

# VICTORIA'S 10-YEAR **MENTAL HEALTH PLAN**



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# FOREWORD



The Andrews Labor Government committed to delivering a 10-year mental health plan in its first year of government. This plan is the fulfilment of that commitment, and it delivers a long-term vision to improve mental health services and results for Victorians with mental illness so we can provide world-leading and innovative care.

Mental health is everyone's business. Almost half of us will experience mental illness at some point. All of us will have friends, family, classmates or colleagues who live with mental illness.

This plan will guide how we can work together, as a community, to ensure that all Victorians have the opportunity to experience their best mental health and achieve their full potential. It is a commitment to improving the wellbeing of Victorians with mental illness, their families and carers. It will help drive a community-wide shift in attitudes, because each one of us has a responsibility to promote inclusion, support mental wellbeing, and combat stigma and discrimination.

In developing this plan, we have sought input from people with mental illness, their families and carers, service providers, people who work in the mental health sector, key stakeholders and the community. I thank everyone who contributed to this important work.

The plan builds on the previous Victorian mental health strategy, *Because mental health matters: Victorian Mental Health Reform Strategy 2009-2019*. It also incorporates feedback from public consultations, policy changes in Victoria and Australia, new evidence-based practice and opportunities to align with other government policies and strategies.

Victoria has led Australia in delivering holistic, consumer-directed, carer-inclusive treatment and support in a range of community and inpatient settings. This plan builds on this strong history of excellence, but there is still a long way to go.

A key part of this work is about how we work with the Commonwealth on mental health reform, because Victorians need a system that works together well, and they should be able to get the support and services they need, when they need it – regardless of who funds it.

We will continue to advocate to maximise the benefits that primary healthcare, the National Disability Insurance Scheme and other Commonwealth Government mental health programs can deliver for Victorians. We will continue lobby the Commonwealth to reverse its \$17.7 billion in cuts to public hospitals over 10 years – which will see \$1.8 billion cut from acute mental health services. We will also maintain pressure on the Commonwealth to reverse cuts to important services such as perinatal support for mothers.

By focusing on achieving better outcomes, we will create a Victoria where all people have the opportunity to thrive, enjoying good mental health and wellbeing throughout their lifetime – a Victoria where people with poor social and emotional wellbeing or mental illness can progress on their individual recovery journey and participate in welcoming, supportive communities.

We will be accountable to the Victorian people for delivering on the vision outlined in this plan. We have already delivered on our election promise to institute an annual report on Victoria's mental health, which we will use to report on progress.

There is no silver bullet for this issue, and this plan doesn't pretend to have all of the solutions. Rather, it marks the beginning of the hard work ahead of us, and sets out how we will work together to achieve improvements over the next 10 years. I look forward to continuing to work with Victorians living with mental illness, their families and carers, service providers and the community. I am excited about working with the new Mental Health Taskforce to identify and implement the steps we will take to achieve real action in the coming years.

We must all work together because mental health is everyone's business; because every Victorian should have the opportunity and the right to experience their best mental health.

A handwritten signature in black ink, appearing to read 'M. Foley', with a long horizontal stroke extending from the bottom of the signature.

**Martin Foley MP**  
**Minister for Mental Health**

**Mental health is a state of wellbeing in which an individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community**

(World Health Organization 2014).

**The Aboriginal concept of health is holistic, encompassing mental health and physical, cultural and spiritual health. Land is central to well-being. This holistic concept does not merely refer to the 'whole body' but in fact is steeped in the harmonised interrelations which constitute cultural well-being. These inter-relating factors can be categorised largely as spiritual, environmental, ideological, political, social, economic, mental and physical. Crucially, it must be understood that when the harmony of these interrelations is disrupted, Aboriginal ill health will persist**

(Swan and Raphael, 1995).

**[Recovery is] a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even within the limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness**

(Anthony 1993).

**[We need] a more holistic view of mental health: the whole person matters** (submission via website).

# INTRODUCTION

Mental health matters to everyone. Each of us will experience our mental health differently and uniquely. Within this unique experience, there will be common elements that we share. Social attitudes about mental health matter. So do good jobs, stable and affordable housing, liveable cities, resilient communities and healthy families. Responsive and supportive government services are important too, such as education, healthcare and emergency services. The services that provide specialised support to people living with mental illness in both clinical and community settings are particularly important.

That's why mental health is everyone's business. Almost half of us will experience mental illness at some point. All of us will know somebody who lives with mental illness. Promoting mental health must happen everywhere – in workplaces, schools, families, non-government organisations, GP clinics, hospitals and our justice system. It will take collective effort for all Victorians to experience their best mental health, to live free from stigma and discrimination, and to be included in their community.

We've made progress towards this goal, but there is a long way to go. Many people who experience mental illness do not seek treatment or support, which can jeopardise their health and wellbeing. People who live with mental illness are at a much greater risk of social and economic disadvantage, deprivation and poorer physical health, and have a lower life expectancy. If you live with mental illness, you are also more likely to be unemployed, homeless, to have contact with the criminal justice system, and to miss out on treatment for physical health problems.

## A clear goal

Our plan starts with a clear goal: that all Victorians experience their best possible health, including mental health. The Victorian Government is committed to creating a healthier, fairer and more inclusive society. That means good mental health for everyone, particularly people who are disadvantaged and vulnerable. It means that people living with mental illness get the same respect and opportunities as everyone else.

## Better outcomes

We will use outcomes to guide our efforts to create the best conditions for Victorians' mental health.

The outcomes listed here are a starting point and an aspiration, not a conclusion. As we learn more about how to measure experiences and outcomes, we will keep improving them, and the indicators that sit under them.

