



Psychiatric Disability Services
of Victoria (VICSERV)

Submission on

Victoria's Next 10 Year Mental Health Strategy

September 2015

Contact details:

Kim Koop, Chief Executive Officer, VICSERV
T 03 9519 7000 E k.koop@vicserv.org.au

Debra Parnell, Manager, Policy & Communications, VICSERV
T 03 9519 7000 E d.parnell@vicserv.org.au

VICSERV Submission
Victoria's next 10 year Mental Health Strategy
Discussion Paper

Introduction

Psychiatric Disability Services Victoria (VICSERV) welcomes the opportunity to provide a response to the Victoria's Next 10 Year Mental Health Strategy Discussion Paper.

VICSERV is a membership-based organisation and the peak body representing community managed mental health services in Victoria.

VICSERV has engaged with its members, other mental health service providers, consumers and carers, and other stakeholders to identify the key components required in a comprehensive and effective strategy, and to determine the issues arising following the 2014 recommissioning process and the implementation of the new Mental Health Community Support Services (MHCSS) model.

We welcome the Andrews Government's commitment to mental health in this State, evidenced by its pre-election statement to 'getting better results for people living with mental illness', through the provision of 'world leading, innovative care that focusses on recovery and supports the individual, their carers and the mental health workforce'.

Summary and Recommendations

1. Vision and Scope

VICSERV welcomes the commitment to developing a 10 Year Mental health Strategy and the broad vision and scope for this Strategy presented in the Discussion Paper.

We welcome the focus on prevention and early intervention, and the commitment to an 'integrated whole-of-government, whole-of-system effort' in achieving the vision of the Strategy

VICSERV recommends that in developing the Mental Health Strategy:

- **Prevention and early intervention** - an 'early in life, early in illness, and early in episode' approach be taken, in addition to developing targeted strategies for children and youth;
- **Systems management and leadership** - the State Government commit to its role as systems manager, and in that capacity provide leadership in -
 - monitoring and acting on emerging gaps under other service system developments;
 - articulating and developing an effective, contemporary mental health service system to which the National Disability Insurance Scheme (NDIS) is a complementary support system;
 - detailing and supporting the transition process for consumers, carers, workers and services from MHCSS to NDIS and to the new state funded mental health service system.

2. Guiding Principles

VICSERV endorses the identified guiding principles as important underpinnings for the next Mental Health Strategy. We particularly welcome the inclusion of Co-production and Recovery Orientation in the guiding principles.

In relation to the guiding principles VICSERV recommends that

- **Human rights approach** - an overarching principle on the human rights of people with mental illness be incorporated into the Strategy;
- **Population health planning** - in conjunction with a population planning approach, population health planning also be utilised the Strategy;
- **A life course approach** - also be included to the development of the service system and delivery of services
- **Social model of health** - the required work is undertaken ensure the social model of health is appropriately applied to mental health; it will require more than just a focus on the social determinants of health – it will require an evidence- based, whole- of-government, whole-of-system responses and strategies.
- **Diversity** - the Mental Health Strategy should ensure there is adequate focus on all areas of diversity, with particular attention to culturally and linguistically diverse (CALD) communities;

3. Outcomes Approach

VICSERV supports an outcomes approach and the regular reporting against the achievement of identified outcomes.

VICSERV recommends

- **Mental health Outcomes Framework** - the development of a comprehensive Mental Health Outcomes Framework, building on the work undertaken in *Because Mental Health Matters- Victorian Mental Health Reform Strategy 2009-19*;
- **Choice** – expansion of the range of service delivery options and treatment options to ensure genuine choice for consumers
- **Trauma** - in addition to enhancing the capacity of services and public mental health system for appropriate trauma-informed support and treatment, trauma for people with mental illness should be reduced by

VICSERV Submission
Victoria's next 10 year Mental Health Strategy
Discussion Paper

providing least-restrictive, recovery-oriented and person-centred environments and approaches to treatment and care.

4. Development of a Service Planning Framework

The development of the Victoria's next Mental Health Strategy provides a vital opportunity for the State Government to develop a world class mental health service system, and retain Victoria's standing as a leader in mental health care and support.

VICSERV recommends that the Government work with all stakeholders to develop a service planning framework that includes the key areas of:

- System structure and interfaces
- Practice
- Research
- Workforce

5. The importance of Psychosocial Rehabilitation

As indicated in the recent Bilateral Agreement for the rollout of NDIS, specialist mental health rehabilitation falls outside the scope of the NDIS.

