

First 100 Days: One Year Later

In 2022, Mental Health Victoria (MHV) presented the State Government with our report: First 100 Days - Mental Health Sector Brief to an Incoming Victorian Government¹. The document, informed by detailed consultation across Victoria's mental health and wellbeing sector throughout late 2022, was developed as a guide to an incoming Victorian State Government for its first 100 days in office to strengthen the strategic approach to mental health reform, strategy, and investment throughout the next term. A year later and with a new Minister for Mental Health, MHV has reviewed and revised our previous report to reflect the current priorities of the sector and reflect on our advice to the Minister and the Department for the future.

Context

In 2021, the Royal Commission into Victoria's Mental Health System (RCVMHS) handed down its 14,000-page, 5-volume Final Report with 65 recommendations for reform. Together with its 9 interim recommendations, the RCVMHS provided a vision for reform that could reorient Victoria as a global leader in mental health and wellbeing. In successive budgets, the Victorian Government has committed nearly \$6 billion to structural reform of Victoria's mental health system.

The reform agenda envisioned by the Royal Commission and committed to by the State Government has been complicated by the onset of Covid-19, which coincided with the first two years of implementation. The impact of the Covid-19 pandemic and its associated public health orders has contributed to a sustained increase in service demand, workforce shortages and labour market disruptions, and growing economic uncertainty in the cost-of-living and housing crises. The landscape of overlapping external pressure has placed unavoidable limitations on the transformative potential of the Victorian Government's reform agenda, and the mental health and wellbeing sector is concerned about keeping pace with the vision we share.

Throughout 2023, MHV and our associates and stakeholders in the mental health and adjacent sectors have identified the key concerns and challenges for our ongoing work and progress of reform:

¹ Access and read at: https://www.mhvic.org.au/images/policy/20221114_Incoming_Government_Brief.pdf.

- Unsustainable pressure on mainstream services. While demand for many services is no longer increasing at the exponential rate observed during 2020-2021, workforce shortages have entrenched a state of ‘permanent crisis’.
- Structural workforce limitations that have worsened over the last three years.
- Lack of transparency and clarity with respect to the progress and activities of the implementation of the Royal Commission.
- Limited opportunities for collaboration across clinical, acute, and community services is undermining a holistic and multi-disciplinary approach to mental health care.
- System disruption, and widespread structural uncertainty about funding continuity for many organisations, with smaller services particularly vulnerable.
- Persistence of access challenges and barriers in remote areas, where appointments with mental health professionals and practitioners are often accompanied by very long waitlists.
- Low general community awareness about the reform agenda and what services, pathways, and rights are newly available to them.

Strategy

Reform is ongoing and must be seen as a process of continuous improvement, not a one-off change. Existing strengths within the process must be identified and developed, while allowing for ongoing innovation and adaptation. Problems need to be addressed through an iterative and reflective process and allow enough time for genuine improvement.

MHV recommends that the State Government assess, evaluate, and (where necessary) adapt its strategic approach to transformation and reform. We consider that a good strategy would include the following elements:

- **Reform implementation evaluation framework:** True reform is not a box-ticking exercise. How things are implemented is as important as what is being implemented, and to measure that requires a framework to evaluate the effectiveness of reform efforts. Evaluation will allow reform to take an outcome-focussed approach so that the intent and spirit, as well as the specific actions, of each recommendation is realised. The Royal Commission is a leading piece of work in mental health reform, and in order to fully realise and demonstrate its value it must be comprehensively evaluated to report success and identify challenges.