Goal	Focus areas	Outcomes
<p>All Victorians experience their best possible health, including mental health</p>	<p>Victorians have good mental health and wellbeing</p>	<ol style="list-style-type: none"> <li>1 <b>Mental health and wellbeing</b> – the prevalence of mental illness is reduced, and Victorian individuals, families and communities are resilient.</li> <li>2 <b>Equality in emotional and social wellbeing</b> – the gap in social and emotional wellbeing is reduced for at-risk groups, particularly for people from culturally and linguistically diverse backgrounds, refugees and asylum seekers, children in out-of-home care, and people who are same-sex attracted, trans, gender diverse or intersex.</li> <li>3 <b>Close the gap</b> – the health gap between Aboriginal Victorians and the general population attributable to suicide, mental illness and psychological distress is reduced, and resilience-building activities, health promotion, treatment and support are culturally safe and responsive.</li> <li>4 <b>Reduce the suicide rate</b> – the occurrence of suicide deaths, suicidal ideation and suicidal attempt is reduced, and the gap between the suicide rates for particular vulnerable groups and the general population is reduced.</li> </ol>
	<p>Victorians promote mental health for all ages and stages of life</p>	<ol style="list-style-type: none"> <li>5 <b>Early in life</b> – infants, children, young people and their families are supported to develop the life skills and abilities to manage their own mental health.</li> <li>6 <b>Best mental health at all ages</b> – older Victorians are supported to build the protective factors for good mental health, address modifiable risks and access age-appropriate treatment and services that meet their mental health and physical health needs.</li> <li>7 <b>Families and carers</b> – the role and needs of family, kinship community, and carers of people with mental illness are respected, recognised, valued and supported.</li> </ol>
	<p>Victorians with mental illness live fulfilling lives of their choosing, with or without symptoms of mental illness</p>	<ol style="list-style-type: none"> <li>8 <b>Respect</b> – people living with mental illness, their families and carers get the same respect, advantages and opportunities as others, live free from stigma or discrimination, and have their rights upheld.</li> <li>9 <b>Inclusion and participation</b> – people with mental illness and their carers and families maintain good physical health, stable housing, finances, employment and educational opportunities.</li> <li>10 <b>Self-management</b> – people experiencing psychological distress or mental illness, and their families or carers, have the skills and support to manage and maintain their best mental health.</li> <li>11 <b>Safe</b> – people with mental illness have less contact with the criminal justice system, including as either perpetrators or victims of abuse or violence.</li> </ol>
	<p>The service system is accessible, flexible and responsive to people of all ages, their families and carers and the workforce is supported to deliver this</p>	<ol style="list-style-type: none"> <li>12 <b>Choice</b> – people with mental illness have genuine choice about the treatment options, rehabilitation and support available and provided to them.</li> <li>13 <b>Recovery</b> – people receiving treatment and other services are supported to define and realise personal wellbeing through recovery-oriented, trauma-informed, family-inclusive services that build optimism and hope.</li> <li>14 <b>Universal access to public services</b> – people with mental illness and their families and carers have access to high-quality, integrated services according to their needs and preferences.</li> <li>15 <b>Access to specialist mental health services</b> – people with mental illness, their carers and families have access to the public treatment and support services they need and choose, appropriate to their age and other circumstances, where and when they need them most.</li> </ol>

# SNAPSHOT OF ACTION

## Now

We are already working to respond to what matters to people. We have provided an extra \$117.8 million for mental health in the 2015–16 budget.

We have increased support for the resilience and wellbeing of young people through:

- expanding the Safe Schools program to all secondary schools across the state
- investing \$5.9 million in programs that promote the rights, mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex Victorians
- investing \$4.4 million to ensure that 60 high-risk young people experiencing an eating disorder and their families will receive intensive treatment and support.

In response to concerns about easy access to treatment, rehabilitation and community support, we:

- invested in new intensive community treatment services for up to 500 additional older people
- are establishing a new specialist mental health residential service for 10 people with severe mental illness and co-existing intellectual disability
- stopped the sell-off of metropolitan public sector aged person's residential mental health services
- invested in intensive individual clinical treatment and care packages for up to 80 people who have severe mental illness and other complex needs
- opened a new Prevention and Recovery Centre in Fitzroy to provide more short-term community-based subacute treatment
- provided an additional budget allocation in 2015-16 to stabilise the system and expand services
- appointed an independent review of the Mental Health Community Support Services and alcohol and other drug programs to respond to people's concerns about missing out on important rehabilitation and support in the community following the changes made under the previous government. We will act quickly to improve the program based on the findings of that review

- provided \$5 million in funding to community providers (St Mary's House of Welcome, Jesuit Social Services and Prahran Mission) to strengthen access and mental health support services in the community for people with complex presentations including homelessness
- signed the Bilateral Agreement for the National Disability Insurance Scheme, an important step to ensure this scheme delivers the best possible outcomes for Victorians, and securing the roll-out across Victoria from 1 July 2016.

We have invested in infrastructure upgrades of mental health clinical and community support services to make these facilities modern, safe and welcoming, and to improve the experience of both staff and service users. This includes a \$10 million capital investment to make mental health acute inpatient facilities safer for staff, patients and visitors.

We have announced the development of new forensic mental health beds at Thomas Embling Hospital, and recognised the critical service improvements required to respond actively to people with mental illness who are also involved with the criminal justice system. This has focused on partnership responses with police in community settings to reduce harm and improve access to acute mental health assessment.

We have commenced planning and development of the new Orygen Youth Mental Health Care and Research Centre at Parkville, as a part of a commitment to world-leading practice and research in the field of mental health treatment for young people.

We have invested \$1 million a year in the National Centre for Farmer Health to improve the health and wellbeing of Victorian farmers and their families, because we know that they are consistently over-represented in the numbers of Victorians affected by mental illness, injury, chronic disease, workplace fatalities and suicide.

We have launched the Independent Mental Health Advocacy service. This will strengthen a rights-based framework for the delivery of treatment and support, and help embed person-directed assessment, treatment and recovery as the norm for service delivery.



## Going forward

This plan puts benefits for Victorians at its core through a focus on outcomes. These outcomes include psychological wellbeing, both for the community as a whole and for vulnerable groups. They include better results for people with mental illness, such as more social and economic participation, reduced contact with the criminal justice system and better access to safe, responsive services that join up to work as a whole.

As outlined in this plan, government will co-produce policy and services with people with mental illness, their families and carers, and clinicians and other mental health workers. People will have a genuine say about how the system works, how services work and how they are treated. The result will be services that work much better for the people they serve. This will be an ongoing process and a new way of working.

The plan forms the platform for whole-of-community effort to prevent risk factors for poor mental health, and to promote the conditions in which people's mental health can thrive. Within six months of releasing this plan we will develop:

- a whole-of-Victorian government suicide prevention framework
- an Aboriginal social and emotional wellbeing framework
- a mental health workforce strategy.

An expert taskforce and reference groups will be established immediately to advise the Minister and government on measures and targets to be used as indicators for successfully achieving the outcomes set out in the plan. These bodies will also guide implementation planning and activities over the life of the plan.

The government will be accountable for its efforts through the publication of an annual report, which will be tabled in both houses of Parliament annually from 2016.

In 2016, this will be accompanied by an update on progress implementing the plan. In collaboration with key stakeholders, we will develop indicator measures to demonstrate achievement of and progress towards the outcomes in the plan by mid-2016.

# WHERE WE ARE NOW

Each year 1.2 million (one in five) Victorians will experience mental illness, and nearly half (45 per cent) will experience mental illness in their lifetime. Sometimes, challenges to mental health are eased with time and informal support. At other times, people need more specialised assistance and treatment.

