



**Mental Health Reform
Victoria**

Mental Health Reform Victoria

Strategic Plan 2020–22

Implementing the
recommendations of
the Royal Commission
into Victoria's Mental
Health System

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Acknowledgements

Mental Health Reform Victoria proudly acknowledges Victoria's Aboriginal communities and their rich culture and pays respect to their Elders past and present. We acknowledge Aboriginal people as Australia's first peoples and as the Traditional Owners and custodians of the land and water on which we rely. We recognise and value the ongoing contribution of Aboriginal people and communities to Victorian life and how this enriches us. We embrace the spirit of reconciliation, working towards the equality of outcomes and ensuring an equal voice.

Mental Health Reform Victoria also acknowledges people with lived experience of mental illness, and the experience of people who have been carers, families or supporters of those with mental illness. Some of the most powerful evidence to the Royal Commission into Victoria's Mental Health System came from the personal experience of people living with mental illness, their families and carers. There has been extraordinary determination and courage as people have revisited painful memories in the hope of shaping a better future for themselves and others. Mental Health Reform Victoria and other Victorians are deeply appreciative for this.

Terminology and language

This document uses language to describe and discuss themes and concepts relating to mental health, but we acknowledge others might use different words to communicate their experience which are also valid. Mental Health Reform Victoria aligns the language and choice of words in its communication to that of the Royal Commission into Victoria's Mental Health System. The following introduction and glossary table is from the *Royal Commission into Victoria's Mental Health System Interim Report*:

"Language is powerful, and words have differing meanings for different people.

There is no single set of definitions used to describe how people experience their mental health, and this diversity is reflected in the many terms used to capture people's experiences throughout the evidence put before the Commission.

Words and language can have a lasting impact on a person's life. They can empower and embolden. They can be used to convey hope and empathy. But they can also be divisive when used to dispossess and divide, and to stigmatise and label.

The Commission also acknowledges that language can be deeply contested and nuanced. Although at all times trying to use inclusive language, the Commission is conscious that not everyone will agree with the terminology used. Following is a list of terms the Commission has chosen to use throughout this report, largely on the basis of ensuring alignment with its Letters Patent.

The Commission departs from these terms (in the table below) only when referring to specific data sources, describing research works or quoting an individual or organisation. The original language is retained wherever possible to accurately reflect the views and evidence presented to the Commission. For example, the Commission quotes individuals and organisations that sometimes refer to 'mental disorder', rather than the Commission's preferred terms 'mental illness' or 'poor mental health'. Terms such as 'disorder' can be pathologising and stigmatising, so the Commission retains them only if used by others to convey specific meaning."

Glossary

Carer	Means a person, including a person under the age of 18 years, who provides care to another person with whom they are in a relationship of care.
Consumer	People who identify as having a living or lived experience of mental illness, irrespective of whether they have a formal diagnosis, who have accessed mental health services and/or received treatment.
Family	May refer to family of origin and/or family of choice.
Good mental health	A state of wellbeing in which a person realises their own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to their community.
Lived experience	People with lived experience identify either as someone who is living with (or has lived with) mental illness or someone who is caring for or otherwise supporting (or has cared for or otherwise supported) a person who is living with (or has lived with) mental illness. People with lived experience are sometimes referred to as 'consumers' or 'carers'. The Commission acknowledges that the experiences of consumers and carers are different.
Mental illness	<p>A medical condition that is characterised by a significant disturbance of thought, mood, perception or memory.</p> <p>The Commission uses the above definition of mental illness consistent with the Mental Health Act 2014 (Vic) and recognises the Victorian Mental Illness Awareness Council Declaration released on 1 November 2019. The declaration notes that people with lived experience can have varying ways of understanding the experiences that are often called 'mental illness'. It acknowledges that mental illness can be described using terms such as 'neurodiversity', 'emotional distress', 'trauma' and 'mental health challenges'.</p>
Poor mental health	Combined term for referring to mental illness and psychological distress.
Psychological distress	One measure of poor mental health, which can be described as feelings of tiredness, anxiety, nervousness, hopelessness, depression and sadness. This is consistent with the definition accepted by the National Mental Health Commission.
Social and emotional wellbeing	Being resilient, being and feeling culturally safe and connected, having and realising aspirations, and being satisfied with life. This is consistent with Balit Murrup, Victoria's Aboriginal social and emotional wellbeing framework.

