



Victoria's *State Disability Plan 2021–2024*

Mental Health Victoria's response to key topics

December 2020

1. About MHV

Mental Health Victoria (MHV) is the peak body for the mental health sector in Victoria. Our members include consumer and carer groups, community health and mental health services, hospitals, medical associations and colleges, police and emergency services associations, unions, local governments, and other bodies across the health and related sectors.

Our aim is to ensure that people living with mental illness can access the care they need, when and where they need it. Our view is that all Australians should have access to a core suite of services that they can choose from – be they delivered in the home, the community, or in the hospital.

Our vision is for a mental health system that:

- involves people with lived experience, including unpaid family and friend carers, in decisions which affect their lives
- provides tailored, high-quality supports to people with different care needs and at different life stages
- wraps around a person, ensuring all of their needs can be met
- is easily navigable, providing continuity of care
- is outcomes-focused
- is adequately and sustainably resourced to meet current and future needs including demand.

2. About this submission

This submission provides responses to the key topics identified in the Victorian Government's consultation paper on the next State Disability Plan. In so doing, this submission provides advice on the key considerations required for the State Disability Plan to accommodate the mental health needs of people with disability.

MHV has made a number of submissions around the much-needed reform of mental health services in Victoria, all with recommendations aimed at developing an appropriately funded, well-designed and effective mental health system. This submission builds on these recommendations by providing specific consideration around the mental health needs of people with disability.

In preparing this submission, MHV has consulted with member organisations, disability service providers and the Victorian Mental Health Policy Network (VMHPN). The VMHPN is a network of over 30 peak bodies from across the mental health and intersecting sectors. Input into this submission included feedback from National Disability Services, Tandem Carers, and the Mental Health Legal Centre.

For the purpose of this submission, any reference to people with mental health issues should be taken to include people with psychosocial disability (including as a primary disability or otherwise) and people with other forms of disability who also have current and/or lived experiences of mental health issues.

3. Summary of recommendations

Topic 1: Improving how we describe disability and disability inclusion in the next plan

- Adopt a social model of disability that encompasses the diversity of disability types and individual experiences;
- Avoid language that runs counter to the recovery model.

Topic 2: Finding better ways to include people with disability in making the next plan

- Develop a multi-pronged and adaptable approach to consultation with individuals, communities and organisations, encompassing assertive outreach, use of technology, and provision of suitable supports and understandable information.
- Ensure the co-design process is underpinned by core principles of partnership, purpose, power and participant supports.

Topic 3: Strengthening the state disability plan outcomes framework

- Include a new outcome around intimate lives, including consideration of guardianship and administration laws.
- Include a new outcome around recognition, including for people with disability, carers and family members, service providers, and people with intersecting experiences.

Topic 4: Introducing overarching approaches to strengthen government commitments under the new plan

- Include community attitudes as a guiding approach for the new Plan, with consideration given to stigma and discrimination around mental health.
- Include universal design as a guiding approach for the new Plan, with consideration given to workforce development and trauma-informed approaches.
- Assign oversight of the Plan to the Department of Premier and Cabinet.
- Align the Plan with other government strategies.
- Support the Plan's strategic objectives with concrete targets, funding mechanisms and delineation of government responsibilities.

Topic 5: Strengthening the NDIS and mainstream interface

- Define 'mainstream services' in the Plan.
- Assist eligible people with disability to access NDIS funds, including through programs which provide outreach, advocacy and evidence-gathering supports.
- Commit to improving communication and collaboration between NDIS and mainstream services.
- Develop a strategy to ensure that mainstream services cater to people with disability who are not eligible for NDIS services.

Topic 6: Strengthening disability inclusion under the Disability Act 2006

- Safeguard the rights of people with mental health issues through an integrated review of the *Disability Act 2006* and other relevant statutes.

4. Introduction

Mental Health Victoria (MHV) welcomes this opportunity to provide input into the Victorian Government's discussion paper for the next State Disability Plan (the Plan). It is a crucial time for Victoria to reform how it consults with and caters to the needs of people with disability. The coronavirus pandemic, along with the Royal Commission into Victoria's Mental Health System, and the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability have exposed pre-existing fault lines in the disability and mental health sectors, drawing attention to glaring areas of need for some of Victoria's most vulnerable people and their families and carers.

