VICTORIA
State Government

Statewide Mental Health and Wellbeing Service and Capital Plan

To receive this document in another format, email System Planning, Mental Health and Wellbeing Division, Department of Health <systemplanningMHW@health.vic.gov.au>.

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Except where otherwise indicated, the images in this document show models and illustrative settings only, and do not necessarily depict actual services, facilities or recipients of services.

In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people.

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Acknowledgements

Acknowledgement of Aboriginal people and communities in Victoria

The Victorian Government acknowledges all First Peoples and Traditional Owners of Victoria and pays respect to their Elders past and present.

We recognise that Aboriginal people in Victoria practice their lore, customs and languages, and nurture Country through their deep spiritual and cultural connections and practices to land and water.

It must be acknowledged that colonisation and the establishment of the State of Victoria has had long-lasting, far-reaching and intergenerational consequences, including the dispossession of Aboriginal people of their Country. The reality of colonisation involved establishing Victoria with the specific intent of excluding Aboriginal people and their lore's, cultures, customs and traditions, including through horrific violence perpetuated at individual, societal and systemic levels. This history, and the systems it gave rise to, continue to harm Aboriginal peoples today.

We acknowledge that Victoria's Treaty process will provide a framework for the transfer of decision-making power and resources to support self-determining Aboriginal communities to take control of matters that affect their lives. We commit to working proactively to support this work in line with the aspirations of Traditional Owners and Aboriginal Victorians.

The State of Victoria is committed to continued work with Traditional Owners and Aboriginal Victorians as equal partners on this journey. It is important for government not to pre-empt what may be in a treaty. Instead, it must listen to the aspirations of Traditional Owners and Aboriginal Victorians expressed through the treaty process, and work together to deliver a treaty or treaties that will benefit all Victorians.

The Victorian Government is committed to a future based on equality and pays our deepest respect and gratitude to ancestors, Elders, and leaders – past and present.

Statement of recognition of lived and living experience of mental illness

The Department of Health (the department) recognises the strength of people living with trauma, neurodiversity, mental illness, and substance use or addiction, and their families, carers, and supporters, and remembers those who have been lost to suicide.

We acknowledge the many individuals and organisations who contributed their time, stories, experience, and wisdom to guide and contribute to the development of the *Statewide Mental Health and Wellbeing Service and Capital Plan 2024–2037*.

A note on language

We recognise the nuances and often differences of opinion in relation to key terms used in the mental health and wellbeing sector. This document has sought to remain consistent with the terminology used by the Royal Commission into Victoria's Mental Health System (RCVMHS). However, please note the information for the following terms.

Consumer

We have used the term consumer to identify someone who has an experience of mental illness or psychological distress and who has received or sought treatment, care and support from a mental health and wellbeing service provider. While this term has been used to align with the RCVMHS, we note that some individuals or organisations may prefer the language of patient, participant, client or service user.

Carer

A carer refers to a person, including a person under the age of 18 years, who provides care to another person with whom they are in a relationship of care.

Family

The term family may refer to a person's family of origin and/or family of choice.

Lived and living experience

The terms of lived and living experience recognise the ongoing nature of mental health concerns. Importantly, people with lived and living experience of mental illness or psychological distress, and their families, carers, and supporters, must be recognised as two distinct groups with different sets of experiences, perspectives and expertise. While at times these groups may have shared interests, they speak from their own perspectives and experiences, and may have different views.

Minister's foreword

Victoria's Royal Commission into Victoria's Mental Health System (RCVMHS) recommended solid foundations to build a more equitable and accessible mental health system in Victoria – effective planning, enduring investment and strong performance monitoring. It noted that the mental health system had never before benefited from consistent, integrated and sophisticated planning and that previous approaches did not capture the level of unmet demand for treatment, care and support within the community.

The Victorian *Statewide Mental Health and Wellbeing Service and Capital Plan 2024–2037* (Statewide Plan) delivers on an important recommendation of the RCVMHS to better understand and plan for how we meet anticipated future demand and deliver the mental health care that Victorians need, when and where they need it. It is a significant milestone in providing a new approach to planning which will support us to transform the mental health system in the long term towards 2037. This is the first plan of its kind for Victoria and provides the platform for a stronger mental health system that works for all Victorians.

The Statewide Plan aims to provide clarity, direction and guidance towards a future mental health and wellbeing system with community treatment, care and support at the centre. It signals the need for expansion of innovative models of care closer to home, such as Hospital in the Home.

The Statewide Plan is an enabling framework that signals key system directions and provides a consistent approach to service and capital planning that will guide health services, community sector, regional bodies and the department to develop regional and local level service plans consistent with our ambitious reform agenda.

The development of the Statewide Plan was informed by more than 280 stakeholders, importantly those with lived and living experience and their families and supporters, as well as our health sector who are dedicated to working in partnership to deliver the best outcomes for the Victorian community. I thank everyone who contributed to the development of this important plan.

Since the release of the RCVMHS interim report, the Victorian Government has provided over $6 billion in new investment towards mental health, with more than $1.5 billion of the total funding provided to date in improving and expanding mental health infrastructure across Victoria.

I acknowledge that realising the vision of an integrated, responsive system set out in the Statewide Plan will take many years to realise and requires strong and committed leadership. Continuing the strong partnerships between health and community services, regional bodies, lived experience communities and government is central to the success of the Statewide Plan and ensure all Victorians benefit from our reformed mental health system.

I look forward to working with Victorians living with mental illness, their families and carers, the workforce and service providers, across government and the community, as we realise the vision of the Statewide Plan and continue to implement the reform agenda.

Ingrid Stitt MP
Minister for Mental Health

Executive summary

The Victorian *Statewide Mental Health and Wellbeing Service and Capital Plan 2024–2037* (Statewide Plan) details a new approach to planning for Victoria's mental health and wellbeing system. It is a foundational element in the Victorian Government's commitment to the vision of the RCVMHS – to transform the mental health and wellbeing system, and deliver world-leading outcomes that Victorians deserve.

The Statewide Plan is a first for Victoria's mental health and wellbeing system and addresses recommendations 47.1 and 47.2 of the RCVMHS, being:

- 47.1 – that the Victorian Government establish a process for assessing the Victorian population's need for mental health and wellbeing services by initially using a substantially adjusted version of the National Mental Health Service Planning Framework (NMHSPF)
- 47.2 – to develop and publish a Statewide Mental Health and Wellbeing Service and Capital Plan.

