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

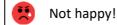
How do the major political parties compare on the issues that matter to mental health consumers?

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)  Met with VMIAC. No promises yet but read our platform.			LABOR PARTY	THE GREENS  Met with VMIAC.  Released promises on 2 out of our 3 priorities.		
					No meetings or responses yet.			
HURT IN Hospital	1. Limit the ways consumers are hurt by compulsory & restrictive treatment:  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)  2. Trial a peer-run mental health crisis service	***	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, The Greens put 35 questions to the Minister in parliament about these issues.	
SEXUAL VIOLENCE IN HOSPITAL	<ol> <li>Implement six urgent actions that rapidly improve sexual safety         Consumer-controlled locks on every bedroom and bathroom door, single gender high dependency units, don't admit men to womenonly areas, open at least 3 women-only units, ensure staff are supporting people to be safe, appropriate responses to sexual violence incidents     </li> <li>Effectively act on the MHCC report about sexual violence in hospitals         Commit at least \$40m and fund for at least five years, address key risks that stop government &amp; sector change from being effective, more accountability, independent oversight, transparent reports     </li> <li>Acknowledgement and apology for survivors</li> <li>Support for historical survivors</li> <li>Address risks from staff         Address staff negligence, transparent reporting of professional and criminal consequences when staff are perpetrators)     </li> </ol>		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  1 year funding provided to VMIAC to pilot a peer support service for survivors. This is positive, but people need an ongoing commitment.		Committed \$10M to improve safety for women in mental health hospital units.  This is more than any other party has done, however we know it won't be enough funding to create real safety.	
CASUALTIES IN THE COMMUNITY	<ol> <li>Hold the Commonwealth government accountable for serious problems with the NDIS</li> <li>Fund 'walk-in' community support' in every catchment area of Victoria.</li> <li>Fund independent advocacy and peer support to people struggling to access the NDIS</li> <li>Commit to a major co-produced project to define gaps and service needs for nonclinical support, habilitation &amp; rehabilitation in Victoria</li> </ol>	?	Committed \$24M to trial 3 clinical mental health hubs, in response to cuts to the community mental health system. This may be helpful for some but we're concerned:  • They fail to understand the benefits of non-clinical support services  • It's a small commitment & only a trial  • It will not deliver the support people need  When the coalition was last in government they made the decision to give most of the community mental health funding to the NDIS  Criticised the Labor Govt for de-funding		Committed \$50m over two years (\$25m per year) for support services for people outside the NDIS and \$20M for organisations to adapt to the NDIS. This will be helpful for some, but we're concerned:  It's not enough money for the services needed  After 2 years it runs out—Labor fails to acknowledge that people need ongoing support services outside the NDIS  The current Labor government continued the coalition policy of de-funding the community support sector, leaving thousands without support services.  Has begun to publicly criticise the failings of the		Committed \$200m over four years (\$50m per year) to community mental health support services.  Includes specific funding for the Aboriginal, CALD and LGBTI+ communities	



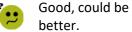






No feelings







That's great!



