

Attachment C: Jurisdictional Report for VIC

The information in this report is sourced from the Mental Health Reform Strategy Implementation Plan 2009-11. This document and *Because Mental Health Matters: Victorian Mental Health Reform Strategy 2009-19*, is available on the internet at www.health.vic.gov.au/mentalhealth/reformstrategy/

<p>1. Improve community and service understanding and attitudes through a sustained and comprehensive national stigma reduction strategy.</p>	<ul style="list-style-type: none"> • Fund <i>beyondblue</i> and the Centre for Excellence in Depression, Anxiety and Related Disorders, to research interventions and treatment for depression, anxiety and related disorders. • Launch a new mental health promotion website and online network to support the mental health promotion workforce and provide opportunities to share information and ideas, collaborate and coordination at the local and regional level. Additionally, a Department of Health Mental Health Promotion website has been development, which provides a gateway to mental health promotion policy, evidence and resources. • Support Mental Health Week through funding and activities to promote mental wellbeing, awareness of mental health issues and reduce stigma associated with mental illness.
<p>2. Coordinate the health, education and employment sectors to expand supported education, employment and vocational programs which are linked to mental health programs.</p>	<ul style="list-style-type: none"> • Partner with WorkSafe, <i>beyondblue</i>, VicHealth and the McCaughey Centre to explore how current approaches to addressing risk factors for poor mental health in the workplace can be consolidated and expanded. • Develop an <i>Environments for Health Promoting Workplaces Framework</i>, which provides employers with evidence-based guidance to create physical health and mental health promoting workplaces. • Explore and develop partnerships with industry to trial and evaluate the Framework in selected workplaces from the second half of 2010. • Identify international good practice in addressing workplace violence.
<p>3. Improve coordination between primary care and specialist mental health services in the community to enhance consumer choice and facilitate 'wrap-around' service provision.</p>	<ul style="list-style-type: none"> • Support specialist primary mental health teams, located in all area mental health services, to provide expert secondary consultation, training and short term shared care, to support general practice and other primary health care providers. This initiative aims to identify, appropriately treat and refer people with mental health problems across a spectrum of disorders. • Work with the Australian Government to address service gaps in the provision of private mental health services and improve the uptake of the MBS mental health items, particularly by young people and older people. • Undertake an analysis of the role of the specialist mental health system in supporting clients with physical health problems as part of a broader system of physical healthcare. • Conduct demonstration projects in two metropolitan regions, to assist people who have a severe mental illness and chronic physical health problems to access primary health care services provided by Community Health Services. • Implement two Child and Youth Demonstration Projects over four years, in one metropolitan and one rural site, to explore how a coalition of providers can plan and deliver earlier, more integrated and comprehensive mental health care for children and young people aged 0-25 years. • Establish four new early intervention Youth Mental Health Teams in metropolitan sites to provide a more dedicated response across a broader range of mental health conditions for young people 12-25 years. The teams will work with Commonwealth-funded <i>headspace</i> sites, where available, to enhance the capacity of these services to respond to young people with more prevalent mental health problems

<p>4. Adopt a recovery oriented culture within mental health services, underpinned by appropriate values and service models.</p>	<ul style="list-style-type: none"> • Undertake A <i>Psychosocial Rehabilitation and Recovery Services Reform and Development Plan</i> which will include a focus on the identification and implementation of evidence based, recovery focused service models and practice. • Develop a set of recovery principles to assist specialist mental health services develop recovery orientated service cultures and practices.
<p>5. Develop integrated programs between mental health support services and housing agencies to provide tailored assistance to people with mental illness and mental health problems living in the community.</p>	<ul style="list-style-type: none"> • Introduce a new tier of intensive support into the Psychiatric Disability Rehabilitation and Support Services (PDRSS) Home Based Outreach Support (HBOS) program, to create a more graduated and flexible psychosocial support response for people with severe mental illness and psychiatric disability who are homeless or at risk of homelessness (commencing with new 78 packages in 2009-10: funded in part through National Partnership Agreement on Homelessness). • Conduct a review of public housing allocation policy and practice to facilitate improved access to public housing, including people with a mental illness who are homeless or at risk of homelessness. • Open a major new social housing property incorporating a supportive housing model for 50 people with severe mental illness and psychiatric disability who have a history of entrenched homelessness. • Develop and implement an embedded youth dual diagnosis response within the youth homelessness service system. The initiative will be delivered by the Statewide Dual Diagnosis program funded through the National Partnership Agreement on Homelessness. • Continue effort to enhance the viability and stability of the pension-level supported residential services (SRS) sector and improve quality of life and health outcomes for residents through the Supporting Accommodation for Vulnerable Victorians Initiative (SAVVI). • Develop a new homelessness strategy for Victoria, which takes into account the needs of people with a mental illness.
<p>6. Develop integrated approaches between housing, justice, community and aged care sectors to facilitate access to mental health programs for people at risk of homelessness and other forms of disadvantage.</p>	<ul style="list-style-type: none"> • Release the <i>Justice Mental Health Strategy</i> as an important step in addressing the significant number of individuals with mental health problems committing crime or becoming a victim of crime. • Victoria has led the national development of a key policy resource, <i>Diversion and support of people with a mental illness: guidelines for best practice</i> for use by staff in the criminal justice system. • Commence a four year pilot of a new Assessment and Referral Court (ARC) List, in the Magistrates' Court to provide the criminal justice system with the capacity to proactively address the underlying causes of offending for people with a mental illness or other cognitive impairment, reduce the need for custodial sentences and improve outcomes for this population group. • Undertake a study into the health needs of Koori prisoners in order to provide an evidence base to guide the development and enhancement of culturally appropriate health care and support of prisoners in correctional facilities. • As part of the development of the third phase of the Aboriginal Justice Agreement, consider ways to better divert Aboriginal people with mental health problems from the criminal justice system and provide more culturally competent mental health services across the justice continuum. • Integrate approaches to addressing the mental health needs of young people experiencing homelessness as part of the implementation of new models of housing and support that will focus on preventing the transition to adult homelessness.