In developing this Statewide Plan, there has been extensive consultation with people with lived and living experience, mental health and wellbeing service providers, clinicians, peak bodies, Primary Health Networks, and other mental health and wellbeing experts. It has also been developed within the broader context of transformation and reforms across the mental health and wellbeing system. It provides an evidence-based approach to planning at a state, regional and local level, to deliver on the RCVMHS's intent.

The Statewide Plan provides the signals for transformational change by embedding evidence-based principles to guide planning for a future mental health and wellbeing system with community treatment, care and support at the centre.

The Statewide Plan describes guiding mental health and wellbeing service and capital planning by providing:

- a set of guiding principles to inform service and capital planning
- a service typology to provide a common language to plan mental health and wellbeing services
- an analysis of currently available services and capital
- a method for assessing future system demand under three system scenarios, and estimates of the future demand for state-funded mental health and wellbeing services.

While the plan focuses on the future, there has already been significant commitment and progress towards realising the vision for the future mental health and wellbeing service system.

The Victorian Government has provided over $6 billion to achieve the reform laid out by the RCVMHS. As a part of this commitment, the government has commenced significantly expanding the availability of mental health and wellbeing services.

There are also 284 new beds currently being planned that will be operational by the end of 2029, which will result in a total of 2,774 mental health and wellbeing beds available in Victoria.

Figure 1 provides an overview of some of these achievements.

Figure 1. Achievements to date

Building a system shaped by lived experience

Appointed the first Executive Director of Lived Experience and creating new opportunities for lived and living experience workforce

Supporting Aboriginal self-determination

Funded Aboriginal Social and Emotional Wellbeing teams and established the Aboriginal Social and Emotional Wellbeing Centre for Excellence

Expanded the workforce

Released the *Mental health and wellbeing workforce strategy* and grew the workforce, including peer workforce

Supported human rights

Introduced and passed the new *Mental Health and Wellbeing Act 2022* which took effect from 1 September 2023

Strengthened system oversight

Established new bodies: the Victorian Collaborative Centre for Mental Health and Wellbeing, establishing the new Mental Health and Wellbeing Commission, appointment of Chairs and members for the the Interim Regional Bodies and the Chief Officer for Mental Health and Wellbeing

Created services close to where people live

Commenced rollout of new Local Adult and Older Adult Mental Health and Wellbeing Services

Preventing and responding to suicide

The development of Victoria's new suicide prevention and response strategy

New and improved bed-based infrastructure and alternatives to hospital

Investments delivering new acute, forensic and sub-acute beds and upgrades that improve safety and amenity. Established Hospital in the Home mental health beds

Integrated services for people with co-occurring substance use or addiction

The release of guidelines for Victorian mental health and wellbeing and alcohol and other drug services. Commencement of the Hamilton Center and Clinical Network providing statewide access to specialist support for integrated treatment, care and support

Supporting people experiencing trauma

Appointment of consortium to design and deliver the new mental health statewide trauma service

Supporting children and young people

Appointment of three new providers for the infant child and family hubs

To understand potential future needs within a reformed mental health and wellbeing system, three scenarios have been developed and are the basis for anticipating a range of future demands.

These three scenarios represent anticipated demand under:

- Current government policy setting (base case) model – anticipated demand under the current government policy setting
- Adjusted National Mental Health Service Planning Framework (reformed system) model – reflects an adjusted NMHSPF and the intent of the RCVMHS on improvements in treatment, care and supports, including new models of care and a substantial shift to care in the community people's homes
- NMHSPF model – reflecting the demand estimates of the NMHSPF.

Modelling demand in this way shows an anticipated range of demand under different mental health and wellbeing system scenarios. These estimates will guide more detailed planning at a regional and local level to support the transformation of the system and ensure people in Victoria receive the services they need.

Overall, the Statewide Plan models and signals a transformational shift towards community-based treatment, care and support as the foundation of the future mental health and wellbeing service system in Victoria.

The Statewide Plan suggests:

- that the largest proportionate uplift is required in community-based care as the foundation of the system
- a preference to divert a proportion of demand for acute and subacute care into new models (for example, Hospital in the Home (HITH), intensive community models and supported housing) through incorporating model of care shifts in the adjusted NMHSPF (reformed system) model
- the opportunity for developing new models of care and their expansion
- the opportunity to build age-appropriate streams of care for young people, including the future design of bed-based services.

The demand estimates across all models suggest that by 2036–37, demand for community-based services will grow the fastest. This is expected to reach between 3.04 million and 8.9 million hours of community-based mental health and wellbeing treatment, care and support.

Across the three demand modelling scenarios, it is suggested that the need for mental health bed-based, residential and crisis treatment, care and support will range between 3,371 and 4,464 beds by 2036–37.

To guide the focus of work for the mental health and wellbeing service system, and to inform the next phases of regional and local planning, five system directions have been developed.

These will:

- reorient the system to ensure community-based mental health and wellbeing services are at the centre
- improve the availability of a range of bed types that respond to needs in each region
- embed evidence-based principles to guide prioritising future investment
- establish new care settings to guide future capital investment
- ensure that best-practice therapeutic design principles underpin architectural decision-making.

Achieving the transformation of the system set out by the RCVMHS and supported by the Statewide Plan is a long-term process. The Statewide Plan highlights the Victorian Government's commitment to long-term transformational change, and will guide future planning and overall system priorities.

It is imperative that planning and implementation will ensure the service system keeps pace with and meets the changing needs and expectations of consumers, carers and the service sector. As a result, the Statewide Plan will be reviewed every five years.

The Statewide Plan will also be subject to review and amendment, based on the commencement and progress of Treaty negotiations in Victoria, as well as findings and recommendations made by the Yoorrook Justice Commission. The Statewide Plan commits to amending the Agreement and Action Plans, policy and governance to align with progress in Treaty negotiations. This will include ensuring that Action Plans are sufficiently flexible to take the broad and changing environment into account.

Following the release of the Statewide Plan, the department will begin developing regional plans. These will be designed to align with the mental health and wellbeing region boundaries, which will adapt to align with any changes to health system networks or regions in the future. Regional planning will move towards an approach of 'region and locality-based level planning' to enable a more coordinated, local approach to addressing needs.