Other terminology used in our work

Co-design	<p>Co-design brings citizens and stakeholders together to design new products, services and policies. Key terminology:</p> <p>Expert Mindset: where decisions are based on the prior knowledge and experience of experts.</p> <p>Participatory mindset: where decisions are based on consensus of the group.</p> <p>Inclusion: adapting project activities so that communities or citizens can be involved.</p> <p>More information on co-design is available on the Victorian Government website at www.vic.gov.au/co-design.</p>
Co-production	<p>Co-production of public services is a concept with many meanings and many faces, but it basically refers to citizens and clients assisting in the production of public services¹.</p> <p>A distinction has also been made between co-production and co-creation. In co-production, people who use services take over some of the work done by practitioners. In co-creation, on the other hand, people who use services work with professionals to design, create and deliver services².</p>
Recommendation	<p>Royal Commissions make recommendations to government about what should change. The Victorian Government has committed to implementing all recommendations from the Royal Commission into Victoria's Mental Health System.</p>
Royal Commission	<p>A Royal Commission is an investigation, independent of government, into a matter of great importance. Royal Commissions have broad powers to hold public hearings, call witnesses under oath and compel evidence. Each Royal Commission has <u>terms of reference</u>, which define the issues it will look into.</p>
Stream	<p>A group of work aligned to recommendations of the Royal Commission.</p>

¹ ANZSOG (2017). What is co-production? Public admin explainer, Melbourne: ANZSOG.

² Cottam, H. and Leadbetter, C. (2004) Health: Co-creating services (Red Paper 01), London: Design Council.

Message from the CEO

Mental Health Reform Victoria is proud to share with you our first strategic plan.

This document sets our vision, approach and priorities in response to the *Royal Commission into Victoria's Mental Health System Interim Report (the Interim Report)*.

We have been set up, initially to lead on seven of the nine recommendations from the *Interim Report* and create the capacity and focus for implementing change, start making essential improvements, and build the confidence and commitment needed to deliver the Commission's ambitious vision for the future mental health system.

Mental Health Reform Victoria works in partnership with the Mental Health and Drugs Branch of the Department of Health and Human Services to deliver our shared purpose to deliver better outcomes for all Victorians.

Our commitment

Every Victorian has felt the impacts of mental health challenges, whether we have experienced them ourselves or in supporting family or friends. Too many Victorians needing help can't find suitable support or negotiate their way through current services.

We are deeply aware of the trust the community has placed in the Royal Commission and the rare opportunity to implement a contemporary and equitable mental health system that responds to the needs of communities across Victoria.

We have the opportunity to work together to transform the mental health system and strengthen the mental health and wellbeing of the Victorian community. We are committed to working with a broad range of partners, including people with lived experience of a mental illness, service providers and research bodies to ensure the successful implementation of the recommendations.

Our focus

Mental Health Reform Victoria is focused on the implementation of the recommendations put forward in the *Interim Report*. We are collaborating with Mental Health and Drugs Branch and the Victorian Health and Human Services Building Authority. Without pre-empting the Commission's final report we will ensure that the implementation of its recommendations stay true to the original vision and intent, and we work with the Department of Health and Human Services to ensure joined-up service delivery for Victorians.

Thank you.



Pam Anders

Chief Executive Officer
Mental Health Reform Victoria



Our Instructions – Ministerial Statement of Expectations

Mental Health Reform Victoria was established as the implementation office as outlined in recommendation 9 of the Interim Report. In establishing Mental Health Reform Victoria, the Victorian Government, through the Minister for Mental Health, outlined the formal instructions and scope of work expected. The Statement of Expectations sets out what the Government, and the community should expect of Mental Health Reform Victoria.

