



# Royal Commission into Victoria's Mental Health System: Final Report Summary

May 2021

## About Mental Health Victoria



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 health issues 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, community, or 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 their needs can be met
- is easily navigated, providing continuity of care
- is outcomes-focused
- is adequately and sustainably resourced to meet current and future needs including demand.

### Contributing organisations

This paper was prepared by Mental Health Victoria in collaboration with members of the Victorian Mental Health Policy Network and other sector stakeholders including consumer, carer and service provider bodies:

- Australasian College for Emergency Medicine
- Carers Victoria
- cohealth
- Council to Homeless Persons
- Ethnic Communities Council of Victoria
- Mental Health Legal Centre
- Mind Australia
- Orygen
- Tandem Inc
- The Police Association Victoria
- Rainbow Health Victoria
- Royal Australian and New Zealand College of Psychiatrists
- Victorian Aboriginal Community Controlled Health Organisation
- Victorian Alcohol and Drug Association
- Victorian Council of Social Service
- Victorian Healthcare Association
- Victorian Mental Illness Awareness Council
- Women's Health Victoria
- Women's Mental Health Network Victoria

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# Introduction

On 2 March 2021, the Royal Commission into Victoria's Mental Health System released its long-awaited report. The final report represents the most comprehensive analysis of Victoria's mental health system ever undertaken to repair what Premier Daniel Andrews conceded was a "broken" system.

This enormous undertaking represents the most significant development in mental health since the de-institutionalisation movement in the 1990s. It was the culmination of more than two decades of outstanding advocacy efforts from individuals, carers, families, academics, and mental health professionals from across Victoria.

## The Royal Commission into Victoria's Mental Health System

- 7,500 articles
- 12,000+ pages of analysis
- 12,500+ public contributions
- unprecedented access to data
- 74 recommendations (including 9 from the interim report)

The Royal Commission's report articulates an ambitious new vision for mental health service design, commissioning, delivery and governance. This vision is both transformative and long overdue. For too long, Victorians have had few options but to present to hospital emergency departments or suffer in silence. If implemented as envisioned, the proposed reforms stand to change all that, giving Victorians the world-class mental health system we need and deserve.

At this historic moment, the sector is filled with excitement and hope. New services, resources and ways of working are on the horizon. But there is also caution and trepidation. With change comes risk and drastic shifts in ways of working that will be challenging to implement, both within and across organisations.

**We are excited about the recommendations that have come out of the Royal Commission and the government's commitment to their implementation. These recommendations represent a once-in-a-lifetime shift.**

– Victorian Mental Illness Awareness Council

The Royal Commission has set a high bar for Victoria. Once the reforms have been implemented, the Victorian system will become the national benchmark. Other states and territories may follow Victoria's lead. In the meantime, and in order to make sure that happens, we need a shared vision of what the reformed system will look like, and an honest account of the sector's hopes and concerns in how to achieve it.

This Final Report Summary is intended to support this ongoing conversation. It provides a snapshot of the Royal Commission's vision for system reform, encompassing all 65 recommendations from the Final Report across 7 key themes. It identifies key opportunities and challenges and highlights responses from key bodies across the sector. It also looks to the immediate next steps that will support the implementation phase of the reform project, to ensure that together we can achieve our vision of a world-class mental health system to benefit Victorians for generations to come.

## 1. Services in the community

**The Royal Commission has provided a transformational vision of a responsive and integrated service system that people can access close to their homes, their families and carers, supporters and broader networks.**

At the centre of this transformation is the development of Local Mental Health and Wellbeing Services (LMHWS), providing a range of mental health and wellbeing supports. Along with a new website, helplines and onsite access and navigation support workers, these services will aim to ensure that all Victorians will be able to access care when they need it, where they need it. By expanding access, these services will facilitate early intervention which is critical to a well-functioning mental health and wellbeing system.

For people with greater care needs, Area Mental Health and Wellbeing Services (AMHWS) will be delivered through partnerships between clinical services (such as hospitals) and community-based NGOs, ensuring that a range of mental health and wellbeing supports can be provided within the same service. A holistic service model, including care planning and coordination supports, will be at the heart of both LMHWS and AMHWS.

Critically, people with concurrent mental health and alcohol and other drug (AOD) needs will not be excluded from any service and will be further supported by a new statewide service targeted to their needs.

Age-based teams and services streams will operate within this centralised system. This will mean that people will be able to access care that is appropriate to their life stage in both LMHWS and AMHWS, and through a range of other specific services for children, families and younger people. This new structure strikes an important balance between specialist services and whole-of-system integration, while also expanding on preventative approaches that provide support earlier in a person's life.

**"We will finally have a state system that provides specialist youth mental healthcare that aligns with the scientific evidence for early intervention, an approach which protects futures and saves lives."**

– Orygen

Continuity of care will be strengthened through new system architecture. Reforms will aim to ensure that people will no longer be excluded from services due to rigid catchment areas or age restrictions, and will be able to move between services with greater ease, according to their level and complexity of need. Robust linkages with other service systems, including physical health, AOD, and housing, will be vital to ensuring continuity of care across all domains of wellbeing.

An overhaul of the crisis response system aims to ensure that everyone has someone to turn to at the most difficult times. Improvements will be made and alternatives provided to emergency departments and first responder services so people experiencing crisis can find the right help when they need it.

**"The proper role of police in the mental health system should be restored by these recommendations which will create a range of available services and accommodations to those experiencing crises."**

– The Police Association Victoria

Expansions in suicide prevention and response will aim to provide people, and their families and carers, with supports before, during and after experiences of suicidal behaviours. Monitoring and evaluation of a new intensive support program for people experiencing psychological distress will be important to ensure it is safe and effective within the Victorian context.

**Reorienting the system towards one based in the community will help people find supports that are close to their homes and support networks. This is vital to reducing hospitalisations, ambulance call-outs and crisis-driven care. This will save lives.**

– Mental Health Victoria

For a detailed summary of proposed reforms, see Appendix 1.1.

## 2. Lived experience at the centre

By putting lived experience at the centre of designing and delivering the mental health system, the Royal Commission has recognised the imperative of creating a service system led, designed and delivered by the people for whom it is intended to serve.

We need to utilise the leadership that already exists in the community.

– Victorian Mental Illness Awareness Council

Lived experience leadership and participation in the system will be largely based around a new consumer-led agency which will develop and deliver services and training resources and facilitate collaborative learning. A range of other consumer- and peer-led services and further lived experience roles for both consumers and carers will help to embed lived experience throughout the system at a fundamental level. This is critical to ensuring people with lived experience have critical influence over all aspects of the future system.

**"A modern mental health system, built with lived experience and compassion at its core, offers hope for future mental healthcare that may finally meet the needs of all Victorians."**

– Royal Australian and New Zealand College of Psychiatrists

A Statewide Trauma Service will be established to improve trauma-informed practices across the sector while significant efforts will be made to reduce the use of compulsory treatment and eliminate restrictive practices within 10 years. These recognise the distress and trauma caused by human rights violations in mental health settings, making recovery more difficult when support is needed most. These initiatives will be crucial to creating a system of safe and effective care and to rebuilding trust in the new system.

Carers and families will also receive a range of specific supports, including 8 family- and carer-led centres, and targeted services for young carers.

**"We are excited by an overall vision focused on a system that says, "How can we help?"**

– Carers Victoria

These new services will ensure that carers and families can access tailored supports, helping them to discharge their caring roles while also looking after their own mental health and wellbeing. These should be available for all carers, not just for those caring for people with mental health issues.

**"We are excited about the opportunities for much-needed support for families that these services could potentially provide."**

– Tandem Inc.

A broad range of initiatives will be developed through co-production or co-design including:

- safe spaces and crisis respite facilities
- supports for young carers
- development of a website for information and system navigation
- new rehabilitation models of care
- supported housing homes
- Aboriginal and Torres Strait Islander healing centres
- review of new mental health laws
- quality and safety improvement programs
- a new suicide prevention and response strategy for Victoria.

Peer-led organisations are best placed to deliver tailored mental health and suicide prevention initiatives, services and programs to build community capacity and resilience.

– Suicide Prevention Australia

This broad range of initiatives is testament to the Royal Commission's commitment to embed lived experience throughout the system. However, we will need to identify further opportunities for co-production and co-design to maximise the ongoing participation and leadership of people with lived experience in the future system.

**"These system-wide reforms will transform the system and place people with lived experience at its centre."**

– cohealth

For a detailed summary of proposed reforms, see Appendix 1.2.

