental Health and Wellbeing Locals to employ senior staff as supervisors to support the program’s delivery and the supervision and training needs of early career staff and to the department for a statewide support function to oversee the program.

Beginning in February 2025, 23 early career workers and 4 educators have been enrolled in the program.

The second intake of the program is due to commence in early 2027 with 66 new mental health roles already commissioned. These first intakes mark a major milestone, with every Mental Health and Wellbeing Local across Victoria allocated early career roles, supported by dedicated supervisors and educators to strengthen care and support across the state.

Safety and wellbeing

Mental Health Workforce Safety and Wellbeing Committee

The Mental Health Workforce Safety and Wellbeing Committee is co-chaired by the department and WorkSafe Victoria. Its role is to monitor the safety and wellbeing of the mental health and wellbeing workforce, identify risks and inform tailored approaches for monitoring

and supporting staff. In 2023 the committee initiated the Mental Health OVA Systems Thinking Analysis and Recommendations project. WorkSafe Victoria is leading the project on behalf of the committee. The project aims to understand and identify OVA prevention strategies in Victorian adult and youth acute mental health inpatient settings and the committee is providing ongoing planning and engagement advice.

Workforce capability

Implementing Our workforce, our future

Our workforce, our future: a capability framework for Victoria’s mental health and wellbeing workforce was launched in December 2023. It builds on the 2021 Mental health and wellbeing workforce capability framework, providing more detailed guidance for different roles and levels across the workforce. It also includes outcome statements and tools to support reflective practice.

The framework puts consumers, carers, families and supporters at the centre of care, treatment and support and recognises the diverse expertise and experience within the workforce.

To support understanding and application of the framework’s 15 capabilities, the *Our workforce, our future* pathways tool was introduced in January 2025. This tool features:

- micro-learning videos co-developed with practitioners, consumers and carers
- a skills gap analysis
- access to curated learning resources.

Implementation of the framework continued in 2024–25, setting up a central team to guide statewide efforts. Ten local implementation teams were also set up in each mental health and wellbeing region to support local implementation. Each local implementation team received funding to develop resources aligned with the framework.

Statewide resources were also developed to support organisational implementation, including:

- the pathways tool for individual capability development
- an implementation guide
- an organisational assessment tool.

Supporting a system that embeds lived experience at every level

Lived experience leadership, workforce and services

During 2024–25 the department continued to build partnership structures and supports to ensure Victoria has a thriving LLE workforce.

The LLE Workforce Development Program invested \$10.34 million in 2024–25 across 58 initiatives. Funding helped develop and deliver training, discipline-specific supervision, practice supports, resources for organisations to embed LLE workers and early career pathways, including:

- setting up statewide supports for an LLE worker early career program through the Lived Experience Career Compass
- funding 5 mental health services to host placements for students of the Certificate IV in Mental Health Peer Work over 2 years, together with the continued rollout of the Peer Cadet Program in 9 community mental health services
- providing 91 mental health consumer LLE workers and 68 mental health family/carer LLE workers with free access to discipline-specific supervision
- launching 5 LLE workforce discipline frameworks that articulate values, principles and scope of practice for mental health, AOD and harm reduction LLE workers

- setting up the Collective, new consortium led by the Self Help Addiction Resource Centre (SHARC) in partnership with key LLE organisations, set up to provide workforce development opportunities for Victorian LLE workers.

The Learning Collaborative with Yale University

In December 2024 the department launched The Learning Collaborative, an Australian-first initiative led by SHARC and Yale University to strengthen LLE workforces.

The LLE-led Program for Recovery and Community Health, developed by Yale University, has tested a model for building networks and mentoring between organisations who employ LLE workers. This creates mutual learning and support, to better understand and enable authentic LLE work.

The program facilitates mentoring, co-learning and mutual support and assist with policies, processes and cultural change over 12 months. It is designed to revolutionise the integration of LLE workers in AOD and mental health organisations.

The 11 organisations selected to take part in the first cohort of the program were:

- Alfred Health
- Anglicare
- Ballarat Community Health
- Better Health Network
- La Trobe Regional Health
- Mental Health and Wellbeing Commission
- Mind Australia
- Odyssey House Victoria
- St Vincent's Hospital Melbourne
- Wellways Australia
- Youth Support and Advocacy Service.

A second cohort will start in late 2025.

Lived and Living Experience Workforce Forum

The 2025 Lived and Living Experience Workforce Forum, 'Distinct Disciplines, Collectively Leading Change', was held in March. The forum was hosted by SHARC and the department, in collaboration with Tandem, VMIAC, Harm Reduction Victoria, the Centre for Mental Health Learning and Mental Health Victoria.

The event celebrated achievements across the LLE workforce sectors, fostered meaningful connections and facilitated critical discussions about the future of the workforce. Participants reflected on the progress made in establishing lived and living experience as a recognised discipline and workforce – particularly within a landscape of reform and complexity – and explored ways to collectively lead change in solidarity.

Lived and living experience workforce discipline frameworks

Five LLE workforce discipline frameworks were launched at the LLE workforce forum. The discipline frameworks were created in collaboration with the department and our LLE Workforce Development Program partners and are the first of their kind anywhere in the world.

The frameworks lay out the knowledge, skills and scope of practice of each LLE workforce discipline:

- AOD
- AOD family/carer
- harm reduction
- mental health consumer
- mental health family/carer.

The frameworks guide training and development for the LLE workforce, increase understanding of LLE worker roles and assist non-LLE staff within mental health and AOD organisations to better understand, support and work alongside LLE workers.

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. Peer cadets develop knowledge, skills and confidence in LLE peer work in a structured and supported environment.

In 2024–25 the department provided funding to 9 community mental health services to host 27 peer cadets:

- Ballarat Community Health
- cohealth
- Each
- Eating Disorders Victoria
- ermha365
- Mind Australia
- Neami National
- Uniting Victoria Tasmania
- Wellways.

The department hosted a Peer Cadet Graduation Event on 28 May 2025 where 27 cadets from across these services graduated from the 2024–25 program.

The Collective – providing professional development opportunities for lived and living experience workers

In May 2025 a new sector-led consortium was announced to provide dedicated supervision and training to Victoria’s LLE workforce. As mentioned in the previous section, the Collective is a consortium comprising SHARC, Harm Reduction Victoria, the Carer Lived Experience Workforce Network, Tandem and VMIAC.

The Collective will work alongside the Victorian Collaborative Centre for Mental Health and Wellbeing to ensure a whole-of-workforce approach to workforce capability development, delivering on recommendations made by the Royal Commission and providing introductory training for mental health workers on the role and value of the LLE workforce, along with discipline-specific supervision.

Strategic framework for lived and living experience leadership

In 2024–25 the department progressed development of the *Strategic framework for lived and living experience leadership*, responding to the Royal Commission’s recommendation for services led by people with lived experience and broader involvement of families and carers. The framework will set out the government’s vision for better experiences and outcomes for all Victorians through the leadership of LLE workers across the state’s public mental health and wellbeing and AOD systems.

The framework 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 collective priorities for change. The framework is being developed in partnership with established and emerging LLE leaders and system steward partners including:

- VMIAC, Tandem, SHARC 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 VACCHO and national perspectives provided by the Black Dog Institute’s 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 vision and strategic priorities for the framework are being shaped by evidence and insights from diverse LLE perspectives and other key stakeholders. The strategic framework will be supported by a set of resources to guide government, sector organisations and individual efforts to create meaningful and sustainable change.

Lived Experience Residential Service

The Royal Commission recommended the establishment of Victoria’s first residential mental health service designed and delivered by people with lived experience. The residential service will offer an alternative to an acute inpatient hospital admission in a non-clinical, peer-delivered, homelike setting and be:

- delivered and operationally managed by a workforce comprising mostly people with lived experience, working across a range of disciplines
- facilitated through a partnership between an Area Mental Health and Wellbeing Service and a mental health community service
- independently evaluated, with findings to inform continuous improvement and guide the expansion of similar services.

Extensive work has been undertaken to develop a consumer-led service model for the service. More than

100 co-designers and contributors have been involved in the service design, from people most likely to use the service, to clinicians, professors and beyond. Mind Australia and its stage 2 co-design clinical partner, Alfred Mental Health and Addiction, were appointed following a competitive commissioning process to design the service model and to operate the service.

Highly skilled lived experience peer workers from Mind Australia will operate the service. They will provide a range of evidence-informed peer-led supports and services, including connecting people to longer term support or clinical services, in partnership with Barwon Health.

The Lived Experience Residential Service will open in Greater Geelong in early 2026.

Supports for young carers

Funding was provided to the Satellite Foundation in 2024–25 to meet the needs of young carers through an integrated program that provides opportunities for young people that support them in their caring role and prevent known adverse outcomes.

Satellite’s program for young carers is built around 4 main components:

- **Flagship programs** will deliver a range of programs to young people aged from 8 to 25 who have a family member with mental health challenges. These programs include camps, create-and-connect supports, school pilots, workshops with young people, family retreats and at-home programs.

- **Sustaining connections** will invest in long-term connections and support participants to navigate life through in-person, online and phone-based supports and events.
- **Learning and development pathways** will provide opportunities for graduates, past participants and young people with family mental health challenges to connect with peers as well as to develop, grow and explore their potential as young people. This includes training and leadership development for young carers.
- **Creativity and innovation** will offer spaces for young people to work on creative projects together and to take part in co-design activities to further develop, improve, expand and evaluate Satellite offerings.

An evaluation of Satellite’s programs in its first 4 years of operation to June 2025 found that young carers receiving Satellite services reported a range of benefits, including: improved hope and positivity; improved connectedness and a sense of belonging; improved family relationships; better emotional regulation and coping skills; and increased resilience.

In 2024–25 Satellite delivered services to 521 participants who engaged with programs and learning and development opportunities, 138 of whom were new participants. More than 27,000 interactions with young people took place over that time, across planned activities such as 4 camps, 2 retreats, 53 meetings with Satellite’s Youth Advisory Council and 20 creative projects and workshops involving 217 participants.

Lived and living experience supports

Opt-out non-legal advocacy and expanded legal representation

The department funds Victoria Legal Aid to deliver the Independent Mental Health Advocacy (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.

In 2024–25 IMHA provided 52,070 high-intensity occasions of service (advocacy and coaching for self-advocacy) and 68,174 low-intensity occasions of service (information and referral). IMHA also provided 55,591 notification-related occasions of service, which includes phone calls, emails and text messages in response to 57,975 notifications from 11,540 consumers. Since its introduction in September 2023, IMHA has seen increased access to the service by groups that were previously harder to reach, including children, young people under 17, older people and people with dual diagnoses, particularly those with intellectual disability and dementia.

Quotes from IMHA consumers

‘Extremely, extremely important service and very empathetic advocates. Provides some semblance of hope for patients stripped of their rights and freedoms.’

‘The self-advocacy resources helped me understand my rights as a consumer on the ward. It also gave me a greater understanding of how to advocate for myself on the ward with communicating my needs to the treating team and getting them to hear my story. It’s important to have this service, I found it incredibly helpful and are so grateful for the service.’

‘I think you do a fantastic job in helping people within the mental health system. You have great knowledge and as for support you can’t ask for much better. Don’t stop what you do because you help so many people dealing with mental health issues. I would recommend your services to others.’

The most common response to the opt-out from consumers was:

‘It is a welcome relief.’

Principles in Practice project

The Principles in Practice project was a collaboration between the Centre for Mental Health Learning and IMHA, funded by the department. The aim of the project is to support the workforce in embedding the 13 rights-based principles of the Mental Health and Wellbeing Act and the 7 principles of the *Workforce capability framework: our workforce, our future* into everyday practice.

In February 2025 the Centre for Mental Health Learning and IMHA launched a 45-minute Principles in Practice e-learning module developed to help the sector understand and apply the principles.

The e-module was accompanied by:

- monthly full-day workshops held online and in person, enabling workforce members from all disciplines to deepen their understanding of the principles and their application
- monthly 2-hour sessions for psychiatrists providing tailored opportunities to explore and apply the principles in their practice
- tailored workshops for managers and leaders to support systemic alignment with the principles
- train-the-facilitator workshops for educators.