Implementation of recommendations

- Lead implementation of recommendations 1 to 7 of the Royal Commission into Victoria's Mental Health System.
- Work in close partnership with the Victorian Health and Human Services Building Authority on service expansion.
- Work in collaboration with a broad range of partners to ensure the successful implementation of recommendations.
- Stimulate new models of care that improve treatment and outcomes for people in mental distress, including new models of acute care, through implementation of recommendations.
- Oversee implementation within timelines specified by the Commission, or otherwise approved by the Minister for Mental Health.
- Ensure implementation of recommendations stays true to the Commission's original vision and intent.

Evidence based design and implementation

- Use contemporary data and research to identify effective practice and assess the strength of evidence behind different options.
- Review information on service users' experience during implementation to inform design and delivery.
- Establish evaluation measures and processes for each of the recommendations Mental Health Reform Victoria is responsible for delivering.

Governance and reporting

- Advise the Minister, and the Premier if required, on the performance and delivery of Mental Health Reform Victoria functions.
- Develop and publicly commit to a program of work and report annually through the Victorian Parliament on its progress against outcome measures and targets.

Mental Health Reform Victoria – Our Story

The Royal Commission into Victoria's Mental Health System ('the Commission') released an interim report in November 2019 which outlined nine recommendations. These recommendations sought to provide a starting point for system transformation.

One recommendation of the Commission was the establishment of a reform implementation office for a period of two years. Mental Health Reform Victoria was established by the Victorian Government in February 2020 to lead the implementation of Recommendations 1 through 7, as well as:

- develop and publicly commit to a program of work and report annually through the Victorian Parliament on progress against outcome measures and targets;
- employ and commission people with specialist skills and diverse expertise, including people with lived experience; and
- work closely with the Commission to ensure implementation of the Commission's recommendations stay true to the original vision and intent.

Our focus and actions are driven by a clear purpose – achieving better outcomes for all Victorians. We aim to achieve real change for individuals, families, carers, the community and within the mental health system. Adopting clear and measurable outcomes will guide all that we do.

The successful delivery of the Royal Commission's recommendations also includes a commitment to bringing consumers, carers and their families to the centre of the design and delivery of mental health services. People with lived experience of a mental illness have unique insights into how mental health services can best meet the need of the people who use them.

Mental Health Reform Victoria will actively engage people with lived experience of our mental health services shifting from the



traditional methods of 'deliver and inform' to better collaborating with consumers and carers through co-design and co-production. To support this direction, Mental Health Reform Victoria has created two lived experience senior adviser roles – one role focussed on consumer perspectives and the other focussed on carer perspectives. These roles provide genuine leadership, active decision making in the implementation of all the recommendations and support the on-going design of the organisation.

Facilitating real change requires broad engagement with diverse voices, perspectives and cultures. Mental Health Reform Victoria embeds Aboriginal and Torres Strait Islander perspectives across all recommendations including the areas of resourcing, information sharing, professional development and engagement.

Our purpose and values

Purpose

We are here to implement the recommendations of the Royal Commission into Victoria's Mental Health System and help set the foundations for transformative change.

Vision

To play a critical role in transforming Victoria's mental health system into one that places people at the forefront, is responsive to an ever-evolving world, is trauma-informed and based on the best available evidence.

Values



Accountable

We are transparent, we engage with and inform our partners, we avoid surprises, we own the failures — and share the success



Inclusive

We create inclusive environments that are culturally responsive and are a safe place for people to share, debate and challenge each other and learn



Innovative

We are brave and curious. We welcome and encourage new ideas and new approaches. We discuss them, we try them and we evaluate the impact



Participatory

We go beyond consultation; wherever possible we seek shared design and decision making. We strive to build the platform for consumers and carers. They tell us what is needed and we do our best to make it happen with them



Purposeful

We work toward well-formed and agreed outcomes so that communication, activities and processes make sense

How we work

Mental Health Reform Victoria is committed to working with our partners in collaborative ways.

This is because many of the most challenging social and health issues are complex, and do not respond well to siloed or centrally designed responses. We understand that this all starts with a change in mindset and is driven by our culture. This includes adopting an adaptive leadership culture.