VICSERV recommends that in the Mental Health Strategy,

- there be acknowledgement and identification of the important role of psychosocial rehabilitation in an effective, contemporary mental health service system,
- psychosocial rehabilitation services be articulated as a component of the state funded mental health service system, alongside the treatment services of the acute assessment and treatment sector, and the disability support services of NDIS.

6. Leadership and Systems Change

In the past Ministerial Advisory Groups have successfully filled this role, but are no longer in operation; in other jurisdictions Mental Health Commissioners have been established and should be considered as a useful model for Victoria.

VICSERV recommends the establishment of a mechanism, and potentially a Mental Health Commission, to oversee the governance and development of state funded Mental Health services, ensuring fidelity of the initiatives to vision and objectives.

7. Action plan for the Mental Health Strategy

A comprehensive Mental Health Strategy as intimated in the Discussion Paper, and as described here, will require a well-developed action plan and prioritisation.

VICSERV recommends a staged action plan, with annual targets developed for the initial stage or stages, to be reported on in the Annual Report to Parliament. Subsequent actions and targets should build on these initial stages, to create an iterative process of action, review and development.

Vision and Scope for Victoria's next Mental Health Strategy

VICSERV applauds the Government's commitment to developing a Mental Health Strategy, as we see this as a timely opportunity to consider the service delivery framework and contemporary service system model required for Victorians experiencing mental illness. In the context of the implementation of the National Disability Insurance Scheme (NDIS) across Victoria over the next three years, this will be an essential policy and service system initiative to ensure the needs and concerns of people with mental illness, their families, workers and services are met in the coming years, and will provide the basis for Victoria's mental health service system for the future.

Victoria has been widely recognised as a leader in implementing progressive improvements to the treatment and support for people living with mental illness, their carers and families, and the benchmark position attained by this State must be retained and further developed.

The people of Victoria should not experience a loss of service standard and capacity as we navigate through the changing environment.

The Victorian Government has strong platforms from which to build a contemporary mental health system-

- an existing strong and effective community managed mental health support system;
- the previous Labour Government's Reform Strategy, *Because Mental Health Matters*¹, which provides valuable policy and reform frameworks;
- the Victorian Mental Health Act 2014, which, in conjunction with the Victorian Charter of Human Rights, provides a framework for the rights of people with mental illness, and their right to autonomy and self-determination;
- existing data and work on social determinants of health and indicators for mental health and well-being; and
- an extensive community support sector.

We welcome the focus on prevention and early intervention to achieve broad community mental health and wellbeing, and to reduce mental health crises later in life. However, this focus should not be restricted to childhood and youth, although we agree this is a key area for future action. ***We endorse the approach taken in *Because Mental Health Matters* – which identified early intervention as 'early in life, early in illness and early in episode', and hope to see this reflected in the next 10 year mental health strategy for Victoria.***

In recent years the recommissioning of Psychiatric Disability Rehabilitation Support Services (PDRSS), and the introduction of the NDIS, has resulted in significant disruption for consumers, families, workers and services across the State. The recent review of arrangements for delivery of MHCSS and Alcohol and Drug Treatment Services, garnered a number of issues with the current MHCCS model and catchment arrangements, including:

- a more siloed service system,
- a decrease in the availability of supports for people experiencing mental illness,
- uncertainty for consumers, carers and families,
- less collaboration between services at the local level, and
- a reduction in choice for consumers in the services, supports and treatment options available to them.

With the move to eligibility criteria of significant and enduring disability under the recommissioned MHCSS service model, the accessibility of services has moved to a more targeted but higher threshold approach. We are concerned that this shift has resulted in the exclusion of many others who need assistance to maintain or improve their mental health.

We support the Government's commitment to an 'integrated whole-of-government, whole-of-system, effort' and the recognition that 'all levels of government, non-government organisations, the private sector, businesses and the wider community have a role to play' in achieving the vision and desired outcomes.

¹ Department of Human Services, 2009: *Because Mental Health Matters – Victorian Mental Health Reform Strategy, 2009-2019*, Melbourne

In light of this, and the range of current policy and service system developments impacting on mental health and connected community service areas, VICSERV urges the Victorian Government to commit to its role as systems manager.