<p>7. Lead the development of coordinated actions to implement a renewed Aboriginal and Torres Straits Islander Social and Emotional Well Being Framework.</p>	<ul style="list-style-type: none"> • Develop an Aboriginal mental health plan which will draw on the social and emotional well being framework. The plan will also build on the principles for action agreed nationally in the Closing the Gap initiative. • Develop a culturally responsive metropolitan wide Aboriginal mental health service focusing on early intervention and recovery. • Fund the Victorian Aboriginal Community Controlled Health Organisation to support the development of a skilled and sustainable Aboriginal mental health workforce and culturally responsive, mainstream mental health services. • Commence the review of the Koori Mental Health Liaison Officer program which operates in rural area mental health services.
<p>8. Work with schools, workplaces and communities to deliver programs to improve mental health literacy and enhance resilience.</p>	<ul style="list-style-type: none"> • Develop a Promoting healthy minds for living and learning resource, which provides guidance and evidence-based strategies to support schools and early childhood settings to recognise their role in promoting mental health and act to create environments where children and young people can thrive, grow and learn. • Rollout KidsMatter – Australian Primary School Mental Health Initiative in selected Department of Health Regions. • Provide training for Student Support Service Officers and school staff in Youth Mental Health First Aid and Applied Suicide Intervention Skills Training (ASIST) to improve mental health literacy and intervention skills, with a particular focus on capacity to identify and respond to students at risk of suicide in schools. • Develop an <i>Environments for Health Promoting Workplaces Framework</i>, which provides employers with evidence-based guidance to create physical health and mental health promoting workplaces. • Continue support for Festival for Healthy Living programs.
<p>9. Implement targeted prevention and early intervention programs for children and their families through partnerships between mental health, maternal and child health services, schools and other related organisations.</p>	<ul style="list-style-type: none"> • See reference to Child and Youth Demonstration Projects under action 3. • Support the staged expansion of the Child and Adolescent Mental Health and Schools Early Action (CASEA) program which provides a primary school based early intervention program to prevent and better manage behavioural disturbances, such as conduct disorder, in young children. • Implement prenatal depression screening in maternity services and postnatal depression screening in maternal and child health services as part of the National Perinatal Depression Initiative. • Implement a workforce strategy to strengthen the capacity of the school health and wellbeing workforce to better respond to the needs of students with mental health problems, and provide mental promotion and early identification training for secondary school nurses.
<p>10. Expand community-based youth mental health services which are accessible and combine primary health care, mental health and alcohol and other drug services.</p>	<ul style="list-style-type: none"> • See reference to Youth Mental Health Teams under action 10. • Implement the new Youth Justice Mental Health Initiative to facilitate coordinated access to early intervention services and, clinical treatment for youth justice clients with mental health problems. • Establish new dedicated coordinators, funded under the Autism State Plan in selected specialist mental health services to improve service quality, support staff training and provide greater access to clinical assessment and treatment services for children and young people with Autism Spectrum Disorders. • Commence the development of a new state-wide framework for consistent specialist care for young people with eating disorders, to support the improved provision of locally coordinated treatment and care and access to inpatient care if required with back up from regional resources and state-wide expertise. <p>• Implement integrated approaches to address the mental health needs of young people experiencing homelessness as part of implementation of new models of housing and support that focus on preventing transition to adult homelessness. Particular attention will be given to building mental health support into new models of service delivery for eight youth refuges and</p>

