



VMIAC
by and for consumers

VMIAC Victorian Pre-Budget Submission
March 2024

Acknowledgement: VMIAC proudly acknowledge Aboriginal people as Australia's First Peoples and the Traditional Owners and custodians of the land and water on which we live and work. We acknowledge Victoria's First Nation's communities and culture and pay respect to Aboriginal Elders past, present and emerging.

We recognise that sovereignty was never ceded and the significant and negative consequences of colonisation and dispossession on Aboriginal communities.

Despite the far-reaching and long-lasting impacts of colonisation on First Nations communities, Aboriginal people remain resilient and continue to retain a strong connection to culture. We acknowledge the strong connection of First Nations Peoples to Country, culture and community, and the centrality of this to positive mental health and wellbeing.

About VMIAC

The Victorian Mental Illness Awareness Council (VMIAC) is the peak body run by and for Victorian mental health consumers¹. VMIAC's vision is a world where all consumers stand proud, live a life with their choices honoured and their rights upheld, and where these principles are embedded in all aspects of society. VMIAC pursues this vision across all its work, including advocating for consumers across state and federal policy, supporting and leading consumer-led research projects, lived and living experience programs, as well as supporting consumers in peer-led outreach and advocacy services. VMIAC's State-wide programs provide individual and systemic advocacy to consumers with psychosocial disabilities, using a rights-based approach, to ensure their rights and freedoms are exercised.

Introduction

Since the final report from the Royal Commission into Victoria's Mental Health System² (the final report) was published in March 2021, action has been made against several of the final report's³ 65 recommendations. Victoria has seen the commencement of the new Mental Health and Wellbeing Act 2022, the establishment of the new Mental Health and Wellbeing Commission, establishment of the Interim Regional Bodies, the commencement of operations at the Victorian Collaborative Centre, and steps to commence foundational modelling of the State-wide Trauma Service. While these steps are positive, many recommendations including several of the medium-to-long-term recommendations have not been meaningfully progressed.

In recent times there has been substantial pressures on the mental health and wellbeing of Victorians. After the social, emotional, and financial impacts of sequential climate change disasters in Victoria and the COVID 19 pandemic⁴, the cost-of-living has increased across every state and territory⁵ in Australia over the last 12 months. The Royal Commission into Victoria's Mental Health System final report had already found a disproportionate number of people with mental health issues have a low income⁶. This makes the links of rising living costs an unsurprising driver of worsening anxiety, distress, and increased risk of suicidality^{7,8,9}.

¹people with lived experience of mental health challenges, trauma, or emotional distress, who may have accessed mental health services or services with the purpose to support their mental and emotional wellbeing.

²<https://www.vic.gov.au/royal-commission-victorias-mental-health-system-final-report>

³<https://www.vic.gov.au/royal-commission-victorias-mental-health-system-final-report>

⁴Vacher, C., Ho, N., Skinner, A., Robinson, J., Freebairn, L., Lee, G. Y., ... & Hickie, I. B. (2022). Optimizing strategies for improving mental health in Victoria, Australia during the COVID-19 era: A system dynamics modelling study. *International Journal of Environmental Research and Public Health*, 19(11), 6470.

⁵<https://ipa.org.au/wp-content/uploads/2022/11/IPA-Report-Australias-Rising-Cost-Of-Living-Challenge.pdf>

⁶Final Report, Volume 1, page 36: https://content.vic.gov.au/sites/default/files/2024-01/RCVMHS_FinalReport_Vol1_Accessible.pdf; Volume 3, page 361; 550: https://content.vic.gov.au/sites/default/files/2024-01/RCVMHS_FinalReport_Vol3_Accessible_0.pdf

⁷<https://www.suicidepreventionaust.org/concerning-increase-in-cost-of-living-distress-levels/>

⁸<https://www.theguardian.com/australia-news/2023/sep/07/more-than-half-of-australian-families-report-higher-than-normal-distress-due-to-cost-of-living>

⁹[https://www.suicidepreventionaust.org/government-investment-needed-as-cost-of-living-distress-remains-stubbornly-high/#:~:text=Those%20who%20reported%20cost%20of,in%20the%20survey%20\(15%25\).](https://www.suicidepreventionaust.org/government-investment-needed-as-cost-of-living-distress-remains-stubbornly-high/#:~:text=Those%20who%20reported%20cost%20of,in%20the%20survey%20(15%25).)