People with mental illness should have the same opportunities to be healthy and participate in their communities as other people, but too often they don't. Mental illness can be associated with greater risks of physical illness and experiencing violence, homelessness, disadvantage and discrimination.

Some groups face greater challenges to their mental health. Aboriginal people, people from culturally and linguistically diverse backgrounds, people experiencing family violence, refugees, older and younger Victorians, people living in regional and rural communities and lesbian, gay, bisexual transgender and intersex people are all at greater risk of poor mental health and wellbeing.

The inequality between people with and without mental illness, and between different groups and communities, is unacceptable. These gaps show that there is much more to do to create a fair and inclusive society.

## Mental health services

Victoria has led the way in Australia with investment in community-based clinical and non-clinical mental health services – but these services are only one part of the picture.

There is a broad range of services provided by the Commonwealth, the state, the community and private sectors that make up what is often referred to as the 'mental health system'. Changes to one part of the system can have an impact on other parts of this system for better and worse. That is why the looming Commonwealth budget cuts are a concern. The Commonwealth has flagged \$1.8 billion cuts to mental health services over the forward estimates of the next decade.

Through the Medicare Benefits Schedule the Commonwealth Government subsidises much of the treatment and support related to mental illness and mental health. It subsidises private hospitals and private psychiatric and psychological services, most primary healthcare, the Pharmaceutical Benefits Scheme, some specialist treatment and prevention programs, and disability and carer payments.

We will work with the Commonwealth to improve the mental health of all Victorians. The newly established Primary Health Networks provide us with opportunities to better plan and deliver integrated mental health services through primary care and community health platforms.

We will also strongly advocate for an outcomes approach in the upcoming *Fifth national mental health plan*.

The Victorian government funds public clinical mental health services that treat people with severe and enduring mental illness. These services are managed by public hospitals and include bed-based and community-based outpatient services. Some people using clinical mental health services are treated as compulsory patients under the *Mental Health Act 2014* (people considered to be in need of immediate treatment to prevent serious deterioration in their mental or physical health or prevent serious harm to themselves or another person).

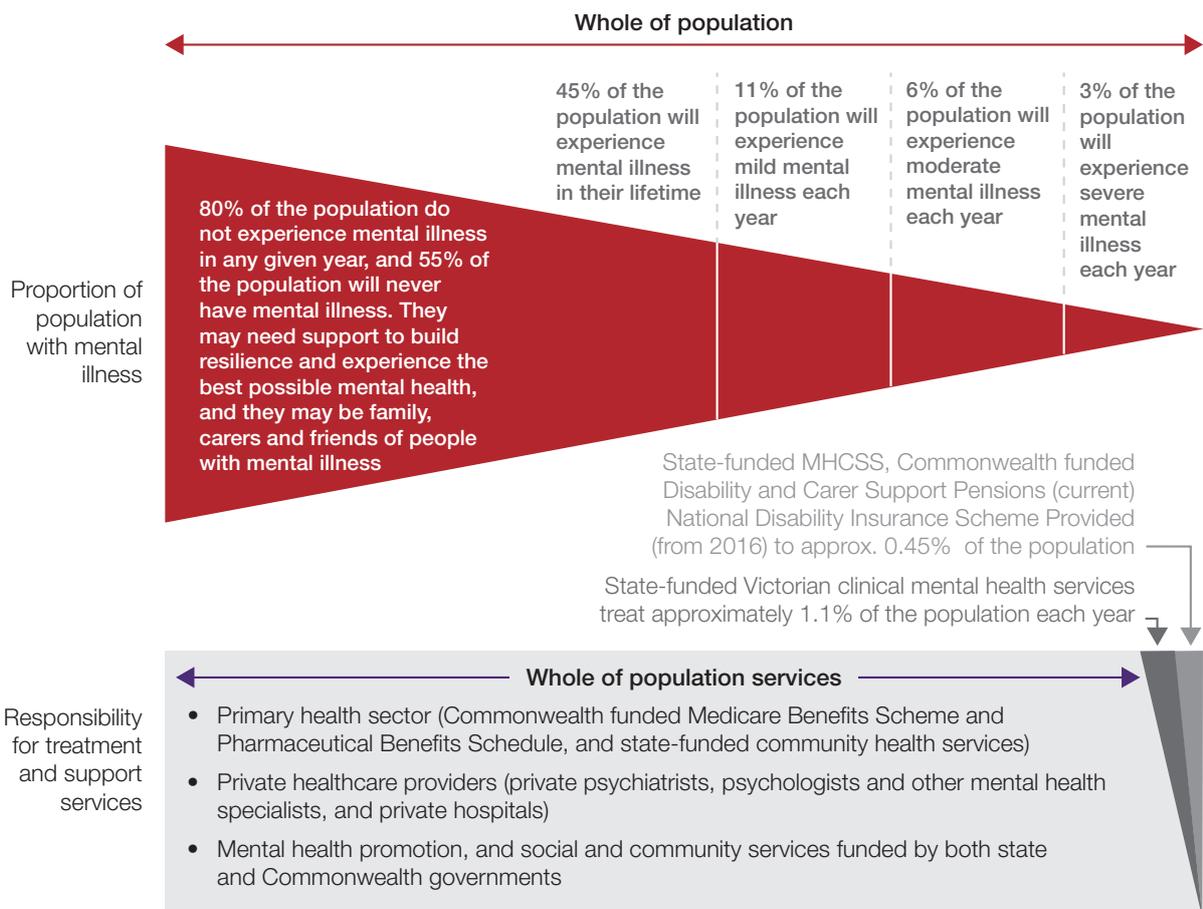
State-funded clinical mental health services deliver assessment, treatment and clinical case management in acute inpatient settings and in a range of services in the community. They include child and adolescent mental health services, adult mental health services and mental health services for older people. A number of publicly funded specialist clinical mental health services are also delivered on a statewide basis. These services offer treatment for specific types of conditions or high level needs. In 2015-16 these services treated approximately 65,000 people.

The Victorian government also funds the Mental Health Community Support Services, provided by a range of non-government providers, which deliver support services to people with psychosocial disability associated with mental illness. In 2015-16 it is anticipated that these services will provide support to more than 12,000 adults. Over the next three years most of these services will transition to the National Disability Insurance Scheme as it rolls out across Victoria.

The National Disability Insurance Scheme will significantly increase the number of Victorians with psychosocial disability who receive support, and change the way support is provided. The range of support services available will be far wider, and Victorians with psychosocial disability support needs will be able to choose the support and services they receive to meet their individual needs.

We will work hard to ensure that the National Disability Insurance Scheme delivers what Victorians need, and we will make sure that our continuing system of community care is responsive to the particular needs of people living with mental illness and their families and carers.

