

Because mental health matters

A new focus for mental health and wellbeing in Victoria

Consultation paper summary, May 2008



A Victorian
Government
initiative



Because mental health matters:

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Consultation Paper Summary, May 2008

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Minister's message



We would never allow a person to suffer alone with crushing chest pain and not treat them for a heart attack.

In the same way, it is inhumane to allow a person to suffer alone with anxiety, depression, delusions, or paranoia and not treat them for mental illness.

Recently I met a young mother with bipolar disorder. She spoke to me about her descent into despair – a growing alienation from her friends and family, who didn't understand what was wrong or how to get help. Trapped alone in her apartment with a young child, she withdrew from society and suffered alone.

It is a fate no Victorian deserves; and yet it is too prevalent. One in five Victorians will suffer from depression, anxiety, or other mental illnesses at some time in their life.

Because we are all members of a caring community, we all have a responsibility. Together we must look out for the warning signs and take action – providing the right advice, support and treatment to help our friends and family to regain their mental health and wellbeing.

Fortunately, we have come a long way in Victoria from the days of asylums and segregation of the mentally ill. Deinstitutionalisation was a positive step in our understanding of and treatment for mental illness. And Victoria now provides modern and sophisticated care for over 60,000 mental health patients every year.

And yet many people are missing out on treatment. Many Victorians don't see the warning signs, don't seek help, or don't know where to turn. And that's not good enough.

We would never allow a person to suffer alone with crushing chest pain and not treat them for a heart attack. In the same way, it is inhumane to allow a person to suffer alone with anxiety, depression, delusions, or paranoia and not treat them for mental illness.

We know we can do better, because a growing body of research, together with our extensive local experience, tells us there is a better way of doing things.

We need a mental health system in Victoria that provides world-class care for everyone – from those with anxiety and depression, through to those most vulnerable people who live with severe mental illness complicated by other social and physical health problems.

We need a system that recognises mental health problems as early in life as possible and acts to prevent a lifetime of chronic and unrelenting illness. To achieve this it is crucial that we address mental health issues in childhood and adolescence and make fostering resilience in our children and young people a top priority.

And we need a system that is focused on recovery – and the ability and opportunity for Victorians experiencing mental illness to fully participate in our community.

Fortunately, for the young mother I met her life is back on track. A caring person saw her despair and reached out to her. Through a local community group, she received the help and advice she needed. Healthy and active, with a thriving child, she now volunteers at a community centre, is working again in a stimulating part-time job and mentors other mums with mental illness.

Her story convinces me that with the right help, all Victorians living with mental illness can lead healthy and meaningful lives and recover from their illness whenever possible.

That is why the Brumby Government is taking action and embarking on generational reform of Victoria's mental health system. The companion consultation paper to this summary document foreshadows the Brumby Government's proposed direction for mental health care over the next decade.

The 2008/09 State Government budget provides a framework to seed this reform and address critical early priorities of the agenda.

But to make it happen we also need your expertise and input.

Working with you, I am determined to deliver a new era of reform to Victoria's mental health care system.

A handwritten signature in black ink, appearing to read 'Lisa Neville'.

**The Hon. Lisa Neville MP
Minister for Mental Health**

The challenge

Victoria has a strong record in mental health. We are widely recognised for innovative developments in the delivery of mental health services. This could not have been achieved without the efforts of many dedicated workers.

Good collaboration has also contributed to improved ways of dealing with mental health in the wider service environment – in primary care, schools, the justice system, children’s services and homelessness support. We have also pioneered new mental health promotion approaches.

Despite these gains there are existing and emerging gaps in our effort. Our focus has become too concentrated on the most severely ill and not giving enough attention to children and young people. And, our response lacks an emphasis on prevention and early intervention, remaining overly dependent on acute and crisis intervention.

We also know that the community has a limited understanding of mental health problems, what type of services could meet their needs and where they might seek help, creating real problems in accessing the right service at the right time.

This situation has arisen over time, through demand pressures, service delivery silos and the unfinished agenda of previous phases of change. Lack of clarity about State and Commonwealth responsibilities in mental health has added to the difficulties.