Demand for Victoria’s mental health and wellbeing services has continued¹⁰, with need for services particularly high for some communities including First Nations people¹¹ and transgender people¹².

Within services, challenges remain with staff retention, and mental health and wellbeing workers reporting high-levels of burn-out¹³. The combination of these circumstances has resulted in a struggling mental health and wellbeing system in Victoria, unable to keep up and immediate action needs to be taken to ensure those experiencing distress are appropriately supported.

Consumers are best placed to inform the Government on a better way forward for Victoria’s mental health system; and how recent shifts can be leveraged and learnt from. The final report highlighted the value of meaningfully incorporating and engaging with lived experience in its findings¹⁴ and recommendations and committed to ensuring the voice of Lived Experience of mental health challenges and consumer leadership were at the core of implementation.

This pre-budget submission outlines three Priority Areas for action from State Government in this coming financial year to support the wellbeing of consumers in Victoria. Our recommendations beneath these three Priority Areas draw heavily on the recommendations of the final report and are:

Priority Area 1: Consumer led sector development and support.

Priority Area 2: Grow the Lived and Living Experience Workforce (LLEW) across mental health and adjacent sectors.

Priority Area 3: Commitment to supporting people living with psychosocial disability in Victoria.

VMIAC believe this will address some immediate systems needs and to continue to build a stronger, safer, and more inclusive community for consumers. VMIAC looks forward to continuing to work with the State Government to improve the mental health and wellbeing of Victorian consumers and build a robust health system that supports and upholds consumer rights.

Priority Area 1: Consumer led sector development and support.

The 2024-2025 budget must include funding Recommendation 29 of the Royal Commission into Victoria’s Mental Health System to establish an agency led by people with lived experience (Our Agency). The functions of Our Agency were to:

- “deliver accredited training and resources to aid the development of organisations led by people with lived experience of mental illness or psychological distress;

¹⁰<https://www.health.vic.gov.au/sites/default/files/2023-12/victorias-mental-health-and-wellbeing-services-annual-report-2022-23.pdf>

¹¹<https://www.firstpeoplesrelations.vic.gov.au/victorian-government-aboriginal-affairs-report-2021/health-and-wellbeing>

¹²<https://www.unimelb.edu.au/newsroom/news/2022/may/transgender-mental-health-in-crisis,-but-lgbtqia-support-groups-are-desperately-underfunded>

¹³<https://mhaustralia.org/general/annual-healthcare-professionals-survey>

¹⁴Final Report, Volume 1, page 82: https://content.vic.gov.au/sites/default/files/2024-01/RCVMHS_FinalReport_Vol1_Accessible.pdf; Volume 4, pages 526-527: https://content.vic.gov.au/sites/default/files/2024-01/RCVMHS_FinalReport_Vol4_Accessible.pdf; Volume 5, pages 205-209: https://content.vic.gov.au/sites/default/files/2024-01/RCVMHS_FinalReport_Vol5_Accessible.pdf

- Support the development and delivery mental health and wellbeing services led by people with lived experience of mental illness or psychological distress; and
- facilitate co-location, shared resourcing, learning opportunities and the creation of new partnerships and networks between people with lived experience of mental illness or psychological distress and the organisations they lead.”