## PREVALENCE OF MENTAL ILLNESS IN THE ADULT POPULATION





## Higher demand and unmet need

Each year just under half of the 1.2 million Victorians who experience mental illness access Commonwealth-funded or Medicare-subsidised mental health services.

Public clinical mental health services deliver valuable and important treatment to about 65,000 people per year, or about one per cent of the population.

This means that many people, including people with severe mental illness, do not access public mental health services. For some this is by choice. For others the right services are not available at the right time in the right place.

Increasing and sustained demand pressure on services has not been matched with increasing resources. Shifting population and growth has left some services under even greater pressure.

The result is longer waiting times to access services and higher thresholds for entry. The increased pressure on services creates a risk that people may receive treatment that is less timely, less intensive and shorter in duration than they want or need. Interventions involving the police, ambulance services and hospital emergency departments become more likely. The Commonwealth's cuts to public hospitals will only make matters worse.

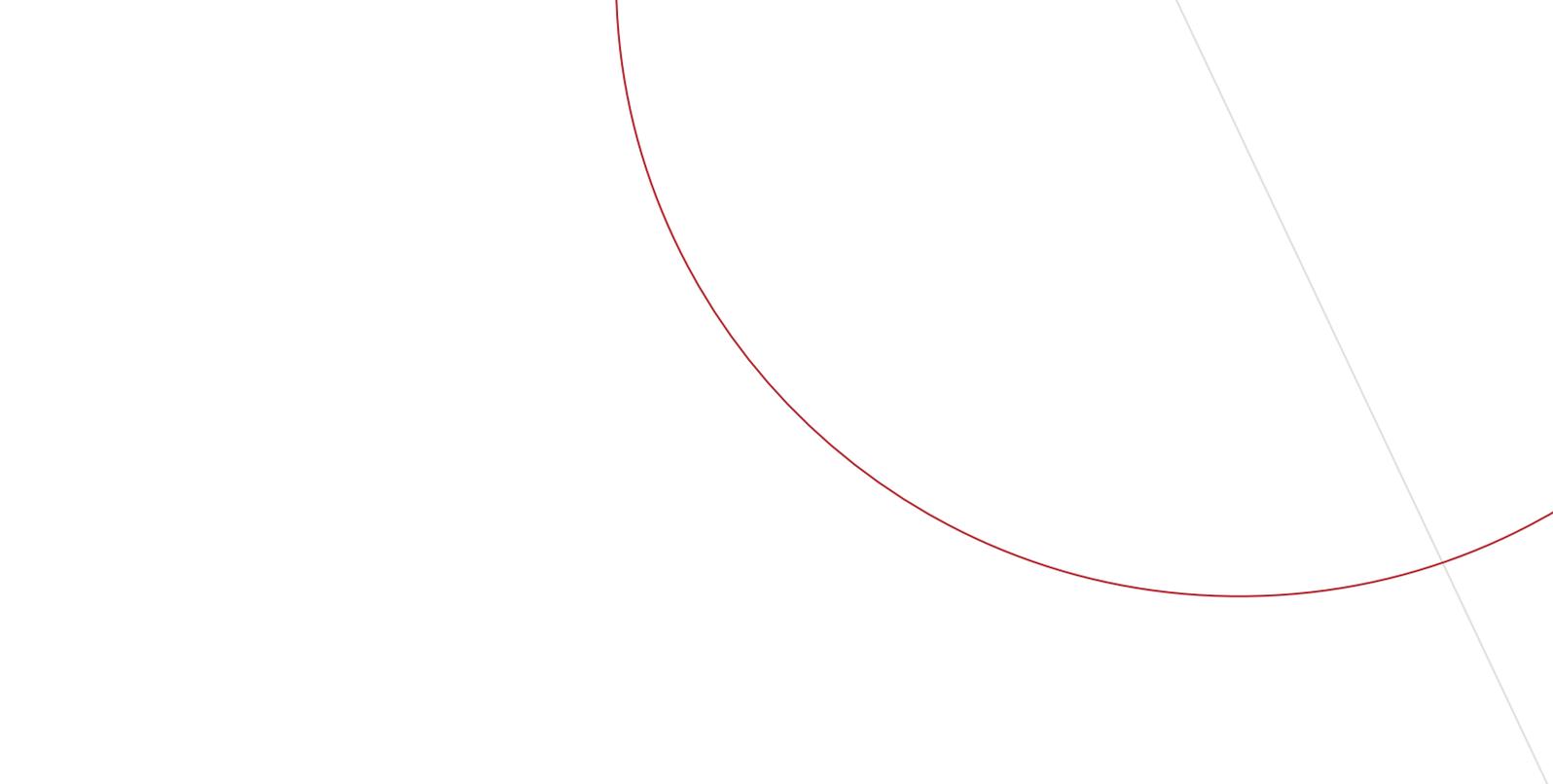
Failure to respond early and to adequately resource the specialist system results in lost opportunities. It means people are not supported to make a social and economic contribution and to live well in the community.



## Beyond the mental health service system

Universal education and healthcare, liveable cities, good jobs, safe communities, stable and affordable housing and healthy families are among the building blocks of mental health and wellbeing.

People with co-occurring mental health and substance use problems and disorders commonly present in all health settings and community services, and services must be able provide a holistic response comprising physical, psychological and social service interventions that engage, assess, treat and provide care.



People with mental illness are over represented in the justice system, as offenders, victims and people in need of assistance. There is a critical need to better address the needs of people with mental health problems who become involved with the justice system at all points of contact: at arrest or apprehension, in police custody, at court, during community-based corrections orders, in prison, and at all transition points. The drivers of offending and re-offending are complex and interdependent. They can include issues such as family violence, mental illness, alcohol and drug misuse, the stress of living in regional, rural and drought-affected areas, unemployment, poor educational attainment and insecure housing. The multi-faceted disadvantage experienced by ex-offenders on returning to the community is a key factor driving re-offending.

The efforts of Commonwealth, state and local governments across community and economic development, employment support, crime prevention and community safety, primary health, and a broad range of other social and community services are vital to improve mental health in Victoria. We understand that as a community we must grapple with a decisive response to family violence and child sexual assault, and we must recognise that people suffering from these experiences of trauma need integrated responses that respect and understand the challenges they are facing.