In that capacity the State Government should monitor and act on emerging gaps under other service developments, and develop an understanding of how future changes will impact the delivery of services and people living with mental illness, their families and carers.

Despite the recent announcement of the implementation schedule for the NDIS across Victoria, there is still a lack of clarity around the support that will be provided to people with psychosocial disability under the NDIS. In this context, consumers, families and carers, workers and services need to know what supports will be available for consumers outside the NDIS.

At the moment there will be no psychosocial rehabilitation/MHCSS supports for people once the NDIS is rolled-out, and while the Government has provided assurance of safeguards for people in the transition process, we have no indications of what the next iteration of the state funded mental health support system will be. Addressing this is a matter of urgency.

VICSERV is concerned that significant numbers of people living with mental illness will not be eligible for the NDIS. Furthermore, people who are eligible will not receive the psychosocial rehabilitation provided by the Victorian community managed mental health support system that is an essential component of their recovery, under the NDIS.

The Discussion Paper identifies the intention to 'monitor any unintended service gaps or duplication that may arise as we transition to the new (NDIS) scheme and beyond.' However, we already know a great deal about the support that will be provided under NDIS, and, in conjunction with continuous monitoring of the impacts of NDIS, there should be a commitment to take action on addressing any gaps and working to ensure that there is an effective state funded mental health service system, to which the NDIS system is a complement, from July 2016.

It is imperative, therefore, that the 10 year Mental Health Strategy include details on the transition process from MHCSS to NDIS and to the new state funded mental health service offering, as well as information on the pathways for consumers in and between these systems.

Guiding Principles

We endorse the identified guiding principles as important underpinnings for any strategy for the future. We particularly welcome the inclusion of Co-production and Recovery Orientation.

However, we would suggest that an overarching principle on the human rights of people with mental illness should be added.

Population-based planning

We welcome a population approach which better matches available resources to identified need, placing particular emphasis on population groups which are at higher risk or where there are special needs.

As discussed by The National Mental Health Commission (NMHC), in its *Report of the National Review of Mental Health Programmes and Services*, this approach shifts groups of people towards 'upstream' services—population health, prevention, early intervention, recovery and participation—and thereby reduces 'downstream', costly services such as ED presentations, acute admissions and avoidable readmissions. The Commission's illustration of this is below. While it refers to figures for Australia, it could usefully be applied to the Victorian Mental Health Strategy².