Delivering new and better services

Service rollout

Mental Health and Wellbeing Locals

There are 15 Mental Health and Wellbeing Locals now operating across 17 locations in Victoria. The first 6 Locals began in October 2022 in the local government areas of Benalla, Wangaratta and Mansfield, Brimbank, Frankston, Greater Geelong – Queenscliffe, Latrobe and Whittlesea. The second tranche of Locals began in December 2023 in the areas of East Gippsland, Greater Bendigo – Loddon – Campaspe, Greater Dandenong, Greater Shepparton – Strathbogie – Moira, Melton, Mildura and Yarra Ranges.

In 2024–25 the existing 15 Mental Health and Wellbeing Locals deepened their presence across Victorian communities, embedding their practices and strengthening connections with local networks, services and diverse groups. As of 30 June 2025, these services have supported almost 25,000 Victorians since commencing in 2022.

Services include face-to-face appointments via walk-ins, group sessions and outreach, as well as through phone calls and telehealth.

Mental Health and Wellbeing Locals provide an easy way to receive treatment, care and support for adults who are experiencing mental health concerns. This includes people with co-occurring AOD treatment and care needs.

Mental Health and Wellbeing Locals 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.

Spotlight: Design awards for Mental Health and Wellbeing Locals

The Mental Health and Wellbeing Locals in Whittlesea and Latrobe won gold and silver awards respectively at the Melbourne Design Awards 2024 for Interior Design – public or institutional. The design of the permanent sites were guided by people with lived and living experience of mental health challenges, substance use and addiction, families, carers, supporters and staff.

In Whittlesea, the design by lead provider Neami National and delivery partners – Drummond Street Services, Uniting Vic Tas and Victorian Aboriginal Health Service – created a welcoming space that respects and celebrates the diversity of the local community.

In Latrobe, Drummond Street Services and Uniting VicTas created a space that caters to a diverse user base, including consumers, nurses and therapists while maintaining a warm, welcoming and non-clinical atmosphere.



Reform spotlight: Associate Professor Harry Hill, Addiction Psychiatrist and Clinical Director

The communities in Benalla, Wangaratta and Mansfield are changing how we talk about mental health. At the heart of this change, is Associate Professor Harry Hill, an addiction psychiatrist and clinical director of their Mental Health and Wellbeing Local.

For Professor Hill, this journey is deeply personal. Born and raised in Wangaratta, he returned to his hometown in 2022 to help establish the Mental Health and Wellbeing Local. 'It was exciting to be involved in setting up a service that was desperately needed in my local community,' he explains.

The service, operated by Wellways Australia in partnership with Albury Wodonga Health and the Australian Community Support Organisation, has collaborated to foster a unique sense of unity and purpose, reflected in their exceptional staff retention rate.

A standout feature of the service is its commitment to equal representation of LLE roles within the leadership team. The team has transitioned from clinician-led meetings to participant-planning sessions led by those with lived experience. 'We've done a lot of work to ensure that everyone's opinion holds equal weight and everyone has a voice and place at the table.'

Since opening 18 months ago, the service has embraced a 'no wrong door' approach, focusing on giving people choice and control over how they receive support. 'Participants know we're here to coach and help them along the way. They are the agents of their own recovery – and that's been incredibly well received by the community and participants,' Professor Hill says.

The team works with GPs and regional services, enhancing care without taking over. 'If we get involved as clinicians, we don't take over care – we look to see how we can best utilise our resources to maximise the care of the GP, the AOD service, counsellor or psychologist. We look for the "value-add" that our peer worker, clinician or the service can have.'

Flexibility is key to their approach. Participants can reconnect with the service without barriers. 'If a GP calls about a patient, we pick up where we left off, supporting both the GP and the participant.'

The service continuously adapts to meet community needs, and the results have been promising. Initially, many wanted to see a psychiatrist, but once the team sat down and worked through the issues, they quickly realised that the root causes of their distress often lay elsewhere – in loneliness, social isolation, housing or work problems.

Addressing these underlying issues has made a significant difference. 'We rarely see people presenting now saying they just want to see a psychiatrist – they present actually saying what they want help with.'

The service also takes part in Local Connections, a Victorian Government social prescribing initiative that uses non-clinical and community-based activities to address loneliness and social isolation.

The program's approach, which treats participants as a holistic person within a community rather than a 'cluster of symptoms', has been transformative.

'We see just how prevalent loneliness and isolation are and the negative impact they have on people's recovery – and what a difference it makes when people feel connected with themselves, each other and their communities. That's probably been one of the biggest revolutions in my psychiatry practice.'

Increasing service capacity at Children's Health and Wellbeing Locals

Three Children's Health and Wellbeing Locals in Bendigo, Sunshine and Cranbourne commenced operations in December 2023. The 3 Children's Locals are delivered in partnership with the Commonwealth Government, co-funded through the *Victorian-Commonwealth bilateral schedule of the National mental health and suicide prevention agreement*.

The Children's Locals are an 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 provide 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 or 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.

In 2024–25 the Children's Locals delivered about 45,000 service hours to more than 1,800 children and their families across the state. This is above the targeted number of up to 400 families being supported by each Children's Local every year.

In 2024–25, 32% of the children and young people accessing Children's Locals were aged 0 to 4, 47% were aged 5 to 8 and 21% were aged 9 to 11.

The client mix for each Children's Local reflects their distinct local communities. In 2024–25, 13% of children and young people across all 3 Children's Locals identified as Aboriginal or Torres Strait Islander, and 4% were born outside of Australia.

Mental Health and Wellbeing Connect centres

In August 2024 the Gippsland Mental Health and Wellbeing Connect centre opened its main service hub in Traralgon. The hub, delivered by Wellways, was co-designed by families and carers in the area to support peer-led drop-in and telephone services, community outreach and group work and other related activities.

This builds on the 7 centres opened throughout 2023–24 in response to recommendation 31 of the Royal Commission to support carers of people with mental health challenges, mental illness, psychological distress or addiction.

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 have employed 113 staff for 2024–2025, 87% of which are in family/carer designated roles.

Consumers can access Connect centres directly via walk in, phone or online bookings. Outreach is also available to family, carers, kin and supporters to promote access, and all centres are staffed by a majority family-carer workforce.

- The Connect centres delivered more than **13,000 service hours** between January and June 2025.
- From October 2024 to April 2025, Connect centres registered **1,224 new formal clients**.
- Across the same period, Connect centres supported more than **1,000 informal clients** (not registered), some of whom were registered at a later time.
- **Self-referrals**, along with **family and friends**, were the most popular referral pathway into the Connect centres (**47%**), while referrals from Area Mental Health and Wellbeing Services, Locals and community mental health-funded organisations accounted for 19% of referrals.⁴

4. Note: Routine data collection for Connect centres began in late 2024. This data is indicative only and does not represent the all of 2024–25.

Reform spotlight: Greater support for carers in the Grampians

Carers play a crucial role in supporting loved ones, but they often don't get the support they need themselves.

Mental Health and Wellbeing Connect Grampians is changing that by expanding its support with a newly renovated centre offering in-person peer support services.

Located in the heart of the region, the new centre provides a welcoming space for families, kin and supporters of those with mental health challenges.

For Elizabeth Werry, a family and carer peer worker at the centre, the power of peer support is personal. A carer herself, Elizabeth knows firsthand the challenges families face.

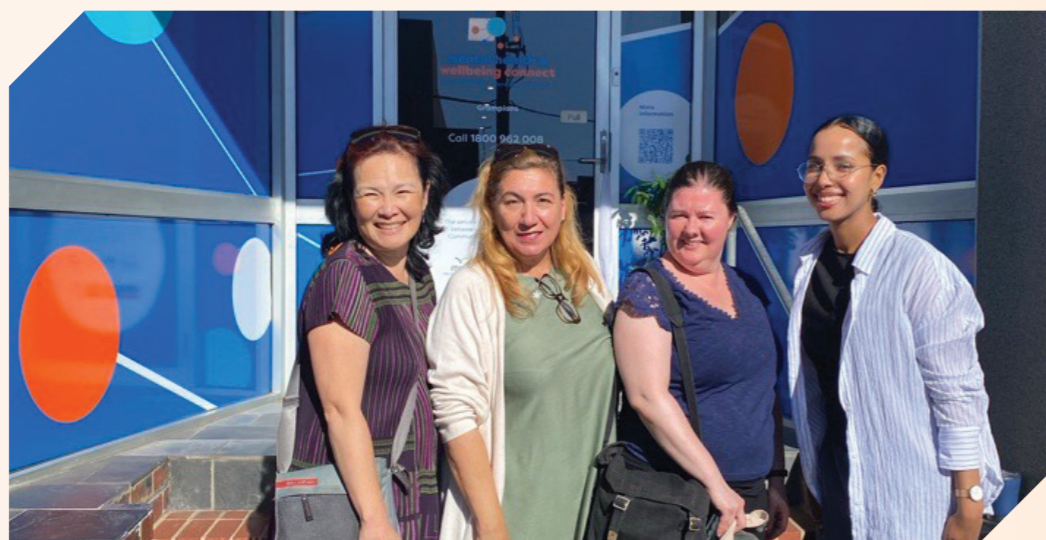
'We had a carer who was socially isolated, dealing with complex circumstances,' she shared. 'Through connection and support, she now attends groups, shares her story, and has found a community.'

Connect centres offer free outreach, family counselling, support groups and therapeutic sessions, but Elizabeth believes face-to-face peer support is the most impactful.

'In rural areas, where options are few, people can feel forgotten. But meeting in person? That changes everything. It's not just about offering help – it's about showing up, standing beside them and reminding them that they matter.'

Elizabeth says the importance of lived experience cannot be overstated when it comes to building connections and trust with carers who use the service.

With lived experience at its core, the program is helping carers find the support they deserve, creating stronger, more connected communities.



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 2024–25, 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 based on 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

The Women's Recovery Network (Wren) is a 35-bed statewide service that supports Victorian women aged 18 years or older who have a

range of complex issues including experiences of trauma, sexual abuse, eating disorders and perinatal mental health concerns. The Wren's definition of woman is anyone who self-identifies as a woman, regardless of sex assigned at birth or gender expression.

It was set up to ensure gender and sexual safety for women in acute inpatient settings. The service model was co-designed with women with lived experience and will help ease pressure on the public system by delivering supports for public patients in a private setting.

Wren is operating as a public-private 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.

There are 5 beds at Shepparton Private Hospital, comprising 3 Hospital in the Home beds and 2 inpatient beds. These 5 beds are operated in partnership by Goulburn Valley Health and Ramsay Health Care.

In metropolitan Melbourne, there are 30 beds at Ramsey Health Care's St Kilda Rd clinic, comprising 6 Hospital in the Home beds and 24 inpatient beds. The 24 inpatient beds include 14 general care area beds, 5 perinatal mental health beds and 5 eating disorder beds. These are operated in partnership by Alfred Health and Ramsay Health Care.

In 2024–25 there were 402 admissions across the metropolitan and regional sites. Wren is working closely with the department to improve the program’s bed occupancy as it scales up services following commencement in December 2023.

Ngamai Wilam – residential treatment centre for eating disorders

Victoria’s first public residential eating disorder treatment centre, Ngamai Wilam, was opened in April 2025, backed by joint investment from the Victorian and Commonwealth governments. Alfred Health runs the 12-bed centre, providing a 24/7 residential model of care for Victorians aged 18 or older experiencing eating disorders in a therapeutic, homelike environment.

In addition to the built-form design, the operational service plan, model of care and workforce plan for the centre have been developed through a co-design process led by Alfred Health in collaboration with the department, specialist eating disorder treatment providers, people with lived experience, advocacy groups and experts.

Ngamai Wilam is designed to service the gap between community care and acute treatment in a hospital setting, integrating care and increasing links across eating disorder services and broader health and mental health systems.

The name Ngamai Wilam ((pronounced Nah-may Will-ahm) is from the Boonwurrung language and was chosen through a co-design process to reflect cultural stories that symbolise hope, renewal and the promise of new beginnings.