Glossary of terms

Term	Definition
Acute treatment, care and support	Bed-based, inpatient hospital services for consumers who require short to medium-term clinical mental health treatment and support. Hospital in the Home, which provides commensurate hospital-level treatment in a consumer's own home, is included in this service category.
Alcohol and other drug (AOD) services	AOD services encompass a range of different treatment, care and support options, including intake and assessment, counselling, residential and non-residential withdrawal services, residential and day rehabilitation services, care and recovery supports, and pharmacotherapy, such as opioid replacement therapy. They also offer harm-reduction programs, such as syringe exchanges, overdose prevention, supervised injecting services and education. Historically in Victoria, mental health services and AOD services have typically been separate. However, in the transformed system, the mental health and AOD systems will deliver more integrated treatment, care and support.
Area Mental Health and Wellbeing Services	Area Mental Health and Wellbeing Services will build on, reform and expand Victoria's current public specialist mental health services, which include child and adolescent mental health services, child and youth mental health services, adult mental health services and aged persons mental health services. Area Mental Health and Wellbeing Services comprise bed-based inpatient care and community-based services.
Capital planning	This refers to the planning and design of built environments and other infrastructures to accommodate the provision of mental health services. These are referred to as 'settings' in this document. Capital planning includes the preparation of masterplans, feasibility studies and concept designs to inform investment opportunities.
Care planning and coordination	Care planning and coordination services provide comprehensive needs assessment and planning discussions with consumers about treatment, care and support to meet clinical, practical, social and emotional support needs, and possibly diagnostic assessment. Support is also aimed at coordinating and better integrating care for the individual across multiple providers to improve consumer outcomes. Coordination and planning may occur with primary healthcare providers, acute health, emergency services, rehabilitation and support services, family, friends, other support people and carers, and/or other agencies that have some level of responsibility for the consumer's treatment and wellbeing.
Carer	A carer is a person, including a person under the age of 18 years, who provides care to another person with whom they are in a relationship of care.
Community Care Unit (CCU)	CCUs provide clinical care and rehabilitation services in a home-like environment. CCUs support the recovery of people seriously affected by mental illness to develop or relearn skills in self-care, communication and social skills in a community-based residential facility. CCUs fall under extended rehabilitation services in the new typology.
Consumer	Consumers are people who identify with a lived or living experience of mental illness or psychological distress, irrespective of whether they have a formal diagnosis, who have used mental health services and/or received treatment.

Term	Definition
Education, peer support and self-help	These services aim to help people to actively self-manage their own mental illness or psychological distress through mental health and wellbeing education, peer support and self-help.
Extended rehabilitation services	Extended rehabilitation services include medium to long-term community bed-based care in a home-like environment. These services provide support to people living with the highest intensity support needs to achieve their greatest level of independence, with the aim to transition into less restrictive settings. In the current service system this includes CCUs, Secure Extended Care Units and Mental Health Public Sector Residential Aged Care Services.
Family	The term family may refer to a person's family of origin and/or family of choice.
Hospital in the Home (HITH)	HITH provides admitted care in the comfort of the consumer's home or other suitable location. The care received through a HITH service is comparable with the care received in a hospital.
Infrastructure	Infrastructure refers to a series of built form and engineering interventions planned and designed to accommodate and facilitate service provision. These are called 'settings' in this document. Infrastructure 'settings' can include buildings and landscapes and their attendant building services assets such as air conditioning and lighting systems.
Lived and living experience	People with lived and living experience identify either as someone who is living with (or has lived with) mental illness or psychological distress, or someone who is caring for, or otherwise supporting (or has cared for or otherwise supported) a person who is living with (or has lived with) mental illness or psychological distress. People with lived experience are sometimes referred to as 'consumers' or 'carers.' It is acknowledged that the experiences of consumers and carers are different.
Local Adult and Older Adult Mental Health and Wellbeing Services	The Victorian Government is establishing Local Adult and Older Adult Mental Health and Wellbeing Services across Victoria. They are a community-based service type, designed to provide easier access to treatment, care and support for people aged 26 years and over, who are experiencing mental illness or psychological stress – including people with co-occurring AOD addiction treatment and care needs.
Mental health and wellbeing system	In the future mental health and wellbeing system for Victoria, mental health and wellbeing refers to the absence of mental illness or psychological distress, and to creating the conditions in which people are supported to achieve their potential. The addition of the concept of 'wellbeing' represents a fundamental shift in the role and structure of the future system. The focus on the strengths and needs that contribute to people's wellbeing is purposeful. To achieve balance between hospital-based services and care in the community, the types of treatment, care and support the future system offers will need to evolve and be organised differently to provide each person with dependable access to mental health and wellbeing services, and links to other supports they may seek.
Mental illness	This is a medical condition that is characterised by a significant disturbance of thought, mood, perception or memory. It acknowledges that mental illness can be described using terms such as 'neurodiversity', 'emotional distress', 'trauma' and 'mental health challenges'.
National Mental Health Service Planning Framework (NMHSPF)	This framework is a comprehensive model designed to help plan, coordinate and resource mental health services to meet population demands. It is an evidenced-based framework providing national average benchmarks for optimal service delivery across the full spectrum of mental health services in Australia.

Term	Definition
Prevention and Recovery Care services (PARC)	PARC services are subacute mental health services operating in community settings. These services treat people experiencing a severe and acute mental health episode, providing a mix of clinical and psychosocial support. They are short-term, residential treatment services with a recovery focus. PARCs fall under therapeutic respite and short-term recovery services in the new typology.
Primary Health Network (PHN)	PHNs are independent organisations working to streamline health services – particularly for those at risk of poor health outcomes – and to better coordinate care so people receive the right care, in the right place, at the right time.
Psychiatric Assessment and Planning Unit (PAPU)	PAPUs provide dedicated mental health treatment to patients needing specialist care on their arrival in the emergency department. These units aim to provide timely, comprehensive, age-appropriate, evidence-based acute inpatient mental health treatment for people who are in the acute phase of a mental illness or disorder, including those who are at risk of self-harm or suicide, and require urgent monitoring or short-term treatment. PAPUs fall under acute treatment, care and support services in the new typology.
Psychological distress	This is one measure of poor mental health, which can be described as feelings of tiredness, anxiety, nervousness, hopelessness, depression and sadness. This is consistent with the definition accepted by the National Mental Health Commission.
Royal Commission into Victoria's Mental Health System (RCVMHS)	The RCVMHS delivered its Final Report in February 2021. It was tabled in parliament by the Victorian Government in March 2021.There were nine recommendations made in the Interim Report and 65 recommendations made in the Final Report.
Secure Extended Care Unit (SECU)	SECUs provide medium to long-term inpatient treatment and rehabilitation for people who have unremitting and severe symptoms of mental illness or disorder. These units are located in hospital settings and fall under extended rehabilitation services in the new typology.
Specialist community-based services	These are services with dedicated multidisciplinary teams to provide specialist and integrated community-based clinical and non-clinical care to consumers with the most complex mental health needs in Victoria. These services will continue to be delivered through Area Mental Health and Wellbeing Services in the future mental health and wellbeing system.
Therapeutic respite and short-term recovery services	These time-limited residential services are aimed at stabilising those with deteriorating mental health or those experiencing a mental health crisis. These services are typically recovery-focused and offer a wide range of flexible and multidisciplinary care in a safe and home-like environment. In the current service system, this includes PARC services.
Treatments and therapies	These refer to a variety of mostly clinical community-based, non-residential services targeted at addressing specific aspects of a person's mental health conditions.
Wellbeing supports	Wellbeing support services are aimed at increasing the capacity for a person to live independently in the community through support for education and employment, housing, life-skills and social connectedness.
The department	The Victorian Department of Health.