## Table 2: Scorecard on the issues we argue AGAINST

We would strongly support an ail 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 lain of Royal Commission would lake integrity if the people who run the system investigate themselves.  Where a mental health hopital services of ministers and policy announcements or commitments the system of t	THE ISSUES	COALTION (Liberal & Nationals)			LABOR PARTY	THE GREENS		
VMMAC does not support more beds in hospital mental health services, because:  3 Too many harms occur in hospitals  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.  Increasing restrictive treatment Restrictive treatment Restrictive treatment Restrictive treatment  • Seculusion of adolescents (CAMHS services) has risen again, by 371% since Jan 2017 • Seculusion at Organ youth service has exceeded state targets for 4 of the last 6 quarters.  • Seculusion at Organ youth service has exceeded state targets for 4 of the last 6 quarters.  • Seculusion at Organ youth service has exceeded state targets for 4 of the last 6 quarters.  • Seculusion at Organ youth service has exceeded state targets for 4 of the last 6 quarters.  • Seculusion at Organ youth service has exceeded state targets for 4 of the last 6 quarters.  • Seculusion at Organ youth service has exceeded state targets for 4 of the last 6 quarters.  • Seculusion at Organ youth service has exceeded state targets for 4 of the last 6 quarters.  • Seculusion at Organ youth service has exceeded state targets for 4 of the last 6 quarters.  • Seculusion at Organ youth service has exceeded state targets for 4 of the last 6 quarters.  • Seculusion at Organ youth service has exceeded state targets for 4 of the last 6 quarters.  • Seculusion at Organ youth service has exceeded state targets for 4 of the last 6 quarters.  • Seculusion at Organ youth service has exceeded state targets for 4 of the last 6 quarters.  • Seculusion faces at adults crincies were steadily reducing between 2009 to 2015, but in the past 3 years they've been rising again, which talls us more people with services. Please popel with complete with complete with complete the mental health hospital health and the last of the story: the mental health health workers in mental health.  • Separate workers were carefully in place and the last o	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	****	the Royal Common pressure on me due to cuts in complete health services growth. We agreed services has incomplete hospital services.	nission saying ntal health services is community mental and population ee cutting community reased pressure on s. They didn't mention		Commission into mental health if re- elected. They plan to appoint psychiatrist Patrick McGorry to chair it. We believe this lacks integrity and will be unlikely to address the issues that	~	extended to criminal justice and prisor
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. DHS reports show that:  • Seclusion of adolescents (CAMHS services) has risen again, by 371% since Jan 2017 • Seclusion at Ongen youth service has exceeded state targets for 4 of the last 6 quarters • Seclusion rates at adult services were steadily reducing between 2009 to 2015, but in the past 3 years they we been rising again, which tells us more people are being harmed, current policy is not working and action is needed  Putting staff safety before patient safety  We agree that staff deserve to be safe at work. But we are tired of hearing how psychiatric staff are unsafe. It's not just unfair, it's discriminatory and even dangerous.  In recent years, we've seen campaligns 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 flight back, especially when escape is not possible.  We argue that solutions to safety for reveryone: 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 flight back, especially when escape is not possible.  We argue that solutions to safety for reveryone experiencing acute substance impacts  commitments this election.  During their last term in office, the coalition introduced the new Mental fleelth Act, including some options for increased control by consumers. Health Act, including some options for increased control by consumers. Health Act, including some options for increased control by consumers. Health Act, including some options for users and unsafe vincreased control by consumers. Health	VMIAC does not support more beds in hospital mental health services, because:  a) Too many harms occur in hospitals  b) There are more helpful, less harmful, more affordable options in the community that deserve funding, like community support services, peer support, trauma services,			-		the largest amount of money in Victorian history to mental health, but not to any of the priorities we listed overleaf. Instead they funded:  • \$232M for 89 new mental health	****	platform, the Greens committed \$12M to increase youth clinical mental health services at Orygen. We agree that young people need their own services, but we do not agree hospitals are the best option. <a href="DHHS reports">DHHS reports</a> show that Orygen has exceeded state target rates of seclusion in 3 out of the last 5
Putting staff safety before patient safety  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.  Sept 2018: Coalition issued a statement about violence to health workers. They acknowledged patients should be safe as well as staff but did not acknowledge violence by health workers in mental health.  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.  We argue that solutions to safety for everyone involve:  Sept 2018: Coalition issued a staff but did not acknowledged patients, should be safe as well as staff but did not acknowledge violence by health workers in mental health.  Sept 2018: Coalition issued a staff work (ie, violence to staff by patients).  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.	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">DHHS reports</a> show that:  • Seclusion of adolescents (CAMHS services) has risen again, by 371% since Jan 2017 • Seclusion at Orygen youth service has exceeded state targets for 4 of the last 6 quarters • Seclusion rates at adult services 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,	?	During their last coalition introduced the last for increased continuous the characteristics.	term in office, the uced the new Mental uding some options ontrol by consumers.		<ul> <li>initiatives were announced which are likely to be more restrictive and unsafe for us:         <ul> <li>\$101M for new emergency department crisis hubs: Sending people with mental illness and substance use to different emergency services. This may be a good thing, but it may also mean high security and restriction.</li> <li>\$58.9M for a new treatment facility for compulsory treatment of people with complex needs at</li> </ul> </li> </ul>		No relevant policy announcements or commitments this election.
	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:		statement about violence to health workers. They acknowledged patients should be safe as well as staff but did not acknowledge violence by health		In Labor's May budget:  • \$32.5M to keep 'mental health professionals safe at work' (ie, violence to staff by patients).  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,			No relevant policy announcements or commitments this election.