### 3. Reformed bed-based services

**New services to deliver acute and subacute mental healthcare in the home or community residential settings will allow people to receive support in an environment that's right for them.**

– Council to Homeless Persons

**Bed-based services will be reformed with the aim of ensuring they can provide safe and effective care for those in need of ongoing intensive treatment, care and support.**

Significant reforms aim to reorient the bed-based service system to one centred on community-based care and the participation and leadership of people with lived experience. In particular, rehabilitation services will be transformed with new co-designed models of care for community and intensive rehabilitation centres.

New safety requirements for new and existing facilities will be made to keep women and girls safe from sexual and gender-based violence in bed-based services.

***"The wording of the recommendation on sexual and gender-based violence allows some scope for derogation. It will be important to hold government to account for implementation."***

– Women's Health Victoria

Progress on these recommendations will need to be monitored, given the recommendations allow for case-by-case implementation of safety improvements in many existing facilities. It is essential that all facilities are capable of providing safe care to women and girls.

*For a detailed summary of proposed reforms, see Appendix 1.3.*

### 4. Catering for diverse communities

**Culture, family, identity and background are integral to good mental health, and must be considered if we are to achieve equitable mental health and wellbeing outcomes across diverse communities.**

***"Building community models of care will allow for Aboriginal voices, experiences and knowledges to be elevated, amplified and integrated, fostering supports for culturally-safe, self-determining mental health services."***

– Victorian Aboriginal Community Controlled Health Organisation

Building on a strong foundation in the Interim Report, the Royal Commission has strengthened its commitment to supporting the self-determination of Aboriginal and Torres Strait Islander peoples, including through the establishment of co-designed healing centres. These were recommended by the Victorian Aboriginal Community Controlled Health Organisation as a crucial self-determined community model of care for social and emotional wellbeing.

Other groups, including LGBTIQ+ and culturally and linguistically diverse (CALD) communities, will benefit from recommendations to improve system responsiveness to diverse needs, including through strengthened governance and data usage, with the Department of Health required to ensure equity of access and outcomes. LGBTIQ+ groups will further benefit from increased navigation supports and a new suicide aftercare service.

***"The recommendation that the Chief Officer for Mental Health and Wellbeing will have responsibility for equity of access and outcomes will elevate accountability for cultural responsiveness at a systemic level."***

– Ethnic Communities Council of Victoria

Unfortunately, many recommendations to address diverse needs appear to lack specificity, providing few direct service delivery initiatives for diverse groups, and few specified actions to improve inclusive practices. They also fail to make reference to a number of key population groups including women and girls, migrants, refugees and asylum seekers. These represent significant gaps which must be addressed in the roll-out of reforms to ensure no communities get left behind.

***"The needs of trans and gender diverse people are stark and urgent, and there's nowhere in the report that looks at that issue."***

– Rainbow Health Victoria

**Because people from migrant and refugee backgrounds are not addressed explicitly in the recommendations, there is a risk that mental health service providers and decision-makers will fail to make adequate provision to respond to their specific needs.**

– Ethnic Communities Council of Victoria Persons

*For a detailed summary of proposed reforms, see Appendix 1.4.*

## 5. Workforce development and supporting system infrastructure

**The mental health workforce will be expanded, upskilled and better supported to ensure it can deliver services in a reformed and expanded system.**

A Workforce Strategy and Implementation Plan will guide the development and expansion of the mental health workforce with the aim of providing a workforce that is sufficiently sized, skilled and distributed to deliver expanded services. Specific mention of peer workers and addiction specialists are welcome, but much work is still needed to ensure that all workforces receive sufficient attention.

*“The broader issue of specialist staff shortages will need to be examined and addressed further.”*

– Royal Australian and New Zealand College of Psychiatrists

*AOD workers will require additional skill development, training, and resources.*

– Victorian Alcohol and Drug Association

It is particularly important that workforce initiatives include comprehensive forward-planning to support the growth and sustainability of the mental health workforce in regional and rural areas.

Considering the critical importance of developing the workforce before expanding services, the short delivery timelines are welcome and important. Encouragingly, the Victorian Government has already allocated funds to the workforce readiness package.

The development of a Victorian Mental Health and Wellbeing Workforce Capability Framework will ensure workers have access to education, training and practice to support workforce skill development. This will play a critical role in ironing out which workforces require what additional skills, and how this will be achieved.

The Royal Commission has done well to acknowledge the need to better support workers as they seek to provide safe and effective care in a historically under-resourced and overburdened system. To that end, a Mental Health Workforce Wellbeing Committee will be established to address occupational health and safety needs on an ongoing basis.

*“We welcome the report’s acknowledgement of the exhausted and overburdened workforce, and the moral distress of trying to provide care in a broken system.”*

– Royal Australian and New Zealand College of Psychiatrists

Further system-wide improvements include IT and digital service system infrastructural upgrades, improved guidance to support information-sharing practices, and a range of innovation, evaluation and translational research activities.

*For a detailed summary of proposed reforms, see Appendix 1.5.*

## 6. Supportive communities and surrounding systems

**Good mental health and wellbeing requires more than a well-functioning mental health and wellbeing system. It requires healthy communities and supportive surrounding systems that promote good mental health, prevent the development of mental health issues, and help connect people to mental health and wellbeing services when they need them.**

The mental health and wellbeing of communities will be strengthened through a range of initiatives including ‘community collectives’, social prescribing, workplace and school programs, and Mental Health and Wellbeing Commission oversight of anti-stigma and discrimination initiatives. The incorporation of local governments into the mental health system via community collectives is particularly important, drawing on the strengths of local councils and facilitating collaboration across government layers to support communities mental health.

*“This is a positive direction towards being connected and remaining close to the people that support us.”*

– Victorian Mental Illness Awareness Council

High rates of physical health issues among people with mental health issues will be addressed through expanded consultation liaison services that will connect people in hospitals to mental health and wellbeing services. This is welcome, but a preventative approach will also be critical to ensure people with mental health issues can access physical health services before they require hospitalisation.

People with mental health issues will be prioritised in key housing initiatives, including the 10-Year Strategy for Social and Affordable Housing Strategy, and further supported with 2,500 supported housing places.

*“Increasing the amount of supported housing options will make a real difference in the lives of Victorians.”*

– Council to Homeless Persons

While these will drastically expand access to suitable housing supports, the 2023 deadline for the Big Housing Build poses logistical challenges for the proposed co-design of new supported housing. Other forms of support, such as integration of housing and mental health and wellbeing services, training of the housing workforce in mental health issues, and private tenancy supports, will still be required to ensure a broad range of supports are available to suit people’s individual housing needs.

People in contact with the justice system will benefit from increased access to mental health supports, both in the community and in correctional settings, and while transitioning between the two. Specific attention may be required to address the particular needs of people in the justice system with concurrent mental health and AOD needs.

*“A statewide model for specialist youth forensic mental health programs will provide consistent and appropriately specialised treatment, care and support.”*

– Orygen

*Legal support has to come from those with specialist expertise in providing services to people with mental health issues.*

– Mental Health Legal Centre

While other service systems, such as disability, aged care and family violence, are not specifically mentioned in the recommendations, there are significant opportunities to support integration with these and other relevant service systems. It will be important to ensure that mental health and wellbeing services, and regional governance bodies, are fully equipped to coordinate care across all service systems moving forward.

*For a detailed summary of proposed reforms, see Appendix 1.6.*

## 7. Governance

**The proposed governance arrangements have the potential to fundamentally transform the operation and oversight of the entire mental health and wellbeing system, future-proofing reform gains through strengthened accountability and a focus on continuous improvement.**

At a fundamental level, the provision of safe and effective services will be supported through a new Mental Health and Wellbeing Act and a Mental Health and Wellbeing Outcomes Framework. These new foundations will ensure all elements of the new system are focussed on providing safe and effective supports that improve people's lives and guarantee their dignity and human rights.

**"KPIs should be set so that we never lose sight of what we are aiming for."**

– Victorian Mental Illness Awareness Council

System oversight and accountability will be strengthened with a new government structure, overseen by an independent Mental Health and Wellbeing Commission. This has been a key gap in Victoria's mental health system until now. Going forward, this Commission will hold the government accountable for the entire mental health system, helping the system to be safer, better and more transparent.