Supporting mental health and wellbeing of young people

Booboop Narrkwarren Nagarra-jarra-noun (The Family Healing Centre)

Victoria’s first statewide child and family centre, Booboop Narrkwarren Nagarra-jarra-noun (The Family Healing Centre) is operated by Austin Health in the metropolitan Melbourne suburb of Macleod. The centre can accommodate up to 3 families at a time, providing residential mental health and wellbeing treatment, care and support to children under 12 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.

In 2024–25 the centre provided care to 51 families, totalling 85 children needing mental health support and 80 admitted family members.

New Youth Prevention and Recovery Care beds

YPARC services provide short-term, recovery-focused treatment, care and support in a residential setting for young people aged 16 to 25 experiencing mental health challenges.

YPARCs offer a ‘step up’ from community care or ‘step down’ from hospital. They are staffed 24 hours, with support offered in a welcoming, homelike setting.

As a part of expanding YPARC services so every region has a YPARC service, in 2024–25 funding was provided to open 20 new YPARC beds in Heidelberg operated by Austin Health and in Traralgon operated by Latrobe Regional Health, on build completion.

Throughout 2024–25 the department supported Austin Health and Latrobe Regional Health to establish operational plans before service delivery began. The YPARCs at Heidelberg and Traralgon are expected to begin service delivery in the second quarter of 2025–26.

Parkville Youth Mental Health and Wellbeing Service

On 2 July 2024 the Victorian Government established set up Parkville Youth Mental Health and Wellbeing Service (PYMHWS), the state’s first public health service dedicated solely to public youth mental health. The service delivers on the Royal Commission’s recommendations for a youth-specific mental health stream and streamlined governance in the north-west.

The inaugural board of the PYMHWS was appointed in July 2024. Penny Armytage was appointed Chair of the board and is the former Commissioner of the Royal Commission.

PYMHWS is a new service which takes over delivery of the Orygen Specialist Program from Royal Melbourne Hospital and continues to deliver early intervention to people living with severe and complex mental illness in the north-west and west of metropolitan Melbourne. PYMHWS multidisciplinary teams deliver complex, specialist and individually tailored services. These services include assessment and crisis intervention, case management, medication, psychological interventions, peer and family support, inpatient care, group work, vocational interventions, educational assistance and intensive outreach.

PYMHWS delivers the admitted and community-based youth mental health services previously delivered by the Royal Melbourne Hospital. The service builds on many years of work and dedication to providing compassionate and high-quality care to young Victorians, guided by Orygen’s world-leading research and with the voices of young Victorians with lived experience at the heart of its service.

Since formally commencing operations on 1 July 2025, PYMHWS provides tailored care to young people aged 12– to 25 across Melbourne’s north and west, helping ensure access to the right care, closer to home. The PYMHWS catchment areas includes the local government areas of Brimbank, Hobsons Bay, Hume, Maribyrnong, Melbourne,

Melton, Merri-bek, Moonee Valley and Wyndham. The formal establishment of PYMHWS marks an important milestone for Victoria’s first public health service dedicated to youth mental health.

Continuing Orygen’s Moderated Online Social Therapy program

The MOST platform delivers digital mental health support to young people across Victoria. MOST supports a diverse group of young people, including those who identify

as Aboriginal and/or Torres Strait Islander (who make up 5% of MOST’s clients), those who identify as LGBTQIA+ (who make up 42%) and those who speak a first language other than English (who make up 9%).

In 2024–25 MOST supported users via referral from Infant Child and Youth Area Mental Health and Wellbeing Services or headspace, and through a new direct access pathway. Between July 2024 and June 2025, 2,727 young people were onboarded through referrals and 820 young people were onboarded through direct access.

Mental health crisis response reforms

Designing enhanced mental health crisis responses

The Royal Commission recommended a suite of networked changes to Victoria’s mental health system with the intention of improving outcomes for people experiencing a mental health crisis and reducing reliance on emergency services and EDs.

In 2024–25 the focus has been on designing improvements to the mental health crisis response system including safe spaces, a crisis phonenumber, crisis outreach and crisis hubs (recommendations 8 and 9) and finalising co-response and telehealth models for first responders (recommendation 10.3).

This work has been informed by a comprehensive consultation that has enabled hundreds of stakeholders to contribute their insights from having directly accessed, delivered, coordinated and supported mental health crisis responses. This includes intersectionality through the inclusion of services supporting people impacted by family violence, AOD, youth mental health, LGBTQIA+ communities, First Nations and culturally and linguistically diverse populations.

Mental Health and Alcohol and Other Drug Emergency Department Hubs

The Victorian Government is delivering Mental Health and Alcohol and Other Drug Emergency Department Hubs 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.

A new hub started at Latrobe Regional Hospital in February 2025, adding to the 5 hubs at University Hospital Geelong, Sunshine Hospital, St Vincent’s Hospital Melbourne, Monash Medical Centre and the Royal Melbourne Hospital. The opening of the Latrobe Hub brings the number of operational beds to 35. Planning is underway to open hubs at Frankston Hospital and the new Footscray Hospital in 2026 once construction is complete.

Table 2: Presentations to Mental Health and Alcohol and Other Drugs Emergency Department Hubs, 2024–25

Location	Health service	Q1	Q2	Q3	Q4
Metropolitan	Total	1,810	1,836	1,985	1,941
	Monash Medical Centre (Monash Health)	192	146	164	152
	Royal Melbourne Hospital (Melbourne Health)	785	785	864	927
	St Vincent’s Hospital Melbourne (St Vincent’s Health)	597	538	592	548
	Sunshine Hospital (Western Health)	236	367	365	314
Regional	Total	308	382	353	357
	University Hospital Geelong (Barwon Health)	308	382	343	341
	Latrobe Regional Hospital (Latrobe Regional Health)	N/A	N/A	10	16
Total		2,118	2,218	2,338	2,298

Source: CMI/ODS. Date extracted: 12 September 2025.

Mental Health and Alcohol and Other Drug Emergency Department Hub at St Vincent's Hospital Melbourne

Each year, around 2,000 people grappling with mental health and substance use challenges visit the Mental Health and Alcohol and Other Drug Emergency Department Hub at St Vincent's Hospital Melbourne.

This hub is part of a \$32 million initiative funded by the Victorian Government to enhance urgent care across the state.

The hub features a 6-bed short-stay unit, private consultation rooms and a communal space where patients and carers can spend time together. The environment is designed to be calming, comfortable and secure, which contrasts the often overwhelming and chaotic atmosphere of a traditional ED.

Key to the hub's success is its multidisciplinary team, which includes ED physicians, mental health clinicians, peer workers, AOD specialists, care coordinators, hub coordinators, psychiatry consultants and ED nursing staff.

Since its inception, the hub's impact has been monumental. Patients are seen by a doctor much more quickly and experience a 40% shorter stay compared with previous models. This efficiency has created the capacity for an extra 20 patients to be seen each day in the main ED.

'Through our new Mental Health and Alcohol and Other Drug Hub, we are now able to provide excellent care for these groups in a purpose-built environment that is patient- and carer-centred. It is 100% focused on their specific needs.'

The hub is not just a location but a model of care that really considers patient needs, from start to end.'

– Dr Jonathan Karro,
Director of Emergency at St Vincent's Hospital Melbourne



TelePROMPT

TelePROMPT is a program that enables Eastern Health mental health clinicians to offer telehealth assistance to in-field paramedics.

An interim evaluation has shown that mental health clinician support via telehealth to in-field paramedics makes it much more likely a mental health crisis situation involving paramedic response can safely and effectively be resolved without transportation to hospital.

System redesign

Integrated mental health and alcohol and other drug treatment and care

The Hamilton Centre, is the statewide service for people living with mental illness and substance use. 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 provides 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 leads training and education to strengthen integrated care capability across the mental health and AOD sectors and delivers integrated care research. Since launching, the centre has delivered:

- consultation support to more than 1,690 consumers including LLE peer support engagement and general information activities
- online training to more than 950 health workers
- more than 1,200 capacity-building activities including clinical review, peer practice development and clinical supervision.

Community Redesign project

A key priority outlined in The next phase of reform is delivering new and better services. This priority includes:

- a focus on moving the system towards community-based service models
- improving options for consumers, families, carers and supporters to fill service gaps for the 'missing middle'
- enhanced service offerings for those with more complex and enduring needs.

To support these priorities, a redesign of community-based mental health and wellbeing services delivered by level 5 Area Mental Health and Wellbeing Services, including in partnership with non-government organisations.

The department appointed an expert advisory group in February 2025 to inform the redesign of community-based mental health and wellbeing services.

Perinatal mental health screening

The department has begun work with an external expert advisory group to develop a new perinatal mental health screening guideline for Victoria. The guideline will strengthen early identification and support for mental health needs during pregnancy and the postnatal period. In 2024–25 we completed a series of consultations, focus groups and surveys with 166 participants from Aboriginal and multicultural communities, including parents and carers, to help ensure the guideline addresses inclusivity, cultural appropriateness and the therapeutic context of screening. Planning is underway for broad consultation and testing in 2025–26.

Providing more support to the system

Funding and performance management system

Implementing activity-based funding models

Historically, health services have been funded for admitted mental health activity based on the number of beds and bed days available, and community mental health based on delivering contact hours. These funding models are no longer fit for purpose due to an inequitable pricing model that had not kept pace with actual service costs or consumer complexity. Funding for admitted mental health services transitioned to the national activity-based funding model on 1 July 2024. Preparations began in 2024–25 to transition in-scope community mental health services to activity-based funding on 1 July 2025.

The activity-based funding model aims to promote transparency, equity and national consistency in hospital funding by linking payments to the complexity and volume of care delivered while encouraging efficiency, innovation and local flexibility in service delivery.

It uses the national weighted activity unit to measure the level of activity in a public hospital, expressed as a common unit. The Victorian Efficient Price is used to pay hospitals based on the number of national weighted activity units they deliver.

The Statement of Priorities are the annual accountability agreements between Victorian public healthcare services and the Minister for Health or the Minister for Mental Health. They outline the key performance expectations, targets and funding for the year as well as government service priorities.

As part of their Statement of Priorities, health services must comply with the *Policy and funding guidelines*, which set the overarching operational, policy and funding conditions for all government-funded health services in Victoria.

To strengthen oversight of mental health funding and activity during the transition of admitted and non-admitted mental health services to activity-based funding, the department introduced additional accountabilities to the Statement of Priorities and *Policy and funding guidelines*. These include:

- inclusion of mental health bed day (based on 85% bed occupancy) and community service hours targets in the Statement of Priorities to ensure maintenance of access to mental health services
- inclusion of the expected number of operational beds per health services in the Policy and funding guidelines
- a requirement in the *Policy and funding guidelines* that health services continue to deliver all the community-based mental health programs that were delivered in 2024–25 and at minimum maintain the same volume of activity in 2025–26.

Compliance with these measures is monitored in line with the department's *Performance monitoring framework*. This includes regular monitoring of Area Mental Health and Wellbeing Service performance against a suite of performance indicators including the Statement of Priorities targets and

quarterly performance meetings with health services to discuss areas of underperformance.

Delivering contemporary information architecture

The Royal Commission recommended that the Victorian Government develops, funds and implements a modern information and communications technology infrastructure for the mental health system. This new system must support:

- **consumer access** to health information to help consumers manage their own treatment, care and support
- **information sharing** within and between mental health and wellbeing and other health services to enable effective treatment, care and transitions
- **sharing of basic information** with broader service systems, such as community health and AOD services, where appropriate
- **improved system administration**, accountability and continuous service improvement.

As part of this commitment, we are replacing the outdated client information system with a modern, statewide digital platform: the **Mental Health and Wellbeing Client Management System**. This system will make it easier for services to share information and deliver better, more connected care.