To achieve lasting change, we need to be more adaptable. We need to create space for solutions to be found at the 'ground level' by people who are more closely connected to the needs and resources in their communities.

This applies to how the mental health system works. The clinical parts of mental health services need to link to, and work with, services in the community that support people's needs in other areas – like safety, social connection, and access to resources. But this runs counter to the way that many mental health and social care programs are designed and run. Solutions need to be built with, and for, the people receiving the service.

'Reforming' the system, as Mental Health Reform Victoria has been charged to do, will not succeed if we stick to the old ways of doing things. Focusing on compliance, being reactive and seeing milestones as the only measures of success, will limit the opportunities to build new relationships and trust with our partners in the reform journey.



- 1 We understand that a safe, respectful and culturally responsive place is a foundation for open, inclusive and effective engagement
- 2 We recognise expertise in lived experience, in cultural knowledge, clinical expertise and administrative capability
- 3 We acknowledge that evidence comes in many forms and it is our job to find, share and use the evidence base
- 4 We know we don't know all the answers – we need to find them, and refine them, together
- 5 We appreciate that complex problems are solved over time so we must learn and adapt together to get things right

Delivering on an ambitious reform agenda will necessitate on-going collaboration with our partners across the mental health system. No more important to the success of the reforms, is the close partnership that exists with the Mental Health and Drugs Branch in the Department of Health and Human Services. They play a critical role in supporting the implementation work, as do we in supporting their drive and commitment for change. Together we will build an inclusive and collaborative approach to reform, and ensure that we deliver solutions that are evidence informed, person centric and culturally inclusive and safe.

Reform of the type and scale being embarked upon will take time and will not always run smoothly. We recognise we don't have all the answers. That expertise can be found in many places. And that to be successful, we will need a collaborative growth culture that helps us learn and adapt as we go. This will be a foundation for how we build ourselves as an organisation, and how we work with our partners and people with lived experience of the mental health system.

Our approach to accountability

Being accountable is a priority for Mental Health Reform Victoria. Our framework of accountability provides a roadmap for reporting, monitoring and evaluating the implementation and effectiveness of each initiative.

Mental Health Reform Victoria will actively, consistently and comprehensively measure progress, with an emphasis on *outcomes*. Our approach utilises a rigorous, multi-tiered evidence-based reporting approach focussed on measuring what matters. It means we will be collecting new data and information with a focus on the experiences of consumers, carers and their families. We will be evaluating both the implementation and outcomes of the recommendations – making sure we understand what works, what doesn't, for whom and why. We also commit to sharing the evidence generated and our insights.

Outcomes are our organising feature for accountability – they provide clear statements about what success should look like. They are purposefully aspirational to signal the ambition underpinning the reforms.

These outcomes are what we should expect for all Victorians – and what Victorians should expect for themselves. For some, the scale of change and pathway to achieving success will be very different. This includes, Aboriginal Victorians, people living in rural and regional communities, and people from culturally diverse backgrounds. Mental Health Reform Victoria is committed to working with communities and stakeholders to make sure we all share the same vision for the future. Working together will deliver success, motivated by a shared purpose and commitment to achieving these outcomes.

Evaluation is another critical part to reporting on what works – and what doesn't work. Evaluation findings inform ongoing program refinement and new program design and delivery. The *Monitoring and Evaluation Framework* will provide a consistent approach to assessing what is working.



People outcomes

1. Victorians have better mental health and wellbeing
2. Victorians have a better experience and greater satisfaction of mental health care
3. People living with mental health issues recover and thrive



System outcomes

4. Mental health services are culturally appropriate, consumer and family inclusive
5. The mental health workforce is sustainable, highly skilled and reflects the community it serves.

The Recommendations

The Royal Commission made 9 recommendations for improving Victoria's mental health system



1. Establish a Victorian Collaborative Centre for Mental Health and Wellbeing

Bring people with lived experience together with researchers and experts to deliver services and undertake research.



2. Targeted acute mental health service expansion

Establish 170 new youth and adult acute mental health beds to address critical demand pressures.