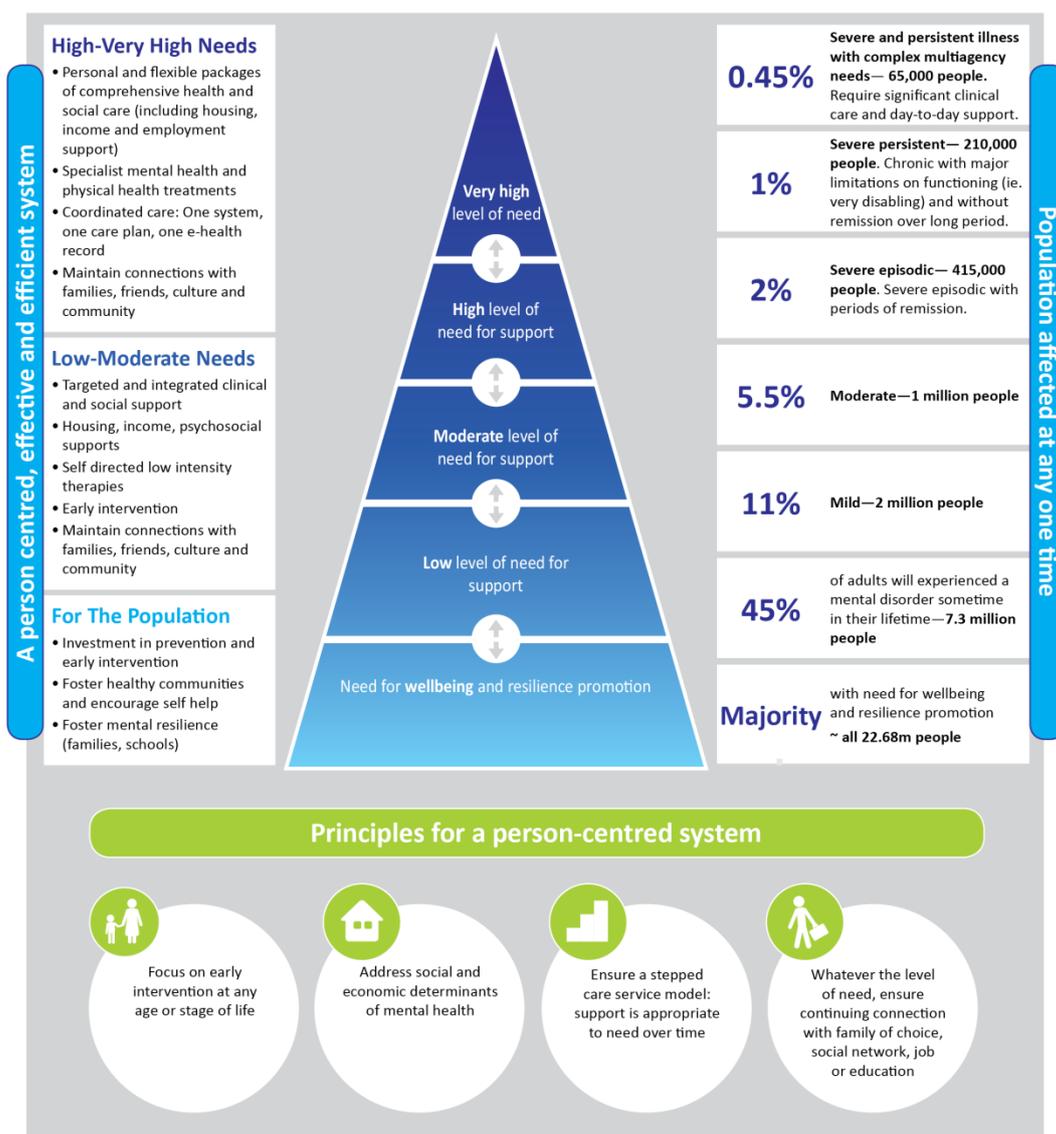
We recommend, however, that this approach should not replace population health planning, which aims to improve the health and wellbeing of whole populations, reduce inequities among and between specific population groups, and address the needs of the most disadvantaged.

² National Mental Health Commission, 2014: *The National Review of Mental Health Programmes and Services*, Sydney, p.46-47

VICSERV Submission
 Victoria's next 10 year Mental Health Strategy
 Discussion Paper

In line with this, we recommend the inclusion of a life course approach to the development of the service system and delivery of services. Under this approach, actions that respond to priorities identified in the strategy will take into account the needs of different population groups at different stages of life. Preventative and supportive action taken early at each stage and transition point in the life course can provide multiple benefits. This approach includes a focus on health and wellbeing from the pre-natal period and early years, through to adolescence and youth, the adult years and into older age:

- **Family and child health:** recognising the lifelong health and economic benefits of care and support prior to and during pregnancy, and in early years of child development.
- **Youth and young adults:** recognising the early onset of mental illness and that a contributing life is possible if support and treatment is provided early.
- **Adults:** recognising that the greatest burden of mental illness falls on those with persistent and chronic mental health (and often related physical health) complications.
- **Older people:** Older people often are poorly diagnosed, treated and supported. Frailty and comorbidity often masks their mental health conditions, and there are poor incentives for many mental health providers to visit and practice in aged care homes.



From: National Mental Health Commission, 2014: The National Review of Mental Health Programmes and Services

Social model of health

VICSERV welcomes the recognition given in the Strategy Discussion Paper for the need to address mental health within the social determinants of health, and the articulation of a vision that aims to

- address the barriers and disadvantage that impact on people with mental illness
- combat stigma and discrimination
- provide effective treatment and support to assist them on their recovery journey, and
- support carers and families.

However, the identification of the social model of health as a key principle will require more than just a 'focus' on social determinants of health; it will require significant attention on them as well as responses that are evidence-based and concerted in effort.

Physical health, housing and employment for people with mental illness continue to be serious concerns that remain inadequately addressed, despite good models and evidence. The recognition of trauma, stigma and discrimination is welcomed and, along with these other factors impacting on mental health, will require broad system and community awareness, education and responses.

Equity and responsiveness to diversity

We acknowledge the focus on diversity and the particular attention paid to Aboriginal people and refugees in the Discussion Paper. However data continues to show that people from diverse cultural backgrounds still struggle to receive timely and appropriate help for their mental health needs.