- **Consultation and collaboration plan:** Effective reform requires the diverse range of sector participants to have a voice and contribute as active agents of change. Meaningful consultation and collaboration must therefore be deeply embedded across all reform activities. Considering the complexity of the mental health and wellbeing system, and the scale of the RCVMHS's reforms, this requires a plan to ensure consultation and collaboration occurs authentically, inclusively, and comprehensively.
- **Cross-communication mechanisms:** The effective roll-out of large-scale social reforms involves the implementation of a complex array of interconnected smaller reforms. It is essential that cross communication mechanisms are established and maintained throughout the course of the reform process to avoid different arms of the reform machine pursuing divergent directions or duplications, and generating perverse and unforeseen outcomes that may take more years and more money to resolve.
- **Community awareness strategy:** Reform will be naturally limited by the level of community awareness that accompanies implementation. Significant service and social reform require community buy-in to accelerate and validate the work being done at government and system level, and it is essential that people are aware and informed of their rights and options in the mental health system in order to streamline their engagement and improve outcomes. The reform agenda must be visible and accessible not only to those already engaged with it, but to the Victorian community at large.

Spending

The Victorian Government must provide flexible and adaptable models of funding to ensure responsiveness to local and emerging mental health needs. This approach must address and/or provide for:

- A growing mismatch between capital and service expenditure, that threatens to erode ongoing service quality while longer term reforms and capital investments come online.
- Transitioning the sector from 'funding' services to 'commissioning' services requires a clear framework and capacity building to avoid loss of much needed workforces, services and expertise, particularly when these are based in smaller and specialist providers.
- A budget for innovation. Recent budgets have re-entrenched existing models of care, with no space for forward looking, innovative research and exploration of new initiatives and models of care.

- A coherent, whole-of-government strategy for community managed mental health. This must include:
 - Swift action to reframe and reset NGO/Area Mental Health & Wellbeing partnerships.
 - Leadership of a joint strategy with the Federal Government to reestablish a program of psychosocial supports for those people who fall outside the scope of the NDIS – particularly important now against the backdrop of the ongoing NDIS review.
- An urgent Review of Commissioning Processes. Recommendation 51 of the RCMHS (earmarked for end-of-decade) must be expedited. In collaboration with Interim Regional Mental Health & Wellbeing Bodies, the Victorian Government must work with the Commonwealth Government and PHNs to establish a co-commissioning approach (including through pilot schemes) to Commonwealth and State-funded services. This approach should include:
 - Funding cycle length for psychosocial supports needed for minimum of five years.
 - Greater consistency in contracting and longer contracts when Primary Health Networks are commissioning services.
- Disaster preparedness. The Victorian Government must adapt its strategic approach to investment to address reasonably foreseeable, interconnected, and exponential public health and climatic crises response programs during the term of the next government. The State Government needs to make a comparable fiscal commitment to that made by Federal Government for community and specialist mental health services, especially in high-risk areas of the State.

Support where it's needed most

The Victorian Government must ensure that mental health services (and workforces) are funded and supported to be adaptable, nimble, and responsive to emerging demand and community need informed by reliable data. This must include:

- Taking steps to alleviate pressures on emergency services and frontline workforces. This can be achieved through:
 - Increasing capacity in hospitals (particularly mental health wards to enable patient transfer out of emergency), and funding investments to facilitate step down care provision and partnerships in the community to improve patient flow.
 - Prioritise investment in training and capacity building for emergency services, with particular support to Ambulance Victoria to enable the timely transition to the health-led response required by Recommendation 10 of the RCMHS.