**"We strongly support the robust powers of the Mental Health and Wellbeing Commission to ensure accountability."**

– Victorian Mental Illness Awareness Council

**A Mental Health and Wellbeing Commission will support the elevation of the family/carer lived experience workforce, and promote family-inclusive practices across the system."**

– Tandem Inc.

A new structure of interdepartmental committees will bring together key government departments and agencies. This will ensure that government bodies are able to work together to improve mental health and wellbeing across all areas of government operation. The fact that each committee will be chaired or co-chaired by the Department of Premier and Cabinet demonstrates the government's ongoing commitment to this whole-of-government approach to mental health and wellbeing.

New offices will be created within the Mental Health Division of the Department of Health. This new structure will ensure the government can maintain a focus on mental health service provision, mental health promotion and prevention, and suicide prevention and response, with specific roles and responsibilities dedicated to each. Lead roles from each area will sit on relevant interdepartmental Committees ensuring whole-of-government approaches can be taken on relevant matters. However, caution must be taken to ensure suicide prevention receives its own focus outside of and in addition to mental health initiatives.

**"Housing the new Suicide Prevention and Response Office within the Mental Health and Wellbeing Division risks framing suicide prevention within a mental health lens."**

– Suicide Prevention Australia

The establishment of a Mental Health Improvement Unit within Safer Care Victoria will strengthen government activities around quality and safety. Through training and service initiatives, this new body will support services to improve their practices on an ongoing basis, with specific regard to eliminating the use of restrictive practices over the next 10 years.

Regional bodies will be established to undertake local planning, consultation, commissioning and evaluation processes. This will ensure that people have access to services in their area that are suited to their need, because those responsible for governing local service environments will be drawn from the local community.

While the Victorian Government will have input into these processes through relevant standards, plans, funding models, and frameworks, we will need to guard against unnecessary regional variations in service access and availability. Regional Boards should also be empowered to promote and facilitate connections between mental health and wellbeing services, and other related services in their region, not just services within the mental health and wellbeing system.

**"Where mental health is concerned, each individual's experience is entirely different and the funding model needs to recognise this and enable people to receive the care and support that they require rather than be guided by a pricing model."**

– Victorian Healthcare Association

Finally, the Royal Commission has provided mandates for intergovernmental cooperation across local, state and federal jurisdictions. This will help to plug gaps and provide smooth transitions between services and activities funded by different levels of government. It is particularly important that the Victorian and Federal Governments work together to improve access to supports for people whose needs cross sector boundaries and government responsibilities, including mental health and wellbeing, disability including the NDIS, housing, income support and aged care.

For a detailed summary of proposed reforms, see Appendix 1.7.

# Conclusion

The Royal Commission has set out a transformational vision of system reform that has the potential to create a world-class mental health system in Victoria. While this vision is strong, success is not guaranteed. We must now turn our attention to the implementation phase to ensure that the Royal Commission's vision can be made a reality, and that any gaps and challenges can be addressed in the roll-out of reforms.

In 2020, MHV and the Victorian Healthcare Association co-authored *From Vision to Reality: A guide for the successful implementation of recommendations from the Royal Commission into Victoria's Mental Health System*. Prepared after extensive consultation with the mental health sector, this guide provides a blueprint for reform implementation with a series of 26 steps under 6 action areas.



In order to turn the Royal Commission's vision into a reality, we must take care to implement reforms in a way that can produce timely, sustainable, coordinated and effective change.

## This must:

- start with joint sector briefings, in the true spirit of collaboration
- include robust engagement to ensure all voices are heard
- build capacity across the sector, including resources for key bodies and support for lived experience leadership and participation
- fast-track urgent reforms and plan for long-term ones.

***"Implementation needs to be undertaken as part of a system-wide reform rather than the adoption of a piecemeal "tick the box" approach to the delivery of each individual recommendation."***

*– Victorian Alcohol and Drug Association*

It is important to remember the incredible strengths we have as we move forward. They include 74 recommendations from a 3-year Royal Commission, a powerful movement of consumers and carers dedicated to creating change, a resilient workforce, a strong evidence base, service models adaptable to different needs, and much goodwill and belief that collaboration and change is possible.

Now is the time to take advantage of these strengths and opportunities to build the world-class mental health system that Victorians need and deserve.

**It's the Royal Commission that has spoken but it is the collective 'we' that will ensure this happens.**

*– Victorian Mental Illness Awareness Council*

# Appendices



# Appendix 1: Detailed summaries

## 1.1 Services in the Community

Recommendations 3, 5–10, 18–20, 22, 27, 35–36

The new system will comprise six levels of care (Recommendation 3):

Families, carers and supporters, informal supports, virtual communities, and communities of place, identity and interest

Broad range of government and community services

Primary and secondary mental health and related services

Local Mental Health and Wellbeing Services

Area Mental Health and Wellbeing Services

Statewide Services

Regional Mental Health and Wellbeing Boards

Source: Executive Summary, Final Report, Royal Commission into Victoria's Mental Health System.

### The most significant reforms come in the form of:

- 50–60 Local Mental Health and Wellbeing Services (LMHWS) to operate with extended hours in a variety of settings across the state.
- 35 Area Mental Health and Wellbeing Services (AMHWS) delivered in partnerships between public health services or hospitals and non-government organisations that deliver wellbeing supports, comprising:
  - 22 AMHWS for adults and older adults
  - 13 AMHWS for children and youth.
- Statewide services for those in need of specialist supports, delivered in a way that minimises the need for people to travel long distances to access care.

Both LMHWS and AMHWS will work together to provide community-based short-term, ongoing and intensive services (Recommendation 5) delivered through site-based care, telehealth, digital technologies, and outreach services. Core functions of these services include:

- mental health treatments and supports
- wellbeing supports (previously known as psychosocial supports)
- access and navigation supports
- education, peer supports and self-help
- care planning and coordination
- primary care supports, including shared care arrangements and secondary consults

- needs assessments and initial supports (Recommendation 7)
- integrated supports for people with mental health and AOD issues (Recommendation 35).

People will be able to access LMHWS directly through an access and navigation support worker, or via referral. A co-produced website will provide information to help people understand their needs and find available services and supports, including online self-help resources. Helplines will assist with better connections (Recommendation 6).

For people requiring more intensive care, AMHWS will be accessible via referral from a LMHWS or medical practitioner, and statewide services will be accessible via referral from an AMHWS (Recommendation 6). Further flexibility and interconnectedness of the system will be supported through:

- alignment of existing boundaries with the new regional Boards<sup>1</sup>
- removal of rigid catchment boundaries (Recommendation 3)
- establishment of a service capability framework to identify requirements for, and links between, services (Recommendation 3).

AMHWS will contain several age-based streams with transitions between youth and adult services to be applied flexibly, allowing for transition up to a person's 26th birthday (Recommendation 20).

- Adult and Older Adult AMHWS will include:
  - specialist teams for older adults (Recommendation 22)
  - expanded and reformed community perinatal mental health teams (Recommendation 18)
- Child and Youth AMHWS will include specific service streams for:
  - young people (Recommendation 20)
  - infants, children and families (Recommendation 19).

Infants, children and families will also be supported by parenting programs and three community-based hubs (Recommendation 19).

### Crisis response services will be provided through a range of means:

- AMHWS will deliver crisis outreach services as well as a 24-hour telephone/telehealth service to provide crisis assessment, immediate support, including mobilisation of crisis outreach teams or emergency service responses where required, and referrals for follow-up (Recommendation 8).

- Twelve consumer-led safe spaces and crisis respite facilities will be established across the state, along with one crisis stabilisation facility established in collaboration with people with lived experience (Recommendation 9).

- Emergency departments will respond to mental health crises through a new classifications framework supported by increased resourcing and facilities suitable for mental health and AOD treatment (Recommendation 8).
- Emergency service responses to mental health crises will be led by health professionals supported by mental health clinical assistance (Recommendation 10).

Suicide prevention and response supports will be strengthened with statewide postvention bereavement supports and a new intensive support program for adults experiencing psychological distress, modelled on Scotland's Distress Brief Intervention program (Recommendation 27).

Additional resources will be provided to enable services operating in rural and regional Victoria to deliver services to small or isolated communities, including trials of 2 new digital service delivery initiatives (Recommendation 39).

A new statewide service for people living with mental illness and AOD issues will be built on the foundations of the Victorian Dual Diagnosis Initiative, to conduct research and training, as well as primary and secondary consultations (Recommendation 36).