Introduction

The RCVMHS found major structural issues across the Victorian mental health and wellbeing system, including inadequate planning. It concluded that the system has not had consistent, integrated and sophisticated planning, and that limited demand forecasting has contributed to fragmented services and inequitable distribution of investment.

Development of the Statewide Plan responds to recommendation 47 of the RCVMHS by:

- guiding how more treatment, care and support can be shifted to community-based mental health and wellbeing services and other more appropriate settings
- establishing evidence-based approaches to understanding what services people need and where they need them
- guiding prioritisation of investment and innovation, realising the ambition of the RCVMHS
- guiding investment decisions to support building physical infrastructure that is fit for purpose and welcoming
- providing a framework to guide and support the regional and entity-level service and capital planning.

The Statewide Plan is a first for Victoria and is the first step in a new approach to planning for mental health and wellbeing treatment, care and support. It will assist the Victorian Government to ensure investment is equitable and prioritised to the areas that need it most, and to guide future planning at a regional and local level.

The redesign of existing services and design of new services described in the Statewide Plan will take many years to realise, and strong and committed leadership across governments, the workforce and services, and importantly, from people with lived and living experience of mental illness or psychological distress, families, carers and supporters – working together.

The first step in planning Victoria's future mental health and wellbeing system

Victoria's future mental health and wellbeing system will be organised around six levels of a responsive and integrated system. The Statewide Plan recognises the entire future system shown in Figure 2. However, it prioritises planning for Level 4, Local Mental Health and Wellbeing Services, and Level 5, Area Mental Health and Wellbeing Services.

Figure 2. Six levels of a responsive and integrated mental health and wellbeing system

Given the number of new services that are being designed and implemented, and current services being reviewed, this Statewide Plan does not consider and plan for all services that may be available in the future system.

Future updates to the Statewide Plan will consider a broader range of existing and emerging services that are not covered in this plan, including:

- AOD services
- forensic mental health services
- suicide prevention and response services
- mental health and wellbeing promotion and prevention
- mental health and wellbeing services in broader system settings, such as those in education, correctional services and housing
- statewide services, including defining their role in the future system.

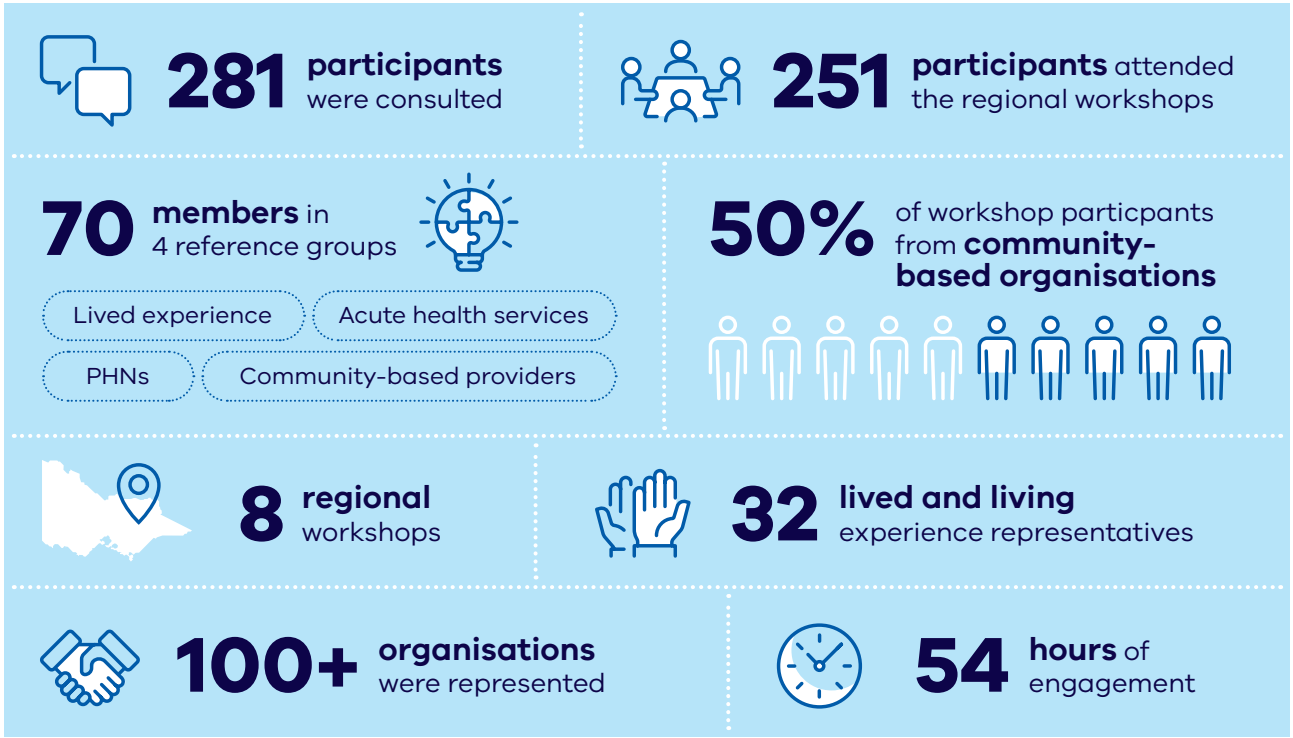
While this Statewide Plan does not include a specific focus on mental health and wellbeing promotion and prevention, the department is currently developing a Victorian Suicide Prevention and Response Strategy and Victoria's first Statewide Wellbeing Plan, *Wellbeing in Victoria – A Plan to Promote Good Mental Health*. Future updates of the Statewide Plan will align with and support key directions on mental health and wellbeing promotion and prevention outlined in these key strategies.