2021 will see the beginning of major reform for Victoria's mental health system following the final reports from the Royal Commission into Victoria's Mental Health System and the Productivity Commission's Inquiry into Mental Health. These reforms and other initiatives, such as the NDIS psychosocial pathway and the trial of the PHN-led Adult Mental Health Centres, present an historic opportunity to improve the mental health and wellbeing of Victorians. Preparation for the next Plan therefore comes at an opportune time to address the various challenges which are required to be met in order to safeguard the mental health of people with disability.

The development of the Plan must reflect a consideration of the following:

- People with psychosocial disability constitute a significant proportion of people with disability, with more than 9% of NDIS participants having a primary psychosocial disability.¹ People with psychosocial disability have unique needs, challenges and perspectives that relate to living with a severe mental illness.
- Many people with disability experience co-occurring mental health challenges, including people with dual disability. More than 7% of NDIS participants have a secondary psychosocial disability,² and more than 32% of adults with disability experience high or very high levels of psychological distress.³ Too often, the mental health needs of people with disability are not met due to a complex array of factors, including communication difficulties, poor practitioner training, gaps in data, and a lack of integrated service models.
- Considerable workforce development is required to adequately deliver services in the future. The psychosocial disability workforce is under huge strain without sufficient workers with adequate training to deliver safe and high-quality services.
- Many people with disability have complex support needs that extend across traditional sector boundaries, encompassing areas such as disability, health, mental health, alcohol and other drugs (AOD), housing, education, justice and family violence. An integrated, whole-of-government approach is critical to supporting the full range of wellbeing needs experienced by people with disability.

Given the various reforms and initiatives currently underway, there has never been a more crucial and critical time to address these complex issues. We therefore strongly encourage the Government to use the next State Disability Plan as a key lever to improve the mental health and wellbeing of people with disability.

¹ NDIS. *People with a psychosocial disability in the NDIS* (30 June 2019). Available at: <http://data.ndis.gov.au/reports-and-analyses/participant-groups/people-psychosocial-disability>.

² Ibid.

³ AIHW. *People with disability in Australia* (2 October 2020). Available at: <http://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/people-with-disability/prevalence-of-disability>.

5. Response to Topic 1: Describing disability and disability inclusion

Defining what we mean by disability and a human rights approach

Recommendation

- Adopt a social model of disability that encompasses the diversity of disability types and individual experiences, avoiding language that conflicts with the recovery model of mental health.

MHV supports a description of disability underpinned by the social model of disability. As noted in the consultation paper, such a model recognises that disability results not from individuals but from the attitudes, behaviours, policies, and environments that exclude and harm people with certain real or perceived impairments.

The social model of disability is important as it facilitates an acknowledgment of the impacts of discrimination, trauma and the denial of rights to people with disability. The stigma surrounding mental health means that people with psychosocial disability, dual disability and concurrent disability and mental health needs are particularly vulnerable to the effects of harmful social attitudes which can themselves exacerbate mental health challenges through social isolation and traumatic encounters.

The social model of disability will therefore allow for a greater understanding of common mental health correlatives of disability such as trauma and isolation. This will ensure the Plan has a solid foundation upon which to consider the psychosocial needs of people with disability.

The Plan must also take care to define disability in a way that encompasses all disability types including psychosocial and dual disability. Psychosocial disability is a term used to describe disabilities that arise from mental health conditions. As such, any definition of disability must accord with the recovery model of mental health which focusses on individual's journey of recovery from mental health issues, rather than focussing on deficits. For example, disability should not be defined as 'permanent' as this would contradict with the recovery journeys of people with psychosocial disability.

The description should also accommodate different individual and communal experiences of disability, including those from Aboriginal and Torres Strait Islander and culturally and linguistically diverse (CALD) communities, as well as different age groups. In particular, young people with psychosocial disability are often at the beginning stages of receiving a diagnosis and coming to terms with their condition, and so may find common labels such as 'disability' alienating.

This need for a description that applies broadly must be balanced with the need for it to be practicable and operationalisable.

6. Response to Topic 2: Including people with disability in making the Plan

Consultations and engagement with hard-to-reach groups

Recommendation

- Develop a multi-pronged and adaptable approach to consultation with individuals, communities and organisations, encompassing assertive outreach, use of technology, and provision of suitable supports and understandable information.

MHV welcomes the Plan's commitment to engaging with hard-to-reach groups. The participation of people with psychosocial disability and their families and carers is vital in the consultation process to ensure that the Plan reflects their unique needs, challenges and perspectives.