Furthermore, the Victorian Government is pursuing four major reforms that will make a particularly big contribution:

- through *Education state: schools*, we are investing in an education system that starts by getting it right in the early years and in the classroom
- *The Roadmap for Reform: Strong Families, Safe Children* will set out how the Victorian child and family service system can be improved to support our most vulnerable children and families. It will help prevent neglect and abuse, intervene early, keep more families together through crises and secure better futures for children who cannot live at home
- the *Public health and wellbeing plan 2015-2019* establishes a new and ambitious population health vision for the state: a Victoria free from the avoidable burden of disease and injury, so that all Victorians can enjoy the highest attainable standards of health, wellbeing, and participation at every age. Mental health is one of six key priorities in this plan
- in *Health 2040*, we have started a process for long-term reform of the health system in Victoria, based on the perspective of the people who use the system. This includes thinking about the alignment of the mental health system with the broader hospital and community health sector, and ways to ensure that the most vulnerable members of the Victorian community have access to the kinds of support and treatment services they need.



Employers also have a role to play. Creating a workplace and culture that supports staff who have a mental illness helps sustain participation in the workforce. In turn, this can make recovery easier. It helps employers too. According to one estimate, the financial return on supporting mental health in the workplace could be more than double the cost.

Finally, family (including chosen family), carers and social and cultural communities form the immediate and continuous support network around people in psychological distress or who have mental illness. For many people, this kind of support is what makes the biggest difference to their mental health – far more than any kind of government service. When services work with people who have a mental illness, they should respect their relationships with family and carers.

“  
**Please recognise that the relationship with and between the consumer, family and service staff is fundamental to supporting good mental health** (submission via website).

**We wish to work. Improve job access, including work placements and business mentoring to help people find their feet in the job market** (submission via website).

**[We should] maximise opportunities for promoting social inclusion, addressing determinants of violence and discrimination and promoting access to adequate housing, education and employment opportunities for everyone** (written submission).  
”



## Human rights

In Victoria we are proud to have a strong commitment to upholding the human rights and dignity of all people. Over the past decade, policy and human rights developments, both at the state and national levels, have created a strong impetus for positive and lasting change in the way governments, services and communities conceptualise and approach mental health, mental illness and wellbeing.

The *Charter of Human Rights and Responsibilities Act 2006* places an obligation on governments and public authorities, such as public hospitals and health services, to consider, protect and promote human rights. Australia's ratification of the International Convention on the Rights of Persons with Disabilities in 2008 obligates governments to 'promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities (including mental illness), and to promote respect for their inherent dignity'.

The Charter Act and the Disabilities Convention are the foundations of Victoria's *Mental Health Act 2014*, which has fundamentally changed the way compulsory mental health treatment is provided in Victoria.

The Mental Health Act places people with mental illness at the centre of decision making by promoting recovery-oriented practice, minimising the use and duration of compulsory treatment, and safeguarding the rights and dignity of people with serious mental illness.

The Mental Health Act also recognises and supports the important role of families and carers in the recovery of people with mental illness. This is consistent with Victoria's commitment to recognise, support and value the role of carers and the care relationship in the *Carers Recognition Act 2012*.

Victoria is proud to have an independent Mental Health Complaints Commissioner to resolve complaints about public mental health services, a Mental Health Tribunal to make independent decisions in relation to compulsory treatment, and an Independent Mental Health Advocacy service to support people on compulsory orders to understand and exercise their rights.

This strong rights-based framework is one that the Victorian government is committed to continue and build upon.

**Reduce the amount of power that systems, institutions and clinicians have over patients and work instead to empower and inform patients** (submission via website).

**A person's self-determined goals and self-defined recovery are of huge importance** (submission via website).

**[In 10 years' time I hope there is] no more compulsion. Ever. Freedom of choice. Many services options available and the person is really in charge of their life and choices** (submission via website).

# WHAT YOU TOLD US

Mental health is everyone's business.

That's why we developed this plan along with people with mental illness, their families and carers, service providers, clinicians, workers and other experts and community members.

We conducted workshops in Melbourne and in rural and regional areas. More than 1,000 people participated in public and invitation only consultation events; 10,000 people visited the consultation website, and made more than 1,000 online comments and provided more than 190 written submissions.

We made sure to talk with people from different communities and with different perspectives. That included people who have different gender and sexual identities and people who provide a broad range of mental health services, including services for Aboriginal people and children in out-of-home care.

These contributions cover a depth and breadth of perspectives, experiences and expertise.

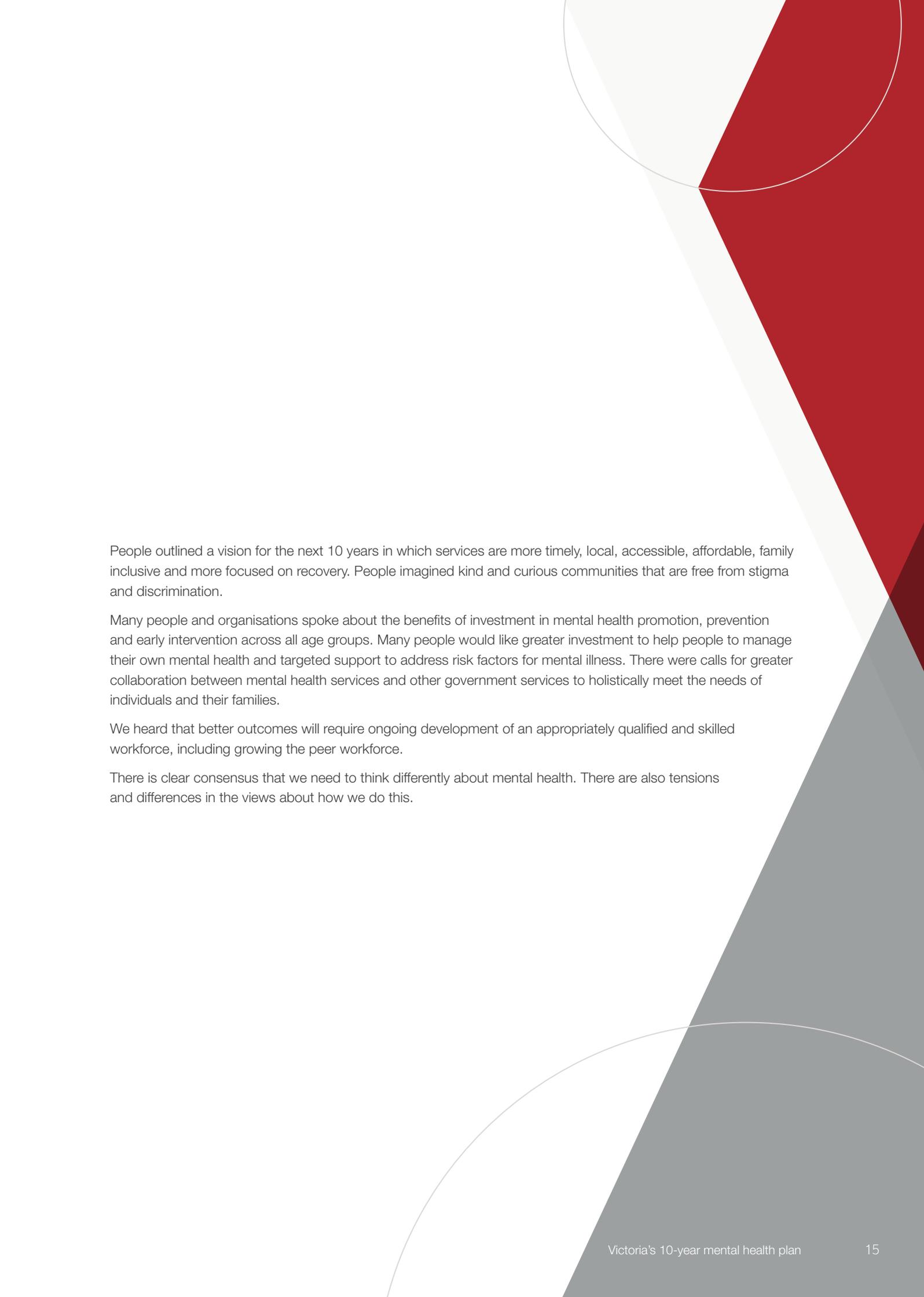
Many people shared their concerns about services that are fragmented, siloed, difficult to navigate, hard to access, crisis driven, facing increasing demand, under-resourced, stigmatised and stigmatising. We heard the frustration of trying to access services only to be turned away. We heard about families and carers feeling isolated and excluded.