Extensive engagement has informed the development of this plan

Over 280 people generously provided their time, including people with lived and living experience of mental illness, and carers and supporters, mental health and wellbeing service providers, peak bodies and PHNs. This included people living in both regional and metropolitan areas, Aboriginal people, and people from a range of cultural backgrounds.

Figure 3 provides a summary of those that contributed to the development of the Statewide Plan. Engagement included facilitated reference groups, targeted interviews, and eight regional forums involving a broad range of stakeholders across the mental health and AOD service system.

Figure 3. Summary of consultation



This plan has been informed by other Victorian Government strategies and policies

The Statewide Plan has been developed within a broader operating and reform context, including service expansion and redesign, new system architecture, and plans and policies. While some of these have directly influenced the development of the Statewide Plan, others will inform and guide future updates.

The Statewide Plan is aligned with the priorities of the department, set out in the Operational Plan 2022–23. This plan emphasises:

- keeping people healthy and safe in the community
- providing care closer to home
- continuing to improve the provision of care
- focusing on Aboriginal health and wellbeing
- a well-connected and collaborative health system.

In recognition of the close connection between the two pieces of work, the Statewide Plan takes into account the new *Mental Health and Wellbeing Outcomes and Performance Framework* (the Framework). The Framework sets the ambition for what a new mental health and wellbeing system should deliver for Victorians – not just those who use services or make up the workforce, but also carers, supporters and the wider Victorian community.

The Framework also provides a platform for system-wide accountability, setting a shared direction for what success looks like. It will drive system improvement and measure what matters most.

While the Statewide Plan does not specifically focus on modelling the mental health and wellbeing needs of Aboriginal people, the Statewide Plan was developed, and aligns to, Victoria's broader objectives of ensuring Aboriginal people living in Victoria can access safe, inclusive and respectful social and emotional wellbeing services and mental health treatment, care and support.

The overarching policy context that informed the Statewide Plan includes:

- Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027
- *Balit Murrup: Aboriginal social and emotional wellbeing framework 2017–2027*
- the department's *Aboriginal and Torres Strait Islander cultural safety framework* and Equity Dashboard for Aboriginal people
- the Victorian Closing the Gap Implementation Plan 2021–2023.

A number of existing policy and planning documents have also informed the development of the Statewide Plan, including:

- the Statewide design, service and infrastructure plan for Victoria's health system 2017–2037
- the Integrated treatment, care and support for people with co-occurring mental illness and substance use or addiction: Guidance for Victorian mental health and wellbeing and alcohol and other drug services
- The National Mental Health and Suicide Prevention Agreement and the Bilateral Agreement between the Commonwealth and Victoria. The agreements provide for further collaboration, a commitment to future joint regional planning and co-commissioning opportunities
- Victoria's mental health and wellbeing workforce strategy 2021–2024, which has outlined priority activities to address existing challenges in the workforce pipeline, build attractive and rewarding workplaces, and pursue excellence in practice and outcomes.
- *Our workforce, our future,* which sets out the collective knowledge, skills and ways of working the mental health and wellbeing workforce needs to deliver quality care, support and treatment.

System transformation is already underway

Building a system that is compassionate, integrated and responsive

The Victorian Government is already transforming the mental health and wellbeing system to deliver the world-leading outcomes that Victorians deserve. This requires a shift in the focus and features of the current system. Figure 4 outlines the current system key features and how these will shift in the future system.

This Statewide Plan is a key foundation to enable this shift. However, further reforms are underway to realise these changes.

Figure 4. Key features of the future mental health and wellbeing system

The journey to a transformed mental health and wellbeing system

Current challenges	Future state
Crisis-driven and reactive	Consumer-led holistic treatment, care and support
Metro-centric treatment, care and support in hospital	Treatment, care and support in the community closer to home
Secondary and tertiary focus	Treatment, care and support delivered through stepped care
Siloed and reactive systems	An integrated, compassionate and responsive system
Infrastructure that is outdated and not fit for purpose	Fit-for-purpose infrastructure, consistent with therapeutic design principles
Narrow workforce roles that deliver specific components of care	Care, treatment and support delivered by multidisciplinary teams
Provider-focused models of care	Co-designed consumer, family and carer-focused models of care

An adaptive service system that improves mental health and wellbeing outcomes for all Victorians that is:

- close to the home
- accounts for the whole person
- provides consumers more options
- equitable, accessible, inclusive and culturally safe

Overall system transformation supported within a framework of evidence informed service and capital planning

The Victorian Government is already reshaping the system

The focus of the first phase of reform has been on setting the foundations for systemic change with new legislation, a new system architecture, a national agreement and providing additional funding to grow existing services to provide treatment, care, and support to more Victorians.

There has already been significant progress. Work is underway across many areas and this work is already beginning to reshape the system and the experience of those interacting with it. There have also been exciting and innovative developments relating to specific service models and capital developments. Figure 1 provides an overview of some of this progress.

In the next phase of reform, the Victorian Government will increase the focus on progressing the design, expansion and improvement of mental health and wellbeing services.

Record investment is supporting reforms

Since the release of the RCVMHS's Interim Report in November 2019, the Victorian Government has provided over $6 billion in new investment towards mental health over four state budgets.

The Victorian Government has established a mental health capital fund to ensure sustained investment in Victoria's mental health and wellbeing infrastructure. The fund will support continuity and the delivery of contemporary models of care by upgrading, replacing, and expanding existing facilities, and building new facilities.

Since the release of the RCVMHS Interim Report, the government has invested more than $1.5 billion in improving and expanding mental health infrastructure across Victoria. Guided by strong co-design with people with lived and living experience and best-practice design principles, this step-change is delivering facilities providing therapeutic environments that respond to the specific needs of different consumers. The facilities will be welcoming and safe, have adequate space for consumers, carers and workers, and provide access to natural light, nature and views.

