



VICSERV's Response to *Victoria's priorities for mental health reform 2013-15*

VICSERV welcomes the release of *Victoria's priorities for mental health reform 2013-15*, and the articulation of the State Government's vision for mental health in Victoria that it represents.

In a time of uncertainty, this document embeds the Victorian reform of mental health services in the broader health and community service reforms that are underway, including the national implementation of the National Disability Insurance Scheme (NDIS).

We welcome the clarity it provides in terms of articulating the State Government's agenda for reform, and in particular we are very pleased to see:

- a commitment to early intervention and health promotion strategies for a mentally healthy community;
- recognition of the need to address capital and infrastructure issues;
- the focus placed on people who face disadvantage, disability or homelessness, those who have experienced trauma and abuse, Aboriginal and Torres Strait Islander communities, migrant groups, people in rural areas, those in the justice system, young people and others at risk of discrimination. There is a need to recognise the level of unidentified and unaddressed trauma across the mental health population, including these specified groups, and to respond therapeutically. This capacity will need to be addressed under workforce developments;
- the establishment of a \$10 million Mental health Research Fund.

Our understanding from the stated objectives and the actions to achieve these, is that the Government's intention is for all MHCSS funds to transition to the NDIS over the next five years. In light of this, it is a continuing concern that the actions outlined do not answer the vital question of how this new vision will be achieved and what steps are being taken to avoid the feared, or unintended, consequences of transferring all MHCSS services to the NDIS.

Key issues raised by the reform agenda and actions for implementation, include:

- the apparent gap between the priorities and stated objectives due to a lack of focus on people in the early stages of mental illness;
- the pathways to support for people who don't meet the threshold criteria;
- the lack of focus on participation and control of consumers and families in the recovery journey;
- capacity and capabilities of broader community sector to effectively work with people with serious mental illness.

We look forward to working with the State Government, and other stakeholders, to address these issues to develop and build an effective mental health system in Victoria.

Kim Koop
CEO
VICSERV

In responding to the *Victoria's priorities for mental health reform 2013-15*, we outline below our initial thoughts on opportunities and challenges in the identified and the objectives and action plan for improving the outcomes for people experiencing mental illness and their families.

1. Reform Victoria's Mental Health Legislation

VICSERV is very supportive of strategic direction and the achievements of the government to date.

In particular we welcome the establishment of an independent consumer advocacy service and we are keen to see future developments in terms of:

- o resourcing for effective implementation
- o capacity and role of the service in interacting with other sectors and processes, for example NDIS.

2. Strengthen clinical mental health services

VICSERV supports the review of Community Care Units and we see this as an important step in ensuring less restrictive and more socially inclusive environments.

However we raise the following issues as requiring further work and consideration:

- o We query the best practice evidence for funding of core CMMH activities in the clinical sector, as suggested on pg 27. We maintain that the community mental health sector is the most cost effective space to do activities such as employment assistance.
- o A greater focus is needed on early intervention across the lifespan for people experiencing mental illness, and in particular on the whole life of the person, to address citizenship and capacity for a contributing life, to achieve the gains outlined in this vision.
- o Better interface between services provided by hospital networks and the community services is required

3. Reform community mental health support services

VICSERV welcomes the re-articulation of commitment to reform of community mental health support services. As we identified in our State Budget Submission for 2014-15, effective reform and transition will be essential to enable the rest of the reform priorities to be implemented to achieve best outcomes for people with mental illness, their families.

We have identified the following for further discussion and consideration:

- o We are concerned that little detail is provided to support the implementation of this priority area, and how it will lead to readiness and greater capacity for mental health services and outcomes for consumers under NDIS;
- o In relation to Key Action 3.2 – we request that the relevant reports are released and stakeholders engaged. Without this, it is difficult to see how they will contribute to building system capacity and capability;
- o Key Action 3.3 requires funding and commitment to monitor implementation of NDIS and impact on consumers and families. For individuals, families and services in Barwon, implementation of NDIS and its impacts, are a reality now - requiring immediate action.

VICSERV believes the State Government has a vital role to play; minimising dislocation between service systems and ensuring a smooth the transition consumers to NDIS.

4. Connect services to improve people's lives

VICSERV welcomes in particular Key Actions 4.2 and 4.4, but suggests that a great deal of work is needed to achieve these outcomes and that targeted initiatives will be required.

We raise the following for further discussion:

- How the broad range of services identified in this priority area will link to acute assessment and treatment services in hospitals
- A skilled workforce will be essential to realise this objective.
- Drug and alcohol misuse by people with mental illness is very high – this sector also needs to be included in targeted interventions.

5. Prevent mental health problems and promote positive mental health

There is substantial evidence is emerging on health promotion frameworks and their effectiveness. VICSERV looks forward to further articulation of a health promotion strategy based on this evidence.

6. Build better practice and a stronger workforce

Identification of this priority area is timely, and response to workforce needs of the mental health sector is urgent, requiring this to be an early priority for action. VICSERV sees this as another area where the Government should take an active role to ensure there is not a loss of skilled workers and we are keen to see how workforce development will be undertaken.

Key issues we have identified include:

- Potential shift in current community sector workforce and change in roles under NDIS
- Ageing workforce – needs to be on-going expansion of the workforce.
- Broader community sector workforce issues – need for collaboration in delivery of person-centred approaches to enhance existing roles in working with people with mental illness.