The client management system implementation project completed an implementation planning study, which included detailed workshops with key stakeholders across the sector including Area Mental Health and Wellbeing Services and Mental Health and Wellbeing Locals, confirming alignment of the platform against the requirements of Area Mental Health and Wellbeing Services and Mental Health and Wellbeing Locals. Area Mental Health and Wellbeing Services and Mental Health and Wellbeing Locals also expressed positive views about the platform and its future benefits for consumers and service providers. Design and development of the client management platform continued, delivering technical system readiness for the platform at the end of June 2025.

Regional governance and supporting complex care

Towards regional governance

Eight Interim Regional Bodies were established in 2022 to provide regional insights and recommendations on mental health governance through project work, stakeholder engagement and consultation.

The tenure of Interim Regional Bodies ended in December 2024, and in their final 6 months of tenure they focused on producing a final report to the government to capture the work they undertook and their perspectives on the priorities and opportunities for its region.

With broader health system reforms underway through the Health services plan, the department paused establishing the Regional Boards to consider alignment with broader system reforms.

A group of selected chairpersons and members continued to provide advice to the department from January to June 2025 on the future options for regional governance and how regional collaboration and planning initiated by the Regional Bodies could be progressed in the context of the broader system reforms.

This contribution has been invaluable in developing advice to government on options for strengthening regional collaboration and partnerships following release of the Health services plan.

Establishing Local Health Service Networks

In August 2024 the Victorian Government responded to the *Health services plan*, the expert advisory committee's final report into the design and governance of Victoria's health services system.

The government accepted most of the recommendations outlined by the plan, including:

- forming 12 Local Health Networks – geographical groupings of health services responsible for planning and managing care so it meets the population health needs of their communities
- formalising relationships between each network and a women's, children's and tertiary hospital to improve access to specialist care and expertise
- developing a role delineation framework to clarify the roles and responsibilities of health service sites and strengthen system collaboration.

The *Health services plan* recommended that mental health and wellbeing regional governance reforms be designed in a way that enables future alignment with any broader reforms to the health services system through implementation of the plan and any new regional governance structures that may follow.

After releasing the plan, the department has continued to provide advice to government on the pathway to mental health regional governance in the context of forming networks and broader system reforms.

System planning

Release of a statewide service and capital plan

The *Statewide mental health and wellbeing service and capital plan 2024–2037* was released in October 2024. The plan, which

responds to recommendation 47 of the Royal Commission, is a first for Victoria and a step towards a new approach to planning for mental health and wellbeing treatment, care and support.

The plan provides a framework to help guide and support government and sector decisions about future mental health and wellbeing service and capital planning by providing:

- a set of guiding principles to inform service and capital planning
- a service typology to provide a common language to plan mental health and wellbeing services
- analysis of currently available services and capital
- a method for assessing future system demand under 3 system scenarios
- estimates of the future demand for state-funded mental health and wellbeing services.

The plan also sets out demand modelling scenarios that estimate what needs can be expected in the future based on what is currently happening, and using evidence from research, expert and local knowledge and data.

Extensive engagement informed the plan. More than 280 people provided their time, including people with lived and living experience of mental illness, carers and supporters, mental health and wellbeing service providers, peak bodies and Primary Health Networks. This included people living in both regional and metropolitan areas, Aboriginal people and people from a range of cultural backgrounds.

This new approach to service and capital planning will be ongoing and dynamic with detailed planning at a local level to follow, and updates to the statewide plan every 5 years.

Mental Health Capital Renewal Fund

Mental Health Capital Renewal Fund for 2024–25 was set up as part of the government’s commitment to improving the quality and safety of care for existing mental health and AOD facilities. The purpose of the fund is to improve services through minor infrastructure works such as remodelling and refurbishment projects to make the services better for patients, staff and carers. The fund received a \$10 million investment in the 2024–25 State Budget, bringing the overall value to \$60 million. Managed by the Victorian Infrastructure Delivery Authority, the fund responds directly to recommendations from the Royal Commission and aims to address physical safety and wellbeing risks in mental health facilities.

The key objectives of the capital renewal fund are to help:

- provide a safe working environment for consumers and staff
- mitigate the risk of accessibility issues and serious incidences impacting staff and consumers
- improve consumer and staff amenities
- replace end-of-life and near-end-of-life building engineering services
- improve staff areas, systems and technology to improve staffing conditions, reduce administrative burden and increase time spent treating consumers
- address damaged and severely deteriorated building fabric, allowing for better service delivery and consequential consumer outcomes.

The capital funding will result in improving consumer, carer and staff safety through capital investments that balance safety with the need to provide services in a therapeutic and least restrictive environment in existing mental health facilities.

The outcomes for the capital renewal fund for 2023–24 were announced in June 2024, where 11 mental health services shared in \$10 million to improve services. The outcomes of the fund for 2024–25 will be finalised in 2025.

Two projects completed in 2024–25 under the fund are:

- cohealth Youth Residential Recovery Unit – refurbishment project that included replacing damaged floors, walls and doors and renovating 2 bathrooms to create a safe and welcoming environment for consumers, their families and friends.
- Northern Health Mental Health Inpatient Ward Refurbishment – refurbishment of one of the mental health inpatient units at Northern Hospital Epping.

Project ICA

Funded through the 2022–23 State Budget, \$61.1 million was invested to upgrade Mental Health Intensive Care Areas (ICAs) at 24 health service sites – supporting young people, adults (including new parents) and older Victorians. These upgrades create safer, more private and therapeutic environments, which enable consumers to receive care with dignity, support recovery and improve the safety of frontline healthcare workers. This capital upgrade is in response to recommendation 13 of the Royal Commission to address gender-based safety in mental health inpatient units.

Mental Health ICAs are specialised spaces within acute inpatient units that support people at increased risk. Upgrades undertaken range from private bathrooms, gender-separated areas and upgraded courtyards, ensuring these critical spaces are fit-for-purpose and recovery-focused.

Led by the Victorian Infrastructure Delivery Authority with joint oversight by the Mental Health and Wellbeing Division, in 2024–25 the following 13 ICAs have completed their refurbishment and are now operating with enhanced facilities that support privacy, gender separation and improved safety for consumers, fostering a safer and more therapeutic environment within mental health inpatient units:

- Monash Health – Monash Medical Centre acute adult unit
- Monash Health – Monash Medical Centre acute adolescent unit
- Monash Health – Kingston Centre acute older adult unit
- Eastern Health – Box Hill Hospital acute adult unit
- Eastern Health – Box Hill Hospital acute adolescent unit
- Eastern Health – Maroondah Hospital acute adult unit
- Mercy Health – Werribee Mercy Hospital acute adult unit
- Mercy Health – Werribee Mercy Hospital mother baby unit
- Northern Health – Broadmeadows Hospital acute adult unit
- Northern Health – Northern Hospital acute adult unit
- Western Health – Footscray Hospital acute adult unit
- Western Health – Sunshine Hospital acute older adult unit
- Royal Children’s Hospital.

Driving cultural change

Quality and safety

Mental Health Improvement Program

Safer Care Victoria oversees the Mental Health Improvement Program (MHIP) under the leadership of the Chief Mental Health Nurse. The MHIP was established as a direct response to the recommendations of the Royal Commission and is committed to embedding dignity, respect and lived experience at the centre of care. The MHIP oversee the implementation of 5 key reform initiatives in response to the RCVMS:

- Towards elimination of restrictive practice
- Improving sexual safety in adult inpatient units
- Implementing the Zero suicide framework
- Reducing compulsory treatment in community mental health
- Establishing a learning health network across the state (known as the MHIP Community).

Some highlights from the MHIP in 2024–25 are:

- established the statewide MHIP Mental Health Advisory Group, Clinical Reference Committee, Lived and Living Experience Reference Committee and began setting up an **Aboriginal and Torres Strait Islander reference committee** in consultation with the Victorian Aboriginal Community Controlled Health Organisation

- partnered with 8 mental health units across 5 organisations to test changes and build evidence regarding what **improves sexual safety** for consumers, carers and workforce
- evaluated phase 1 of the **Safety for All: Towards Elimination of Restrictive Practices** breakthrough series collaborative and began phase 2 with 27 inpatient unit teams from 17 health services
- held 11 workshops across 9 health services to assess alignment with the **Zero suicide framework**
- worked with 6 community mental health and wellbeing services to **reduce compulsory treatment** through coaching, capability-building and developing lived experience leadership
- launched the **MHIP Community** (a learning health network) with more than 200 members statewide as a way for services and their workforce to engage and share knowledge and learnings on improvement to quality and safety in mental health care and to scale the MHIP reform initiatives
- provided secretariat support to the **Mental Health Workforce Safety and Wellbeing Committee** and its subcommittee in partnership with WorkSafe Victoria.

Working towards eliminating seclusion and restraint

The Royal Commission recommended the government act immediately to reduce the use of seclusion and restraint. 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 Victorian Government is committed to reducing seclusion and restraint practices as much as possible, with the aim of elimination by 2031.

Action towards eliminating seclusion and restraint is progressing, including through the following initiatives:

- Safer Care Victoria's Mental Health Improvement Program has been working with services in the Towards Elimination of Restrictive Practices Collaborative. The first phase of the Collaborative ran from November 2022 to June 2024. Sixteen mental health inpatient unit teams from 12 Victorian health services took part in learning the science of improvement and applying this in incremental tests to achieve the collective aim of reducing seclusion, mechanical restraint and physical restraint by at least 20%. Phase 2 of the Collaborative began with learning session 1 in March 2025. Twenty-seven mental health inpatient unit teams from 17 services are participating in phase 2 and are aiming to spread the success of phase 1 and build on the results achieved.

- The government is strengthening regulation through the Mental Health and Wellbeing Act which, for the first time, regulates the use of chemical restraint in mental health services. The Act also expands the jurisdiction of the Chief Psychiatrist. This enables restrictive interventions to be regulated across a broader range of settings, including EDs and urgent care centres of designated mental health services.
- We are developing a strategy for eliminating seclusion and restraint in partnership with people with lived experience, service providers and the workforce.

Chief Psychiatrist Quality and Safety Forums

The Office of the Chief Psychiatrist delivered 2 Mental Health Quality and Safety Forums in March and June 2025. The forums are held quarterly with the aim of engaging mental health service providers to address contemporary quality and safety issues in mental health care.

In March, more than 150 senior leaders from mental health and EDs, as well as Victoria Police, Ambulance Victoria and sector partners attended the Emergency Mental Health Forum. Forum sessions focused on mental health care in EDs, including the impacts of Mental Health and Alcohol and Other Drug Emergency Department Hubs, use of chemical restraint, consumers' experiences of receiving

mental health care in emergency departments, and a debate on whether people experiencing mental health distress should be seen in EDs.

The Electroconvulsive Treatment and Neurosurgery Forum, held in

June, was clinically focused and practice-oriented. The forum was well attended by 130 senior leaders, clinicians and LLE consumers and carers from across Victoria.

Implementing the Mental Health and Wellbeing Act

Reducing compulsory treatment

The Royal Commission recommended that the compulsory treatment and assessment provisions in the (since repealed) *Mental Health Act 2014* be simplified and clarified and, in the longer term, that decision-making provisions of the Act be aligned with other decision-making laws. The Royal Commission found an 'excessive use' of compulsory treatment in Victoria, with significant risks to the human rights of consumers.

We have learned since the Mental Health and Wellbeing Act came into force in September 2023 that some designated mental health services are finding it challenging to meet all requirements of the Act. The Act includes a requirement for a 5-year review of the Act. The work of the Independent Review Panel into Compulsory Treatment Criteria will be used to inform the review of the Act.

The MHIP is currently driving reform via 5 priority initiatives in collaboration with Area Mental Health and Wellbeing Services, consumers, families, carers, supporters and the clinical and non-clinical workforces, including reducing compulsory treatment.

The Reducing Compulsory Treatment initiative is aimed at point of care-based interventions to reduce the use and duration of compulsory treatment. There is little evidence for 'what works' to lower rates and duration of compulsory treatment in any jurisdiction. The MHIP is working with consumers, carers and clinicians across 6 clinical mental health services. The initiative includes a demonstrative design project that is testing interventions that may reduce the use and duration of compulsory treatment, developing a package of changes and develop broader service-level interventions that can be implemented across all Victorian mental health services.