VICSERV recommends that the next mental health strategy should ensure there is adequate focus on all areas of diversity.

Outcomes Approach

VICSERV supports an outcomes approach and the regular reporting against the achievement of the stated goals and outcomes.

To support the monitoring of outcomes we suggest an initial mapping and modelling of the Victorian mental health system, both clinical and MHCSS. This would provide the capacity to benchmark current levels of service delivery to consumers and families, and monitor changes in the service system, population and mental health outcomes over the life of the strategy, and is vital in light of the disruptions created by the introduction of NDIS.

While we support the general thrust of the identified outcomes, we refer you to the comprehensive mental health outcomes framework developed in the 2009-2019 Mental Health Reform Strategy, which described indicators and measures across three levels, each of which covered a number of defined domains, and suggest this would be a valuable component of any new Strategy:

- Level One: Health and community outcomes
- Level Two: Determinants of mental health
- Level Three: Performance of the service system

At the time of the release of the Reform Strategy, however, this outcomes framework was identified as being helpful but not the complete answer. It did not adequately identify how policy, interventions and services influence the lives and wellbeing of people affected by mental health issues. VicHealth has done considerable work on indicators for community wellbeing, and the priorities identified by the Victorian Public Health and Wellbeing Plan 2015-2019 will provide a useful guide for further development in this area.

Enabling Genuine Choice

An unintended consequence of the new MHCSS arrangements was a reduction in choice for consumers, rather than increasing their choice and control as described by the NDIS.

Apart from the restrictions under the catchment based arrangements, and the limited range of available services, consideration must also be given to the range of service delivery options and treatment options available to consumers.

This requires a move away from the pervading belief that hospital networks should be the main provider of specialist mental health supports, and an expansion of the more effective and evidence based approaches of the community sector.

Responding to Trauma

VICSERV welcomes the focus given to the experience of trauma in mental illness, and the importance of trauma-informed care and support in achieving the best possible recovery outcomes.

However, we would like to see this focus move beyond an understanding of past trauma and its impact on mental illness and recovery, to reducing trauma for people with mental illness in their current environments and experiences.

Research is showing that adverse events in childhood are associated with a range of negative emotional, behavioural and social outcomes and this has important implications for the mental health services. Abuse, trauma and adversity is common in those living with mental illness, and significantly impacts on their symptoms and treatment. Moreover, these narratives of adversity are often central to the identity of people with mental illness, yet there is little opportunity in treatment facilities to explore these issues. It would appear that trauma is not yet systematically addressed in mainstream treatment for serious mental illness.³

The evidence clearly implies there is a greater need for trauma-informed care in the mental health sector. This includes a focus on understanding the consumer's background story, taking a careful trauma history, as well as providing specific trauma-focussed treatments. There is also a need for supervision and support for staff when they are dealing with their client's trauma stories as well as adequate training regarding trauma management. In addition, there is a need for awareness of how trauma affects engagement and trust with a service provider. This means safe housing and living conditions can be a pre-requisite for meaningful engagement in treatment. 'Safe' relationships with service providers can take some time to develop and be negated by systems issues, such as the high turnover of treating doctors and community case managers.

VICSERV suggests that, in addition to enhancing the capacity of services and public mental health system for appropriate trauma-informed support and treatment, there be the inclusion of strategies and outcomes to reduce trauma for people with mental illness by providing least-restrictive, recovery-oriented and person-centred environments and approaches to treatment and care.

³ Turner, S., Harvey, C., Hayes, L., 2015: *Adverse life events in Childhood and mental Illness* in New Paradigm – The Australasian Journal on Psychosocial Rehabilitation, Summer 2015 pp 36-40 available at <http://www.vicserv.org.au/uploads/newparadigm/2015newparadigm-summer.pdf>

VICSERV Priorities for Victoria's next Mental Health Strategy

I. Service planning framework

To meet the needs of people with mental illness, their families and carers, workers and services, and to achieve the vision outlined in the discussion paper, the State Government must indeed be bold, and take this vital opportunity to develop a world class mental health system.

To achieve this the Andrews Government should work with all stakeholders to outline a service planning framework that includes the key areas of:

- *System Structure and interfaces*
- *Practice*
- *Research*
- *Workforce*

System structure

The next 10 year Mental Health Strategy should describe:

- The component parts of the service system
- The pathways for consumers into and through the service system, and
- The interface between the State funded system, other community sectors, Commonwealth programs, and levels of government.