Many people with mental health issues may be particularly hard-to-reach due to a range of often-overlapping challenges across disability, mental health, housing, justice and other domains. This complexity may impact engagement routes and mechanisms. Efforts are required to ensure that these complexities do not prevent meaningful engagement. Specific consideration should be given to all demographics including disability, health status, age, gender, location, race/ethnicity, sexuality, gender identity, and life experiences.

Multiple strategies should be employed to maximise engagement with hard-to-reach groups, supported by the allocation of resources for suitably experienced workers, particularly peer workers, to engage in active and targeted outreach with key population groups. Engagement mechanisms should be varied and adaptable to accommodate individuals and communities with different needs, capabilities and preferences for engagement. Engagement may occur individually and/or through a service, agency (such as a consumer or carer peak body) or community; it may occur face-to-face, by telephone, digitally or by other means; it may occur alone or in collaboration with another (such as a carer). Though not suitable for everyone, telehealth has received a lot of positive feedback from users, and using technology to reach people in regional and remote areas is essential. Suitable supports should also be provided to facilitate engagement, as well as appropriate and understandable information.

Engagement with carers and family members of people with disability is crucial, both as a means of engaging their care recipients and loved ones, and for engaging the views of carers and family members themselves. Carers and family members often play indispensable roles in the lives of people with disability and often require supports themselves. Working closely with carer peak bodies like Tandem Inc. and Carers Victoria, and providing supports to facilitate engagement with carers and family members, such as travel or respite services, is therefore of the utmost importance.

Key population groups who may require targeted approaches to engagement include:

- people with psychosocial disability
- people with intellectual disability
- people with neurological disability
- people with cognitive disability
- people with dual disability
- people with disability and co-occurring mental health challenges
- people with co-occurring disabilities and physical health conditions
- people with dual diagnosis (co-occurring mental health and AOD challenges)
- people with complex support needs
- young people, including children and adolescents
- older people
- women and girls
- women in the perinatal period and their partners

- parents, unpaid family and friend carers, and other family members of people with disability and/or who have disability themselves
- people in rural and regional areas, including those living outside regional centres
- Aboriginal and Torres Strait Islander peoples
- CALD communities, including refugees and asylum seekers
- LGBTIQ+ people and communities
- survivors of abuse and trauma
- people with experiences of family violence
- people with experiences of homelessness
- people with experiences of AOD use
- people with experiences in the criminal justice system
- people from low socioeconomic backgrounds
- people living in residential facilities including Special Residential Services
- people with intersectional experiences of any/all of the above.

Co-design

Recommendation

- Ensure the co-design process is underpinned by core principles of partnership, purpose, power and participant supports.

MHV welcomes the Plan's commitment to co-design. Any co-design approach must involve people with lived experience of mental health issues, as well as carers and family members, to ensure that their particular needs and perspectives are included. This requires involvement of a broad array of people to reflect the broad array of lived experiences without which the benefits of co-design would not be reaped equitably.

Successful approaches to co-design will be underpinned by certain core principles to ensure participation is genuine and meaningful:

- **Partnership** – People must be treated as partners in the process, including participation in leadership roles and equal access to relevant information.
- **Purpose** – There should be a clearly defined purpose from the outset which should be revisited regularly to ensure work is undertaken in a meaningful and productive way that avoids the risk of tokenism.
- **Power** – Power differentials should be acknowledged and addressed, including with regard to lived experiences, identities and cultural backgrounds, to ensure processes do not reinscribe pre-existing power structures.
- **Capacity-building** – There should be a focus on supporting the wellbeing and building the capacity of participants, including through appropriate remuneration to reflect the expertise being shared.

A good example of co-design is the Royal Australian and New Zealand College of Psychiatrists' Enabled Supported Decision-Making Project which was underpinned by these core principles, and evaluated after completion.⁴ A good example of a co-design approach to evaluation can be found in the evaluation of the Mind Recovery College.⁵

⁴ Royal Australian and New Zealand College of Psychiatrists. *Enabling supported decision-making* (2018). Available at: <http://www.ranzcp.org/files/branches/victoria/enabling-supported-decision-making-vic-branch-posi.aspx>.

⁵ Teresa Hall, Helen Louise Jordan, Lennart Reifels, Sue Belmore, Dianne Hardy, Heather Thompson, Lisa Brophy. 'A Process and Intermediate Outcomes Evaluation of an Australian Recovery College' (2018) in *Journal of Recovery in Mental Health* 7(20).