## 1.2 Lived experience at the centre

Recommendations 9, 23–24, 28–32

The Royal Commission has called for the development of key lived experience roles across the system, with the new Mental Health and Wellbeing Commission<sup>2</sup> empowered to elevate the roles of people with lived experience, including through capacity-building supports, stigma reduction initiatives and awareness-raising. These two initiatives apply to both consumers (Recommendation 28) and carers (Recommendation 30).

A new lived experience agency will drive ongoing system reform, delivery and improvement through the development and delivery of services and training resources, as well through collaborative learning (Recommendation 29). This agency will establish consumer-led safe spaces and crisis respite facilities across the state, including:

- 8 drop-in or crisis respite facilities for adults and older adults
- 4 safe spaces co-designed with and for young people (Recommendation 9).

1. & 2. See Section 7 of this paper for more information.



A Statewide Trauma Service will be established, hosted within the Victorian Collaborative Centre for Mental Health and Wellbeing, bringing together consumers, peer workers, trauma experts and mental health practitioners to improve trauma-informed practices through research, education and training, and peer-led digital support platforms (Recommendation 23). Access to specialist trauma expertise will come through specialist trauma practitioners employed in AMHWS who will be linked to peer support workers in LMHWS (Recommendation 24).

**Efforts to eliminate the use of restrictive practices and reduce compulsory treatment in mental health settings will comprise multiple measures, including:**

- legislative reform<sup>3</sup>
- a 10-year target and strategy to eliminate seclusion and restraint (Recommendation 54)
- targets and expectations to reduce compulsory treatment (Recommendation 55)
- legal and non-legal advocacy supports to people at risk of compulsory treatment (Recommendation 56).

**In seeking to provide targeted reforms to support families and carers, 8 family- and carer-led centres will be established across the state (Recommendation 31) to provide:**

- tailored information and supports
- assistance to identify their needs
- connections with services within the centre or their local region, including short-term respite and peer support groups.

A statewide peer call-back service will operate for families, carers and supporters of people experiencing suicidal behaviour (Recommendation 31). Family-inclusive practices will be strengthened through commissioning processes and workforce training (Recommendation 30). Young carers will benefit from increased funding for co-designed supports, strengthened identification and referral pathways, and dedicated workers in AMHWS (Recommendation 32).

### 1.3 Reformed bed-based services

**Recommendations 11–13, 19, 21, 38**

New models of multidisciplinary care will be developed for a broad range of bed-based services, subject to periodic reviews, and delivered in a range of settings including in the home and in fit-for-purpose community and hospital settings (Recommendation 11).

**Expanded bed-based services will include:**

- Hospital in the Home services
- time-limited and flexible residential respite services, including a peer-led residential respite service
- acute mental health services as recommended in the Interim Report.

Infants, children and their families will also find more supports in two community-based subacute residential centres for families (Recommendation 19).

A new whole-of-system rehabilitation pathway will be established with two new bed-based rehabilitation models of care, co-designed with and for people who require ongoing intensive care and treatment. The new models will comprise one community and one intensive rehabilitation model, with each to be applied to existing community care and secure extended care units, subject to evaluation (Recommendation 12).

Aims to eliminate sexual and gender-based violence in bed-based services will be targeted through the design and construction of new facilities with separate communal spaces and gender-based separation in all bedrooms and bathrooms. Efforts will also be made to ensure gender-based separation in all existing high-dependency units, with other facilities reviewed and retrofitted on a case-by-case basis (Recommendation 13).

**Bed-based services for young people will also be reviewed and reformed (Recommendation 21), including through:**

- new inpatient beds, including through the reallocation of some existing beds
- Youth Prevention and Recovery Centres
- Hospital in the Home services
- formal, consultative review of the Youth Residential Rehabilitation Program.

Thomas Embling Hospital will also be expanded and refurbished (Recommendation 38).

### 1.4 Catering for specific communities

**Recommendations 27, 33–34, 39**

General recommendations aim to support diverse communities through service delivery (Recommendation 5) and system governance (Recommendation 34). System governance improvements will be implemented through legislative duties for the Department of Health, and the collection, analysis and reporting of data for planning and funding purposes. Service delivery improvements involve expanded access to language services, information and navigation supports, and mental health and wellbeing awareness campaigns.

Aboriginal and Torres Strait Islander peoples will receive specific supports through two co-designed healing centres (Recommendation 33). Supports for young Aboriginal and Torres Strait Islander people and their families will also be improved through:

- provision of consultations and shared care supports to Aboriginal Community Controlled Organisations from Child and Youth AMHWS
- commissioning of social and emotional wellbeing services through the Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
- establishment of an intensive social and emotional wellbeing service through VACCHO in partnership with Child and Youth AMHWS.

LGBTIQ+ people will receive navigation supports through recurrent funding to Switchboard Victoria (Recommendation 34) and a co-produced aftercare service following a suicide attempt (Recommendation 27).

### 1.5 Workforce development and supporting system infrastructure

**Recommendations 36, 40, 57–65**

Several recommendations have targeted workforce development and system infrastructure essential for the delivery of the new mental health system. Addiction specialists have been particularly singled out as a priority for urgent expansion (Recommendation 36) and peer workers have been explicitly included in a number of key recommendations (including Recommendations 8 & 23).

The Department of Health will develop a new Workforce Strategy and Implementation Plan to ensure that the reformed mental health system can be delivered by an adequately sized, skilled and distributed multidisciplinary workforce

(Recommendation 57). Specific efforts will be made to attract and retain mental health and wellbeing workers in rural and regional areas (Recommendation 40).

This work will be complemented by the development of a Victorian Mental Health and Wellbeing Workforce Capability Framework to drive capability development (Recommendation 58) and an ongoing Mental Health Workforce Wellbeing Committee to address occupational health and safety needs (Recommendation 59).

**Further system-wide improvements include:**

- supporting the development of digital service provision including through supports for services and consumers (Recommendation 60)
- improving information sharing practices (Recommendation 61)
- updating IT infrastructure (Recommendation 62)
- facilitating translational research and its dissemination (Recommendation 63)
- stimulating innovation through grants, collaborative networks and practical service supports (Recommendation 64)
- ensuring evaluations inform all funding decisions through strategic approaches and practical guidance (Recommendation 65).

### 1.6 Supportive communities and surrounding systems

**Recommendations 14–17, 25, 27, 37, 41, 56**

'Community collectives' will be established within each local government area to bring together community members, guide and lead efforts to promote social connection and inclusion, and test and develop new initiatives that support community participation, inclusion and connection (Recommendation 15). There will also be one social prescribing trial established per region in LMHWS to help healthcare professionals refer people into community initiatives.

The Mental Health and Wellbeing Commission<sup>4</sup> will lead a range of long-term anti-stigma initiatives across a range of settings including healthcare, workplace and education (Recommendation 41). These initiatives will be complemented by an anti-stigma grants program and comprehensive evaluation of anti-stigma efforts. The Commission will also establish mechanisms to address mental health discrimination, including through expanded legal protections and services.

3. See Section 7 of this paper for more information.

4. See Section 7 of this paper for more information.

Specific initiatives will target good mental health practices in workplaces (Recommendation 16) and schools (Recommendation 17). Workplace initiatives will include employer and employee resources, and industry-based trials, while school initiatives will include anti-stigma and anti-bullying programs, supported by a fund and digital platform to facilitate access to relevant programs.

To ensure surrounding systems can provide support for people experiencing mental health issues, specific recommendations target the health, housing and justice systems.

Health system supports will be improved through greater access to consultation liaison services, facilitated via collaboration with the Independent Hospital Pricing Authority and Commonwealth Government (Recommendation 14).

**Housing system supports will be expanded (Recommendation 25) through:**

- recognition of people living with mental illness as a priority population group in Victoria's 10-Year Strategy for Social and Affordable Housing and the Housing Register's Special Housing Needs 'priority access' categories
- provision of 2,500 supported housing places that are co-designed, appropriately located, and delivered in a range of housing configurations.

**Justice system supports will also be expanded (Recommendation 37) through:**

- expansion of the Assessment and Referral Court to meet demand at every Magistrates' Court
- expansion of forensic community services through both Child and Youth, and Adult and Older Adult, AMHWS
- establishment of a specialist behaviour response team to operate in community settings
- establishment of a program to assist with the transition of supports for people being released from correctional settings
- legal and non-legal support services regarding compulsory treatment (Recommendation 56).

**1.7 Governance**

**Recommendations 1–2, 4, 26, 42, 55**

The foundations of the new mental health system will rest on a new Mental Health and Wellbeing Act, based on human rights principles (Recommendation 42) to be reviewed according to co-designed terms of reference after 5–7 years (Recommendation 43).