	<p>housing and support for young people in regional Victoria.</p> <ul style="list-style-type: none"> • Deliver an embedded Youth Dual Diagnosis response within the youth homelessness service system. • Implement a pilot project funded through the National Partnership Agreement on Homelessness that will provide tenancy support for young people exiting care or clinical settings including those with mental health problems. The project will operate in the North and West Metropolitan Region, assisting up to 24 young people who are at risk of homelessness at any one time. • Commence Building Up Dual Diagnosis Youth (BUDDY) services to enhance dual diagnosis responsiveness to children, adolescents, young adults and their families/carers engaged in mental health and alcohol and other drug treatment services.
<p>11. Implement evidence-based and cost-effective models of intervention for early psychosis in young people to provide broader national coverage.</p>	<ul style="list-style-type: none"> • Youth Early Psychosis Program implemented statewide. The new early intervention Youth Mental Health Teams are being built on the base provided by this program.
<p>12. Provide education about mental health and suicide prevention to front line workers in emergency, welfare and associated sectors.</p>	<ul style="list-style-type: none"> • See reference to mental health literacy programs under action 8. • Develop a five year whole of government <i>Victorian Aboriginal Suicide Prevention and Response Action Plan</i>. The plan focuses on preventative community building programs, early intervention for people at risk, coordinated reporting of incidents of suicide and self harm, and response systems for communities post suicide. • Create a pool of accredited trainers who have delivered Mental Health First Aid training to 1,300 police officers across the state to date. • Establish a Mental Disorder Knowledge Bank on the police intranet to provide police officers with readily available electronic information related to mental disorders. • Fund 120 Peer Support Officers in the Victoria Police to undertake Applied Suicide Intervention Skills Training and commenced the trial of an online course on suicide, substance use and mental health.
<p>13. Coordinate state, territory and Commonwealth suicide prevention activities through a nationally agreed suicide prevention framework to improve efforts to identify people at risk of suicide and improve the effectiveness of services and support available to them.</p>	<ul style="list-style-type: none"> • Refresh the <i>Next Steps: Victoria's Suicide Prevention Action Plan 2006</i> to align with the national framework and more systematically embed effective measures in policies and practices across government. • Work with selected youth and community mental health services to develop new approaches to preventing suicide by building resilience and social connectedness in young people who have self-harmed and families, peers and local communities connected to young people who have committed suicide. • See reference to <i>the Victorian Aboriginal Suicide Prevention and Response Action Plan</i> under action 12.
<p>14. Expand the level and range of support for families and carers of people with mental illness and mental health problems, including children of parents with a mental illness.</p>	<ul style="list-style-type: none"> • Progressively implement the Families where a Parent has a Mental Illness (FaPMI) program across the state. This initiative targets vulnerable children, young people and families. It has a particular focus on parents who have a mental illness and/or a substance misuse problem who are engaged with ChildFIRST (Child and Family Information, Referral and Support Teams) agencies.

<p>15. Develop tailored mental health care responses for highly vulnerable children and young people who have experienced physical, sexual or emotional abuse, or other trauma.</p>	<ul style="list-style-type: none"> • Continue funding of Child and Adolescent Mental Health Services across the state. • Continue funding of Take Two services which work intensively with children and young people who have suffered the trauma of family violence, child abuse and neglect. • Enhance capacity of Austin Health's Psychological Trauma Treatment Service to provide expert advice and training to generalist and specialist counselling services and clinical mental health services who are working with individuals and communities affected by the Victorian 2009 bushfires. • Improve mental health outcomes for people from refugee backgrounds and their families, through the provision of specialist mental health care to children, young people and adults from refugee backgrounds who have experienced torture and trauma related mental health problems.
<p>16. Develop a national service planning framework that establishes targets for the mix and level of the full range of mental health services, backed by innovative funding models.</p>	
<p>17. Establish regional partnerships of funders, service providers, consumers and carers and other relevant stakeholders to develop local solutions to better meet the mental health needs of communities.</p>	<ul style="list-style-type: none"> • Implement the new <i>Community Mental Health Planning and Service Coordination Initiative</i> in all Regions. This initiative supports the development of local area population and service planning capacity embracing the diverse elements of a community response to mental health. A select number of achievable service development and coordination priorities consistent with the mental health reform agenda will be addressed over a four year period in each local area. • Engage specialist mental health services in local service coordination platforms such as Primary Care Partnerships. • Provide funding for alliances between Area Mental Health Services and Psychiatric Disability Rehabilitation and Support Services sector.
<p>18. Improve communication and the flow of information between primary care and specialist providers, and between clinical and community support services, through the development of new systems and</p>	<ul style="list-style-type: none"> • See reference to new <i>Community Mental Health Planning and Service Coordination Initiative</i> under action 17. • Implement shared access to the current mental health information system to improve the collaboration and sharing of data between the specialist clinical and Psychiatric Disability Rehabilitation and Support Services sector.

