Focus areas to guide reform of community-based care in Area Mental Health and Wellbeing Services

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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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

ISBN 978-1-76195-090-2 **(pdf/online/MS word)**

Available at Redesigning community-based mental health and wellbeing care <https://www.health.vic.gov.au/area-based-services/redesigning-community-based-mental-health-and-wellbeing-care>

Overview

The Victorian mental health and wellbeing system is now at a mid-point in an ambitious 10-year reform journey. The Next Phase of Reform <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase> highlights the continued commitment to improving community-based care, building on significant investment that has supported growth of community mental health services since 2021.

The *Community-based care in Area Mental Health and Wellbeing Services: Service Framework* (the framework) sets minimum expectations for the delivery of community-based mental health and wellbeing services delivered by Area Services (referred to hereafter as community-based services). The purpose of the framework is to guide local planning and delivery of community-based services by Area Services. The Department of Health (the department) expects Area Services to develop a local model of care for community-based services that meets the minimum expectations detailed in the framework. Area Services are also expected to deliver services in accordance with the Policy and Funding Guidelines <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services> and each service's Statement of Priorities <https://www.health.vic.gov.au/funding-performance-accountability/statements-of-priorities>.

Complementing this framework, **three focus areas for reform** have been identified as the initial priority areas for the department and service providers to collaborate on to improve experiences and outcomes for consumers, families, carers and supporters accessing community-based treatment care and support.

These focus areas describe key aspirational features of community-based service delivery, and outline the combined actions required to achieve transformational system and cultural change. They are intended as a guide for service improvement activities, building on the minimum expectations of service delivery outlined in the framework.

These three focus areas are:

- **FOCUS AREA 1:** Strengthen integrated and relational approaches to community-based treatment, care and support which balance clinical and non-clinical interventions
- **FOCUS AREA 2:** Enhance collaboration across service levels and service systems to support integration and continuity of treatment, care and support
- **FOCUS AREA 3:** Tailor community-based treatment, care and support to developmental stage within the two age-based services.

These focus areas have been informed by people with lived and living experience, frontline staff and sector leaders, and are intended to help Area Services and the department work together to improve experiences and outcomes for consumers, families, carers and supporters.

The focus areas are to be progressed within existing resources through a phased implementation approach. The department will work collaboratively with Area Services to achieve this, including by providing tools and guidance to assess and update local models of care and supporting Area Services to share their knowledge and experience with each other. Over time, the focus areas will be iterated to reflect the evolving system and maturity of the reforms.

Putting the focus areas into action

The department recognises that community-based services are delivered through diverse models, structures, and organisational arrangements across Area Services. Therefore, focus areas need to be considered at a local level, through planning, model of care development, and service improvement processes.

Area Services are expected to use the focus areas to assess their current position, identify the actions that are most relevant to their service and local context, and incorporate them into local planning processes within existing resource parameters.

While progress against the focus areas will not be considered as part of performance monitoring, it is recommended that Area Services consider monitoring their progress against any priorities they are pursuing, using indicators of change available from existing data sources.

Table 1 includes potential actions and suggestions for monitoring, aligned to the Victorian Mental Health and Wellbeing Outcomes and Performance Framework <https://www.health.vic.gov.au/mental-health/research-and-reporting/mental-health-and-wellbeing-outcomes-and-performance-framework> domains.

Table 1: Focus areas for 2027 and 2028

Focus area	Potential actions	Monitoring the change
1 Strengthen integrated and relational approaches to community based treatment, care and support which balance clinical and non clinical interventions.	• Using the Guidance on Mental Health and Wellbeing Principles <https://www.mhwc.vic.gov.au/principles>, enhance and embed approaches to: – shared decision making and holistic care planning that ensures consumers, families, carers and lived experience workers have genuine authority and influence to shape goals, decisions and care pathways. – relational and recovery-oriented practice by strengthening adoption of evidence informed relational approaches (such as Open Dialogue and Intentional Peer Support) across all disciplines, including through consumer or carer perspective supervision, reflective practice and development opportunities as described in the discipline frameworks (Section 8.1.2) – continuity and responsiveness to preferences through prioritising a consistent key contact and developing approaches to record and respond to consumers' preferences, including choice of worker. – inclusion of families, carers and supporters through family carer peer support, access to family therapies, family carer education programs, and access to Mental Health and Wellbeing Connect Centres. • Utilising the National Lived Experience Workforce Development Guidelines <https://www.mentalhealthcommission.gov.au/lived-experience/lived-experience-workforces/peer-experience-workforce-guidelines> and Lived and Living Experience Leadership Framework 2026-36 <https://www.health.vic.gov.au/lived-and-living-experience/leadership-framework> to develop and embed lived and living experience workforce in community-based service delivery and leadership. • Explore opportunities to expand recovery supports and deliver more holistic care, including peer-led, family and carer supports, wellbeing, education and self-help options, such as by leveraging the capabilities of local NGOs. • Develop information for service users and their supporters explaining the local model of community-based care, including the treatments, therapies and supports offered by the service.	Contributes to the following outcomes: **Domain 2: People are supported by mental health and wellbeing services to live the life they want.** • Mental health and wellbeing services are safe, inclusive and accountable. • Mental health and wellbeing services are holistic and effective. • Mental health and wellbeing services are person-driven and compliant with human rights. • Mental health and wellbeing services recognise the unique knowledge and experience of family, carers, kin, and supporters. **Domain 3: People in the mental health and wellbeing workforce are adaptive and collaborative and bring together diverse knowledge, skillsets, and experiences.** • The mental health workforce has the necessary skills, knowledge and capability to work to the top of their individual and collective scopes of practice. • The mental health and wellbeing workforce reflects the people and communities it serves **Domain 4: System structures and leaders drive real change and accountability** • The mental health system respects, protects, and complies with human rights • The mental health system is driven by people with lived and living experience Service level measures may include: • Consumer-reported experience of care, including involvement in decision-making and access and mix of clinical and non-clinical supports • Proportion of care reviews conducted with the consumer, family, carers or supporters present • Training and capability building activity related to embedding consumer and carer voice • Workforce diversity to reflect local communities served