We heard how increasing demand, red tape, out-of-date technologies and physical infrastructure can make it harder for dedicated, specialist staff to deliver the best services to the people who need them.

We heard about the great hope people have for the National Disability Insurance Scheme, and some uncertainty about how it will affect people with psychosocial disability, as well as worries that some people may be worse off.

Importantly, we also heard stories of what helped recovery, particularly support from friends and family, and also support from passionate peer workers (people with lived experience of mental illness, or caring for someone with a mental illness, who work in mental health services), clinicians and other mental health workers.

There was optimism that by working together we can build on the considerable strengths of our system and overcome its weaknesses to achieve great results, together.



People outlined a vision for the next 10 years in which services are more timely, local, accessible, affordable, family inclusive and more focused on recovery. People imagined kind and curious communities that are free from stigma and discrimination.

Many people and organisations spoke about the benefits of investment in mental health promotion, prevention and early intervention across all age groups. Many people would like greater investment to help people to manage their own mental health and targeted support to address risk factors for mental illness. There were calls for greater collaboration between mental health services and other government services to holistically meet the needs of individuals and their families.

We heard that better outcomes will require ongoing development of an appropriately qualified and skilled workforce, including growing the peer workforce.

There is clear consensus that we need to think differently about mental health. There are also tensions and differences in the views about how we do this.

# WHERE WE'RE GOING

All people are entitled to be treated with respect, to be valued and to have control over their lives.

Our goal is that all Victorians experience their best possible health, including mental health.

This means that people who live with mental illness should be able to enjoy better health, be free from stigma and discrimination, free to direct their own lives, and able to achieve their full potential. We want to create a Victoria where everyone is supported to achieve their optimal social and emotional wellbeing.

We will only achieve this goal if we have a clear way to measure our progress and lay out a path forward. This plan translates our long-term goal into clear, measurable outcomes. Then it outlines immediate priorities for change and the next steps after that.

# GREATER EFFORTS IN MENTAL HEALTH PROMOTION AND ILLNESS PREVENTION

Good mental health takes more than just good mental health services. For that reason, our actions will address the bigger picture across Victoria. We will take action in health promotion, prevention and early intervention that is not restricted to government services. Action will be linked with our *Public health and wellbeing plan 2015–2019* which prioritises the improvement of Victorians' mental health. Like that plan, this plan focuses on prevention and promotion and our efforts to achieve the outcomes outlined in this plan will include a focus on environments that create good health. We will aim to change attitudes and behaviours, and improve workforce participation, social connection, civic participation, community resilience and suicide prevention. In some cases, our actions will aim to drive change through the community sector and private sector.

This plan is all about targeting outcomes that matter, and being accountable for achieving them. Prevention actions will address all of the outcomes and will include:

- working closely with existing school-based programs and supports to build resilience and influence attitudes that support mental wellbeing of children and young people
- strengthening partnerships and sharing information about what works across local communities, government jurisdictions, non-government providers and private industry so that everyone across the Victorian community is able to support the mental health and wellbeing of all Victorians
- implementing whole-of-Victorian government approaches to guide suicide prevention and mental health promotion
- with leadership from Aboriginal community controlled health organisations and communities, developing an Aboriginal mental health and social and emotional wellbeing framework that supports resilience and promotes protective factors, while addressing risk factors for poor mental health
- working with LGBTI leaders and communities, community-controlled services and other experts, we will continue and expand proven strategies to build resilience, address discrimination and minimise the factors that threaten good mental health
- working with people with mental illness, their families and carers, other experts and across government to identify better responses to mental illness co-occurring with homelessness, harmful drug and alcohol use and poor physical health
- implementing a comprehensive strategy to divert people with mental illness from the criminal justice system by strengthening pathways to early community treatment and support, and supporting reintegration for people leaving prison with serious mental illness
- strengthening collaboration between public specialist mental health services for children and young people and paediatricians, other social and community services and schools

- improving prevention, early intervention and treatment for vulnerable mothers from pregnancy through the post-partum and early infancy period
- working with health and other social and community services to develop effective consumer and carer peer support practice models for children and young people, families and carers.

These actions will be developed and finalised, and supplemented with other actions, based on advice from the expert taskforce.

We will also explore ways to improve prevention in Commonwealth-funded primary care. All general practitioners have a role to respond to people's mental health needs and to help people build their resilience and manage any chronic mental illnesses they have. We will work with Primary Health Networks to develop clear strategies to promote mental health. These strategies should be tailored to the strengths and vulnerabilities of different communities, including people and groups who are at greater risk.

# BETTER SERVICES FOR BETTER OUTCOMES

We need a comprehensive approach to changing how services are designed and delivered. Based on consultation, we have identified five of the most important ways to improve the services people with mental illness and their families and carers use, including mental health services. Actions to achieve these changes will be fully implemented over the next four years.

## Co-produce services

By involving service providers and service users (people living with mental illness and their families and carers) in the design, development and delivery of services, we can build better services that respond to different people's needs and preferences. This approach of working with service users to design and provide services is known as co-production.

The Victorian Government is committed to co-production at every level. Service providers and users should guide government policy and system management, as well as service design and delivery. This will build on the spirit of the extensive consultation and collaboration that led to this plan.