<p>processes that promote continuity of care and the development of cooperative service models.</p>	
<p>19. Work with emergency and community services to develop protocols to guide and support transitions between service sectors and jurisdictions.</p>	<ul style="list-style-type: none"> • Trial a new police and community triage model to provide short term case management and care coordination for people with behavioural problems who have repeated police interactions. • Conduct an evaluation of the Police, Ambulance and Crisis Emergency Response (PACER) trial. This service model provides an integrated emergency management response to people experiencing a psychiatric crisis.
<p>20. Improve linkages and coordination between mental health, alcohol and other drug and primary care services to facilitate earlier identification of, and improved referral and treatment for, mental and physical health problems.</p>	<ul style="list-style-type: none"> • Continue development of education and training materials for staff in the mental health and alcohol and drug service systems through the Victorian Dual Diagnosis Initiative (VDDI) Education and Training Unit (ETU). • Provide support to the ETU to involve consumers and carers in the development of the online course materials and encourage consumer advocates to undertake the online course. • Provide scholarships for alcohol and drug and mental health workers to undertake an online dual diagnosis course offered through Central Gippsland TAFE. • Continue expansion of the knowledge and skills of staff in both the alcohol and drug and mental health sector agencies by offering three month reciprocal rotations for clinicians in the other service sector. • Implement the Community Mental Health Planning and Service Coordination Initiative (see action 17).
<p>21. Develop and implement systems to ensure information about the pathways into and through care is highly visible, readily accessible and culturally relevant.</p>	<ul style="list-style-type: none"> • Establish a new dedicated 24 hour telephone line providing mental health information, advice and referral to the Victorian community. • Progressively consolidate and streamline access to specialist mental health triage services to improve capacity to assess people who unwell and proactively support those not referred to the specialist mental health system to access appropriate public and private mental health care. • Introduce a standardised triage classification scale for use by community based clinical mental health services in order to achieve a consistent approach to recording triage assessment. • Standardise triage data collection to allow better collection and monitoring of data.
<p>22. Better target services and address service gaps through cooperative and innovative service models for the delivery of primary mental health care.</p>	<ul style="list-style-type: none"> • Continue expert support to primary mental health care providers, particularly general practice, to support the early identification and appropriate treatment of people with lower acuity mental health disorders through continued funding for specialist primary mental health teams.
<p>23. Review the Mental</p>	<ul style="list-style-type: none"> • Develop a new, contemporary Mental Health Act and commence the system reforms needed to manage compulsory mental health care in accordance with the new Act.

Health Statement of Rights and Responsibilities.	
<p>24. Review and where necessary amend mental health and related legislation to support cross-border agreements and transfers of people under civil and forensic orders, and scope requirements for the development of nationally consistent mental health legislation.</p>	<ul style="list-style-type: none"> • See action 23.
<p>25. Develop and commence implementation of a National Mental Health Workforce Strategy that defines standardised workforce competencies and roles in clinical, community and peer support areas.</p>	<ul style="list-style-type: none"> • Support the uptake of National Mental Health Workforce initiatives in Victoria. • Establish an Institute for mental health workforce development and innovation.
<p>26. Increase consumer and carer employment in clinical and community support settings.</p>	<ul style="list-style-type: none"> • Continue support for the consumer and carer consultant program.
<p>27. Ensure accreditation and reporting systems in health and community sectors incorporate the National Standards for Mental Health Services.</p>	<ul style="list-style-type: none"> • As part of the accreditation process, undertake an in-depth review of all public mental health services in health and community sectors using the National Standards for Mental Health Services. • Implement the National Practice Standards for the Mental Health Workforce in Victoria.

<p>28. Further develop and progress implementation of the National Mental Health Performance and Benchmarking Framework</p>	
<p>29. Develop a national mental health research strategy to drive collaboration and inform the research agenda.</p>	<ul style="list-style-type: none"> • Develop an applied mental health research and evaluation agenda to strengthen the evidence base informing policy and program development and service delivery. • Promote the wider application of research, evidence and practice knowledge to achieve 'cutting edge' best practice across the specialist mental health service system. The new Institute of Mental Health Workforce Development and Innovation will play a key role in achieving this outcome.
<p>30. Expand and better utilise innovative approaches to service delivery including telephone and e-mental health services.</p>	<ul style="list-style-type: none"> • Establish a new dedicated 24 hour telephone line providing mental health information, advice and referral to the Victorian community. • Develop new statewide and local web-based directories to provide accessible information on mental health services. • Establish an electronic health records system for Victorian prisoners. The system will facilitate improved health care (including mental health care) through timely and accurate information exchange where prisoners frequently change locations and have multiple health professionals.