7. Response to Topic 3: The Plan's outcomes framework

MHV supports the integrated and whole-of-government approach taken in the previous Plan's outcomes framework. Physical health, housing, employment, education, fairness and safety are all key to improving the lives of people with mental health issues. There is a particular need to work with the Federal Government on matters where it maintains relevant responsibilities, such as the facilitation of NDIS-supported housing for people with psychosocial disability.

Intimate lives

Recommendation

- Include a new outcome around intimate lives, including consideration of how the implementation of guardianship and administration laws can protect the wills and preferences of people with disability.

MHV supports the inclusion of a new outcome around intimate lives. Decision-making processes are fundamental to the lives of people with mental health issues, and so an outcome around intimate lives should facilitate consideration of such matters as dignity of risk, shared and supported decision-making frameworks, and the uptake and use of Advance Statements.

The *Guardianship and Administration Act 2019* should also be considered, including how to address barriers to carers and family members supporting care recipients to articulate their wills and preferences. This includes how statutory bodies with duties as guardians or administrators can undertake their roles to give effect to a person's "will and preferences", rather than what is deemed in their "best interests".

Recognition

Recommendation

- Include a new outcome around recognition, including for people with disability, carers and family members, service providers, and people with intersecting experiences of these roles.

MHV supports the inclusion of a new outcome around recognition. This should involve consideration of how awards platforms can recognise people with disability, carers and family members, and service providers, as well as people with intersecting experiences of these roles. Informal recognition from the community is also important in order to encourage and support people with disability to achieve and make significant contributions to their work and community.

8. Response to Topic 4: Government commitments

Community attitudes

Recommendation

- Include community attitudes as a guiding approach for the new Plan, with consideration given to stigma and discrimination around mental health.

MHV supports the inclusion of community attitudes as a guiding approach for the new Plan. Stigma and discrimination around mental health and disability can affect every aspect of a person's life, from their access to services to their employment prospects to their social connections and relationships. By contributing to social isolation and trauma, community attitudes may also contribute to the development of new, and the exacerbation of pre-existing mental health challenges. It is therefore critical that attitudes be addressed across all communities, with particular consideration given to stigma and discrimination around mental health.

Universal design

Recommendation:

- Include universal design as a guiding approach for the new Plan, with consideration given to workforce development and trauma-informed approaches.

MHV supports the inclusion of universal design as a guiding approach for the new Plan. Universal design is particularly important for people with mental health issues considering the varied and often unique forms of exclusion they may face across many areas of life including physical environments, relationships, and service design and delivery. Of particular concern is the overlooking of people with mental health issues in the design of homes, including Specialist Disability Accommodation (SDA), and public spaces.

A particular focus on workforce development and training is important to ensure that all workers have the skills and qualifications necessary to provide safe, effective, trauma-informed and recovery-oriented care. Currently, the disability workforce is in crisis, with critical skills and experience gaps in relation to psychosocial and dual disability. State and national disability workforce planning, such as that undertaken through the *Keeping our Sector Strong Strategy*, requires considerable and urgent expansion to ensure that the future disability workforce has the skills required to provide safe and effective care for people with disability, as well as to support and collaborate with carers and family members effectively. At the same time, support for the development of skills in other related workforces is important to ensure people with mental health issues have access to safe and inclusive services across all domains.

Approaching universal design within a trauma-informed framework will be important to ensure that safe and therapeutic environments are cultivated for people with disability, and their carers and family members. A trauma-informed approach is based on an understanding of the impacts of trauma on people's lives, and is useful in identifying unique sources of risk and exclusion to maximise physical, psychological and emotional safety. A trauma-informed approach to universal design should take into consideration such things as service design and infrastructure, service models, training programs and inter-sectoral linkages.

Further comments on strategic alignment and oversight

Recommendation

- Assign oversight of the Plan to the Department of Premier and Cabinet to ensure a whole-of-government approach.

To ensure a whole-of-government approach can be taken, oversight of the Plan should be undertaken by the Department of Premier and Cabinet. People with mental health issues often have needs which cross ministerial portfolios, and integration cannot happen unidirectionally. A top-down approach is required to coordinate efforts across departments to ensure all sectors operate in a way that is accessible to people with mental health issues, and conducive to their wellbeing and journeys of recovery.

Recommendation

- Align the Plan with other government strategies, including the Royal Commission into Victoria's Mental Health System.