Together with a range of broader trends within our society, these factors have led to mental health problems becoming more prominent throughout the community – in our schools, our prisons, our aged care services and elsewhere, often appearing together with other problems such as drug and alcohol misuse and homelessness.

Meeting this challenge requires more than minor adjustment. It requires reconfiguring services for a more balanced system of clinical and psychosocial, primary and acute care; it also requires greater engagement of general health and social services.

The need

The Government believes there is a growing need for a shift in our focus, from a response based on illness and acute intervention to one emphasising wellness, early intervention and recovery. This is supported by the latest research and evidence:

A new focus on a greater spectrum of mental health needs as a means of reaching a larger proportion of those affected.

- Almost one million Victorians will experience some type of mental illness each year.
- Public mental health services are mainly directed at the 3 per cent of the population who suffer from the most severe mental health problems, with around 40 per cent of this group receiving a service from the public sector.
- While 12 per cent of the population suffer mild to moderate problems, related largely to depression and anxiety disorders, more than half of these people receive no service from either public or private providers.

A new focus on the needs of children and young people.

- The great majority of all serious mental health and substance misuse problems commence before the age of 25, yet only one out of every four young persons with a mental health problem receives professional help.
- Even among young people with the most severe mental health problems only half receive professional help, despite growing evidence of the benefit of earlier intervention.
- For every dollar our public mental health services expend per child and young person, they expend more than two dollars per adult.

A new focus on those vulnerable Victorians in other parts of the social services system whose mental health problems are central to their overall well-being and social participation.

- Around thirty per cent of homeless people have a mental health problem.
- Some twenty eight per cent of newly remanded offenders suffer mental illness, with rates of bipolar disorder and schizophrenia 10 times that of the general population.
- Almost one third of alcohol and drug treatment clients need access to public or private mental health services.

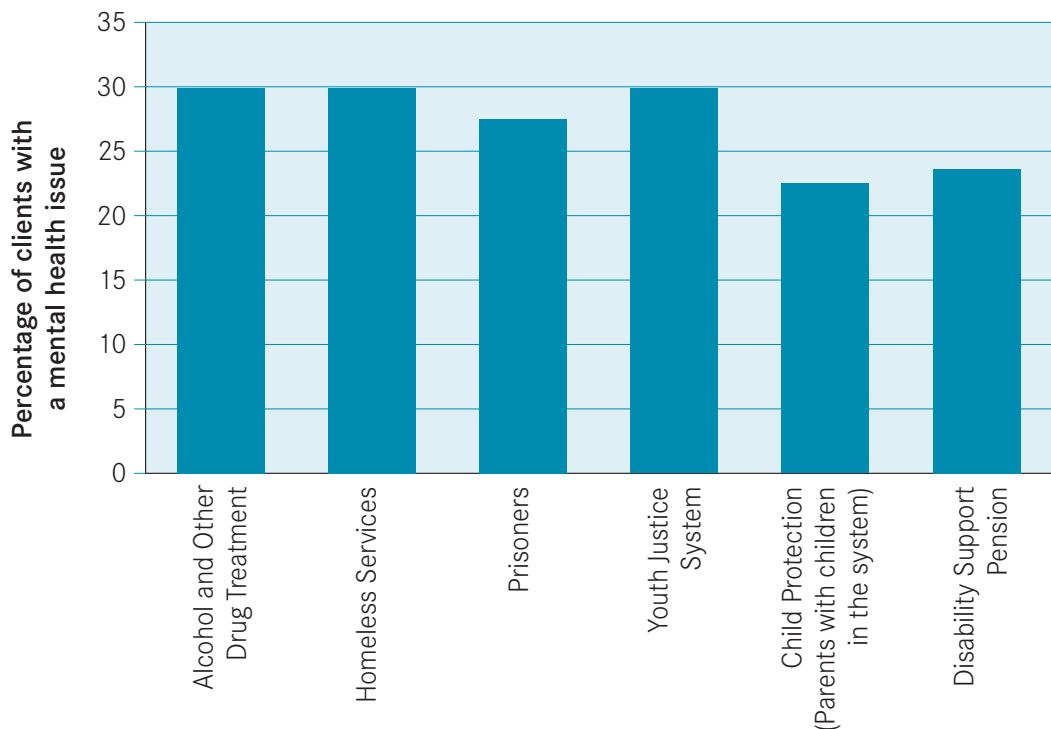
A new focus on supporting people before they need emergency and acute intervention.