**The new Mental Health and Wellbeing Act will:**

- clarify responsibilities and strengthen accountability
- amend compulsory treatment laws
- aim to reduce rates of seclusion, restraint and compulsory treatment
- specify processes for the collected and use of information.

The new system will be overseen by an independent Mental Health and Wellbeing Commission (Recommendation 44) led by a group of Commissioners including at least one consumer and one carer. The Commission will hold government accountable for the performance of the mental health system, including with regard to safety, quality, lived experience involvement, stigma, and reform implementation, and will have powers to:

- obtain and share relevant data
- initiate inquiries
- investigate complaints
- publish reports
- make recommendations to government.

To improve quality and safety, the Commission will be specifically required to monitor the use of seclusion, restraint and compulsory treatment, as well as the incidence of suicide and gender-based violence in health facilities (Recommendation 53).

The Department of Health will discharge its roles, including the assumption of responsibility for implementing Royal Commission reforms, with a new structure (Recommendation 45) and a Mental Health and Wellbeing Outcomes Framework (Recommendation 1). The new structure will include a Chief Officer for Mental Health and Wellbeing to lead the Mental Health and Wellbeing Division of the Department of Health, supported by employees with lived experience in "multiple, substantive positions", including in leadership roles.

The Mental Health and Wellbeing Division will include a Mental Health and Wellbeing Promotion Office (Recommendation 2) and a Suicide Prevention and Response Office (Recommendation 26) with respective responsibilities for mental health promotion and prevention, and suicide prevention and response. The Suicide Prevention and Response Office will co-produce, implement and monitor a new Suicide Prevention and Response Strategy.

The Department of Health will be supported by whole-of-government committees to oversee implementation and ongoing improvements, including a time-limited Cabinet Subcommittee, as well as permanent Committees for Mental Health and Wellbeing, Mental Health and Wellbeing Promotion, and Suicide Prevention and Response (Recommendation 46). Each permanent Committee will include members from the Department of Premier and Cabinet, the Department of Health (including lead roles within the Mental Health and Wellbeing Division) and other relevant Departments.

The Victorian Government will also work with the Commonwealth Government and National Cabinet Reform Committee to delineate government responsibilities, support implementation strategies and raise the profile of lived experience leadership and mental health and related supports (Recommendation 50). Local governments will be involved through community collectives<sup>5</sup>.

Eight skills-based regional boards will be established to undertake local planning and consultation activities, and to commission and evaluate services (Recommendation 4). Regional boards will also commission demonstration projects to test integrated mental health and wellbeing supports and develop co-commissioning processes with Primary Health Networks (Recommendation 51).

**Regional Boards will be supported with:**

- new service standards and funding models (Recommendation 48)
- a new performance monitoring and accountability framework (Recommendation 49)
- statewide and regional service and capital plans to be updated every three years (Recommendation 47).

A Mental Health Improvement Unit will be established within Safer Care Victoria to lead the system in co-designed quality and safety improvements (Recommendation 52). The Unit will support the aim of eliminating seclusion and restraint, including through co-designed approaches to investigating local practices, identifying areas for change, and making workforce training available (Recommendation 54).

It will work to reduce compulsory treatment through increasing consumer leadership and participation, supporting local program design and implementation, and making relevant workforce training available (Recommendation 55).

5. See Section 6 of this paper for more information.

# Appendix 2: Reform timeline

Sourced from Royal Commission into Victoria's Mental Health System Final Report  
Volume 5: Transforming the system – innovation and implementation

R	Deliverables	TIME HORIZON		
		SHORT (By end 2022)	MEDIUM (By end 2026)	LONG (By end 2031)
<b>1</b>	<b>Supporting good mental health and wellbeing</b>			
	Develop a <i>Mental Health &amp; Wellbeing Outcomes Framework</i>	→		
	New <i>Mental Health &amp; Wellbeing Cabinet Subcommittee</i> to use the new Framework to monitor outcomes & inform policy/investment (refer to 46(2))			→
	Publicly report on progress against the Framework, every year			→
<b>2</b>	<b>Governance arrangements for promoting good mental health and preventing mental illness</b>			
	Establish a <i>Mental Health &amp; Wellbeing Promotion Office</i> led by a Mental Health & Wellbeing Promotion Adviser in the new <i>Mental Health &amp; Wellbeing Division</i>	→		
	Develop and coordinate a state-wide approach to mental health and wellbeing	→		
<b>3</b>	<b>Establishing a responsive and integrated mental health and wellbeing system</b>			
	Establish 50 to 60 <i>Adult and Older Adult Local Mental Health &amp; Wellbeing Services</i>	→	→	
	Establish 22 <i>Adult and Older Adult Area Mental Health &amp; Wellbeing Services</i> delivered through partnerships with public health organisations or hospitals and NGOs	→		
	Establish 13 <i>Infant, Child and Youth Area Mental Health &amp; Wellbeing Services</i> delivered through partnerships with public health organisations or hospitals and NGOs	→		
	Establish state-wide services to minimise travel needs	→	→	
	Realign boundaries and organise services into 8 regions	→		
	Remove rigid catchment boundaries	→	→	
	Establish a service capability framework	→	→	
<b>4</b>	<b>Towards integrated regional governance</b>			
	Establish 8 interim regional bodies to advise the <i>Mental Health &amp; Wellbeing Division</i> (mid 2021)	→		
	Replace interim bodies with legislated <i>Regional Mental Health &amp; Wellbeing Boards</i> (no later than end 2023)	→	→	
	Establish a multiagency panel in each region	→		
<b>5</b>	<b>Core functions of community mental health and wellbeing services</b>			
	Core function 1: Local and Area services to provide integrated treatment, care and support	→	→	
	Core function 2: Local and Area services to help people find and access treatment, care and support, including 24/7 crisis response	→	→	
	Core function 3: Local and Area services to support to access primary and secondary care and related services, with use of formal model of shared care	→	→	
	Local & Area services to deliver multidisciplinary support through a range of delivery modes including site based, telehealth, digital technologies, in homes (including assertive outreach)	→	→	

R	Deliverables	TIME HORIZON		
		SHORT (By end 2022)	MEDIUM (By end 2026)	LONG (By end 2031)
<b>6</b>	<b>Helping people find and access treatment, care and support</b>			
	Ensure referral from GP or other provider to Local Mental Health & Wellbeing Service	→	→	
	Ensure access to Area Mental Health & Wellbeing Services through referral from Local Mental Health & Wellbeing Services or direct referral from a GP	→	→	
	Ensure referral to State-wide Mental Health & Wellbeing Services through Area Mental Health & Wellbeing Services	→		
	Promote and co-produce a website that provides clear, up-to-date information about Victoria's mental health and wellbeing system	→		
	Improve non-government helpline services and connections to Mental Health & Wellbeing Services	→		
<b>7</b>	<b>Identifying needs and providing initial support in mental health and wellbeing services</b>			
	Ensure Mental Health & Wellbeing Services provide needs identification and initial support functions		→	
<b>8</b>	<b>Responding to mental health crisis</b>			
	Establish 24/7 all-age crisis services in all Area Mental Health & Wellbeing Services	→	→	
	Improve emergency departments' ability to respond to mental health crises	→	→	
	Ensure at least 1 highest-level emergency department suitable for mental health and alcohol and other drug treatment in each region	→		
<b>9</b>	<b>Develop 'safe spaces' and crisis respite facilities</b>			
	Establish consumer-led and NGO-delivered safe spaces and crisis respite facilities	→	→	
	Establish 8 drop-in or crisis respite facilities for adults and older Victorians per region	→	→	
	Establish 4 safe space facilities for young people		→	
	Establish a crisis stabilisation facility led by a public health service in partnership with an NGO that delivers wellbeing supports	→	→	
<b>10</b>	<b>Supporting responses from emergency services to mental health crises</b>			
	Ensure crisis responses are led by mental health professionals, not police (where safe)	→	→	
	Divert 000 calls to Ambulance Victoria, not police	→	→	
	Ensure 24/7 clinical support available to ambulance and police	→	→	
<b>11</b>	<b>New models of care for bed-based services</b>			
	Expand Hospital in the Home services	→		
	Establish a wide range of flexible residential respite services, including a peer-led demonstration site	→	→	
	Develop new bed-based rehabilitation services	→	→	
	Deliver at least 100 new acute beds across Victoria	→	→	
	Periodically review the allocation of new beds	→	→	→
<b>12</b>	<b>Developing new bed-based rehabilitation services</b>			
	Implement the new whole-of-system rehabilitation pathway	→	→	
	Co-design a new community rehabilitation model of care and deliver it at a community care unit demonstration site	→	→	
	Co-design the new intensive rehabilitation model of care and deliver it at a secure extended care unit demonstration site	→	→	
	Apply the new rehabilitation models of care to existing community care and secure extended care units			→
<b>13</b>	<b>Addressing gender-based violence in mental health facilities</b>			
	Ensure all new mental health inpatient facilities are designed and built to enable gender-based separation	→	→	→
	Ensure existing high dependency units allow gender-based separation (mid 2022)	→		
	Retrofit existing inpatient facilities on a case-by-case basis	→	→	
	<i>Mental Health &amp; Wellbeing Division</i> to support services to eliminate violence in bed-based settings	→	→	→