Examples of this investment include:

- $516 million to expand bed-based forensic mental health services at Thomas Embling Hospital, delivering 82 additional beds through a dedicated 34-bed women's precinct and a 48-bed men's facility. This expansion will provide better care and reduce the long wait times for treatment currently faced by some of our most unwell and vulnerable Victorians.
- $492 million[1] to deliver 120 new mental health beds across four sites; McKellar campus (North Geelong), Northern Hospital (Epping), Sunshine Hospital (St Albans), and The Royal Melbourne Hospital (Melbourne).
- $141 million to build five new 10-bed youth PARC units across the state – four in rural/regional areas: Barwon South West (Geelong), Gippsland (Traralgon), Grampians (Ballarat) and Hume (Shepparton), and one in Melbourne's North Eastern metropolitan region Heidelberg, as well as refurbishing three existing units to create a more home-like environment and enable provision of a new model of care in Frankston, Dandenong and Bendigo.
- $11 million to refurbish the acute mental health unit at Warrnambool, adding five beds to provide much-needed extra capacity.[2]
- $196 million for additional acute mental health beds, which includes funding to build an expanded and integrated acute and community mental health facility at Goulburn Valley Health in Shepparton, planning for additional beds in Ballarat and Wangaratta, and land acquisition for the Ballarat facility.[3]
- $65 million for contemporary mental health information infrastructure to support personalised and integrated mental health and wellbeing services.
- $62 million in upgrades to improve safety (including gender-based safety) in mental health intensive care areas.[4]
- $36 million for a new mental health and AOD residential rehabilitation facility in Mildura.
- $40 million for grants for renewal and refurbishment of acute and community based mental health facilities.
- $10 million for a new mental health and AOD emergency department hub at Latrobe Regional Hospital and to continue planning for hubs at Bendigo, Ballarat and Shepparton.[5]
- $5 million to further progress service and capital planning for the Victorian Collaborative Centre for Mental Health and Wellbeing.

In response to the RCVMHS's Final Report, the Victorian Government has also delivered new and expanded services under innovative models, including:

- establishing three Infant Child and Family Health and Wellbeing Locals, in partnership with the Commonwealth. These will deliver health and wellbeing services to children aged 0–11 and their families.
- $100 million in 2021 to deliver 35 acute mental health beds in private settings through a new statewide Specialist Women's Mental Health Service. These services will be delivered through a partnership between Ramsay Health Care, Alfred Health and Goulburn Valley Health, and will ensure that Victorian women can get the help they need in an environment that promotes recovery, increases safety and provides appropriate care based on level of need.
- $4.9 million[6] for 24 new HITH beds, for more Victorians to access specialist mental health care in their own homes, with their support networks around them.

1 2020–21 State Budget paper BP3, p. 78.
2 2021–22 State Budget BP4, p. 80.
3 2022–23 State Budget, BP4, p. 65.
4 Ibid.
5 Ibid.
6 Premier of Victoria, Continuing Reform Of Victoria's Mental Health System <https://www.premier.vic.gov.au/continuing-reform-victorias-mental-health-system>.

Supporting effective planning

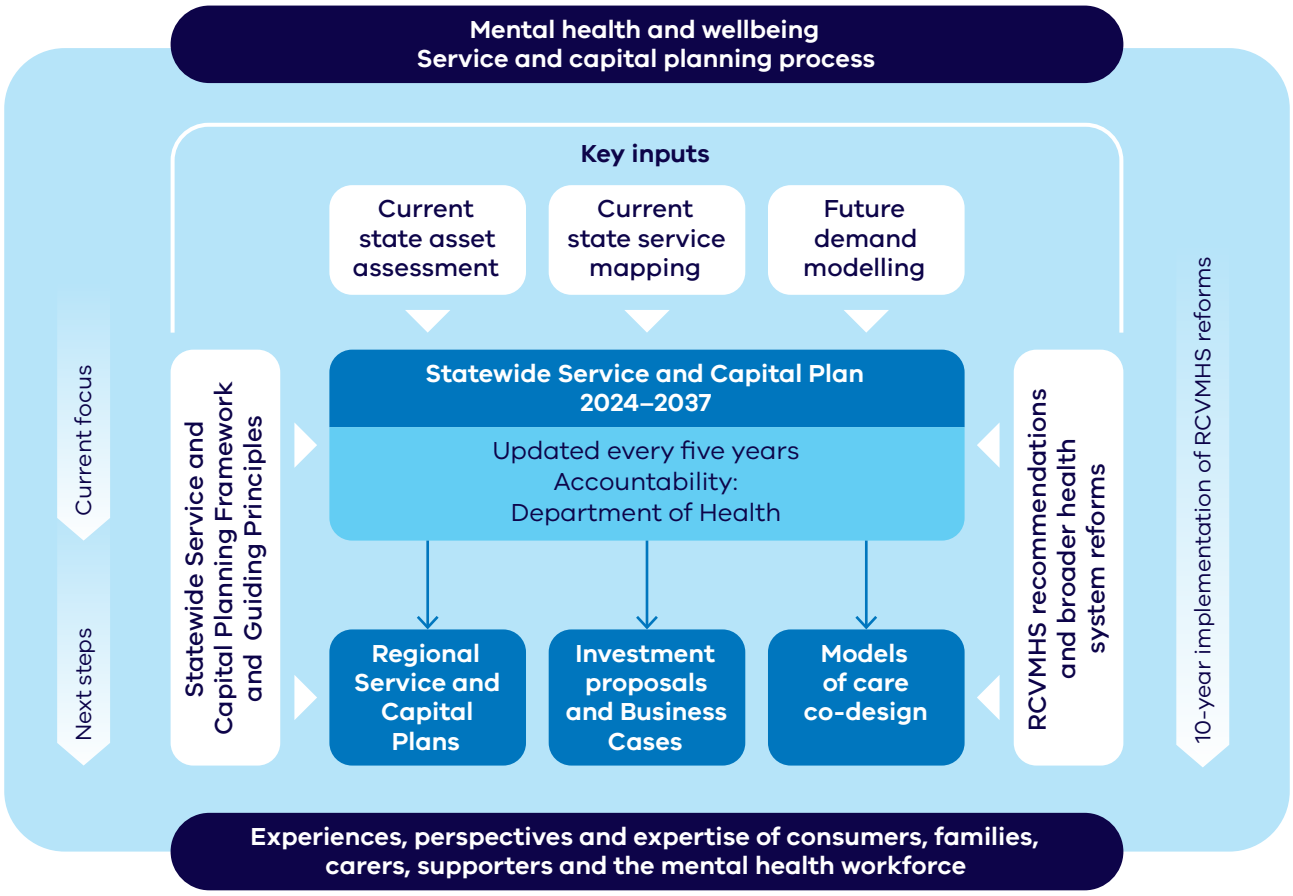
This Statewide Plan provides an initial blueprint for regional and local planning, and for guiding prioritising investment in mental health and wellbeing services, and capital into the future.

