

# Victorian Election Scorecard for Mental Health Consumers (version 3)

How do the major political parties compare on the issues that matter to mental health consumers?  
VMIAC has assessed each party on this scorecard—and we’ll revise the scorecard again, one week before the election.





















Table 1: Scorecard on the issues we argue FOR

THE BIG THREE ISSUES FOR CONSUMERS and the actions we have called for		COALTION (Liberal & Nationals)		LABOR PARTY		THE GREENS	
		Met with VMIAC. No promises yet but read our platform.		No meetings or responses yet.		Met with VMIAC. Released promises on 2 out of our 3 priorities.	
HURT IN HOSPITAL	<b>1. Limit the ways consumers are hurt by compulsory &amp; restrictive treatment:</b> a) Limit compulsory treatment and tell people about mortality risks b) Support consumers who experience emotional trauma in services, teach staff to understand and stop emotionally harmful practices c) Improve human rights protections and safeguards (access to lawyers, public reporting of major harms, upgrade advance statements to directives)  <b>2. Trial a peer-run mental health crisis service</b>		No election announcements or commitments about limiting these harms.		No election announcements or commitments about limiting these harms.		No election announcements or commitments about limiting these harms.
							After meeting with VMIAC, <a href="#">The Greens put 35 questions</a> to the Minister in parliament about these issues.
SEXUAL VIOLENCE IN HOSPITAL	<b>3. Implement six urgent actions that rapidly improve sexual safety</b> Consumer-controlled locks on every bedroom and bathroom door, single gender high dependency units, don't admit men to women-only areas, open at least 3 women-only units, ensure staff are supporting people to be safe, appropriate responses to sexual violence incidents  <b>4. Effectively act on the MHCC report about sexual violence in hospitals</b> Commit at least \$40m and fund for at least five years, address key risks that stop government & sector change from being effective, more accountability, independent oversight, transparent reports  <b>5. Acknowledgement and apology for survivors</b> <b>6. Support for historical survivors</b> <b>7. Address risks from staff</b> Address staff negligence, transparent reporting of professional and criminal consequences when staff are perpetrators)		No election announcements or commitments responding to sexual violence in mental health services		No election announcements or commitments responding to sexual violence in mental health services  While in government, Labor have reported no action since the MHCC report on sexual violence was released in March 2018		 <a href="#">Committed</a> \$10M to improve safety for women in mental health hospital units. <i>This is more than any other party has done, however we know it won't be enough funding to create real safety.</i>
					1 year funding provided to VMIAC to pilot a peer support service for survivors. <i>This is positive, but people need an ongoing commitment.</i>		
CASUALTIES IN THE COMMUNITY	<b>8. Hold the Commonwealth government accountable for serious problems with the NDIS</b> <b>9. Fund 'walk-in' community support' in every catchment area of Victoria.</b> <b>10. Fund independent advocacy and peer support to people struggling to access the NDIS</b> <b>11. Commit to a major co-produced project to define gaps and service needs for nonclinical support, habilitation &amp; rehabilitation in Victoria</b>		<a href="#">Committed</a> \$24M to trial 3 clinical mental health hubs, in response to cuts to the community mental health system. <i>This may be helpful for some but we're concerned:</i> <ul style="list-style-type: none"><li>They fail to understand the benefits of non-clinical support services</li><li>It's a small commitment &amp; only a trial</li><li>It will not deliver the support people need</li></ul>		<a href="#">Committed</a> \$50m over two years (\$25m per year) for support services for people outside the NDIS and \$20M for organisations to adapt to the NDIS. <i>This will be helpful for some, but we're concerned:</i> <ul style="list-style-type: none"><li>It's not enough money for the services needed</li><li>After 2 years it runs out— Labor fails to acknowledge that people need ongoing support services outside the NDIS</li></ul>		<a href="#">Committed</a> \$200m over four years (\$50m per year) to community mental health support services.  Includes specific funding for the Aboriginal, CALD and LGBTI+ communities
			When the coalition was last in government they made the decision to give most of the community mental health funding to the NDIS		The current Labor government continued the coalition policy of de-funding the community support sector, leaving thousands without support services.		
			<a href="#">Criticised</a> the Labor Govt for de-funding community mental health services		<a href="#">Has begun</a> to publicly criticise the failings of the NDIS for people with psychosocial disability		

LEGEND	Not happy!	Really? Not convinced.	No feelings	Good, could be better.	That's great!
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**Table 2: Scorecard on the issues we argue AGAINST**