3. Suicide prevention

Expand follow-up care and support for people after a suicide attempt through the Hospital Outreach Post-suicidal Engagement (HOPE) program.



4. Aboriginal social and emotional wellbeing

Expand social and emotional wellbeing teams in Aboriginal Community Controlled Health Organisations across Victoria.



5. A service designed and delivered by people with lived experience

Establish a new residential mental health service to provide short-term treatment, care and support in a community setting.



6. Lived experience workforce

Expand the consumer and family-carer lived experience workforces and enhance workplace supports for their practice.



7. Workforce readiness

Prepare for workforce reform and address workforce shortages by developing new training pathways and recruitment strategies.



8. New approach for mental health investment

Designing and implementing a new approach to mental health investment.

The Department of Premier and Cabinet and the Department of Treasury and Finance are leading this recommendation.



9. Mental health implementation office

Established to lead implementation of the recommendations and publicly commit to a program of work and report progress.

Our priorities to 2022

Mental Health Reform Victoria is leading the delivery of seven of the nine recommendations. The establishment of an implementation office as set out in Recommendation 9 has been completed, but the ongoing reporting of the operations of our organisation will be a key component of our performance reporting activities. Recommendation 8 is being led by the Department of Premier and Cabinet and the Department of Treasury and Finance.

Recommendation 1

Establishing a Victorian Centre for Mental Health and Wellbeing

The progress towards establishing a Collaborative Centre will only be possible through extensive collaboration with all stakeholders. Mental Health Reform Victoria commits to working together with people with lived experience to ensure the following activities are delivered:

- A new entity is established under legislation which exemplifies a new approach to mental health
- Regulatory, legislative and infrastructure planning to enable the Collaborative Centre to be established
- The identification and acquisition of land is complete
- Establishment of a Board; recruitment of core leadership staff; a model of clinical service delivery; a focused research agenda; a monitoring, accountability and evaluation framework; and an interim strategic plan to realise the vision of the Centre.

Recommendation 2

Targeted acute mental health service expansion

The delivery of 170 youth and adult acute mental health beds will ensure that additional services are in place. This also includes adopting different and new models of care to support recovery including:

- Additional acute youth and adult mental health beds available at Geelong, Epping, Sunshine and Melbourne which represent a contemporary approach to the design of high-amenity built environments that support recovery and wellbeing
- Have innovative hospital in the home programs operating in Geelong and Melbourne
- Commission additional acute inpatient beds (or equivalent) from a private provider
- Co-designed models of care that builds on the expertise of lived experience (both consumers and carers) and best practice evidence.

Recommendation 3

Suicide prevention

The expansion of follow-up care and supports for people and post-suicidal assertive outreach services will be in place by 2022 and includes the following:

- All 21 area mental health services in Victoria will be delivering an expanded Hospital Outreach Post-suicidal Engagement (HOPE) service that includes: current HOPE consumers; expanded eligibility criteria to include referrals from clinical community-based teams; access outside standard business hours; clinical outreach to subregional health services; and common best practice elements recommended by the Royal Commission
- Deliver the first phase of a new youth assertive outreach and follow-up care service in partnership with The Royal Children's Hospital, Alfred Hospital, Monash Children's Hospital, and Orygen Youth Health. These new HOPE-like services will provide new models of care informed by the experiences of children, young people, their families and carers
- A consistent and rigorous HOPE evaluation providing findings on implementation, outcomes for consumers and informing state-wide expansion of the Child and Youth model.

Recommendation 4

Aboriginal social and emotional wellbeing

Mental Health Reform Victoria is working in partnership with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) to deliver a group of initiatives that will:

- Establish and expand multidisciplinary social and emotional wellbeing teams in Aboriginal Community Controlled Health Organisations, with statewide coverage within five years
- Provide scholarships to enable Aboriginal social and emotional wellbeing team members to obtain recognised clinical mental health qualifications from approved public tertiary providers, with a minimum of 30 scholarships awarded over the next five years
- Provide recurrent funding for the Victorian Aboriginal Community Controlled Health Organisation to develop, host and maintain the recommended Aboriginal Social and Emotional Wellbeing Centre in partnership with organisations with clinical expertise and research expertise in Aboriginal mental health. The centre will help expand social and emotional wellbeing services through:
 - clinical, organisational and cultural governance planning and development
 - workforce development—including by enabling the recommended scholarships
 - guidance, tools and practical supports for building clinical effectiveness in assessment, diagnosis and treatment
 - developing and disseminating research and evidence for social and emotional wellbeing models and convening associated communities of practice.