It does this by:

- embedding evidence-based principles to inform service and capital planning
- providing a service typology that ensures a common language is used to plan mental health and wellbeing services
- assessing the quality of current mental health and wellbeing assets
- estimating future demand for mental health and wellbeing services to guide future planning and respond to needs in each region.

Figure 5 provides an overview of the key inputs into the planning processes, the interaction between statewide and regional level planning, experiences, perspectives, expertise of consumers, families, carers, supporters, and clinicians and highlights the intersection with other reform projects currently underway, and the desired outcome of an evidence informed, principles-led approach to planning.

Figure 5. Overview of the mental health and wellbeing service and capital planning process



Key enablers of transformation

The Statewide Plan alone cannot deliver the vision of a transformed mental health and wellbeing system that places community-based treatment, care and support at its foundations. Key enablers that are essential to sustainably grow the capacity of the system include:

- workforce
- technology
- funding reform.

The availability of fit for purpose infrastructure that supports contemporary models of care is also critical to meeting the future needs of the community and enabling system reforms.

A sustainable workforce for the future

Victoria's mental health and wellbeing workforce needs to grow substantially in a sustainable manner to address these challenges. In addition to an increase in size, the profile of the workforce will also need to change. To shift the centre of mental health and wellbeing service delivery from hospital-based care to community-based treatment, care and support, workforce distribution and capabilities will need to adjust.

In a transformed mental health and wellbeing system, people with lived and living experience will contribute to shaping the design and delivery of services. Lived and living experience workforces will be a core part of the diverse, multidisciplinary teams that will provide treatment, care and support that is responsive to the needs of individuals.

To address the workforce challenges in a sustainable way, Victoria's Mental Health and Wellbeing Workforce Strategy 2021–2024 was published in December 2021 and the revised Victorian Mental Health and Wellbeing Workforce Capability Framework *Our workforce, our future,* was published in December 2023. The Statewide Plan is aligned with and operates alongside these two policy documents.

The potential of technology in mental health

Embedding digital systems and emerging technologies into mental health and wellbeing services provides enormous scope for treatment continuity and support for all consumers, families, carers and supporters.[7]

Digital health provides an opportunity to reach people who would otherwise have difficulty accessing specialised care, often due to geographical limitations, financial constraints, mobility issues or caring duties. There is also increased scope for collaborative practice and multidisciplinary services among regional, remote and metropolitan service providers, particularly for people with complex care needs.

The Productivity Commission has recommended that the Commonwealth Government makes telehealth access to mental health services permanent and expands this model of care to be standard, as part of its new 'digital platform'.[8]

Funding reforms that achieve better outcomes and deliver greater value

Shifting the focus of funding from inputs to value will also ensure that existing funding is used most efficiently and effectively. By introducing activity-based funding, providers will have the flexibility to respond to the diverse needs and preferences of people and communities, by offering a broader range of services and improving people's experience.

7 State of Victoria, RCVMHS Final Report, Volume 5: Transforming the system – innovation and implementation, Parl Paper No. 202, Session 2018–21 (document 6 of 6), p. 10.
8 State of Victoria, Royal Commission into Victoria's Mental Health System, Final Report, Volume 5: Transforming the system— innovation and implementation, Parl Paper No. 202, Session 2018–21 (document 6 of 6), p. 28–31.

Guiding principles for mental health and wellbeing service and capital planning

Mental health and wellbeing service and capital planning will be guided by a set of 10 principles. The principles are intended to guide and support ongoing planning processes and prioritisation throughout the transformation of the mental health and wellbeing system. They are not intended to guide the delivery of specific service responses.

These principles have been developed, tested and refined through the extensive consultation process described in the Extensive engagement section. They will be monitored and reviewed before commencing the next plan. The 10 principles are outlined in Figure 6.

Figure 6. Guiding principles for mental health and wellbeing service and capital planning

Partnership and co-production

1. **Be person-centred, inclusive, accessible and respectful:** Plan for services and community supports that promote self-determination, are recovery-oriented, trauma informed, safe and responsive to the needs of service users, their families, carers and supporters, and our workforce. Planning will recognise the options required to meet the diverse needs of different communities across Victoria, including specific regard to First Peoples self-determination and cultural safety as prioritisation in the Victorian Closing the Gap implementation plan 2012–2023.
2. **Be co-produced with those with lived or living experience, communities and providers:** Consumer-focused service and capital planning encompasses all elements of the co-production process, where people with lived and living experience of mental illness, psychological distress, AOD or suicidality, their family members, carers and supporters, as well as local communities and service providers are at the centre of planning processes and decisions.
3. **Recognise and address systematic power differentials:** Inherent system-wide power differentials and within and across stakeholder groups will be acknowledged, addressed, and mitigated through respectful working relationships and thoughtful engagement.

(Continued following page)

Figure 6. Guiding principles for mental health and wellbeing service and capital planning (continued)

Holistic and collaborative

4 **Be founded on an evidence-based approach to understanding and responding to need:** Shifting from historical utilisation-based understanding of demand to identifying true need based on population profile data and key burden of disease indicators, enabling an evidence-based planning and service response, not influenced by current service provision and well-recognised limitations.

5 **Bring a whole of systems lens:** Develop an integrated, systems approach to planning that considers the service spectrum from promotion and prevention through to treatment and support, encompassing mental health, AOD and suicide pre- and postvention as well as the social determinants of health – health, social and economic – that contribute to effective health outcomes.

6 **Emphasise place-based solutions:** Plan for access to services from home – physically or virtually – or close to home with the goal of ensuring a range of primary and secondary services are available in close.

7 **Deliberately designed integration**: Planning supports effective service integration by taking focus away from individual organisations and utilising a collaborative community network approach which promotes integration within and across organisations and healthcare systems. Viewing mental health and wellbeing services as an integrated 'package of services' also promotes the key connections between mental health and alcohol and other drug services.

8 **Facilitate collaborative and shared care models and seamless pathways:** Planning will actively identify key components of care required for any individual as they journey through a service system, including roles and responsibilities of service providers across the care continuum, what resources might be needed, options for service delivery models and technology, workforce and infrastructure enablers.

Value and wellness promoting

9 **Maximise flexibility and adaptability:** Planning prioritises more effective and improved utilisation of expensive assets and infrastructure and enables best-practice designs that remain 'fit-for-purpose' longer through more adaptable use of spaces, as well as consideration of digital capabilities.