THE ISSUES	COALITION (Liberal & Nationals)	LABOR PARTY	THE GREENS
<b>Royal Commission into mental health</b> We would strongly support a real inquiry into the harms and abuses in mental health systems, but it would have to be informed by consumers, and not led by the people with the power to harm.  We do not support a Royal Commission led by psychiatry. Any kind of Royal Commission would lack integrity if the people who run the system investigate themselves.	 The Liberals issued a <a href="#">statement about the Royal Commission</a> saying pressure on mental health services is due to cuts in community mental health services and population growth. <i>We agree cutting community services has increased pressure on hospital services. They didn't mention issues of harm and abuse in services.</i>	 Labor have promised a <a href="#">Royal Commission</a> into mental health if re-elected. They plan to appoint psychiatrist Patrick McGorry to chair it. <i>We believe this lacks integrity and will be unlikely to address the issues that matter to consumers.</i>	 The Greens issued a <a href="#">statement about the Royal Commission</a> , welcoming the promise and calling for it to be extended to criminal justice and prison systems.
<b>More beds in mental health hospital services</b> VMIAC does not support more beds in hospital mental health services, because: <ul style="list-style-type: none"> <li>a) Too many harms occur in hospitals</li> <li>b) There are more helpful, less harmful, more affordable options in the community that deserve funding, like community support services, peer support, trauma services, counselling and therapy and voluntary respite.</li> </ul>	 No relevant policy announcements or commitments about this.	 In its <a href="#">May budget</a> , Labor committed the largest amount of money in Victorian history to mental health, but not to any of the priorities we listed overleaf. Instead they funded: <ul style="list-style-type: none"> <li>\$232M for 89 new mental health hospital beds (more below)</li> </ul>	 In their <a href="#">mental health election platform</a> , the Greens committed \$12M to increase youth clinical mental health services at Orygen. <i>We agree that young people need their own services, but we do not agree hospitals are the best option. <a href="#">DHHS reports</a> show that Orygen has exceeded state target rates of seclusion in 3 out of the last 5 quarters.</i>
<b>Increasing restrictive treatment</b> Restrictive treatment is anything that increases compulsory treatment, seclusion or restraint.  In recent years, there has been less focus, and less success, in reducing restrictive practices in Victorian hospital services. <a href="#">DHHS reports</a> show that: <ul style="list-style-type: none"> <li><a href="#">Seclusion of adolescents</a> (CAMHS services) has risen again, by 371% since Jan 2017</li> <li><a href="#">Seclusion at Orygen</a> youth service has exceeded state targets for 4 of the last 6 quarters</li> <li><a href="#">Seclusion rates at adult services</a> were steadily reducing between 2009 to 2015, but in the past 3 years they've been rising again, which tells us more people are being harmed, current policy is not working and action is needed</li> </ul>	 No relevant policy announcements or commitments this election.   During their last term in office, the coalition introduced the new Mental Health Act, including some options for increased control by consumers. <i>However, the changes in the Act were never really implemented.</i>	 In <a href="#">Labor's May budget</a> , two new initiatives were announced which are likely to be more restrictive and unsafe for us: <ul style="list-style-type: none"> <li>\$101M for new emergency department crisis hubs: Sending people with mental illness and substance use to different emergency services. <i>This may be a good thing, but it may also mean high security and restriction.</i></li> <li>\$58.9M for a new treatment facility for compulsory treatment of people with complex needs at risk of harming others.</li> </ul>	 No relevant policy announcements or commitments this election.
<b>Putting staff safety before patient safety</b> We agree that staff deserve to be safe at work. But we are tired of hearing how psychiatric staff are unsafe without hearing the other side of the story: that mental health consumers are even more unsafe. It's not just unfair, it's discriminatory and even dangerous.  In recent years, we've seen campaigns around election time about nursing safety, at the expense of patient safety. We want safety for everyone: patients as well as staff. We know staff will never be safe while they continue to use compulsion and restriction on us during admissions. It's normal and predictable that some people will fight back, especially when escape is not possible.  We argue that solutions to safety for everyone involve: <ul style="list-style-type: none"> <li>Separate units, with specialist staff, for people experiencing acute substance impacts</li> <li>Increased therapeutic skills and services of psychiatric staff</li> <li>Decreased compulsion and restriction of consumers</li> </ul>	 Sept 2018: Coalition issued a <a href="#">statement about violence to health workers</a> . <i>They acknowledged patients should be safe as well as staff but did not acknowledge violence by health workers in mental health.</i>	 In <a href="#">Labor's May budget</a> : <ul style="list-style-type: none"> <li>\$32.5M to keep 'mental health professionals safe at work' (ie, violence to staff by patients). <i>This was announced in May, two months after the MHCC report on sexual violence to mental health patients—but nothing was budgeted for consumer safety, only staff safety.</i></li> </ul>	 No relevant policy announcements or commitments this election.
<div> <div>LEGEND</div> <div>  Not happy!           </div> <div>  Really? Not convinced.           </div> <div>  No feelings           </div> <div>  Good, could be better.           </div> <div>  That's great!           </div> </div>			