Driving change: Empowering mental health advocacy through reform

The Mental Health and Wellbeing Act is driving a cultural shift in mental health care, with Peninsula Health and IMHA leading the way.

IMHA advocates support people who are at risk of, or are receiving, compulsory mental health treatment. The Act's introduction of an opt-out model of non-legal advocacy ensures consumers are proactively supported to understand their rights and engage in decisions about their care.

'IMHA reaching out to consumers before they reach out to them is really making a difference,' says Acting Clinical Nurse Consultant Arathy Arundev. Weekly rights information sessions and a stronger advocate presence are helping consumers feel more confident and informed while reducing confusion around their care.

Staff at Peninsula Health have also embraced the change, fostering a strong partnership with IMHA advocates. This collaboration has fostered open communication and timely responses to concerns and has improved the experience for everyone involved.

Jenny Bretnall, Manager IMHA South East Region, says the deeper understanding of IMHA's role and service model is leading to improved outcomes.

'Staff are positive towards IMHA advocates presence on the ward and more responsive to advocacy and feedback. Importantly, we are hearing positive feedback from consumers regarding their treatment, and they are feeling "heard" by treating teams,' she says.

The results are clear: deeper partnerships, empowered consumers, stronger engagement in decision-making and a system better aligned with rights-based care. It's a powerful example of how advocacy, when fully integrated, can transform the mental health system for the better.

Public mental health services 2024–25



Overview

Key statistics for 2024–25:

1,766,206
total service hours

113,146
emergency department presentations

The data in this section of the report and in Appendix 1 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, including data about the use of compulsory treatment and restrictive interventions.

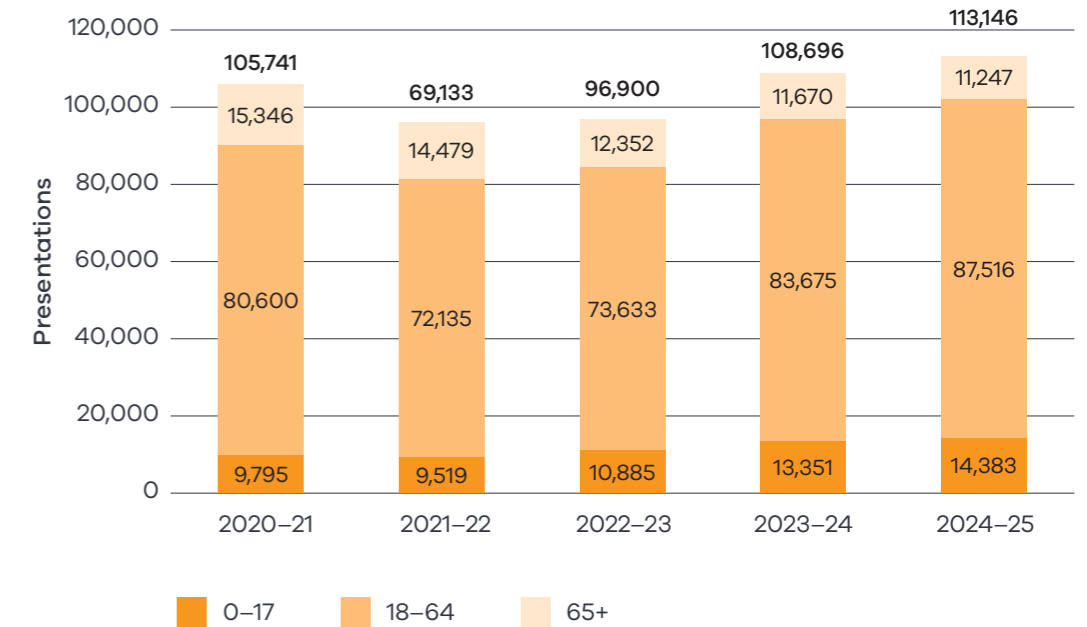
This financial year has seen a rise in service activity in some areas, reflecting high demand in aspects of acute need. The proportion of total ED presentations that were mental health-related increased slightly in 2024–25 to 5.77% (Table 3).

Table 3: Mental health-related emergency department presentations as a proportion of all emergency department presentations, by age, 2021–22 to 2024–25

Age of consumer (years)	2020–21	2021–22	2022–23	2023–24	2024–25
18–64	8.28%	7.08%	7.09%	8.08%	8.31%
65+	2.52%	2.44%	2.45%	2.87%	2.95%
0–17	4.10%	3.54%	2.60%	2.81%	2.67%
Total	6.09%	5.29%	4.95%	5.67%	5.77%

There was a small increase in the overall proportion of mental health-related ED presentations from last year. For emergency department presentations, 18–64 year olds are the age group with the largest proportion of mental health related presentations at 8.31% (Table 3).

Figure 2: Mental health-related emergency department presentations, by age, 2020–21 to 2024–25



Data source: Victorian Emergency Minimum Dataset

Hospital admissions for mental health have increased this year, with a 2.2% increase in separations from acute inpatient units (Table 4) and a corresponding 2.5% increase in the number of occupied bed days.

Table 4: Mental health acute separations (excluding same day), 2020–21 to 2024–25*

Setting	2020–21	2021–22	2022–23	2023–24	2024–25
Admitted – acute	26,913	25,812	24,174	26,108	26,681
Admitted – non-acute	263	259	248	298	278
Non-admitted – residential	182	181	132	198	163
Non-admitted – subacute (CCU)	622	556	505	434	530
Non-admitted – subacute (PARC)	3,675	3,792	3,903	4,277	4,348
Total	31,655	30,600	28,962	31,315	32,000

* Mental health acute separations have been temporarily impacted by bed closures due to essential infrastructure works to improve ICA safety.

Bed occupancy rates remained stable in 2024–25, as shown in Table 5. Occupancy levels of below 85% are considered desirable and support an environment where optimal care can be provided to each person.

Table 5: Percentage of bed occupancy (excluding same day), 2020–21 to 2024–25*

Setting	2020–21	2021–22	2022–23	2023–24	2024–25
Admitted – acute	82.1%	76.6%	77.2%	78.7%	79.1%
Admitted – non-acute	89.4%	86.2%	87.8%	91.5%	91.1%
Non-admitted – residential	84.7%	81.9%	73.9%	71.5%	71.4%
Non-admitted – subacute (CCU)	79.9%	79.5%	76.6%	77.6%	81.1%
Non-admitted – subacute (PARC)	69.0%	66.7%	68.0%	70.0%	70.1%
Total	81.7%	77.9%	76.5%	77.4%	78.0%

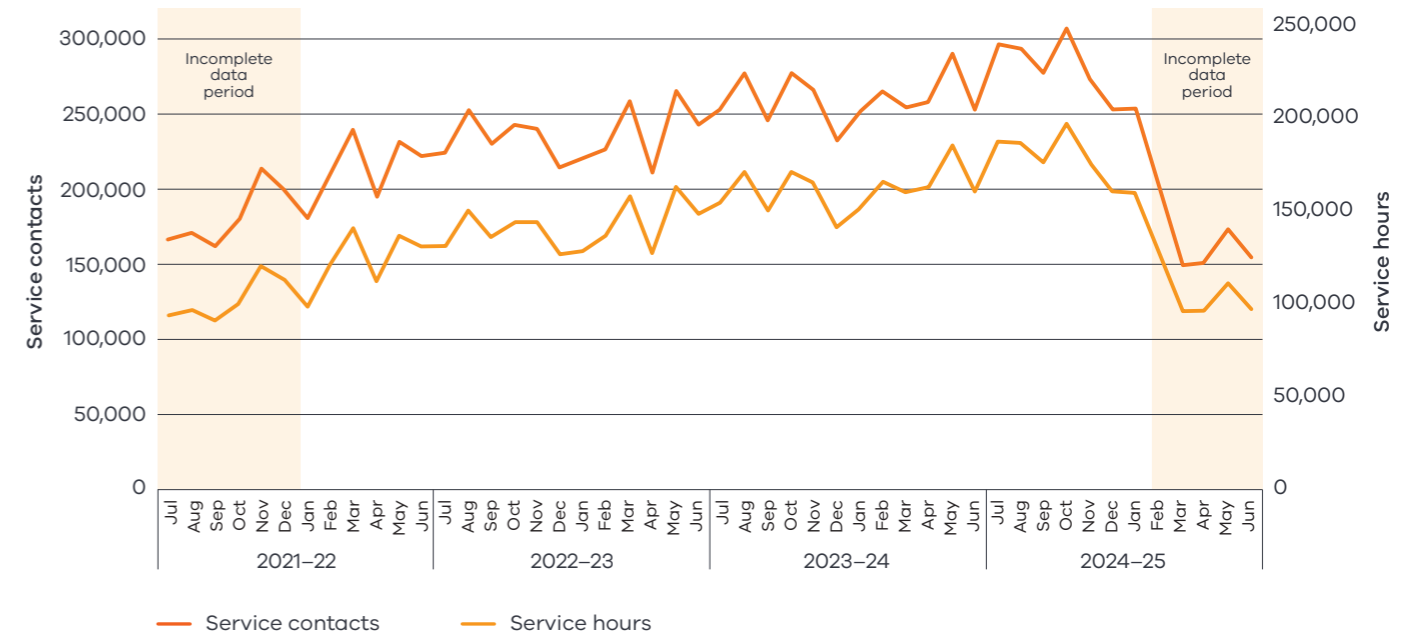
* Percentage of bed occupancy rates have been temporarily impacted by bed closures due to essential infrastructure works to improve ICA safety.

The overall number of consumers accessing clinical mental health services in 2024–25 increased by 0.7% to 93,108 consumers. Consumers of child and adolescent/youth (CAMHS/CYMHS), adult, specialist services and aged clinical mental health services also increased by between 0.3% for adults and up to 10.0% for specialist services.

Community contact data for 2024–25 has been impacted by industrial action throughout this period and therefore should be interpreted with caution.

This period shows a decrease in the number of service contacts and hours provided (Figure 3). Contacts provided within CAMHS/CYMHS decreased by 1.7% and in adults by 13.7%. Decreases were also recorded for aged (4.6%) and specialist (4.2%) services.

Figure 3: Community service contacts and hours, 2021–22 to 2024–25 (metro and rural – all client groups)



Data source: CMI/ODS. Date extracted: 11 September 2025.

Based on the available data, total community service hours decreased by 8.6% overall. The largest decrease was reported for adults, providing 10.9% fewer hours in 2024–25 compared with the previous year. Similar decreases were seen for CAMHS/CYMHS services (2.3%) and in aged services (2.5%). Decreases were also seen in the service hours provided through specialist services (6.2%) and forensic (0.3%). This period has seen reportable data affected by protected industrial action beginning in February 2025.

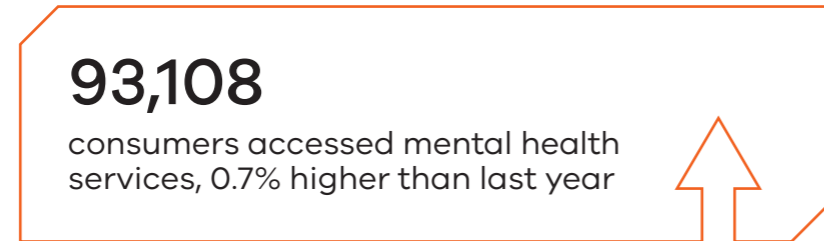
Data shows adult inpatient activity has remained stable during 2024–25, following a peak in demand experienced in 2020–21. Occupancy for this cohort has remained the same, while the average length of stay has slightly increased (Table 6). Average length of stay for each cohort has remained stable overall in 2024–25.