Victoria’s mental health system has been deeply traumatic for many consumers who have experienced human rights abuses in services^{15,16} and who have had their lived experience dismissed or denied by them^{17,18}. The Royal Commission reforms committed to by the State Government are an opportunity to create a system that centres, recognises and values consumer experiences. The establishment of Our Agency would serve to support consumers to take a greater role in the creation of a totally new paradigm for mental health across the state and the broader intent of the Royal Commission to support and grow consumer leadership as a key element of reform.

Despite other key entities being established as of February 2024, the board of Our Agency is yet to be established and no funding for Our Agency has been allocated. Continuing reform without a meaningful and centralised consumer engagement and leadership hub risks perpetuating the issues that currently exist in Victoria’s mental health system. The sequencing included in the final report recommend implementation of Our Agency¹⁹ no later than end 2026. As only two State budgets remain for implementation of medium-term actions, immediate funding for Our Agency must be a priority for this coming budget year.

Recommendation 1: *Government immediately fund and implement Recommendation 29 from the Royal Commission into Victoria’s Mental Health System – “Our Agency”.*

Priority Area 2: Grow the Lived and Living Experience Workforce (LLEW) across mental health and adjacent sectors.

It has been acknowledged Lived Experience Workers are ‘change agents’ not only to support personal change of service users but also the cultural change within mental health systems²⁰. Consumer Lived Experience roles ‘offer a culture of ability and mutual empowerment’²¹ because

¹⁵http://rcvmhs.archive.royalcommission.vic.gov.au/Anonymous_544.pdf

¹⁶<https://www.abc.net.au/news/2023-06-13/mental-health-mistreatment-calls-for-redress-apology/102468454>

¹⁷https://www.mhvic.org.au/images/policy/MHV2022_Castan_Report.pdf

¹⁸<https://www.legalaid.vic.gov.au/your-story-your-say-experiences-mental-health-system>

¹⁹Final Report, Summary and Recommendations, page 65: https://content.vic.gov.au/sites/default/files/2024-01/RCVMHS_FinalReport_ExecSummary_Accessible.pdf

²⁰Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. National Lived Experience Workforce Guidelines. 2021, National Mental Health Commission.

²¹Mead, S., Hilton, D., & Curtis, L. (2001). Peer support: a theoretical perspective. *Psychiatric rehabilitation journal*, 25(2), 134.

consumers bring a unique evolved way of knowing and making sense of the experience of distress and mental health²².

The 2024-2025 budget year presents an ideal opportunity to further fund and support the Lived and Living Experience workforce (LLEW). The Victorian Mental Health and Wellbeing Workforce Strategy 2021-2024 is up for review in the next 18 months, and the Royal Commission Inquiry final report is moving towards medium-to-long-term recommendation implementation²³. Acting on the findings and recommendations of these documents in relation to the LLEW will strengthen the workforce and further guide Victoria's mental health system towards an empowering, safe, consumer focussed and equitable system.

Furthermore, as the LLEW becomes more established in our health systems, there is increasing opportunity to build evidence of the value they provide to consumers, improvement of consumer engagement and safety within the mental health system²⁴. The professionalisation of the LLEW workforce has extended into a wider range of roles and disciplines (e.g. senior policy, project management, service development and research). It is vital to build evaluation into the funding of these new roles and programs of work so models of consumer practice may be examined and compared as well as identify ways of undertaking Lived Experience work with targeted consumer cohorts (e.g. First Nations, LGBTIQ, people with a disability, older people).

Furthermore, it is vital the Consumer workforce initiatives identified in Our Workforce our Future (pgs. 14 – 15) are continued and that these (and new) projects are assessed and analysed against the timeline guidance for progressing initiatives set out in the earlier Strategy for the Consumer Mental Health Workforce in Victoria²⁵.

Significant and sustained investment is required to ensure the LLEW workforce can continue to grow, represent, and support the diverse range of Victorian consumers and their current and emerging needs. VMIAC has identified the following areas where funding is best channelled for the upcoming budget period:

Continue to fund training the Certificate IV in Mental Health and Certificate IV in Mental Health Peer Work with an emphasis on recruiting LLEW workers from priority populations (e.g. First Nations, people with a disability, and regional, rural and remote consumers).