With the signing of the Bi-Lateral Agreement for the implementation of NDIS across Victoria, rehabilitation/recovery clearly falls under the responsibility of the health system, under the Applied Principles for Mental Health.⁴

The Victorian Government needs to provide a clear articulation of the components of a contemporary, evidence based mental health system in which a robust community managed mental health rehabilitation and support sector is a key component.

There are concerns that the Discussion Paper focuses heavily on a 'specialist public mental health system' without adequately describing this system. While this would normally be inferred to mean the clinical service system, we acknowledge that it may include the community managed mental health sector.

The National Mental Health Commission, recently identified the need for redesign of the mental health system, following its review of mental health programmes and services, to ensure interventions are

- effective: scarce resources should be used cost-effectively to achieve identified objectives
- efficient: decisions on what programmes and services we invest in result in maximising net benefits to the community
- evidence-based: decisions need to be based on evidence, and that in turn means services need to be able to collect meaningful information about what difference they are making to people's lives.

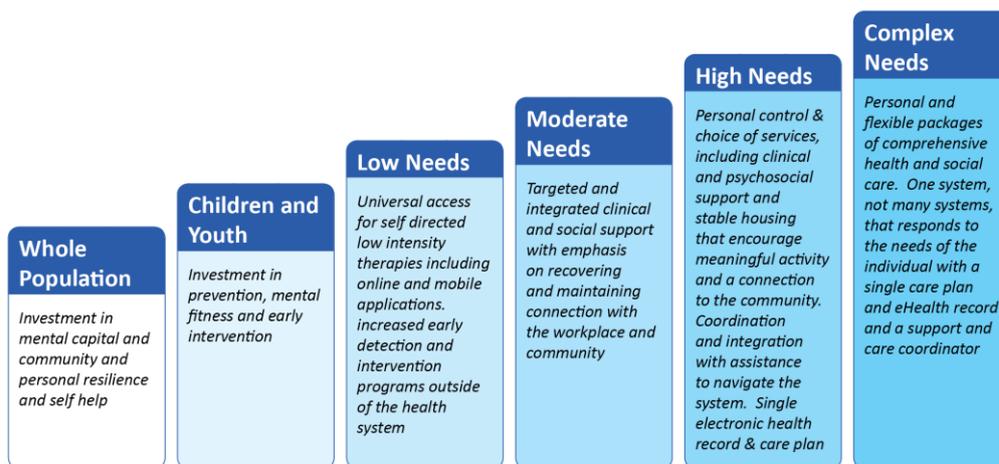
The Commission described the need for a mental health system that provides 'integrated, end-to-end support for individuals, regardless of when and where the system is accessed, to deliver better quality and outcomes which are demonstrably cost-effective. It should be underpinned by a strong focus on prevention, early intervention and support for recovery that is not just measured in terms of the absence of symptoms, but in the ability to lead a contributing life.'⁵

⁴ Commonwealth Government 2015: *Bilateral agreement between the Commonwealth and Victoria for the implementation of an NDIS, Schedule I.*

⁵ National Mental Health Commission, 2014 *op.cit.* p. 48

A 'Stepped Model of Care' such as that described by the NMHC⁶, should be utilised in the State Government's articulation of the Victorian model for mental health support and treatment -

- A stepped care model aims to provide a match between need and supply. Stepped care services need to range from no and low-cost options – for people who are generally healthy, may be mentally distressed, or at low risk - to options which provide support and wrap-around services for people with severe and persistent mental ill-health to live contributing lives in the community.
- Just as the level of need for services and support travels along a continuum, from no and low need to high needs, so too should the level of supply move from low to high, as should the associated costs. But far too often this is not the case and people enter into a medical model of care that may have been avoidable with the right early steps.



Globally, mental health service provision is moving from hospital-based to community-based systems.

This change reflects the growing evidence of what constitutes cost-effective care, but also acknowledges the failures regarding social inclusion and human rights of the former approach.