- A considered engagement strategy with primary care providers and General Practitioners about their role in crisis management, including better education about the powers of medical practitioners under the *Mental Health and Wellbeing Act (2022)*.
- Continue to take progressive steps to invest with urgency in workforce attraction, growth, and retention. This can be achieved through:
 - Reviewing and existing Victorian Mental Health and Wellbeing Workforce Strategy (2021 to 2024) and undertaking a particular focus on limbs 2 – 4, which were considered second-order priorities to limb 1, which focussed on critical supply. Whilst supply naturally remains a concern, the development of capability, wellbeing and system enabling activities has now become a priority.
 - Expand data collection relevant to Victoria's mental health and wellbeing workforce and establish regular publication for sector access.
 - Reviewing the efficacy of the rural and regional workforce incentive program and investment in continuation, expansion, and/or alternatives.
 - Providing support and resourcing to the rapidly growing lived and living experience workforces to create employment pathways, workplace readiness and industrial protections. This is particularly necessary given the still-nascent nature of this workforce, and the need for it to be embedded sustainably for many years to come.
 - Increase funding for postgraduate psychology training to stop recurrent loss of a readily available workforce.
 - Commit to enshrine allied health pay parity within 2024-2028 Public Mental Health EBA.
- Immediate support for Suicide Prevention and Crisis Assistance services. Ongoing underinvestment in Suicide Line Victoria is resulting in high numbers of unanswered calls and likely preventable deaths.
- Expand Support for Consumers, Families, Carers and Supporters through:
 - Sustaining, expanding, and supporting the development of the Lived and Living Experience Workforce Development Program.
 - Expediting funding and implementation of Recommendation 29 – establishment of a new non-government agency, overseen by a skills-based board chaired by and consisting of a majority of people with lived experience of mental illness or psychological distress.

Sustainability

Effective and sustainable reform is more than just implementing priorities. The Victorian reforms require clear and agreed vision and timelines, engagement, systems mapping, culture and practice change, expertise, and funding: all of which must be informed by lived and living experience. While in some respects urgent change is required to address pressing community needs, in practice this urgent change may exacerbate problems, heighten risk, and undermine the integrity and success of reforms. A sustainable approach to reform requires deep expertise and engagement to ensure the reform process does not exacerbate the problems it seeks to address. A sustainable approach to reform requires:

- **A sustainable pace:** Now that the fundamental building blocks of the new system are in place, a more sustainable pace of reform is necessary to ensure we get the trickier parts of reform right. While some elements of reform may still require urgent implementation, the general pace of reform should be considered in order to address the complexities involved and enable authentic codesign.
- **Capacity-building:** While the Government has a critical role to play in reform implementation, ultimately it will be people on the ground who are the active agents of change. Workers, services, consumers, carers, family members and supports all require capacity-building to ensure they can engage meaningfully in the reform process and play their respective roles in the process effectively. This requires additional resourcing on top of what is required to maintain “business as usual”.
- **Strategic sequencing of reforms:** As discussed further below, the sequencing of reform activities requires recalibration to ensure the reform process is sustainable and addresses urgent areas of risk.

Specialised Services

The Victorian Government must support specialist organisations with funding certainty and provide targeted support for vulnerable communities. This approach should include:

- Providing targeted and sustainable support for vulnerable communities with persisting unmet needs, particularly:
 - CALD, refugee, and migrant communities.
 - LGBTQIA+ communities.
- Victoria’s AoD sector will be integrated with the mental health sector. It is critical that both sectors can support each other to manage local caseloads, and to ensure that people do not have to wait for care they urgently need.

- The AoD treatment sector has reported that state-wide, there is a need for an additional 242.8 EFT to meet current demand. This structural workforce deficit must be urgently addressed.

Sequencing

The RCVMHS 's timeline of reforms requires a recalibration based on what we have learned through the reform process so far. A resequencing of reform activities is an essential component of a sustainable approach to reform and should be embedded into a revised strategy. Otherwise, there is a risk that the critical issues the recommendations seek to address will be exacerbated by the reform process itself. A strategic approach to sequencing should, where appropriate, address:

- **Urgent reform needs:** Some recommendations need to be brought forward to reflect their urgency, or to ensure the integrity of the reform process. For example:
 - Recommendation 29, which establishes a lived experience led non-government agency and signals a priority for lived experience leadership across the mental health sector.
 - Recommendation 39, which prioritises access to mental health and wellbeing services in regional and rural Victoria. Regional areas continue to report difficulties for their communities in accessing care in a timely manner.
 - As above, Recommendation 51(2) regarding exploration of joint Commonwealth-State co-commissioning processes should be brought forward. Mental health and allied health services straddle Commonwealth-State responsibilities and reform must ensure genuine improvement in service provision rather than increased fragmentation and perverse outcomes.
 - Recommendation 57, which sets out structural reform initiatives for the mental health and wellbeing workforce should be revisited and reviewed. Initiatives implemented to date have not been sufficient to support the diverse, multidisciplinary mental health and wellbeing workforce envisioned by the Commission.
 - Recommendation 65(b), which requires the development of a reform implementation evaluation strategy, is not due for completion until approximately half-way through the reform process. At this time, many of the reforms will already have been completed. Without a pre-existing evaluation strategy upon which to base these reforms, there is a serious risk that we will not be able to measure their success effectively. This is of particular concern regarding recommendations where entire service streams are due for completion before any evaluation strategy is ready (see, e.g., Recommendations 19, 20, 31).

- **Extended reform timeframes:** The upcoming 2024-2025 State Budget represents the last opportunity to fund recommendations due for delivery by the end of 2024, and the second to last opportunity to resource those that will fall due in the medium-term time horizon set out by the Royal Commission. Following the release of the May Budget, MHV would recommend a comprehensive review of the Royal Commission's implementation timeline to identify those recommendations that will not be feasibly met by 2026 and revising reform timeframes to reflect realistic deadlines for implementation of outstanding items.
- **Reordering of reforms:** Some reform activities should be reordered to support their effective implementation. For example:
 - Recommendation 30(3)(a), to ensure family-inclusive commissioning is due for completion between 2022 and 2026, well after most new services have already been commissioned. This recommendation should be implemented before the commissioning of new services is finished.
 - Recommendation 35(b), which obliges the Victorian Government to ensure all mental health and wellbeing services provide integrated treatment, care and support to people with concurrent mental health and alcohol and other drug issues. This recommendation is due for completion before the new statewide service for this cohort is established. This service will, among other things, support mental health and wellbeing services to provide integrated care through the provision of secondary consultations. The establishment and operation of the new statewide service must therefore be completed as a necessary precursor to Recommendation 35(b).
 - Recommendation 59(2), to support worker wellbeing is due for completion by 2026. This is almost half-way through the 10-year journey of eliminating restrictive practices. Given that client and worker safety issues are a key driver of restrictive practices, they must be addressed earlier than the half-way mark to ensure our goal of eliminating restrictive practices can be achieved. Similar imperatives arise with regard to Recommendation 55(3), an essential element of reducing compulsory assessment and treatment.

Skills

Reform of Victoria's mental health system will only be successful if it is undertaken with the requisite skills. There is considerable expertise and experience across Victoria that would be advantageous for reform activities, and these opportunities must be leveraged to ensure effective and sustainable reform. Not only is

this approach more likely to guarantee success, it is also less

costly than reliance on consultancy firms who often lack the sector-specific knowledge to support reform in such a complex area. Skills required to ensure the success of reform activities include:

- **Evidence implementation science:** Evidence implementation science is adept at implementing policies and translating recommendations into practice. Evidence implementation experts should be employed within the Department to help guide reform implementation activities.
- **Experience of other large-scale social reforms:** The mental health and wellbeing sector is not the first sector to undergo large-scale transformation. Other sectors have been through similar journeys, and these sectors are now run by a broad range of people with experience in implementing large-scale social reforms. As far as possible, these people should be brought into the mental health reform journey to enable a more efficient, effective, and engaged transformation process that realises the vision outlined in the RCMHS recommendations.
- **Critical approaches and theoretical frameworks:** Mental health impacts a diverse range of individuals and communities, creating significant variety and complexity in how identical services and supports may be experienced by those involved and the outcomes delivered. Critical approaches and theoretical frameworks, such as gender theory and critical race theory, provide structures for analysing and interpreting mental health research and evaluation in a manner that engages meaningfully with diversity and intersectionality.

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