- Emergency Department mental health presentations have increased by an average of 6 per cent a year since 2000-01; the increase for those presenting who need urgent intense care has been 10 per cent a year. While this growth has started to slow, the pressure remains high.

A new focus on seeing mental health not just as a major health issue but also as an issue impacting across the whole community and the economy.

- Mental illness accounts for over one quarter of the disability burden from all health problems across the population as a whole.
- The economic impact of mental illness in Victoria has been estimated at \$5.4 billion annually, predominantly through impacts on workforce participation.
- In 2006, mental illness was a key factor in a quarter of all people on a Disability Support Pension in Victoria.

Mental health impacts on other social programs



The response

The Victorian Government believes that, together with the Commonwealth, it must respond to the changing needs and expectations of the community in relation to mental health. These are driven by growing concern about both the impact of mental health problems across the wider population, and about the rights and needs of people with a mental illness.

While we need to support those suffering severe problems through increased treatment and psychosocial support, simply providing more resources will not solve the problems. Many of the Victorians with a mental health problem who do not seek or receive care, would still not do so if more money were the only solution proposed.

It is time to commit to a new focus for mental health. The key changes we want to see will deliver support:

Early in Life:

- because the provision and use of mental health services by children and young people is low relative to what we know about the level of problems and the benefits of intervening in these age groups; and
- this is especially concerning, given the likely impact of untreated illness on long term health outcomes, education, workforce and social participation in these critical years.

Early in Illness:

- because a significant proportion of people at all ages entering the specialist system could have been identified and better assisted at an earlier stage of their illness; and
- this means that for too many clients, their first contact with a mental health service is when they are in an acute, severely ill state.

Early in Episode

- because over 40 per cent of people admitted to an adult acute inpatient ward had no contact with a mental health service in the seven days before admission; and
- this results in increased demand for resource-intensive interventions, such as CAT, ambulance and police callouts, emergency departments and hospitalisation.
- this will lead to a reduction in the prevalence of mental health problems and more effective recovery.

These changes will lead to a reduction in the prevalence of mental health problems and more effective recovery. They need to be supported by:

- A targeted community-based effort to prevent mental health problems and reduce the prevalence and impact of mental illness.
- Better cooperation across sectors to support recovery and encourage social participation by those with ongoing or episodic mental illness.
- Improved ways of assisting the community to access timely mental health information, advice and appropriate services.
- Action to assist people whose mental health needs are complicated by other social and health problems, reflected in their engagement with services such as homelessness support, child protection, drug and alcohol treatment and the criminal justice system.

Achieving these changes will depend on new partnerships at national, statewide and local levels, staged, focused investment and reform of governance arrangements over time.

Importantly, these reforms also need a shift in service delivery culture and a commitment to agreed and clear outcome measures. Such measures need to provide a shared framework for planning and accountability across government portfolios and programs, and between agencies and sectors at the local delivery level.

A comprehensive measurement framework would include:

- population outcome measures to assess the health status of the population, together with key measures of social and economic participation;
- indicators and measures associated with the key determinants of mental health; and
- performance of relevant services and service systems against agreed progress measures.

The Commitment

The Brumby Government is taking action to develop a new focus for mental health and wellbeing in Victoria.

Because mental health matters provides an overview of a detailed set of proposed directions presented in a mental health Green Paper, released for comment separately.

This consultation paper builds on major themes presented in reports by government and non-government organisations over recent years. Importantly, it takes these a step further by indicating how these themes could form the basis of significant change in the planning, funding and oversight of mental health policies and services in Victoria.

The Government's commitment to refocusing this area is a vital element of its vision for the state, *Growing Victoria Together*, with its emphasis on quality accessible health services and the importance of good health for social and economic participation.

It is also a key part of the Brumby Government's social policy agenda, *A Fairer Victoria*, with its emphasis on tackling health inequalities, supporting childhood development and reducing social exclusion.

The scale of change envisaged here cannot occur all at once. Progress needs to be staged. Change must also be planned in the context of evolving health and community services policy directions at national and state levels.