Appendix 2. Reform timeline

R	Deliverables	TIME HORIZON		
		SHORT (By end 2022)	MEDIUM (By end 2026)	LONG (By end 2031)
14	<b>Supporting mental health consultation liaison services</b>			
	Ensure consultation liaison services are recognised for consumers admitted for physical health reasons	→		
	Ensure services are incorporated, costed, and priced to classification and standards	→		
	Ensure public health services and public hospitals receive funding to deliver liaison services	→		
	Ensure public health services and public hospitals are accountable for consultation liaison services	→		→
	Ensure public health services and public hospitals are accountable for delivery of integrated mental health treatment	→		→
15	<b>Supporting good mental health and wellbeing in local communities</b>			
	Establish community collectives in each local government area	→		
	Support collectives to bring local leaders and community members together	→		
	Test and develop initiatives to support participation, inclusion and connection	→	→	
	Establish 1 social prescribing trial per region in Local Mental Health & Wellbeing Services (end 2022)	→		
16	<b>Establishing mentally healthy workplaces</b>			
	<i>Mental Health &amp; Wellbeing Cabinet Subcommittee</i> to undertake initiative to foster employer commitment to create mentally healthy workplaces	→		
	Under <i>Mental Health &amp; Wellbeing Cabinet Subcommittee</i> , advise, develop and provide resources to employees across Victorian businesses on mental health	→		
	Sponsor industry-based trials to adapt and implement mentally healthy workplace approaches		→	
17	<b>Supporting social and emotional wellbeing in schools</b>			
	Fund evidence-informed initiatives to support student mental health and wellbeing	→		→
	Develop digital platform to capture initiatives	→		
	Develop a fund to support schools with the most appropriate initiatives for them	→		→
18	<b>Supporting the mental health and wellbeing of prospective and new parents</b>			
	Expand and reform community perinatal mental health teams in <i>Adult and Older Adult Area Mental Health &amp; Wellbeing Services</i>	→	→	
	Review approaches to perinatal mental health screening	→		
19	<b>Supporting infant, child and family mental health and wellbeing</b>			
	Establish an infant, child and youth mental health and wellbeing system	→		
	Establish a dedicated service stream for infant, children and their families, consisting of <i>Infant, Child and Family Area Mental Health &amp; Wellbeing Services</i>	→		
	Establish 3 infant, child and family health and wellbeing community-based hubs	→		
	Deliver online parenting programs and group-based parenting sessions	→		
	Establish 2 state-wide subacute residential family admission centres	→		→
20	<b>Supporting the mental health and wellbeing of young people</b>			
	Establish dedicated service stream for young people, consisting of <i>Youth Area Mental Health &amp; Wellbeing Services within the Infant, Child and Youth Area Mental Health &amp; Wellbeing Services</i>	→		
	Ensure <i>Youth Area Mental Health &amp; Wellbeing Services</i> are available for people aged 12 to 25	→	→	
	Support partnerships between headspace centres and <i>Infant, Child and Youth Area Mental Health &amp; Wellbeing Services</i>	→	→	
	Ensure <i>Infant, Child and Youth Area Mental Health &amp; Wellbeing Services</i> become preferred providers of headspace centres	→		

R	Deliverables	TIME HORIZON		
		SHORT (By end 2022)	MEDIUM (By end 2026)	LONG (By end 2031)
21	<b>Redesign bed-based services for young people</b>			
	Review, reform and implement new models of multidisciplinary care for bed-based services for young people	→		→
	Deliver a range of bed-based services for young people	→		→
	Ensure every region has a <i>Youth Prevention and Recovery Centre</i> for young people	→		→
	Create a stream of inpatient beds in Victoria for young people	→		→
	Ensure Hospital in the Home services are available for young people	→		
	Review the Youth Residential Rehabilitation Program	→		
22	<b>Supporting the mental health and wellbeing of older Victorians</b>			
	Establish mental health and wellbeing service stream for older Victorians	→		
	Ensure older Victorians have access to the same mental health and wellbeing treatment, care and support as the general population	→	→	
	Establish older adult mental health and wellbeing specialist teams in <i>Adult and Older Adult Mental Health &amp; Wellbeing Services</i>	→	→	
23	<b>Establishing a new Statewide Trauma Service</b>			
	Establish the Statewide Trauma Service within the <i>Collaborative Centre for Mental Health &amp; Wellbeing</i> (by end 2022)	→		
	Fund the Statewide Trauma Service to bring together relevant experts	→		
	Fund the Statewide Trauma Service to conduct multidisciplinary and translational trauma research	→		
	Fund the Statewide Trauma Service to develop and deliver education and training	→		
	Fund the Statewide Trauma Service to develop and oversee digital peer-led support platforms	→		
	Fund the Statewide Trauma Service to coordinate and facilitate access to specialist trauma expertise	→		
24	<b>A new approach to addressing trauma</b>			
	Enable each <i>Area Mental Health &amp; Wellbeing Service</i> to employ up to 3 specialist trauma practitioners	→	→	
25	<b>Supported housing for adults and young people with mental illness</b>			
	Recognise people with mental illness as a part of a priority population group in 10-year Housing Strategy	→		→
	Revise Victorian Housing Register's Special Housing Needs Priority Access categories to include people living with mental illness	→		
	Ensure 2000 dwellings assigned to people with mental illness	→	→	
	Create 500 new medium-term housing places for young people with mental illness	→	→	
	Ensure homes are appropriately located, delivered in a range of configurations and accompanied by mental health and wellbeing services	→		
	Periodically review allocation of housing and audit comes	→		→
26	<b>Governance arrangements for suicide prevention and response efforts</b>			
	Establish a <i>Suicide Prevention and Response Office in the Mental Health &amp; Wellbeing Division</i>	→		
	Establish a system-based approach in the <i>Suicide Prevention and Response Office</i>	→		→
	Work with people with lived experience in the <i>Suicide Prevention and Response Office</i>	→		→
	Work with Commonwealth Government to coordinate state/national approaches	→		→
	Facilitate community and government-wide suicide prevention and response	→		→
	<i>Suicide Prevention and Response Office</i> to work within governance structures	→		→
	<i>Suicide Prevention and Response Office</i> to employ people with lived experience	→		→

R	Deliverables	TIME HORIZON		
		SHORT (By end 2022)	MEDIUM (By end 2026)	LONG (By end 2031)
<b>27</b>	<b>Facilitating suicide prevention and response initiatives</b>			
	Provide training for workforces likely to come into contact with people experiencing suicidal behaviour	→		
	Provide community gatekeeper training for Victorians	→		
	Enable Aboriginal people to design culturally safe community gatekeeper training	→		
	Facilitate industries and businesses to invest in workplace suicide prevention and response programs	→		
	Develop initiatives to support people at risk of suicidal behaviour	→		
	Coproduce an aftercare service for LGBTIQ+ people	→		
	Partner with the Commonwealth Government to implement bereavement support	→		
	Develop 14-day support program for adults experiencing psychological distress	→		
<b>28</b>	<b>Develop system-wide roles for the full and effective participation of people with lived experience of mental illness or psychological distress</b>			
	Develop key roles across the mental health and wellbeing system for people with lived experience	→		
	Enable <i>Mental Health &amp; Wellbeing Commission</i> to elevate leadership and full participation of lived experience in policies/programs		→	
	Enable <i>Mental Health &amp; Wellbeing Commission</i> to develop and support leadership capabilities of people with lived experience		→	
	Enable <i>Mental Health &amp; Wellbeing Commission</i> to design and deliver initiatives to prevent and address stigma		→	
	Design and deliver initiatives to develop awareness and understanding		→	
<b>29</b>	<b>A new agency led by people with lived experience of mental illness or psychological distress</b>			
	Establish a new non-government agency consisting of a majority of people with lived experience	→		
	Through the agency, deliver training and resources to aid the development of organisations	→		
	Through the agency, develop and deliver mental health and wellbeing services led by lived experience	→		
	Through the agency, facilitate shared resourcing, partnerships and co-location between people with lived experience	→		
<b>30</b>	<b>Develop system-wide involvement of family members and carers</b>			
	Develop roles across mental health and wellbeing system for people with lived experience as family members and carers	→		
	Enable the <i>Mental Health &amp; Wellbeing Commission</i> to elevate and support the role and leadership of family members carers	→		
	Ensure mental health and wellbeing services are set for working with families, carers and supporters	→		
	Ensure families, carers and supporters are included in therapeutic intervention in each <i>Area Mental Health &amp; Wellbeing Service</i>	→		
	Ensure families, carers and supporters are a part of workforce training	→		
	Improve information sharing and develop standards for services with families, carers and supporters	→		