Available evidence indicates that community-based and diversified mental health systems, with a wide range of services, are superior to hospital-centred mental health systems, according to a range of outcomes. In a recovery-oriented system of 'balanced care', the focus is on services that are provided in normal community settings, as close to the population served as possible, and based on individual needs.⁷

Because *Mental Health Matters* described a 'balanced, networked service system'⁸ which meant –

- The service system has the right mix of inpatient and community based care and of clinical and psychosocial capacity, by establishing a more comprehensive mental health service system that plans for optimal coverage of the estimated prevalence for all main types of mental illness.
- A clearly established formal partnership between clinical services, psychosocial support and primary health care should be at the core of the network.

It was anticipated under that Strategy that the CMMH sector would consolidate its role and become a more equal partner with specialist clinical services in the overall system of mental health care, and a central part of the social inclusion thrust of the reform. This intention should be articulated in the next Mental Health Strategy.

⁶ National Mental Health Commission, 2014 *op.cit.* p. 48

⁷ Wahlbeck, K. (2015) *Public mental health: the time is ripe for translation of evidence into practice*, World Psychiatry, 2015 Feb; 14(1): 36-42. Published online 2015 Feb 5.

⁸ Victorian Government Department of Human Services, 2009, *op.cit.* p. 55

Practice

In 2011 the Victorian Government released a *Framework for Recovery-Oriented Practice*⁹ which identifies nine domains that should be present in mental health services.

Importantly for practice, there is also a broad consensus that recovery involves a range of factors. Research has found that important factors on the road to recovery include:

- good relationships
- financial security
- satisfying work
- personal growth
- good physical health
- the right living environment
- developing one's own cultural or spiritual perspectives
- developing resilience to possible adversity or stress in the future
- family inclusion.

While the Discussion Paper identifies the importance of consumer and carer involvement in the design and delivery of services, it gives little attention to the importance of peers in supporting people experiencing mental illness. There is strong evidence that consumer-run communities and peer initiatives are effective in supporting people to establish and maintain contributing lives. Increasing the involvement of peers and people with lived experience as workers and contributors to service development will support empowerment of service users and improve services.

VICSERV recommends identification and utilisation of models that can be drawn on to give guidance for future practice and developments For example, PHAMS and Peer worker models, which have a low entry threshold and provide evidence of good practice and outcomes.

There also needs to be recognition of the need to support families and carers. With the implementation of NDIS proceeding to roll out across Victoria within the next 12 months, and the anticipated inclusion of carer respite into the NDIS (despite there being little support for carers and families in the Scheme) there needs to be a commitment by the State Government to ongoing support for carers and families as a matter of urgency.

Carers need a range of support responses including individual advocacy, respite, education, information, counselling, informal group and activity support and peer to peer support. Future support for mental health carers is at serious risk, with no commitment at this stage to funding carer support programs beyond 2015.

VICSERV also recommends that consideration be given to the value of Partners in Recovery (PIR) in care coordination. Service coordination provides a crucial platform of support for consumer care and facilitates partnerships between agencies within the wider service system. Consistent application of all facets of service coordination benefits clients by ensuring appropriate client navigation through and within the system.

Research

Research is a vital area for inclusion in the service planning framework for future mental health service system development.

⁹ Victorian Government Department of Health, 2011: Framework for Recovery-Oriented Practice, Melbourne

While biomedical research remains a critical area, focus in the Strategy should be on applied research to inform best practice in prevention, assessments, treatment and psychosocial rehabilitation interventions.

Because Mental Health Matters proposed the establishment of an Institute of Mental Health Workforce Development and Innovations that would provide a mechanism to link the research activity of academic positions and bodies, disseminate this knowledge and facilitate its application into work practice. A mechanism to fill this valuable function should be considered in the next Mental Health Strategy.

Workforce

We welcome the Government's commitment to achieving a capable and supported multi-disciplinary workforce, and the development of comprehensive strategy for the development, retention and development of the mental health workforce.

However, with so much uncertainty around the nature of a continuing state funded mental health service system and the workforce that will be required for it, and the different workforce required for the NDIS rollout, the loss of the existing qualified, skilled, and experienced workforce of the MHCSS workforce is a serious risk.

The development of a comprehensive workforce strategy is now urgently needed, to ensure that Victoria retains, maintains and develops the skills required. This includes managing and responding to the demands created by the changing policy and service reform environment, and the growing demand for a peer workforce.