Our commitment to commencing these reforms is demonstrated by funding made available in the 2008-09 State Budget to seed a number of reform initiatives, some of which are highlighted in this summary. A total of \$128m has been allocated over the next four years, including \$34m for capital projects.

The Vision

Our vision is centred on the importance of mental health and well-being to the fabric of our society - to our family life, our relationships, our work and our community:

All Victorians have the opportunities they need to achieve optimal mental health and well-being, while those experiencing mental health problems receive timely, quality treatment and support to participate fully in the community.

The next wave of change in mental health seeks to make progress over the next decade towards a society in which:

- Victorians are well informed about which factors affect mental health and able to help themselves, families and friends to achieve good mental health within a supportive, socially inclusive environment.
- People of all ages, including children and adolescents, are able to access timely and effective care for the range of mental health problems, through a community-based service system that harnesses health and social support services to intervene early and promote recovery.
- People with severe mental health problems have access to a range of stepped care options including bed-based services that enable them to receive the least intrusive care appropriate to their condition, including crisis response and acute medical care when required.
- Those particularly vulnerable Victorians involved with other parts of the social services system - including justice, disability, housing and homelessness, drug treatment and child protection - are supported to access appropriate, targeted mental health support.
- Mental health services meet contemporary community, consumer and carer expectations around access, rights, equity and respect. They are also responsive to the diversity of the Victorian population.
- People living with a mental health problem are supported to participate fully in society and the workforce without stigma or discrimination.

This vision will be supported by a range of actions in seven Focus Areas, that reflect the prevention and recovery imperatives of *Because mental health matters*.

The actions

Focus Area 1 - Prevention

Taking prevention seriously – actively promoting mental health and well-being by:

- 1: creating wider opportunities for promoting mental health in local communities;
- 2: strengthening social inclusion efforts to protect and reduce inequalities in mental health;
- 3: reducing the risk factors for poor mental health associated with substance misuse; and
- 4: renewing Victoria's suicide prevention focus through a wider range of government programs;

In Victoria we want mental health promotion to be soundly established as an essential part of the overall health promotion effort. It must also be better linked to mental health planning and coordinating structures. Our effort in this area must build on the evidence progressively being established, particularly in relation to what determines mental health and well-being.

Priorities for preventative effort include: depression, postnatal depression, anxiety, eating disorders and body image, childhood behavioural problems, suicide prevention and mental health conditions linked to alcohol, cannabis and psychostimulant misuse.

There should also be increased emphasis on using universal settings to promote mental resilience and coping strategies from childhood through to adulthood and old age, and to support people through key life transitions.

Current investments:

The Victorian Government invests in a diverse range of prevention programs, through the Victorian Health Promotion Foundation, partnership in beyond blue, and through community health services, schools and other local agencies.

Proposed future directions include:

- providing evidence-based parenting programs through early childhood services and schools;
- building mental health promotion into the curriculum of primary and secondary schools, using approaches such as Internet learning programs;
- including a mental health focus in the ongoing development of Victoria's new Work Health Initiative;
- making promotion of positive mental health an explicit part of initiatives that promote social inclusion including BestStart, Neighbourhood Renewal and Community Renewal; and
- renewing the government's approach to suicide prevention as an integral part of mental health promotion for at risk groups.

Focus Area 2 - Early intervention

Intervening earlier - achieving better outcomes for children, young people and families by:

- 1: strengthening capacity for early identification and intervention through universal services, including early childhood services and schools;
- 2: providing earlier and age-appropriate treatment and support to children and young people with emerging or existing mental illness and their families;
- 3: delivering appropriate mental health support for particular groups of vulnerable young people; and
- 4: building stronger, more resilient families where there is risk related to mental health problems or a combined mental health and drug and alcohol problem.

We want to help children, young people and their families deal effectively with emerging mental health problems through improved access to a range of interventions focused at earlier stages of problems.

Seeding initiatives in 2008-09 include:

- *redesigning local child and youth services to improve service accessibility and reach in selected metropolitan and rural areas (\$13.5m over four years).*
- *expansion and broadening of the Families Where a Parent has a Mental Illness Strategy to include parents with drug and alcohol problems and delivery of support in partnership with Child First agencies (\$3.3m over four years).*
- *a comprehensive approach to identification of and response to mental health problems, particularly postnatal depression, among parents as part of a new national program (\$6.6m over four years).*

This requires redesigning specialist mental health services, together with more integrated, accessible community-based service options that build on universal services for children and young people, recognising their particular needs and preferences.