Co-production requires a shift in how government, services and professionals work with service users, recognising that positive outcomes cannot be delivered effectively to or for people; they can best be achieved **with** people.

We recognise that multiple sets of expertise can support recovery:

- professional training and experience, research and evidence-based practices
- personal experience of distress and personal journeys of recovery, and
- personal experience of caring for someone living with mental illness.

**If we get co-production right, we'll get everything right** (contribution via workshop).

We are just beginning to understand how co-production can transform the way government and public services do business. To truly adopt this model of working we need to change attitudes, culture, priorities and training. We also need to recognise that this will result in a fundamental re-balancing of power by affording equal value to different kinds of skills and expertise. Through working together we will build and expand the existing workforce, not substitute skilled clinicians for others. We will add the expertise of people living with mental illness to the planning and delivery of care – strengthening services to respond.

One of the critical first steps of the expert taskforce will be to explore what co-production can and should mean for Victoria's mental health and other services, and to establish a framework for implementing coproduction.

## Provide services that fit together into a whole

This plan puts individuals, families and the Victorian community at the centre of the way we organise and deliver services. Their needs, their goals, their preference should drive the way services are designed and delivered.

Access to services is a priority and should be easy for individuals and their families and carers. Services should have good linkage, communication flow, coordination and integration. People should be linked to the right services at the right time and their journey through these services should be safe, seamless and make sense. Services provided early such as through Commonwealth-funded primary care are critical enablers for early and sustaining community care and we will work with the Commonwealth to expand access. We will focus our early efforts on ensuring limited disruption in transition for Victorians to the National Disability Insurance Scheme.

Our service systems are not very good at responding to people who have multiple needs, especially when those needs are linked to social disadvantage. As a result, people are expected to access separate services, often without coordinated intervention to address all of their needs. In some cases, people move from service to service and ultimately fall through the gaps. Siloed funding streams (between and within Commonwealth and state responsibilities) and recent de-stabilising budget decisions make this worse.

People should be able to get the right services at the right time, local to where they live – be it metropolitan Melbourne, a regional centre or a rural area. Their journey through these services should be seamless, both for individuals and for family and carers. For this to happen, services need to look beyond what they offer themselves. Services should help people get the treatment, rehabilitation and other services that they need, even if that support lies elsewhere. The same goes for the families and carers of people with a mental illness. Services should consider the support that family members need, including the children of people experiencing mental illness.

Integrated service delivery will become the standard way that we operate. For effective integration, mental health and other services must be supported to develop new ways of working together that build ongoing relationships, and develop compatible infrastructure and service delivery models.

**The integration of services needs to go much further** (written submission).

**Greater collaboration is needed between housing, alcohol and other drugs, and mental health service providers** (written submission).

**Coordinated treatment and support is crucial to enable the best possible outcomes** (written submission).

## Understand, respect and respond to diversity

A person's life experiences, expectations, culture and beliefs, age, sex, gender, gender identity, sexual orientation and ethnicity, and the relationship between these factors, all influence their understanding and experience of mental health.

Some groups and people experience discrimination, marginalisation and disadvantage that in turn increases their risk of mental health problems and affects whether they choose to seek help. Some people may face multiple forms of discrimination, which compounds the difficulties they encounter. This contributes to an unacceptable inequality in the mental health outcomes for particular groups within our community.

The Victorian Government will design and deliver services and support in a way that promotes equitable access and safe and inclusive services for people with diverse cultural, religious, racial, linguistic, sexuality and gender identities. Part of the answer is supporting specialist community-controlled organisations to deliver services. This does not mean that everyone receives the same response, but rather that all people have their mental healthcare needs met equally well.

We must work to ensure that **all** Victorians, regardless of their circumstances, have the opportunity to experience their best mental health in services that are welcoming, responsive and safe.

**Policy makers must stop treating consumers as one homogenous group. We have different conditions which require a range of support services** (submission via website).

## Diversity and mental health

- Poor mental health and suicide is one of the leading contributors to the burden of disease for Aboriginal people of all ages and is the second highest contributor to the health gap in life expectancy. Enabling Aboriginal peoples to experience optimal social and emotion wellbeing is one of the outcomes this plan aims to achieve.
- People from refugee backgrounds, including asylum seekers, often come from countries where they have had limited, interrupted, or no access to mental healthcare and where health infrastructure is poorly developed. People from refugee backgrounds almost universally have a history of exposure to highly traumatic events that impact mental health. These factors increase the risk of poor mental health for refugees and asylum seekers.
- Culturally and linguistically diverse communities often have poorer mental health outcomes and typically present to services when their illness is more severe. Services must address language and cultural barriers, as these can hinder effective treatment and support.
- Access to mental health services and information that is culturally appropriate and provided in a language that is easily understood is critical to meeting the needs of the diverse Victorian community.
- Discrimination and stigma affects the mental health and wellbeing of Victoria's diverse lesbian, gay, bisexual, transgender and intersex population and can also affect their access to mental health services. Multiple discrimination on the basis of mental illness, gender identity and/or sexual orientation can seriously impair access to wider support services and discourage people from seeking help. This discrimination can extend to marginalisation of non-traditional families, which in turn can make it more difficult for carers and families to support their loved ones and maintain their own wellbeing.
- Gender can uniquely affect the way people experience mental health and mental illness. Women experience disproportionate rates of domestic violence and sexual abuse and this significantly impacts mental health. Women are at higher risk of particular mental illnesses. Women have increased risk to their mental health during pregnancy and following child birth. Men are less likely to seek treatment or other support for a mental health problem. Men are over three times more likely to die by suicide than women.
- Trans, gender diverse and intersex people can also experience significant marginalisation and discrimination, and may have distinct mental health needs and higher risks of poor mental health because of that marginalisation and discrimination. This is particularly the case when they have had negative experiences of the mental health system when they were young meaning they are less likely to seek help later in life.
- Mental health at each stage of life is influenced by both unique and common factors. The risks and needs of infants and children are uniquely distinct from those of adults. Older people have different and unique experiences again. At each life stage there are critical periods of susceptibility and vulnerability, as well as opportunities to build resilience and capabilities for good mental health. Our mental health response must be appropriate to different stages of life.



## Build and support the best possible workforce

A capable, responsive, diverse and supported workforce is necessary to create services that are recovery oriented, trauma informed, evidence based, outcomes focused, culturally safe, inclusive and accessible, and that adapt to the diverse needs of service users and their carers and families. Our workforce must be supported to deliver treatment and other services that are culturally safe and welcoming for all people in need, including Aboriginal peoples, people with diverse sexualities and genders, people from culturally and linguistically diverse background, refugees and asylum seekers, older people and children.