Table 6: Trimmed average length of stay (≤ 35 days), 2020–21 to 2024–25

Population	2020–21	2021–22	2022–23	2023–24	2024–25
Adult	9.4	9.5	10.2	10.0	10.4
Aged	15.7	15.1	15.1	15.7	15.6
CAMHS	5.8	5.6	6.0	6.7	6.8
Forensic	19.1	18.5	20.5	22.1	21.6
Specialist	14.9	14.6	15.4	15.8	15.5
Total	9.7	9.8	10.4	10.4	10.8

Public mental health services access in 2024–25

Key statistics for 2024–25:



There was a slight increase in the number of children and young people and adult consumers accessing public mental health services in 2024–25. The total number of people accessing services was 93,108, 0.7% higher than the previous year, with most being adult consumers. Specialist (10.0%) and child and adolescent consumer

numbers were also higher (0.8%) than the previous year. Aged services saw a slight increase (2.2%), though they are a relatively small part of the service system.

Just over half of registered consumers (53.2%) were women or girls, and a third (33.1%) lived in rural areas.

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 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 and CES surveys are not available for this year because the department is undertaking improvements in the data collection process in partnership with health services. These improvements will provide a more accurate and timelier picture of consumer and carer experiences throughout the year.

How people were referred to clinical services in 2024–25

Most people were referred to clinical mental health services by hospitals, as shown in Table 7. About a quarter of referrals were from EDs (24.3%), and Table 8 shows that the proportion of referrals from EDs remained stable between 23% and 25% over the past 5 years. Another 31.1% of referrals came from acute health, a 2.4% increase on 2023–24. 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 (7.3%), as were families (5.6%).

There were 113,146 mental health-related ED presentations in 2024–25, a 4.1% increase from the previous year, spread across all age groups (Table 9). Across the age spectrum, there were 26,681 separations in mental health acute inpatient units in 2024–25, which was 2% more than 2023–24. There has been a slight increase (1.4%) in the proportion of compulsory admissions this year, with fluctuations in a narrow range over the past 5 years. In 2024–25, 48.9% of inpatient admissions were for compulsory treatment.

Table 7: Source of mental health referrals, 2024–25

Referral source	2024–25
Acute health	31.1%
Emergency department	24.3%
General practitioner	7.3%
Family	5.6%
Client/self	4.1%
Community health services	3.9%
Police	2.0%
Others and unknown	21.7%

Table 8: Source of referrals (newly referred consumers only), 2020–21 to 2024–25

Referral source	2020–21	2021–22	2022–23	2023–24	2024–25
Acute health	23.3%	26.7%	27.4%	28.7%	31.1%
Emergency department	24.3%	23.3%	23.5%	25.7%	24.3%
General practitioner	9.7%	9.0%	8.8%	8.3%	7.3%
Family	6.8%	6.4%	6.7%	6.1%	5.6%
Client/self	4.8%	4.9%	5.2%	4.5%	4.1%
Community health service	4.2%	3.3%	3.6%	3.9%	3.9%
Police	3.9%	3.8%	3.4%	2.4%	2.0%
Others and unknown	22.7%	23.1%	21.3%	20.4%	21.7%

Table 9: Mental health-related emergency department presentations, 2020–21 to 2024–25

Population	2020–21	2021–22	2022–23	2023–24	2024–25
Adult	80,600	72,135	73,633	83,675	87,516
Aged	9,795	9,519	10,885	13,351	14,383
CYMHS	15,346	14,479	12,352	11,670	11,247
Total	105,741	96,133	96,900	108,696	113,146

Key statistics for 2024–25:

16,343

child and adolescent mental health service (CAMHS) / Child and youth mental health service (CYMHS) consumers⁵

1,845

separations

Child and adolescent mental health services

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

Most children and young people receive clinical treatment in the community. In 2024–25 there were 16,343 CAMHS/CYMHS consumers accessing mental health services – an increase of 0.8%. Some children and young people in Victoria require inpatient treatment for mental illness. During the year, there were 1,845 separations of children and young people for mental illness, an increase of 10.3% from the previous year. Compulsory admissions were at 20.1%, 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 35.0 days in 2024–25, an increase of 42.8% from the previous year.

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

The trimmed average length of stay (< 35 days) for CYMHS was 6.8 days in 2024–25 (Table 6, earlier), an increase of 1.5% from 2023–24. The average length of stay is much shorter compared with adult, aged and other inpatient services. The bed occupancy rate increased from the previous year to 48.7% (Table 10). The readmission rate for

CAMHS increased this year and is high in comparison with other age groups, at 18.2% in 2024–25. 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 2024–25 there were 446,167 reported contacts, a decrease of 1.7%, reflecting similar decreases 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 a school-based mental health service or a private psychiatry or psychology service, and would not be registered as a public mental health consumer. In 2024–25 a higher proportion of service hours (10.9%) were delivered to CAMHS/CYMHS unregistered consumers than for unregistered adults and older consumers.

Table 10: CYMHS bed occupancy rate (including leave, excluding same day), 2020–21 to 2024–25

Service setting	2020–21	2021–22	2022–23	2023–24	2024–25
Admitted – acute	66.4%	52.0%	46.1%	46.0%	48.7%

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

Adult mental health services

Key statistics for 2024–25:

74,288

adult consumers⁶

25,971

separations

Table 11: Adult bed occupancy rates (including leave, excluding same day), 2020–21 to 2024–25

Service setting	2020–21	2021–22	2022–23	2023–24	2024–25
Admitted – acute	86.3%	80.5%	77.2%	82.6%	83.6%
Admitted – non-acute	86.4%	85.5%	87.8%	90.4%	88.9%
Non-admitted – subacute (CCU)	79.9%	79.5%	76.6%	77.6%	81.1%
Non-admitted – subacute (PARC)	69.0%	66.7%	68.0%	70.0%	70.1%
Total	82.1%	78.6%	76.5%	79.9%	81.1%

Inpatient services

In 2024–25 there were 25,971 separations of adults for mental illness, a slight increase of 0.5% 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 increased slightly to 54.4%.

Bed occupancy for adult inpatient services was higher than previous 3 years at 81.1% (Table 11). The trimmed length of stay for adults remained stable at 10.4 days.

Of the adults who were admitted as inpatients, 67.5% had contact with a community service before admission. The post-discharge follow-up rate was 84.6%. In 2024–25, 13.3% of adult consumers were readmitted to hospital within 28 days of discharge compared with 13.4% in 2023–24

Key statistics for 2024–25:

1,982,145

contacts

1,227,324

service hours

Key statistics for 2024–25:

4,348

separations

70.1%

bed occupancy

Clinical mental health services delivered in the community

The number of recorded community contacts for adults in 2024–25 was 1,982,145, a decrease of 13.7% over the previous year, with service hours showing a decrease

of 10.9%.^{*} Just over 16% of adult consumers receiving treatment in the community were on community treatment orders, a slight increase of 1.1% from 2023–24 figures.

Prevention And Recovery Care services

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, with five additional services under construction. Young people may also attend an adult PARC, but it is rare for 16- to 18-year-olds to do so.

Separations increased by 1.7% to 4,348 in 2024–25. Occupied bed days increased this year by 2.3%, and bed occupancy was at 70.1%.

6. 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.

Aged mental health services

Key statistics for 2024–25:

9,498

aged consumers⁷

246,220

community contacts

The number of aged consumers using public mental health services increased by 2.2% in 2024–25 to 9,498. Most of this group had previous contact with mental health services, with 37.4% being new consumers. During the year, there were 2,599 separations of Victorians aged 65 years or older. Bed occupancy slightly increased this year (Table 12).

The trimmed average length of stay remained stable at 15.6 days in 2024–25. 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 older 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 remained stable at 73.2%. This reflects better continuity of care provided by services. Almost half of all admissions were compulsory (44.2%), and this

has been fairly stable over the past 4 years. The post-discharge follow-up rate was 86.9%, a decrease from the previous year. Readmissions within 28 days were low at 6.8%. 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 162 separations in 2024–25, an 18.6% decrease from previous year. The bed occupancy rate slightly increased to 74.1%. They provided 127,385 occupied bed days, which was similar in previous years.

There were 246,220 community contacts in 2024–25, 4.6% lower than the previous year. With this decrease in contacts, the number of service hours delivered also decreased slightly by 2.5% to 144,225 hours.[‡]

Table 12: Aged bed occupancy rates (including leave, excluding same day), 2020–21 to 2024–25

Service setting	2020–21	2021–22	2022–23	2023–24	2024–25
Admitted – acute	79.8%	74.6%	81.3%	81.6%	79.3%
Non-admitted – bed-based	85.0%	82.9%	75.4%	73.4%	74.1%
Total	83.3%	79.4%	75.1%	76.2%	75.9%

7. 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 2024–25:

1,823

consumers⁸

189

separations

31,899

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 189 separations of people from acute forensic mental health inpatient units during the year, an increase

of 9.9% from 2023–24. Pressure on forensic inpatient beds remains high, with a bed occupancy rate of 96.6% (Table 13).

Forensic consumers had an average duration of compulsory treatment, at 85.1 days. This part of the service system had the lowest proportion of new consumers at 23.7% but the highest proportion of consumer engagement with services in the preceding 5 years, at 31.4%.

Table 13: Forensic bed occupancy rates (including leave, excluding same day), 2020–21 to 2024–25

Service setting	2020–21	2021–22	2022–23	2023–24	2024–25
Admitted – acute	96.9%	93.8%	98.1%	94.9%	94.0%
Admitted – non-acute	95.7%	96.1%	97.9%	99.1%	98.2%
Total	96.2%	95.2%	98.0%	97.5%	96.6%

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

Specialist mental health services

Key statistics for 2024–25:

5,506

consumers⁹

1,396

separations

77,277

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 4.2% decrease in service contacts in 2024–25. However, the number of consumers accessing specialist mental health services increased by 10% from the previous year. This increased service activity is likely due to more investment in eating disorder and perinatal mental health services.

There were 1,396 separations from specialist services, 23.4% more than last year. The trimmed average length of stay (≤ 35 days) was consistent compared with the past 3 years, at 15.5 days, and was substantially longer than the comparable figure for adults not receiving specialist services. The preadmission contact rate slightly dropped, along with the post-discharge follow-up rate, which decreased by 10.7%. Both rates have remained relatively low compared with other cohorts at 57.1% and 68.8% respectively.* Readmissions within 28 days have been consistent with previous years at 2.5% in 2024–25.

Admitted acute occupied bed days rose to 29,163, and the bed occupancy rate, which is variable, was 61.9%.

Compulsory treatment

The proportion of consumers on a community treatment order has been steady over time, with an average close to 15% for adults over the past 5 years on such an order. Very few CAMHS consumers are on community treatment orders, with an average rate of 1.3% over the same period. Community orders are also relatively unusual for older people and specialist services clients, with rates in 2024–25 of 5.4% and 2.1% respectively.

The average duration of compulsory treatment in the service system decreased in 2024–25, as shown in Table 14. Average duration across categories decreased to 96.9 days in 2024–25 compared with 102.6 in 2023–24.

Table 14: Average duration (days) of a period of compulsory treatment by cohort, 2020–21 to 2024–25

Population	2020–21	2021–22	2022–23	2023–24	2024–25
Adult	77.4	85.9	86.4	102.5	96.3
Aged	75.4	69.9	83.3	94.8	88.6
CAMHS/CYMHS	18.8	22.2	19.7	24.5	35.0
Forensic	106.0	112.0	83.7	104.9	85.1
Specialist	44.3	45.3	52.7	82.9	66.1
Total	78.2	86.9	88.5	102.6	96.9

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

Seclusion and restraint

Key statistics for 2024–25:

8.8 per

1,000 occupied bed days (adults)

7.6 hours (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 by 2031.

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, support service reform, quality improvement and better experiences of mental health services.

The rate of seclusion rose to 8.9 episodes per 1,000 occupied bed days in 2024–25, from a rate of 6.3

in 2023–24 (Table 15). 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 40 per 1,000 occupied bed days. This year the rate for children and young people increased to 9.3.

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 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.

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 increased from 2023–24, the average duration of seclusion has decreased from 21.8 hours in 2023–24 to 17.6 hours in 2024–25 (Table 16). This figure includes consumers with a forensic background for whom the average duration of seclusion decreased to 52.0 hours in 2024–25.