Recommendation 5

A service designed and delivered by people with lived experience

Mental Health Reform Victoria will support people with lived experience to co-produce and deliver this recommendation. This provides an opportunity for consumers and carers to be at the centre of service design and includes:

- Co-designing a model of therapeutic care that builds on the expertise of lived experience leadership and best practice evidence
- Identifying partner organisations to lead in the establishment of the services' functions and operations
- Commencement of early transition and establishment activities, including the recruitment of core staff; site selection; a workforce development plan; a monitoring, accountability and evaluation framework; and an interim strategic plan.

Recommendation 6

Lived experience workforce

Mental Health Reform Victoria is working to support the continued development of the lived experience workforces. Lived experience workforces are integral to multidisciplinary teams and care models and shape the design and delivery of services. To support this work we will:

- Develop continuing learning and development pathways, educational and training opportunities and optional qualifications for lived experience workers, including adding the Certificate IV in Mental Health Peer Work to the free TAFE course list
- Co-design new organisational structures, capability and programs within services to enable practice supports, including coaching and supervision for lived experience workers
- Delivery mandatory, organisational readiness and training program for senior leaders, and induction materials for new staff, that focus on building shared understanding of the value and expertise of lived experience workers
- Implement ongoing accountability mechanisms for measuring organisational attitudes and the experiences of lived experience workers, including establishing a benchmark in 2020 of the experience of lived experience workers
- Establish lived experience workforce as a recognised discipline.

Recommendation 7

Workforce readiness

The future mental health workforce requires detailed development and planning. Mental Health Reform Victoria is undertaking preparations to address the current workforce challenges by:

- Developing a pathway for mandatory Junior Medical Officer rotations in mental health care settings to promote transitions to specialist training in psychiatry
- Co-designing a Junior Medical Officer rotation framework to foster integrated learning and multidisciplinary practice
- Delivering new full-fee postgraduate nursing scholarships
- Expanding the nursing workforce through new graduate nursing positions annually and an increase in nurse educator roles
- Establishing an allied health graduate program
- Designing and implementing an international mental health workforce recruitment campaign
- Coordinating the development of a Mental Health Leadership network to provide system stewardship, and avenues for emerging leaders and new voices.

Recommendation 8

A new approach to mental health investment

The Commission recommended that the Victorian Government design and implement a new approach to mental health investment that will include the following:

- A new revenue mechanism (a levy or tax) for the provision of operational funding for mental health services
- A dedicated capital investment fund for the mental health system.

This new approach should support a substantial increase in investment in Victoria's mental health system, supplementing the current level and future expected growth of the state's existing funding commitments.

The design of the new investment approach is being led by the Department of Premier and Cabinet and the Department of Treasury and Finance.

Recommendation 9

Mental health implementation office

As recommended by the Commission, Mental Health Reform Victoria was established as an administrative office in February 2020 under the Public Administration Act 2004 (Vic). By 2022, Mental Health Reform Victoria will:

- Report annually to parliament on the progress of implementing each recommendation
- Initiate a co-production approach with key stakeholders, particularly those with lived experience, to ensure all voices are heard
- Design an outcomes framework to measure the success of initiatives
- Design a consistent and rigorous evaluation framework across the recommendations to assess implementation of initiatives and the outcomes for consumers
- Ensure Mental Health Reform Victoria has dedicated lived experience positions within its organisational structure
- Develop data collection and reporting mechanisms to support our accountability approach
- Employ people within the organisation with people who have the necessary skills, experience and knowledge to successfully implement the interim recommendations.



Mental Health Reform
Victoria