We want to give particular attention to better outcomes for vulnerable young people involved with child protection, out of home care or youth justice, victims of abuse or domestic violence, or experiencing homelessness.

Support for families where a parent has a mental illness or a drug and alcohol problem needs to be strengthened, providing additional assistance in addressing the mental health needs of family members. The current budget expands capacity to address these needs.

Proposed future directions include:

- consolidating risk identification for mental health problems through primary health services, early childhood services and schools and linked to transitions between kindergarten, primary and secondary school;
- developing community partnerships to deliver mental health services for children, with mental health and universal services engaged in local networks of service provision;
- creating a more distinct mental health service capacity for adolescents and young adults to meet their particular developmental needs;
- establishing flexible, multi-disciplinary teams to assess and treat vulnerable young people; and
- better supporting families where a parent has a mental illness and/or drug use problem in partnership with ChildFirst/Family Services .

Focus Area 3 - Access

Providing you with the right service at the right place - streamlining access and emergency responses by:

- 1: providing access to 'right time, right place' mental health care by making it easier for people to obtain mental health information, referral and advice;
- 2: improving the efficiency and effectiveness of psychiatric triage in specialist mental health services;
- 3: creating an integrated emergency service system that can respond effectively to people experiencing a psychiatric crisis; and
- 4: reducing the level of preventable crisis by providing a robust system of community-based primary and specialist mental health care.

We want to provide all Victorians with a clear path to the right mental health care when and where they need it, whether it is primary health care or specialist treatment. This means creating much more accessible and easy to navigate entry points and a stronger mental health triage capacity in the specialist mental health service system.

We want to see a broader "front door" to the mental health system and a stronger role played by GPs and other primary care providers in this.

We recognise that people need access to earlier and more intensive treatment and support to prevent a crisis. However, when an individual is in a state of crisis they need a prompt, well-coordinated emergency response.

Seeding initiatives in 2008-09 include:

- *introducing a statewide 24/7 information, advice and referral telephone service for the general community (\$10.4m over four years);*
- *redesigning specialist mental health triage in selected areas to more promptly assess people who are unwell and link them into specialist or other care (\$5.5m over four years).*

Proposed future directions include:

- facilitating a wider role for primary health providers as a 'gateway' to private and public mental health service systems;
- developing a new operating model for the Crisis Assessment and Treatment (CAT) function, emphasising intensive treatment in the community to reduce the need for emergency responses;
- strengthening support for police and ambulance services by developing a more integrated local emergency response to people experiencing a psychiatric crisis; and
- further enhancing mental health responses in Emergency Departments and using alternative facilities to support people who do not need hospital treatment but remain at risk.

Focus Area 4 - Specialist care

Meeting the needs of people with severe mental health problems - building responsive specialist public mental health services by:

- 1: building a more proactive system of specialist community-based mental health care that is geared to early intervention, relapse prevention and recovery;
- 2: accessing a wider range of bed-based care options that are well integrated with both clinical and social supports;
- 3: improving consumer and carer experiences, making sure that expectations with regard to access, rights, equity and respect are met; and
- 4: tailoring services for clients with particular needs, especially forensic clients, including both bed and non-bed based support.

Victoria has the foundations of a comprehensive system of mental health care. However, this system is still very acute focused and tends to operate on a crisis-driven paradigm. This is largely due to the specialist services not having sufficient capacity to intervene earlier and more assertively in the illness in order to avert relapse and escalation to crisis.

Better integration of clinical and psychosocial services is fundamental to improving outcomes for people with severe and enduring mental health problems. We need robust, well resourced community-based specialist mental health services that can provide an integrated response of the right type, intensity and duration. We also need to support better use of GPs and other primary health providers to care for this group.

This system of community-based care needs to be supported by a spectrum of bed-based treatment and rehabilitation options. Development of these options will build on the recent inception of Prevention and Recovery Care (PARC) facilities in Victoria.

All actions in this Focus Area need to be complemented by service improvement and care plans developed in partnership with consumers and their carers and other social care services.