R	Deliverables	TIME HORIZON		
		SHORT (By end 2022)	MEDIUM (By end 2026)	LONG (By end 2031)
<b>31</b>	<b>Supporting families, carers and supporters</b>			
	Commission NGOs to use consistent branding and deliver 1 family and carer-led centre in each of the 8 regions	→		
	Provide tailored information and support in the 8 regions	→		
	Work with families, carers and supporters to identify needs in the 8 regions	→		
	Provide access to increased funds for immediate practical needs in the 8 regions	→		
	Deliver family and carer peer support groups in the 8 regions	→		
	Establish state-wide peer call-back service for families, carers and supporters who care for people experiencing suicidal behaviour	→		
	Ensure tailored information for families, carers and supporters		→	
<b>32</b>	<b>Supporting young carers</b>			
	Fund an NGO to co-design and expand supports for young carers (end 2022)	→		
	Broaden the Families where a Parent has a Mental Illness program by enabling Area Mental Health & Wellbeing Services to employ workers to support young carers and increasing available funds for young carers	→		
	Strengthen identification and referral pathways for young carers	→		
<b>33</b>	<b>Supporting Aboriginal social and emotional wellbeing</b>			
	Resource the Social and Emotional Wellbeing Centre to establish 2 co-designed healing centres	→		
	Resource <i>Infant, Child and Youth Area Mental Health &amp; Wellbeing Services</i> to support Aboriginal Community Controlled Health Organisations (ACCHOs)	→		
	Resource ACCHOs to deliver services for children and young people	→		
	Resource the Victorian Aboriginal Community Controlled Health Organisation to design and establish service for infants and children		→	
<b>34</b>	<b>Working in partnership with and improving accessibility for diverse communities</b>			
	Ensure engagement with diverse communities in the mental health and wellbeing system	→		
	Legislatively ensure the Secretary of the Department of Health is responsible for a mental health and wellbeing system that responds to diverse communities, with the function delegated to the Chief Officer for Mental Health & Wellbeing	→		
	Ensure the <i>Mental Health &amp; Wellbeing Division</i> collects, analyses and reports data on diverse communities	→		
	Ensure the <i>Mental Health &amp; Wellbeing Division</i> guarantees access to appropriate mental health and wellbeing information and communication for diverse communities	→		
	Ensure the <i>Mental Health &amp; Wellbeing Division</i> enables diverse communities and community-led organisations to assist their communities in the system and deliver/design mental health and wellbeing information/awareness campaigns	→		
	Provide recurrent funding to Switchboard Victoria to deliver the Rainbow Door program (end 2021)	→		
	Develop digital technologies to support language services that assist access to mental health and wellbeing services	→		
<b>35</b>	<b>Improving outcomes for people living with mental illness and substance use or addiction</b>			
	Ensure at least 1 highest-level emergency department is suitable for mental health and alcohol and drug treatment in every region (end 2022)	→		
	Ensure all mental health and wellbeing services provide integrated treatment, care and support for people with mental illness and substance use or addiction	→		
	Ensure all mental health and wellbeing services do not exclude consumers living with substance abuse or addiction from accessing treatment, care and support	→		

R	Deliverables	TIME HORIZON		
		SHORT (By end 2022)	MEDIUM (By end 2026)	LONG (By end 2031)
36	<b>A new state-wide service for people living with mental illness and substance use or addiction</b>			
	Establish a new state-wide specialist service for people living with mental illness and substance use or addiction	→	→	
	Have the service undertake substance use, addiction and mental illness research	→	→	
	Have the service support education and training for mental health, AOD practitioners and clinicians	→	→	
	Have the service provide primary consultation to people living mental illness and provide secondary consultation to mental health and wellbeing and AOD practitioners/clinicians	→	→	
	Increase addiction specialists in Victoria	→	→	
	Explore opportunities for funded addiction specialist trainee positions in Victoria	→		
37	<b>Supporting the mental health and wellbeing of people with, or at risk of coming into contact with, the criminal and youth justice systems</b>			
	Expand Assessment and Referral Court to the 12 headquarter Magistrates' Courts	→	→	
	Expand the forensic community model to enable Area Mental Health & Wellbeing Services to help people in or at risk of coming into contact with the justice system	→		
	Expand the forensic community model to establish a specialist behaviour response team	→		
	Establish a program for people in prison living with mental illness	→		
	Expand youth forensic mental health programs to a state-wide model	→		
38	<b>Providing safe and appropriate mental health treatment, care and support at Thomas Embling Hospital</b>			
	Refurbish the existing 136 beds	→	→	
	Provide an additional 107 beds (end 2026)	→	→	
	Provide up to 20 beds to support people living with mental illness	→		→
39	<b>Supporting the mental health and wellbeing of people in regional and rural Victoria</b>			
	Provide additional resources to enable mental health and wellbeing services operating in regional Victoria to deliver services to small or isolated rural communities	→	→	
	Trial 2 digital service delivery initiatives in regional and rural areas (end 2022)	→		
40	<b>Provide incentives for mental health and wellbeing workforce in rural and regional areas</b>			
	Establish an incentive scheme to attract mental health and wellbeing workers and services	→	→	→
	Establish an incentive scheme to retain mental health and wellbeing workers	→	→	→
41	<b>Addressing stigma and discrimination</b>			
	Fund and support the <i>Mental Health &amp; Wellbeing Commission</i> to design and deliver anti-stigma programs that are long-term and reduce stigma in a range of settings	→	→	→
	Design and deliver anti-stigma program grants	→	→	
	Conduct a comprehensive evaluation of anti-stigma efforts	→	→	→
	Support and establish mechanisms to address mental health discrimination	→	→	→
	Support and establish mechanisms to enhance legal protection from mental health discrimination	→	→	→
	Enable 1 or 2 independent legal services to initiate legal claims relating to mental health discrimination	→	→	→