Table 16: Average inpatient seclusion duration (hours), 2020–21 to 2024–25

Population	2020–21	2021–22	2022–23	2023–24	2024–25
Adult	7.3	6.7	7.3	7.4	7.6
Aged	2.9	2.9	9.2	2.9	3.9
CAMHS	2.5	2.0	1.6	3.0	2.8
Forensic	34.5	41.1	60.2	85.6	52.0
Specialist	27.4	19.1	18.7	14.1	n/a
Total	15.3	18.6	17.2	21.8	17.6

The corresponding figure for adults was 7.6 hours, similar to last year’s figure of 7.4 hours. For children and young people, the average duration of seclusion decreased to 2.8 hours from 3.0 hours the previous year.

The bodily restraint rate has decreased slightly this year to 14.4 compared with 15.2 per 1,000 occupied bed days in 2023–24.

The rate varied from 2.6 for specialist services to 31.4 per 1,000 occupied bed days for forensic service settings. Rates of bodily restraint within CAMHS inpatient settings have decreased slightly from 27.3 episodes per 1,000 bed days in 2023–24 to 23.8 in 2024–25. The average duration of restraint increased to 12 minutes in 2024–25 from 6 minutes the previous year.

Table 15: Seclusion episodes per 1,000 occupied bed days, 2020–21 to 2024–25

Population	2020–21	2021–22	2022–23	2023–24	2024–25
Adult	9.5	8.5	8.0	6.5	8.8
Aged	0.6	0.2	0.4	0.7	0.4
CAMHS	10.7	7.7	20.4	8.1	9.3
Forensic	58.7	65.8	31.8	24.4	40.0
Specialist	3.2	10.6	11.6	8.7	0.0
Total	10.0	9.8	8.3	6.3	8.9

Appendices



Appendix 1:

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 2025, or as footnoted otherwise

Date generated: 1 September 2025

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	2020–21	2021–22	2022–23	2023–24	2024–25
Total estimated residential population in Victoria ('000)*	6,548	6,626	6,801	6,953	7,060

People accessing mental health services

Measure	2020–21	2021–22	2022–23	2023–24	2024–25
Mental health-related emergency department presentations	105,741	96,133	96,900	108,696	113,146
Emergency department presentations that were mental health-related	6.09%	5.29%	4.95%	5.67%	5.77%

Measure	2020–21	2021–22	2022–23	2023–24	2024–25
Consumers accessing clinical mental health services ^{† * §§}	76,921	81,476	87,513	92,484	93,108
Proportion of population receiving clinical care ^{* † * §§}	1.17%	1.23%	1.29%	1.33%	1.32%

People accessing mental health services (continued)

Consumer location	Area	2020–21	2021–22	2022–23	2023–24	2024–25
Consumer residential location	Metro	63.5%	63.0%	61.4%	61.1%	62.0%
	Rural	33.2%	33.4%	34.6%	34.3%	33.1%
	Unknown/other	3.3%	3.7%	4.0%	4.6%	4.9%

Consumer demographics	Description	2020–21	2021–22	2022–23	2023–24	2024–25
Gender	Female	52.0%	52.9%	53.1%	52.9%	53.2%
	Male	47.7%	46.7%	46.4%	46.7%	46.6%
	Other/unknown	0.3%	0.4%	0.5%	0.4%	0.2%
Age group	0–4	0.6%	0.8%	0.7%	0.7%	0.7%
	5–14	8.6%	8.8%	9.5%	9.7%	9.8%
	15–24	20.2%	20.6%	19.7%	18.8%	18.0%
	25–34	18.6%	18.4%	18.4%	18.8%	18.5%
	35–44	16.8%	16.1%	16.1%	16.4%	16.4%
	45–54	14.6%	14.3%	14.2%	14.1%	14.3%
	55–64	9.0%	9.1%	9.2%	9.5%	9.7%
	65–74	6.0%	6.1%	6.3%	6.1%	6.4%
	75–84	3.9%	4.1%	4.4%	4.2%	4.4%
	85–94	1.6%	1.7%	1.6%	1.6%	1.5%
95+	0.1%	0.1%	0.1%	0.1%	0.1%	
Consumers from culturally diverse backgrounds	Culturally diverse	14.0%	13.7%	13.7%	13.8%	14.1%
Aboriginal or Torres Strait Islander status	Indigenous	3.4%	3.5%	4.0%	4.3%	4.6%

People accessing mental health services (continued)

Consumer demographics	Description	2020–21	2021–22	2022–23	2023–24	2024–25
Country of birth (top 10 non-English speaking) (%)	India	1.0%	1.0%	1.1%	1.1%	1.1%
	China (excludes SARs and Taiwan)	0.7%	0.8%	0.8%	0.8%	0.9%
	Vietnam	0.8%	0.8%	0.7%	0.7%	0.7%
	Italy	0.7%	0.7%	0.6%	0.6%	0.6%
	Sri Lanka	0.6%	0.5%	0.5%	0.5%	0.6%
	Greece	0.7%	0.7%	0.7%	0.6%	0.5%
	Philippines	0.5%	0.5%	0.5%	0.5%	0.5%
	Afghanistan	0.3%	0.3%	0.4%	0.4%	0.4%
	Iran	0.4%	0.4%	0.3%	0.4%	0.4%
	Sudan	0.4%	0.4%	0.4%	0.4%	0.4%
Preferred language other than English (top 10) (%)	Vietnamese	0.5%	0.5%	0.5%	0.5%	0.5%
	Mandarin	0.4%	0.4%	0.4%	0.4%	0.4%
	Arabic	0.3%	0.3%	0.3%	0.3%	0.3%
	Greek	0.4%	0.4%	0.3%	0.3%	0.3%
	Dari	0.1%	0.1%	0.1%	0.2%	0.2%
	Italian	0.3%	0.3%	0.2%	0.2%	0.2%
	Persian (excluding Dari)	0.2%	0.2%	0.1%	0.1%	0.2%
	Turkish	0.2%	0.2%	0.1%	0.1%	0.2%
	Cantonese	0.1%	0.1%	0.1%	0.1%	0.1%
	Spanish	0.1%	0.1%	0.1%	0.1%	0.1%

People accessing mental health services (continued)

Treatment	Cohort	2020–21	2021–22	2022–23	2023–24	2024–25
Consumers accessing clinical mental health services ^{† * §§}	Adult	61,736	64,708	69,717	74,060	74,288
	Aged	8,014	8,457	9,033	9,298	9,498
	CAMHS/CHYMS	12,329	13,145	14,937	16,210	16,343
	Forensic	1,178	1,902	1,672	1,662	1,823
	Specialist	2,849	3,953	4,356	5,006	5,506
Diagnosis	Schizophrenia, paranoia and acute psychotic disorders	22.7%	20.9%	20.1%	19.4%	19.6%
	Mood disorders	18.4%	17.6%	17.0%	16.3%	15.5%
	Stress and adjustment disorders	9.0%	10.2%	11.4%	11.8%	11.5%
	Personality disorders	6.6%	6.7%	7.2%	5.9%	5.4%
	Anxiety disorders	6.3%	6.6%	6.3%	7.1%	7.0%
	Substance abuse disorders	3.2%	3.8%	4.1%	4.5%	5.0%
	Organic disorders	2.1%	2.2%	2.8%	2.0%	1.9%
	Disorders of psychological development	2.1%	2.2%	2.5%	3.4%	3.7%
	Disorders of childhood and adolescence	0.1%	0.1%	0.1%	0.1%	0.1%
	Eating disorders	2.0%	2.1%	2.1%	3.0%	3.3%
	Other	1.9%	2.0%	2.0%	1.9%	1.9%
	Obsessive compulsive disorders	1.0%	1.3%	1.9%	1.7%	1.5%
	No mental health diagnosis recorded	0.6%	0.7%	0.7%	0.8%	0.8%
Referral source (newly referred consumers only)	Acute health	22.2%	23.3%	27.4%	28.7%	31.1%
	Emergency department	22.7%	20.9%	20.1%	22.2%	23.0%
	General practitioner	25.8%	24.3%	23.5%	25.7%	24.3%
	Family	9.8%	9.6%	8.8%	8.3%	7.3%
	Client/self	6.6%	6.8%	6.7%	6.1%	5.6%
	Community health services	4.8%	4.8%	5.2%	4.5%	4.1%
	Police	4.3%	4.2%	3.6%	3.9%	3.9%
	Other/unknown	3.8%	3.9%	3.4%	2.4%	2.0%
	22.7%	23.1%	21.3%	20.4%	21.7%	

People accessing mental health services (continued)

Treatment	Cohort	2020–21	2021–22	2022–23	2023–24	2024–25
New consumers accessing services (no access in the prior 5 years)* §§	Total	34.8%	39.4%	39.1%	38.7%	37.2%
Consumers in this year who accessed either ambulatory or inpatient mental health care in each of the previous 5 years* §§	Total	13.6%	13.0%	12.7%	12.3%	12.5%

Service activity – bed-based	Service setting	2020–21	2021–22	2022–23	2023–24	2024–25
Total number of separations (excluding same day)	Admitted – acute	26,913	25,812	24,174	26,108	26,681
	Admitted – non-acute	263	259	248	298	278
	Non-admitted – bed-based	182	181	132	198	163
	Non-admitted – subacute (CCU)	622	556	505	434	530
	Non-admitted – subacute (PARC)	3,675	3,792	3,903	4,277	4,348
	Total	31,655	30,600	28,962	31,315	32,000
Occupied bed days (including leave, excluding same day)	Admitted – acute	380,231	366,791	372,640	399,507	409,415
	Admitted – non-acute	81,231	80,517	76,107	76,558	74,456
	Non-admitted – residential	151,835	146,800	123,777	128,419	127,978
	Non-admitted – subacute (CCU)	100,597	100,163	101,478	102,006	108,703
	Non-admitted – subacute (PARC)	64,538	62,535	71,495	78,058	78,778
	Total	778,433	756,808	745,500	784,550	799,332
Bed occupancy rate (including leave, excluding same days)	Admitted – acute	82.1%	76.6%	77.2%	78.7%	79.1%
	Admitted – non-acute	89.4%	86.2%	87.8%	91.5%	91.1%
	Non-admitted – residential	84.7%	81.9%	73.9%	71.5%	71.4%
	Non-admitted – subacute (CCU)	79.9%	79.5%	76.6%	77.6%	81.1%
	Non-admitted – subacute (PARC)	69.0%	66.7%	68.0%	70.0%	70.1%
	Total	81.7%	77.9%	76.5%	77.4%	78.0%

People accessing mental health services (continued)

Service activity – community	Population	2020–21	2021–22	2022–23	2023–24	2024–25
Total service contacts, by sector*	Adult	1,769,897	1,746,893	2,078,280	2,295,498	1,982,145
	Aged	217,523	218,437	240,032	258,079	246,220
	CAMHS/CYMHS	354,777	327,001	407,747	453,760	446,167
	Forensic	20,881	21,980	30,547	30,373	31,899
	Specialist	52,743	56,751	69,131	80,685	77,277
	Total	2,415,824	2,371,063	2,825,740	3,121,396	2,783,709
Total service hours, by sector*	Adult	925,731	959,656	1,200,919	1,377,729	1,227,324
	Aged	107,166	112,961	132,581	147,975	144,225
	CAMHS/CYMHS	229,764	218,136	281,006	321,590	314,175
	Forensic	14,238	14,845	20,539	22,380	22,451
	Specialist	36,087	42,231	53,463	61,880	58,029
	Total	1,312,988	1,347,831	1,688,510	1,931,557	1,766,206
Unregistered consumer service	Total	16.0%	12.0%	10.6%	9.6%	9.1%

Service performance	Population	2020–21	2021–22	2022–23	2023–24	2024–25
Percentage of consumers readmitted within 28 days of separation – inpatient	Adult	15.1%	15.3%	13.2%	13.4%	13.3%
	Aged	7.1%	6.2%	6.3%	7.8%	6.8%
	CAMHS	23.4%	22.6%	18.9%	15.6%	18.2%
	Forensic	5.0%	17.4%	15.4%	10.0%	0.0%
	Specialist	1.8%	2.4%	2.8%	2.1%	2.5%
	Total	14.8%	14.9%	12.8%	12.7%	12.5%
Percentage of admissions with a preadmission contact – inpatient (all consumers)*	Adult	59.0%	63.4%	72.7%	72.1%	67.5%
	Aged	60.9%	65.6%	73.2%	76.2%	73.2%
	CAMHS	64.2%	66.9%	73.4%	68.3%	64.2%
	Forensic	16.2%	18.9%	22.9%	25.9%	17.0%
	Specialist	43.5%	46.4%	58.2%	61.0%	57.1%
	Total	58.5%	62.7%	71.6%	71.2%	66.6%