Seeding initiatives in 2008-09 include:

- *establishing four more Prevention and Recovery Care (PARC) facilities in localities across Melbourne as alternatives to hospital inpatient treatment (\$28.7m over four years);*
- *expanding acute and community mental health services in the outer east of Melbourne at Maroondah and Lilydale (\$8.3m over four years).*
- *boosting paediatric eating disorder services at The Royal Children's Hospital, Southern Health and Austin Health (\$2.5m over four years).*

Proposed future directions include:

- strengthening the capacity of community-based specialist mental health services for early intervention, relapse prevention and recovery and providing a more integrated treatment and psychosocial rehabilitation response;
- planning a statewide extension of sub-acute Prevention and Recovery Care (PARC) beds to reduce unnecessary hospitalisation, with new attention to building the 'step up' element of this service model; and
- strategies to support a mental health service system that is consumer-centred and carer sensitive
- providing a clear capacity to intervene earlier, respond more effectively and provide follow-up support to people with an eating disorder and their families.

Focus Area 5 - Complex clients

Responding better to vulnerable people - improving care and support in the community by:

- 1: promoting a more coordinated and tailored approach to people who require support from multiple services;
- 2: improving access to stable and affordable housing, together with appropriate and scaled support to reduce homelessness and housing risk;
- 3: focussing on the needs of people from particular vulnerable and disadvantaged groups; and
- 4: maximising people's potential for recovery by supporting their social and economic participation in community life.

Seeding initiatives in 2008-09 include:

- *establishing new inner-city supportive housing for people with serious mental illness who are chronically homeless and have other complex needs, offering stable long-term housing with on-site psychosocial support (\$3.1m over four years).*
- *expanding support packages for people who require intensive psychosocial and clinical outreach support to live in various types of independent housing \$5.6m over four years).*

We want to provide well-targeted and cross-agency support to people with multiple needs and those who face particular risks. We need to better support clients to engage with, and remain connected to, the range of services they need.

We want to give particular attention to people with co-occurring mental health and substance misuse problems, people with a serious mental illness exiting the criminal justice system, Indigenous people, people with a mental illness and co-existing disability, and migrants and refugee groups.

Access and support to live in appropriate stable housing is one of the most critical issues to be addressed. We need a more varied and flexible continuum of accommodation and support options to suit people in different types of housing.

Improving access to vocational training and employment opportunities has both economic and therapeutic benefits and must also be a key focus.

All this means that we need to see a greater variety of services as part of our mental health response. It means, for example, better addressing the needs of people engaged with the criminal justice system, whether as offenders or victims, both to improve their mental health problems and to avoid the social and economic costs to the wider community.

Proposed future directions include:

- using a standard Care Needs Assessment Framework to determine the range of services required by an individual as the basis for their care plan, including nomination of a 'lead agency' to oversee multi-agency care;
- introducing individually tailored care packages of various intensities for clients at risk of homelessness and/or leaving corrections and clinical bed based rehabilitation services;
- working with housing associations to provide stable long term accommodation for people with mental health problems reliant on social housing; and
- skilling up mental health rehabilitation staff and case managers to assist in vocational training and employment needs of their clients, and linking them into employment programs.

Focus Area 6 - Workforce

Developing our people - building a high quality and sustainable workforce by:

- 1: building a knowledgeable, skilled and sustainable specialist mental health workforce, with an ensured supply;
- 2: embedding a culture of service quality, responsive to evidence-based practice and client need;
- 3: systematically improving the capability of the non-mental health social support services workforce through education and training; and
- 4: strengthen leadership within the mental health system and across the broader health and welfare system.

Our workforce is the key to the success of all proposed reforms. While mental health services need to be the right service at the right time, the workforce needs to have the right skills in the right place.

We need to overcome many recruitment and retention challenges to achieve a specialist mental health workforce that is sustainable, better distributed geographically and across the public and private sectors.

We also need to promote and support an organisational culture that strives to provide high quality, evidence-based care, and works in partnership with consumers, families, carers and other services.

Seeding initiatives in 2008-09 include:

As an outcome of the Psychiatric Services Enterprise Bargaining Agreement 2007, 60 additional EFT will be funded in inpatient and community settings to ease demand pressures. There will also be some changes to the roles and deployment of state-enrolled nurses and psychiatric support officers.