Our public specialist mental health clinicians, practitioners and workers are valued, have invaluable expertise and deserve to be safe at work and be supported to learn and develop the right skills, qualifications and capabilities throughout their careers. But there are workforce challenges, including staff retention and the need to build on existing expertise and develop the right skills and capabilities to support people living mental health issues achieve their goals.

The action and investment we need to effectively support the directions and priorities in this plan will be brought together in a new mental health workforce strategy. The expert reference group on workforce to be established by the Minister for Mental Health will guide the development of this workforce strategy. The workforce strategy will address what we need to do to attract, develop and retain staff with the mix of skills and values that will support the outcomes set out in this plan.



**Peer support gave me the inspiration and empowered me to recover... Peer support should be a part of all mental health services** (submission via website).

**Workforce planning and development is needed to ensure an equitable and properly funded range of programs to deliver clinical care** (written submission).



We will develop a mental health workforce strategy to support mental health workers and peer support workers to provide high quality care, and attract and maintain a world leading mental health workforce in Victoria. It will have an initial focus on growing the paid lived-experience workforce, and supporting the professional development of this workforce through clear and consistent role descriptions, supervision and career progression.

Better outcomes for individuals, families and the Victorian community also require development and support of workers in the broader health, justice, education, housing and homelessness service sectors to more confidently identify, work with and if required, refer people with mental illness. 'Joined up' care to respond to a range of individual needs in an integrated way means developing these workforces to build on their skills for a new way of providing care.

## Learn what works and do it

Victoria is the home to world-leading practice in the field of mental health treatment.

The Victorian Government will continue to support innovation.

The expert reference group on innovation to be established by the Minister for Mental Health will guide commissioning and translation of research about prevention, treatment and practice. This will include working out the best way to embed trauma-informed practice and develop and adopt new models of person-directed and family-inclusive practice.

The expert reference group on innovation will also provide direction about adaptation of new technology such as telemedicine and e-health to support the outcomes outlined in this plan and build the structures and processes needed to support the effective translation of knowledge into policy, practice and service delivery across the specialist mental health service system and in other services.

We will work with research bodies, clinical academics, people with mental illness and carers, and specialist mental health services to identify key knowledge gaps, the right data to collect about service users and learning priorities. In many cases, funding research is a Commonwealth responsibility. By working with a broad range of experts, we will avoid duplicating Commonwealth efforts. We will also encourage the Commonwealth to align its research funding with our focus on applied research that improves services.

New state-funded mental health service models and interventions will be objectively evaluated to determine whether they have delivered the intended consumer, workforce and system outcomes, confirm their strategic value and identify areas for improvement as needed.



# MAKING IT HAPPEN

Like this plan, implementation will be guided by people with mental illness, their families and carers, service providers and workers, and other experts. The Minister for Mental Health will establish an expert taskforce. The taskforce will draw on expertise from across Victoria and provide guidance directly to the Minister and Government. It will have four expert reference groups:

- workforce (industrial and peak bodies, educators, managers, peer workforce representatives)
- lived-experience leadership (consumers and carers)
- innovation (including academics, researchers, clinical leaders, consumer and carer academics)
- Aboriginal social and emotional wellbeing and mental health (Aboriginal consumers and carers, community controlled health and community service providers, other leaders from the Aboriginal community).

The Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Health and Human Services working group, established under the LGBTI Taskforce, will provide advice to the Minister and government on supporting the social and emotional wellbeing and mental health of LGBTI people.

To coordinate efforts across government, the actions will dovetail with other reforms wherever possible, linking to a new plan for health services and infrastructure (the *Statewide Strategic Service and Infrastructure Plan*), broad commitments such as the *Victorian Ice Action Plan* and whole-of-government policies such as the *Victorian Aboriginal Affairs Framework*, *Education State* and *The Roadmap for Reform: Strong Families, Safe Children*. To achieve the best results for Victorians we need more than broad Victorian government commitment. We will need the Commonwealth, private and non-profit service providers, other organisations and the community to join us and work together to create real change.



# ACCOUNTABILITY FOR PROGRESS

The outcomes will guide government to make better policies for the benefit of individuals, their families and the Victorian community. The government will measure and report on the outcomes as part of a transparent and accountable approach.

Our commitment is to make progress on these outcomes. If progress stalls, we will find out why and try new approaches.

We will identify the indicators we will use to monitor progress. Where necessary, we will invest in new ways to collect this information, including through consumer and carer surveys across the specialist public mental health system. Together, these measures will give us a much better understanding of whether we are improving mental health and doing the right things to support people with mental illness.

From 2016, an annual report on mental health will be tabled in the Victorian Parliament each year to inform the community about progress towards the outcomes.

It will shed new light on the experience of people with mental illness, presenting outcomes for the whole population and for different groups. These groups will include people of different ages, genders, sexualities, Aboriginality, income, and contact with the criminal justice system. The results will help us refine our focus over time, identifying groups who need more support, different support, or earlier intervention.

After five years, this plan will be independently reviewed to make sure we are taking the best possible approaches to achieve our goal.

# WHAT HAPPENS NEXT?

We can do much more to create a Victoria in which everyone experiences their best mental health and wellbeing.

We can do more to remove the stigma, disadvantage and physical health problems that disproportionately affect people with mental illness.

We can do much more to work people with mental illness, their families and carers, service providers, other experts and all Victorians to create a genuinely inclusive community in which all people have an equal voice.

This is a big undertaking. That is why we have developed a 10-year plan instead of a set of one-off actions. Solving these problems demands a clear vision, a clear direction for change, and clear accountability for progress. This plan presents that framework.

This plan sets out our goal, the outcomes we are targeting and our two broad strategies to improve them: greater efforts in prevention across government and improving public services. In 2016, to coincide with the release of the first report on outcomes, we will publish a detailed update on implementation of this plan – what has been done in the first year, and what is happening next.

We will detail new approaches outside health and social services – actions that target many of the most important risk and protective factors that affect mental health. We will build better services, supporting mental health services to do more to give service users and their families a seamless experience, more choice and more control. As part of our commitment to co-production, implementation of the plan will be done in close collaboration with the groups represented in the expert taskforce, including people who live with a mental illness, families, carers, service providers, clinicians, professional representative bodies, industrial representatives, other workers and researchers.

The transition to a better system and a fairer society will be difficult. Many solutions still need to be developed, tested and perfected. Despite this uncertainty, we are committed to being clear about our direction, our successes and our failures. Regular public reporting on progress measures, and an independent five-year review, will show where we are making the progress we have committed to achieve, and where we need to do more.

Now that we have a clear path forward, we ask people with and without mental illness across Victoria to work with us to make this journey a success.