Focus area (contin.)	Potential actions (contin.)	Monitoring the change (contin.)
2 Enhance collaboration across service levels and service systems to support integration and continuity of treatment, care and support.	• Strengthen partnership arrangements with NGO partners delivering wellbeing supports, such as through extended contract periods, referral protocols, co-location and channels for exchange of knowledge and expertise. The department will provide separate guidance about the expectations of partnerships between Area Services and NGOs as part of the next phase of the Community Redesign project. • Proactively contribute to the development and ongoing refinement of Mental Health and Wellbeing Collaboration Plans developed by Local Health Service Networks; to define how community-based services are positioned within the regional network. • Where new Level 4 services have been operationalised, implement mechanisms for partnership and collaboration such as standardised assessment and referral tools, primary and secondary consultations and channels for regular communication and exchange of knowledge and expertise between workforces. These mechanisms should aim to reduce uncertainty for consumers and families, minimise duplication, and support smoother transitions between service levels. • Strengthen inclusion of Commonwealth-funded programs in care coordination by explicitly recognising services such as the National Disability Insurance Scheme (NDIS), headspace, and Commonwealth Psychosocial Support programs.	Contributes to the following outcomes: **Domain 2: People are supported by mental health and wellbeing services to live the life they want.** • Mental health and wellbeing services are accessible and equitable. • Mental health and wellbeing services are connected and integrated. **Domain 3: People in the mental health and wellbeing workforce are adaptive and collaborative and bring together diverse knowledge, skillsets, and experiences.** • The mental health workforce has the necessary skills, knowledge and capability to work to the top of their individual and collective scopes of practice. Service level measures may include: • Partnership health assessment tools. • Number of referrals supported with Level 4 and 6 services. • Presence of formalised partnerships (such as Memorandum of Understanding) between AMHWS, NGOs, Aboriginal Community-Controlled Organisations (ACCOs), primary care, and Lived and living experience led services. • Consumer-reported experiences of helpful service navigation including ease of accessing support at the right time. • Evidence of shared care arrangements supporting continuity of care.

Focus area (contin.)	Potential actions (contin.)	Monitoring the change (contin.)
3 Tailor community-based treatment, care and support to developmental stage within the two age-based services.	• Finalise implementation of the Guidelines for age-based streaming for Area Mental Health and Wellbeing Services (2024) to establish two age-based streams of community-based care. • Develop Youth (18-25) focused models of care and workforce capability in ICY Area Services, with input from AOA Services that provided services to this age group under past age criteria. • Strengthen integration between ICY Area Services and headspace centres. • Strengthen partnership arrangements with NGO partners delivering wellbeing supports, such as through extended contract periods, referral protocols, co-location and channels for exchange of knowledge and expertise. The department will provide separate guidance about the expectations of partnerships between Area Services and NGOs as part of the next phase of the Community Redesign project. • Proactively contribute to the development and ongoing refinement of Mental Health and Wellbeing Collaboration Plans developed by Local Health Service Networks; to define how community-based services are positioned within the regional network. • Where new Level 4 services have been operationalised, implement mechanisms for partnership and collaboration such as standardised assessment and referral tools, primary and secondary consultations and channels for regular communication and exchange of knowledge and expertise between workforces. These mechanisms should aim to reduce uncertainty for consumers and families, minimise duplication, and support smoother transitions between service levels. • Strengthen inclusion of Commonwealth-funded programs in care coordination by explicitly recognising services such as the National Disability Insurance Scheme (NDIS), headspace, and Commonwealth Psychosocial Support programs.	Contributes to the following outcomes: **Domain 2: People are supported by mental health and wellbeing services to live the life they want.** • Mental health and wellbeing services are safe, inclusive, and accountable. • Mental health and wellbeing services are holistic and effective. **Domain 3: People in the mental health and wellbeing workforce are adaptive and collaborative and bring together diverse knowledge, skillsets, and experiences.** • The mental health and wellbeing workforce has the necessary skills, knowledge and capability to work to the top of their individual and collective scopes of practice. Service level measures may include: • Training and capability building activity related to developmentally responsive practice. • Consumer, family and carer reports of receiving developmentally appropriate care reflecting their preferences and needs.


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