Recommendation 2: *Fund the Centre for Mental Health Learning to review and update their Consumer Workforce Strategy 2019 so it reflects sector changes and identifies key priorities going forward to be funded commiserate with commitments against any future revisions to the Victorian Mental Health and Wellbeing Workforce Strategy 2021-2024.*

²²Roper, C., Grey, F., & Cadogan, E. (2018). Co-production: Putting principles into practice in mental health contexts. Melbourne: University of Melbourne.

²³Final Report, Volume 5, 228-292: https://content.vic.gov.au/sites/default/files/2024-01/RCVMHS_FinalReport_Vol5_Accessible.pdf

²⁴https://www.mhvic.org.au/images/policy/MHV_State_Budget_Submission.pdf

²⁵Lived Experience Workforce Strategies Stewardship Group (2019). Strategy for the Consumer Mental Health Workforce in Victoria. Centre for Mental Health Learning Victoria (CMHL): Melbourne

Recommendation 3: *Government extend the Peer Cadet program from 30 participants to 50 in the short-term, with plans for more positions over time, and an emphasis on recruiting LLEW workers from priority populations²⁶.*

Recommendation 4: *Government work with LLEW and Lived Experience led organisations to identify emerging LLEW research, evaluation and training needs and invest in research and development of these topics across a broad range of disciplines (e.g. policy, service development, program provision, business executive, project management).*

Recommendation 5: *Government work with LLEW and Lived Experience and peer led organisations to explore additional LLEW training which may include intimate partner and family violence, working with homeless people, working with refugee people, and increasing cultural safety for diverse communities.*

Recommendation 6: *Government ensure foundational mental health skills and/or training taught to health and allied health professionals include educational Lived Experience led components on how LLEW workforces can be engaged with within and across the health systems.*

Priority Area 3: Commitment to supporting people living with psychosocial disability in Victoria.

People with psychosocial disability make up a significant portion of Victoria's disabled community. Victoria has the highest rates of NDIS participants with psychosocial disability of all states and territories²⁷.

For Victorians with psychosocial disability as well as those who experience distress but do not qualify as having a psychosocial disability, foundational supports are some of the most valuable tools available to their health and wellbeing. Examples of foundational supports²⁸ people may use include information and support services, individual and family capacity building support, peer support, self-advocacy and general advocacy, and disability employment supports.

Despite their value, foundational supports remain underfunded and under resourced, limiting capacity to support consumers. Given recent recommendations pertaining to psychosocial support in the NDIS review report late last year, there are concerns there are significant risks that the demand for foundational supports and early intervention will exceed supply. This could lead to

²⁶The value of extending the Peer Cadet program was also highlighted in the final Royal Commission report (Recommendation 28).

²⁷<https://www.aihw.gov.au/mental-health/topic-areas/psychosocial-disability-support>

²⁸These supports can be community-led, as well as health-led.

consumers falling through gaps and in-turn greater strain on acute mental health and wellbeing services.

Recommendation 3: *Fund foundational supports for people with psychosocial disability with an emphasis on community-led supports including:*

- Provide short-term funding for foundational support services to invest in training, education and upskilling of their organisations staff around mental health and wellbeing for the diverse range of consumers represented across Victoria – for example, increasing funding for the Early Intervention Empowerment fund with additional funding opportunities for foundational psychosocial support services.
- Provide long-term funding for foundational services so that they can expand their reach, with emphasis on providing funding and support for community-led organisations for priority populations including First Nations, LGBTIQ+ communities, people in regional, rural and remote areas, and Culturally and Linguistically Diverse Communities.
- Build sector awareness of mental health and wellbeing foundational supports, to facilitate better referral and connection pathways within and between health and allied health support services and foundational and community-based support services.