People accessing mental health services (continued)

Service performance	Population	2020–21	2021–22	2022–23	2023–24	2024–25
Percentage of consumers followed up within 7 days of separation – inpatient [†]	Adult	84.9%	85.4%	90.8%	91.5%	84.6%
	Aged	89.4%	88.7%	93.5%	94.3%	86.9%
	CAMHS	86.1%	86.9%	87.8%	88.5%	81.5%
	Forensic	37.6%	64.7%	100.0%	80.0%	85.7%
	Specialist	68.6%	66.8%	76.5%	79.6%	68.8%
	Total	84.5%	84.9%	90.1%	90.9%	83.6%
Trimmed average length of stay (≤ 35 days)	Adult	9.4	9.5	10.2	10.0	10.4
	Aged	15.7	15.1	15.1	15.7	15.6
	CAMHS	5.8	5.6	6.0	6.7	6.8
	Forensic	19.1	18.5	20.5	22.1	21.6
	Specialist	14.9	14.6	15.4	15.8	15.5
	Total	9.7	9.8	10.4	10.4	10.8

Compulsory treatment	Population	2020–21	2021–22	2022–23	2023–24	2024–25
Percentage of open community cases where the consumer was on a CTO	Adult	15.2%	15.1%	15.4%	15.1%	16.1%
	Aged	5.0%	4.2%	4.2%	4.3%	5.4%
	CAMHS	1.0%	1.3%	1.2%	1.4%	1.4%
	Forensic	13.8%	6.3%	6.8%	5.0%	5.5%
	Specialist	4.6%	3.6%	2.4%	2.1%	2.1%
	Total	11.4%	11.1%	11.3%	11.2%	11.8%
Percentage of admissions for compulsory treatment – inpatient	Adult	55.5%	53.3%	55.1%	51.9%	54.4%
	Aged	48.7%	44.6%	46.0%	41.1%	44.2%
	CAMHS	21.3%	18.5%	22.2%	23.4%	20.1%
	Forensic	100.0%	100.0%	99.5%	100.0%	100.0%
	Specialist	8.5%	8.8%	8.0%	7.4%	6.5%
	Total	50.2%	47.9%	50.5%	47.5%	48.9%

People accessing mental health services (continued)

Compulsory treatment	Population	2020–21	2021–22	2022–23	2023–24	2024–25
The average duration (days) of a period of compulsory treatment	All	78.2	86.9	88.5	102.6	96.9
Consumers on an order for more than 12 months	All	13.3%	14.9%	14.6%	14.5%	13.7%
Adult (18+) consumers who have an advance statement recorded	All	3.20%	3.02%	3.04%	3.99%	4.89%
Adult (18+) consumers who have a nominated person recorded	All	2.51%	2.36%	2.32%	2.44%	2.50%

Restrictive practice	Population	2020–21	2021–22	2022–23	2023–24	2024–25
Rate of seclusion episodes per 1,000 occupied bed days – inpatient	Total	10.3	9.8	8.3	6.3	8.9
Average duration (hours) of seclusion episodes – inpatient	Total	15.3	18.5	17.2	21.8	17.6
Rate of bodily restraint episodes per 1,000 occupied bed days – inpatient	Total	20.9	19.8	16.9	15.2	14.4
Average duration (hours) of bodily restraint episodes – inpatient	Total	0.2	0.3	0.2	0.1	0.2

Clinician-reported outcome	Population	2020–21	2021–22	2022–23	2023–24	2024–25
Percentage of closed community cases with significant improvement at case closure [‡]	Adult	55.5%	54.9%	54.6%	55.6%	56.6%
	Aged	60.6%	54.3%	54.5%	51.4%	53.0%
	CAMHS/CYMHS	45.8%	40.8%	44.6%	46.6%	45.4%
	Forensic	**	**	**	**	**
	Specialist	47.2%	51.0%	55.0%	54.8%	55.7%
	Total	54.3%	52.0%	52.9%	53.5%	54.1%
Percentage of community cases closed with no 'significant' change in HoNOS score at case start and end [‡]	Adult	37.5%	35.3%	35.8%	35.3%	34.2%
	Aged	37.0%	37.2%	38.6%	42.2%	39.5%
	CAMHS/CYMHS	48.2%	48.6%	46.7%	45.0%	45.3%
	Forensic	**	**	**	**	**
	Specialist	45.6%	42.6%	36.7%	37.1%	36.2%
	Total	39.6%	38.4%	38.1%	37.9%	37.0%

People accessing mental health services (continued)

Clinician-reported outcome	Population	2020–21	2021–22	2022–23	2023–24	2024–25
Percentage of community cases with 'significant deterioration' in HoNOS scales at case closure [†]	Adult	8.5%	9.1%	9.4%	9.0%	9.0%
	Aged	6.3%	5.8%	6.5%	6.4%	7.5%
	CAMHS/CYMHS	9.2%	9.0%	8.1%	8.7%	9.3%
	Forensic	**	**	**	**	**
	Specialist	9.5%	3.7%	8.2%	8.1%	8.1%
Total		8.3%	8.5%	8.7%	8.6%	8.8%

Funding	Service setting	2020–21	2021–22	2022–23	2023–24	2024–25
Total output cost (Budget Paper No. 3) (\$ million) ^{# ††}	Clinical mental health	1,937.6	2,178.6	2,520.5	2,701.1	2,926.2
	Mental health community support services	121.8	173.7	164.3	156.3	176.3

Service inputs	Service setting	2020–21	2021–22	2022–23	2023–24	2024–25
Specialist mental health beds (from policy and funding guidelines)	Admitted – acute	1,212	1,212	1,317	1,353	1,337
	Admitted – non-acute	250	250	247	247	259
	Admitted total	1,462	1,462	1,564	1,600	1,596
	Non-admitted – bed-based	491	491	491	491	491
	Non-admitted – subacute (CCU)	338	338	336	336	336
	Non-admitted – subacute (PARC)	264	264	281	313	313
	Non-admitted total	1,093	1,093	1,108	1,140	1,140
Total		2,555	2,555	2,672	2,740	2,736

People accessing mental health community support services

Consumers	2020–21	2021–22	2022–23	2023–24	2024–25
Total consumers accessing mental health community support services [#]	3,180	2,535	3,373	3,658	4,052

Consumer demographics \$\$\$	Description	2020–21	2021–22	2022–23	2023–24	2024–25
Gender	Female	54.8%	n/a	n/a	n/a	n/a
	Male	43.7%	n/a	n/a	n/a	n/a
	Other/ unknown	1.6%	n/a	n/a	n/a	n/a
Age group	0–4	0.1%	n/a	n/a	n/a	n/a
	5–14	0.3%	n/a	n/a	n/a	n/a
	15–24	20.4%	n/a	n/a	n/a	n/a
	25–34	16.3%	n/a	n/a	n/a	n/a
	35–44	18.4%	n/a	n/a	n/a	n/a
	45–54	21.7%	n/a	n/a	n/a	n/a
	55–64	17.4%	n/a	n/a	n/a	n/a
	65–74	4.3%	n/a	n/a	n/a	n/a
	75–84	0.9%	n/a	n/a	n/a	n/a
85–94	0.1%	n/a	n/a	n/a	n/a	
95+	0.1%	n/a	n/a	n/a	n/a	
Aboriginal or Torres Strait Islander	Indigenous	2.9%	n/a	n/a	n/a	n/a
Culturally diverse status	Yes	7.2%	n/a	n/a	n/a	n/a

Service activity	2020–21	2021–22	2022–23	2023–24	2024–25
Community service units	2,703	46,619	51,043	51,008	785
Bed-based rehabilitation bed days	46,542	48,997	52,509	52,302	54,318

Service inputs	Population	2020–21	2021–22	2022–23	2023–24	2024–25
Total output cost (Budget Paper No. 3) (\$ million) ^{# ††}	Other ^{***}	0	13	13	13	13
	Youth	159	159	159	159	159
	Total		159	172	172	172

Appendix 2: Public mental health service data

Notes and annotations

* Population estimate is based on [Victoria in Future 2023](#) estimated residential population at 30 June.

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

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

†† 2024–25 data represent expected outcomes.

††† The calculation of average duration of compulsory treatment only includes consumers on orders from 1 July 2014 under the *Mental Health Act 2014* and the *Mental Health and Wellbeing Act 2022*. Any compulsory treatment prior to 1 July 2014 is excluded from the average duration.

* 2021–22, 2022–23 and 2024–25 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 2021–22 and 2022–23 began in November 2020 and was resolved by November 2021. Industrial activity in 2024–25 began in February 2025 and continued to the end of the financial year. Affected data reported during this period should be interpreted with caution.

§ Sourced from Mental Health Establishments National Minimum Dataset.

§§ Impacted by changes to Victoria’s consumer registration process which 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 available from 2022–23.

Impacted by the reduction in mental health community support services progressively transferring to the National Disability Insurance Scheme.

n/a: No data available for this period.

Area-based clinical services¹⁰

Child and adolescent services/child and youth services¹¹

- 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) services
- Early psychosis (16–25 years)
- Youth PARC (16–25 years) services

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

10. 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.

11. 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 3: Raw data for figures in this report

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

Measure	2021–22	2022–23	2023–24	2024–25
Mental health and wellbeing output	2,113.4	2,551.0	2,706.0	2,987.6
Mental Health Services Levy	397,491	1,104.7	1,200.6	1,259.0

Figure 2: Emergency department presentations, by age, 2020–21 to 2024–25

Age	2020–21	2021–22	2022–23	2023–24	2024–25
Total	105,741	96,133	95,258	108,696	113,146
0–17 years	15,346	14,479	12,245	11,670	14,383
18–64 years	80,600	72,135	72,647	83,675	87,516
65+ years	9,795	9,519	10,366	13,351	11,247

Figure 3: Community service contacts and hours, 2021–22 to 2024–25 (metro and rural – all client groups)

Raw data 2021–22			Raw data 2022–23		
Month	Service hours	Service contacts	Month	Service hours	Service contacts
July	93,221	166,721	July	131,053	223,748
August	95,969	170,294	August	149,686	253,196
September	90,675	161,771	September	135,567	229,519
October	99,922	179,787	October	142,990	242,630
November	120,216	213,828	November	143,372	240,163
December	112,328	199,344	December	126,483	214,366
January	98,170	180,565	January	127,944	219,565
February	120,457	210,658	February	136,625	227,010
March	139,762	239,738	March	157,947	258,473
April	111,226	194,364	April	126,336	210,005
May	135,789	231,838	May	162,902	265,378
June	130,097	222,157	June	147,608	241,686

Data source: CMI/ODS. Date extracted: 11 September 2025.

Figure 3: Community service contacts and hours, 2021–22 to 2024–25 (metro and rural – all client groups) (continued)

Raw data 2023–24			Raw data 2024–25		
Month	Service hours	Service contacts	Month	Service hours	Service contacts
July	154,384	253,611	July	295,989	186,797
August	170,752	277,223	August	293,053	185,433
September	149,122	244,657	September	276,465	175,573
October	170,636	277,060	October	307,493	196,525
November	164,160	265,564	November	272,759	175,742
December	140,225	231,757	December	252,979	159,804
January	150,832	251,231	January	254,131	158,587
February	164,752	264,901	February	202,477	128,253
March	159,509	254,813	March	148,902	95,889
April	162,376	257,872	April	151,314	96,217
May	184,837	290,531	May	173,513	110,795
June	159,972	252,178	June	154,635	96,592

Data source: CMI/ODS. Date extracted: 11 September 2025.