In tackling these issues, we need to support and integrate the non-government PDRSS sector as well as public clinical services.

We need to develop leaders who can drive innovation within mental health services and across other sectors.

We want to work with the Commonwealth to support the development of a primary care workforce with the skills and competencies to diagnose and treat clients with mental health problems, develop appropriate care plans and refer to more appropriate services as required.

We also want to support the broader health and community workforce so that they are confident in their ability to identify and support people whose lives are impacted by mental health issues, and have a good understanding of how the mental health care service system works so that they can make appropriate referrals.

Proposed future directions include:

- expanding the mental health workforce pool through: improved portability of benefits and transferability of qualifications for workers moving between sectors and jurisdictions, incentives for rural practice, increased public/private collaboration, encouraging worker re-entry and overseas recruitment
- retaining staff through strategic use of improved working arrangements, increased staff participation in decision-making; safer and more supportive work environments, and development of multi-faceted, life-long career paths;
- redesigning the workforce to better match worker skills and tasks with client needs, including identification of potential roles for consumers and carers;
- developing initiatives to enhance management and leadership skills in mental health team leaders and managers to drive innovation both within mental health services and across broader health and community sectors; and
- up-skilling frontline staff in the justice, housing, education and other systems using 'mental health first aid' to facilitate mental illness recognition and timely response.

Focus Area 7 - Partnerships

Doing things together - strengthening governance, partnerships, knowledge and accountability by:

- 1: designating local area partnerships to drive population-based service planning and coordination across the mental health continuum;
- 2: reconfiguring public mental health service structures over time to align age-related and PDRSS components, facilitate links with general health structures and allow specialist roles to develop;
- 3: embedding accountability for outcomes into funding and reporting systems at all levels, including in general health and social support services;
- 4: creating an organised statewide research and knowledge management capacity to provide a robust evidence base on mental health interventions; and
- 5: driving ongoing strategic policy development, alignment and accountability.

Governance and accountability structures are important issues to address early in the reform process. Change will be both “bottom up” and “top down,” responsive to state and national policy, as well as to local innovation. Better use of information technology can also play a critical role in improving referral and care coordination.

We want to foster more coherent, comprehensive and inclusive area-based systems for mental health care, embracing specialist clinical, primary health and social care. We need to ensure clear responsibility for planning, care coordination, appropriate clinical governance, monitoring and funding. Reforms must build new ways to achieve shared accountability for agreed outcomes that reflect the responsibilities of all sectors involved.

We also need to support system development to be responsive to the best available knowledge about effective interventions and service design. Critical to this is a more strategic research and evaluation agenda.

Proposed future directions include:

- creating a local planning and coordination capacity in mental health building on or aligned with local structures such as Care in Your Community and Primary Care Partnerships;
- redeveloping Area Mental Health Service structures to better reflect a community-based service system with greater capacity to collaborate across boundaries;
- creating a whole of government outcomes framework for mental health identifying joint accountability for achievement against particular measures;
- creating a collaborative Centre for Mental Health Intervention Research to boost and coordinate applied research, stressing epidemiological/survey driven, economic cost-based and service evaluation studies; and
- establishing a small number of statewide partnership groups to drive policy development and monitor implementation of particular aspects of the Strategy.

The process

This summary provides an overview of the proposals that reflect a new focus for mental health services. The full version of the consultation paper provides more detail on issues and actions for each Focus Area and raises key questions for further consideration.

We want to encourage the widest possible consultation with stakeholders. Copies of the full document can be obtained from: mhreformstrategy@dhs.vic.gov.au or telephone 03 **9096 0477**.

Written submissions should be sent to the same e-mail address, or posted to:

Mental Health Reform Strategy
Mental Health and Drugs Division
Department of Human Services
Level 17/50 Lonsdale Street
Melbourne Vic 3000

The closing date for written submissions is **31 July 2008**.

We will be organising a series of forums to discuss reform areas: see the website www.health.vic.gov.au/mentalhealth/reformstrategy for details. Please e-mail mhreformstrategy@dhs.vic.gov.au to be added to our mailing list and receive updates and notification of consultation events.