2. The importance of Psychosocial Rehabilitation

As indicated by the Applied Principles for Mental Health in the Bilateral Agreement for the roll out of NDIS, specialist mental health rehabilitation services fall outside of the scope of the NDIS. They therefore need to be articulated in the new state funded mental health service system, alongside the treatment services of the clinical mental health sector and the disability support services to be offered under NDIS. The table below outlines these service streams and their focus in terms of service provision and outcomes for consumers¹⁰

VICSERV recommends that there should be acknowledgement in the next Mental Health Strategy and in subsequent development of the state-funded mental health service system, that the community managed mental health sector provides not just support services, but also specialist mental health rehabilitation services, and that they are an important component of an effective, contemporary mental health service system.

Service Stream	Service Provision	Outcomes
Clinical mental health services	Assessment, Diagnosis and Treatment	Stabilised health and mitigated risk
Psychosocial rehabilitation services	Rehabilitation, therapeutic interventions, skill building, iterative planning and goals	Self-managed mental health, independence, changes to hope, identity, meaning, empowerment and connectedness
Mental health support services	Practical da-to-day functional support and personal care. More stable planning and goals	Supported participation in society

¹⁰ Mental Illness Fellowship, Victoria, 2015: As yet unpublished paper for NewParadigm, Spring 2015

VICSERV Submission
Victoria's next 10 year Mental Health Strategy
Discussion Paper

VICSERV's paper *Community Managed Mental Health – an agenda for the future*¹¹ demonstrated that CMMHS plays an important role in the lives of many consumers, carers, and families, by helping people deal with the direct consequences of mental illness and to address the social and economic disadvantages that are often associated with it. CMMH services in Victoria have led on many important reforms.

3. Leadership and System Change

Governance and Oversight

Because Mental Health Matters identified the importance in the establishment of a statewide Mental Health Reform Council to bring together all sectors that are central to reform, with support from a number of Partnership Groups.

The intention was to continue the Ministerial Advisory Committee on Mental Health, with a refocus of its efforts on providing expert (including consumer and carer) advice on specific aspects of mental health treatment and care. Unfortunately this Committee is no longer in operation, and while various forums are in place, they do not have the same role or authority for advising and overseeing system reform.

Because Mental Health Matters also proposed the establishment of an Institute of Mental Health Workforce Development and Innovation, and alongside that the potential for a collaborative Centre for Excellence for Consumers and Carers. Both of these initiatives would have been valuable opportunities to drive system change and increase the voice and participation of consumers and carers in system design and service development.

The development of the 10 year Mental Health Strategy provides the timely opportunity to consider the establishment of a Mental Health Commission, and the models that are in operation in New Zealand and across Australia. Victoria is currently one of the few states that does not have a Mental Health Commission, and is at risk of falling behind best practice as it is being demonstrated in other jurisdictions.

A Mental Health Commission would be a valuable mechanism for overseeing reform, monitoring outcomes, increasing consumer voice and participation, and reporting on achievements

VICSERV urges the establishment of a mechanism, and potentially a Mental Health Commission, to oversee the governance and development of state funded Mental Health services, ensuring fidelity of the initiatives to vision and objectives.

Partnerships and Collaboration

Mutually obliging arrangements should be considered as a valuable component in the relationships between organisations providing services. The NSW example of Housing and Support Initiative (HASI) provides evidence through extensive evaluation of the benefits achieved for consumers through this approach.

We endorse the partnership approach described by VCOSS through its documents - *Walk alongside: Co-designing social initiatives with people experiencing vulnerabilities* and *Building on the value of Victoria's community sector*

¹¹ VICSERV, 2012: *Community Managed Mental Health – an agenda for the future*, available at <http://www.vicserv.org.au/publications-resources/publications.html>

Action plan for the Mental Health Strategy

A comprehensive Strategy as intimated in the Discussion Paper, and as described here, will require a well-developed action plan and prioritisation, alongside the Mental Health Outcomes Framework.

The *Because Mental Health Matters* reform strategy included a detailed implementation plan with clear actions and outcomes. The next Victorian Mental Health Strategy, should build on this approach and the previous work undertaken.

The action plan should include specific initiatives, organised into annual plans with defined timelines, with KPIs and outcome measure for all initiatives and service developments that are outlined in the Strategy.

VICSERV recommends a staged action plan, with annual targets developed for the initial stage or stages, to be reported on in the Annual Report to Parliament. Subsequent actions and targets should build on these initial stages, to create an iterative process of action, review and development.