To further strengthen government commitments under the Plan, consideration should be given so the Plan aligns with other government strategies. In particular, the Plan should align with recommendations to be handed down by the Royal Commission into Victoria's Mental Health System and the Victorian Carer Strategy 2018–2022. Consideration should also be given to relevant federal works such as the new National Disability Strategy, the Productivity Commission's Inquiry into Mental Health, the Royal Commission into Aged Care Quality and Safety, and the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

Recommendation

- Support the Plan's strategic objectives with concrete targets, funding mechanisms and delineation of government responsibilities.

Government commitments should be clearly articulated and supported with concrete targets and funding mechanisms, particularly where there are identified gaps such as for people with dual disability. The importance of this is only underscored by the pandemic which demonstrates the critical importance of an accountable system that can support people at all times, especially when unforeseen circumstances generate increased needs and system pressures.

State government responsibilities should be clearly identified and distinguished from Federal Government responsibilities, with clear and transparent mechanisms for communication and cooperation between jurisdictions. A significant focus should be the interface between the NDIS and other services. Workforce planning, linking NDIS and other sector services, and communicating with the Federal Government on systemic issues and improvements should all be explicitly articulated as forming the basis of the Victorian Government's commitments to people with disability. This delineation of responsibilities should be underpinned by a principle clearly stating a person's right to receive timely services. This may help to mitigate the risk of gaps or disagreements in responsibilities compromising system performance.

9. Response to Topic 5: The NDIS and mainstream interface

Recommendation

- Define 'mainstream services' in the Plan.

Addressing gaps between NDIS and other services is essential, and MHV welcomes the recognition of this matter in the consultation paper. However, use of the term 'mainstream services' requires definition to ensure clarity of understanding across departments and service sectors. A suggested definition which will be used for the purpose of this submission is 'a service from any service sector that is required by a person with disability and that is not funded by the NDIS'.

Recommendation

- Assist eligible people with disability to access NDIS funds, including through capacity-building of mainstream organisations and funding of programs which provide outreach, advocacy and evidence-gathering supports.

Mainstream services play a critical role in ensuring people with mental health issues understand their eligibility, are supported in their applications, and sustain their involvement with the NDIS. This function is particularly important for people who have cognitive deficits, are homeless, are recently arrived to Australia, or have complex support needs.

However, many mainstream services cannot discharge this function effectively due to lack of adequate resourcing and knowledge/training. All too often, these roles are filled by carers and family members in the absence of proper resourcing and support for mainstream organisations. Capacity-building of mainstream services is therefore required, along with funding for outreach and advocacy programs, including programs which are attuned to the needs of particular groups.

Recommendation

- Commit to improving communication and collaboration between NDIS and mainstream services.

People with mental health issues often have support needs across different areas of state and federal service provision. However, there are significant barriers in facilitating linkages between NDIS and mainstream services for participants. This is particularly important for people with mental health issues who often have fluctuating needs requiring responsive service coordination. While support coordinators and recovery coaches have roles to play in this regard, both roles are limited in scope, time, and remuneration. Facilitating appropriate collaboration and communication between NDIS and mainstream providers is therefore a critical gap which the Plan should address.

The Victorian Government should continue its work in this space, including through the development of more effective protocols between services and service systems, including disability, mental health, aged care and other bodies (such as carer and guardianship bodies) to facilitate person-centred, wrap-around supports that can respond to fluctuating needs across sector boundaries while maintaining continuity of care.

Recommendation

- Develop a strategy, including an audit of available services, to ensure that mainstream services are able to cater for people with disability who are not eligible for NDIS services.

It is essential that a strategy be developed to ensure that mainstream services are adequately resourced to support people with disability who are not eligible for NDIS services. Out of the 184,000 Victorians with severe mental illness, only around 15,000 or 8% will be eligible for the National Disability Insurance Scheme (NDIS) when it is fully rolled out.⁶ This leaves many tens of thousands of Victorians without access to the care they need.

Ensuring mainstream services have the capacity to support these people is particularly important, especially in regional and rural areas. Mainstream services must be accessible and affordable for people who do not have access to NDIS funding, particularly given reports of service costs rising in line with NDIS pricing, and therefore becoming increasingly unaffordable for many people who do not have access to NDIS funds.⁷

The strategy should be underpinned by an audit of available services and should pay special attention to population groups who face additional or unique barriers to accessing mainstream services that are appropriate for them. Key groups requiring consideration include young people, people in rural or regional locations, people experiencing homelessness, people with complex support needs, Aboriginal and Torres Strait Islander peoples, LGBTIQ+ people, people from CALD communities and other hard-to-reach groups.