R	Deliverables	TIME HORIZON		
		SHORT (By end 2022)	MEDIUM (By end 2026)	LONG (By end 2031)
42	<b>A new Mental Health and Wellbeing Act</b>			
	Repeal <i>Mental Health Act 2014</i> and enact new <i>Mental Health and Wellbeing Act</i> (end 2021 and no later than mid 2022)	→		
	Ensure <i>Mental Health &amp; Wellbeing Act</i> includes new objectives and mental health principles	→		
	Ensure <i>Mental Health &amp; Wellbeing Act</i> clarifies roles, responsibilities and governance arrangements	→		
	Ensure the <i>Mental Health &amp; Wellbeing Act</i> establishes bodies and roles referred to in other recommendations	→		
	Ensure <i>Mental Health &amp; Wellbeing Act</i> strengthens accountability and monitoring mechanisms	→		
	Ensure <i>Mental Health &amp; Wellbeing Act</i> measures reduce rates and negative impacts of compulsory treatment, seclusion and restraint	→		
	Ensure <i>Mental Health &amp; Wellbeing Act</i> simplifies and clarifies statutory provisions in compulsory assessment and treatment	→		
	Ensure <i>Mental Health &amp; Wellbeing Act</i> specifies which information on Mental Health & Wellbeing can be collected and used	→		
43	<b>Future review of mental health laws</b>			
	Commission an independent review of <i>Mental Health &amp; Wellbeing Act</i> (5–7 years after enactment)			→
	Co-design Terms of Reference for review and consider the role/functions of the Mental Health Tribunal and Chief Psychiatrist			→
44	<b>A new Mental Health and Wellbeing Commission</b>			
	Establish the <i>Mental Health &amp; Wellbeing Commission</i>	→		
	Ensure the <i>Mental Health &amp; Wellbeing Commission</i> is led by a Chair Commissioner and a small group of Commissioners, including at least 1 with lived experience	→		
	Enable the <i>Mental Health &amp; Wellbeing Commission</i> to carry out key functions	→		→
45	<b>Effective leadership of and accountability for the Mental Health &amp; Wellbeing system</b>			
	Establish in legislation the role of Chief Officer for Mental Health & Wellbeing to lead the <i>Mental Health &amp; Wellbeing Division</i>	→		
	Empower the Chief Officer to be responsible for implementing Royal Commission recommendations (unless stated otherwise)	→		→
	Transfer Mental Health Reform Victoria's functions to the <i>Mental Health &amp; Wellbeing Division</i> (mid 2021)	→		
	Ensure the <i>Mental Health &amp; Wellbeing Division</i> employs people with lived experience across positions	→		→
46	<b>Facilitating government-wide efforts</b>			
	Establish governance structures that facilitate government and community-wide approaches to mental health and wellbeing	→		
	Establish governance structures to oversee implementation of Royal Commission recommendations	→		
	Ensure governance structures comprise a <i>Mental Health &amp; Wellbeing Cabinet Subcommittee</i> , <i>Mental Health and Wellbeing Secretaries' Board</i> , <i>Suicide Prevention and Response Secretaries' Board Subcommittee</i> and <i>Interdepartmental Committee on Mental Health &amp; Wellbeing Promotion</i>	→		

R	Deliverables	TIME HORIZON		
		SHORT (By end 2022)	MEDIUM (By end 2026)	LONG (By end 2031)
47	<b>Planning the new mental health and wellbeing system</b>			
	Establish a process for assessing mental health and wellbeing service needs using an adjusted version of the <i>National Mental Health Service Planning Framework</i>	→		
	Develop and publish a state-wide and 8 regional mental health and wellbeing service and capital plans (endorsed by end 2022; remainder approved by end 2023, refer to 46(2))	→	→	
	Update state-wide mental health and wellbeing service and capital plan every 3 years		→	→
	Empower <i>Regional Mental Health &amp; Wellbeing Boards</i> to update regional service and capital plans every 3 years (end 2026)		→	→
48	<b>Selecting service providers and resourcing services</b>			
	Empower <i>Regional Mental Health &amp; Wellbeing Boards</i> to use new service standards to select providers	→	→	→
	Support new and existing providers to meet long-term service standards	→	→	→
	Develop new ways of funding providers, including trialling an activity-based funding model	→		
	Work with the <i>Collaborative Centre for Mental Health &amp; Wellbeing</i> to develop and implement an approach to bundling funding		→	
	Develop and trial a capitation funding model that provides a tailored package	→	→	
49	<b>Monitoring and improving mental health and wellbeing service provision</b>			
	Establish a new performance monitoring and accountability framework	→		
50	<b>Encouraging national partnerships</b>			
	Work with the Commonwealth Government and the National Cabinet Reform Committee to delineate government responsibilities, raise the profile of mental health and wellbeing issues and strengthen focus on implementation of mental health and wellbeing strategies	→		
51	<b>Commissioning for integration</b>			
	Build new resourcing and monitoring of mental health and wellbeing services to commission various integrated demonstration projects		→	→
	In collaboration with <i>Regional Mental Health &amp; Wellbeing Boards</i> , work with the Commonwealth Government and PHNs to establish a co-commissioning approach to Commonwealth and state-funded services		→	→
52	<b>Improving the quality and safety of mental health and wellbeing services</b>			
	Establish a <i>Mental Health Improvement Unit</i> within Safer Care Victoria (end 2021)	→		
	Enable the <i>Mental Health Improvement Unit</i> to work with mental health and wellbeing services to fulfil dedicated duties		→	→
53	<b>Strong oversight of the quality and safety of mental health and wellbeing services</b>			
	Enable the <i>Mental Health &amp; Wellbeing Commission</i> to use complaints and oversight functions for system-wide quality and safety		→	→
	Enable the <i>Mental Health &amp; Wellbeing Commission</i> to monitor issues including seclusion/restraint, compulsory treatment, gender-based violence and suicide in healthcare		→	→
	Enable <i>Mental Health &amp; Wellbeing Commission</i> to monitor complaints, advise government and build an understanding of mental health quality and safety		→	→
54	<b>Towards elimination of seclusion and restraint</b>			
	Reduce seclusion and restraint practices with the aim of elimination in 10 years	→	→	→
	Regulate chemical restraint through legislative provisions in <i>Mental Health &amp; Wellbeing Act</i>	→		
	Ensure the Chief Officer for Mental Health & Wellbeing leads a strategy to reduce seclusion and restraint	→	→	→
	Enable the <i>Mental Health Improvement Unit</i> to co-design mental health and wellbeing services with people with lived experience	→	→	→

R	Deliverables	TIME HORIZON		
		SHORT (By end 2022)	MEDIUM (By end 2026)	LONG (By end 2031)
55	<b>Ensuring compulsory treatment is only used as a last resort</b>			
	Act immediately to ensure compulsory treatment is a last resort	→	→	→
	Set targets to reduce use and duration on a year-by-year basis	→		
	Set expectations on non-coercive options when commissioning mental health and wellbeing services	→	→	→
	Ensure the <i>Mental Health Improvement Unit</i> increases consumer leadership, supports local programs and makes available workforce training on non-coercive options	→	→	→
56	<b>Supporting consumers to exercise their rights</b>			
	Promote, protect and ensure the rights of people to the highest attainable standard of mental health and wellbeing without discrimination	→	→	→
	Include a legislative provision in the <i>Mental Health &amp; Wellbeing Act</i> to enable an opt-out model of access to non-legal advocacy services	→		
	Increase access to legal representation for consumers who appear before the Mental Health Tribunal		→	
	Align mental health laws over time with other decision-making laws			→
57	<b>Workforce strategy, planning and structural reform</b>			
	Ensure expanded mental health and wellbeing services are delivered by a diverse and multidisciplinary workforce	→	→	→
	Implement and support structural workforce reforms to enhance workforce roles and attract, train and transition staff (end 2023)	→	→	
	Develop, implement and maintain a <i>Workforce Strategy and Implementation Plan</i> (end 2021)	→		
58	<b>Workforce capabilities and professional development</b>			
	Ensure the Department of Health defines knowledge, skills and attributes for a diverse and multidisciplinary mental health and wellbeing workforce (end 2021)	→		
	Develop <i>Victorian Mental Health &amp; Wellbeing Workforce Capability Framework</i>	→		
	Detail capability development across the workforce as a part of the <i>Workforce Strategy and Implementation Plan</i>	→		
	Enable the <i>Collaborative Centre for Mental Health &amp; Wellbeing</i> to coordinate professional development and learning across the mental health and wellbeing workforce	→	→	→
59	<b>Workforce safety and wellbeing</b>			
	Establish the <i>Mental Health Workforce Wellbeing Committee</i> to address occupational health and safety needs (end 2021)	→		
	Implement a range of measures to support the professional wellbeing of the workforce, in collaboration with relevant groups, bodies and representatives	→	→	
	Work with the <i>Mental Health Workforce Wellbeing Committee</i> to monitor wellbeing at least once a year (beginning 2021)	→	→	→
60	<b>Building a contemporary system through digital technology</b>			
	Develop new digital service requirements for all publicly funded mental health and wellbeing service providers	→		
	Support mental health and wellbeing providers to adopt digital technologies	→	→	
	Enable mental health and wellbeing services to offer people access to devices, data and digital literacy support	→	→	
61	<b>Sharing mental health and wellbeing information</b>			
	Develop policies, standards and protocols to enable collection and sharing of mental health and wellbeing information	→		
	Set expectations that mental health and wellbeing services will provide opportunities for consumers to contribute to information about them	→		
	Collaborate with consumers to introduce a consent-driven approach to information sharing	→		







# MentalHealth Victoria

*Collaboration • Knowledge • Leadership*

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**Contact:**

Angus Clelland  
Chief Executive Officer

Level 2, 22 Horne Street,  
Elsternwick Victoria 3185

P +61 (3) 9519 7000

E A.Clelland@mhvic.org.au

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[mhvic.org.au](http://mhvic.org.au)