⁶ Victorian Government, *Early Intervention Psychosocial Support Response – Overview: A clinical and community partnership model for psychosocial support services* (2018).

⁷ Carers Victoria. *Carers Victoria submission: Consultation paper for state disability plan 2021–2024* (May 2020) pp. 14–5.

10. Response to Topic 6: The *Disability Act 2006*

Recommendation

- Safeguard the rights of people with mental health issues through an integrated review of the *Disability Act 2006* and other relevant statutes, including:
 - *Mental Health Act 2014*
 - *Crimes (Mental Impairment and Unfitness to be Tried) Act 1997*
 - *Guardianship and Administration Act 2019*
 - *Residential Tenancies Act 1997*.

The *Disability Act 2006* (the Act) provides important protections for people with disability, but it currently contains gaps across a number of domains and is at times inconsistent with other statutes.

The following gaps must be addressed for the Act to adequately support the rights and needs of people with disability:

- The Act's narrow definition of 'disability' excludes people with psychosocial disability. As the *Mental Health Act 2014* is generally limited to situations of civil detention, it does not provide comparable protections for people with psychosocial disability. The result is that people with psychosocial disability are not afforded equal protection under the law compared with people with other forms of disability.
- The Act largely relates to people with disabilities in institutional settings, without adequately addressing home or educational settings.
- The Act contains a number of instances where documents and reports are made about a person without their input. For example, the Act does not require a comprehensive care plan that extends across service sectors, including the NDIS. As people with mental health issues often have needs across different sectors, a single cross-sectoral care plan would avoid the risks of multiple plans spread across different platforms, while also providing an invaluable database for whole-of-government system planning. Such a plan should be based on the person's will and preferences and be prepared with their involvement. It should identify goals, supports, responsibilities and funding sources, and be reviewed annually.

Harmonising the Act with other relevant statutes would help to better safeguard people's rights:

- Many people with co-occurring disability and mental health issues fall within the jurisdiction of both disability and mental health laws, and their human rights are vulnerable when protections are inconsistent across statutes. One clear example is restrictive practices which are regulated by both the *Disability Act* and the *Mental Health Act*, albeit inconsistently. As a result, people may be subject to different regulations depending on the treatment setting.
- The *Residential Tenancies Act 1997* provides safeguards for Supported Disability Accommodation (SDA) participants, but these safeguards should be more widely available to people with disability who are not eligible for SDA or who otherwise require these safeguards under other tenancy arrangements.
- Other relevant statutes to consider include the *Guardianship and Administration Act 2019* (as discussed in Response to Topic 3) and the *Crimes (Mental Impairment and Unfitness to be Tried) Act 1997*.

Consideration is also required of the practical supports necessary to give meaningful effect to legislative provisions. In particular, workforce deficits limit the practical value of many legislative protections, such as the provision of supports under the *Guardianship and Administration Act* and the rights to Advance Statements under the *Mental Health Act*.

11. Conclusion

MHV commends the Victorian Government for its thoughtful and inclusive approach to developing Victoria's *State Disability Plan 2021–2024*. With targeted, adaptable and inclusive engagement mechanisms, the Plan has the potential to provide a foundational blueprint to better the lives of people with mental health issues, including people with psychosocial disability, people with dual disability and people with co-occurring disability and mental health challenges.

Incorporating the needs and perspectives of people with mental health issues is critical to the Plan's success. New outcomes and approaches to strengthening government commitments will only achieve meaningful outcomes if they accommodate the nuanced and varied lives and journeys of people, including people with disability, carers, families and communities. This requires particular attention to the effects of stigma and discrimination around mental health, the implementation of guardianship and administration laws as well as workforce needs and trauma-informed approaches to universal design.

Due to the often varied and intersecting needs of people with disability, an integrated and whole-of-government approach is critical to enriching people's lives. This requires a governance framework that can reach across government sectors to align relevant strategies and achieve measurable actions through concrete targets and funding mechanisms. It also requires cohesion between government strategies, between NDIS and mainstream services, and between the *Disability Act 2006* and other statutes which impact the lives of people with disability.

MHV again thanks the Victorian Government for the opportunity to contribute to this vital piece of work and welcomes any further opportunity to discuss any of the points raised in this submission.



For further information contact

Joshua Finn

MHV Senior Policy Advisor

j.finn@mhvic.org.au

03 9519 7000

Mental Health Victoria

Website: www.mhvic.org.au

Twitter: @MentalHealthVic

Email: mhvic@mhvic.org.au