10 **Commit to the design of healing environments:** Planning recognises the role of physical, social, and psychological safe spaces on healing, bringing a commitment to the architectural discipline of therapeutic design to ensure services, and the infrastructure they occupy, are inclusive and directly contribute to better outcomes for consumers and support safe and positive experiences for all consumers, families, carers and supporters, and the workforce.

A new service typology

The RCVMHS identified that the future mental health and wellbeing system requires a different approach to what and how services are provided to best respond to the needs of individuals, carers and their families, and supporters experiencing mental illness or psychological distress.

A key focus for the Statewide Plan has been to describe the distinct types of services that will be delivered in the future Victorian mental health and wellbeing system in the form of a common language, or service typology.

The *Future Victorian Mental Health Service Typology* (typology) includes changes to existing service types and the development of new service types, as well as greater recognition of the interactions between the mental health and wellbeing sector and a broad range of government and community services. Figure 7 provides an overview of the typology.

The typology was developed from reviewing the service mix and language described by the RCVMHS and the NMHSPF, alongside the mapping of the current Victorian mental health and AOD service types.

The typology presents the whole service system and will assist in re-orienting the current service mix towards a more future-focused system. This includes services across age-based streams for infants, children and young people, adults and older adults, and services funded by a range of sources, including the Victorian Government, Commonwealth Government and privately funded.

The new service typology provides a common language to support planning processes and changes how existing mental health and wellbeing services are described.

Current bed-based services fit into this new typology using.

- acute treatment, care and support services – refers to all acute beds, regardless of age and gender, including high dependency units and psychiatric assessment and planning units
- therapeutic respite and short-term recovery services – include PARC services and adult residential respite and crisis services
- extended rehabilitation services – include CCUs and SECUs, public sector residential aged care services, community rehabilitation units and youth residential rehabilitation facilities.

The service typology includes the current statewide services. These are expected to change in the future as the system evolves. More information on the service typology can be found in Figure 7.

The typology has four broad service groups of:

1. promotion and prevention
2. planning, navigation and integration
3. treatment, care and support
4. a broad range of intersecting government and community services (a subsection of intersecting services).

These service types align to Levels 1 and 2 of the future system, as described by the RCVMHS (shown in Figure 2).

This Statewide Plan focuses on planning, navigation and integration, and treatment, care and support.

Promotion and prevention

In the promotion and prevention service group:

- Mental health and wellbeing promotion and prevention involves a whole-of-society approach, with collaboration between business, education institutions and community groups and organisations, and an acknowledgement of the social determinants of mental health. Prevention efforts include a strong focus on suicide prevention and other conditions, such as anxiety and depression, as well as indicated diagnostic screening (such as for autism in children or postnatal depression).
- This service group involves collaboration across a range of stakeholders. Workplaces, education providers, and arts and community organisations all have a role in promoting mental health and wellbeing for their various communities.
- As noted in the National Mental Health Agreement, the Victorian Government and the Commonwealth Government have joint responsibility for suicide prevention. The Victorian Government works with local government and the Commonwealth Government to design and deliver initiatives.

Planning, navigation and integration

In the planning, navigation and integration service group:

- Care planning, coordination and navigation that is consumer-centred is the glue that ensures that all a person's needs are being met in a coordinated, helpful way.
- In the adjusted NMHSP (reformed system) model, care planning and coordination services will play a key role in organising and connecting the treatment, care and support that consumers receive from mental health, AOD and wellbeing services across the health system. In this context, integration supports refer to direct services that support integration of mental health practitioners with the rest of the health system. Integration support for consumers of primary and secondary care services includes primary and secondary consultations, and shared care arrangements with Adult and Older Adult Area Mental Health and Wellbeing Services.
- Planning, navigation and integration are shared responsibilities across state and Commonwealth-funded services, requiring input from all service providers.

Treatment, care and support

In the treatment, care and support service group:

- Treatment, care and support refers to the broad range of services available to support mental health and wellbeing. Key service categories include community-based supports, bed-based residential and crisis services, and statewide services.
- Responsibility for these service types varies. Statewide services and bed-based residential and crisis services are managed by the Victorian Government, with a proportion of funding provided by the Commonwealth Government for hospital-based services.
- Community-based services are funded by both the Victorian Government and the Commonwealth Government, including through the Medicare Benefits Scheme, National Disability Insurance Scheme, the Department of Veterans' Affairs and PHNs. There are also private services across bed-based, residential and crisis services, and community-based services.

Intersecting government and community services

For intersecting services to the mental health and wellbeing system:

- A range of intersecting services play a central role in supporting the mental health and wellbeing of Victorians. This means the future mental health system will be more connected and integrated with broader government and community services.
- This service group involves a wide range of non-government and government contributors. Non-government stakeholders include families, carers and supporters, informal support and communities. Government stakeholders include local councils, the Victorian Government and the Commonwealth Government.

Figure 7. Overview of the future Victorian mental health and wellbeing service typology*

Service system	Non-mental health system		Mental health system							
Service group	**Intersecting services**		**Promotion and prevention**		**Planning, navigation and integration**			**Treatment, care and support**		
Service stream	**Broader government and community services**	**Health services**	**Promotion**	**Prevention**	**Planning**	**Navigation**	**Integration**	**Community-based services**	**Bed-based, residential and crisis services**	**Statewide services**
Service category • Service element *Service activity (next layer down) is not shown*	**Emergency services** • Police • Ambulance • Fire services • Triple Zero Victoria **Education** • Early childhood education and kindergarten • Local playgroups • Primary School • High School • Higher Education **Family, children and parenting** • Family Violence • Child protection and out-of-home care • Early parenting centres **Housing system** • Private accommodation • Supported Housing (non-mental health specific) • Supported tenancies (non-mental health specific) **Community and local government services** • Libraries • Men's sheds and Neighbourhood Houses • LGBTIQ+ programs and supports (Pride Events and Festivals Fund, Healthy Equal Youth program) • Multicultural affairs community supports **Social services** • Disability support services • Employment services **Aged care services** • Home Care • Residential Aged Care **Justice** • Assessment and Referral Courts	**Non-mental health specific primary care** • General practice • Dental **Health services for families and children** • Paediatrics • Maternity and perinatal clinicians, including maternal and child health nurses **Health services primarily for older people** • Geriatricians • Cognitive dementia and memory service • Dementia Behaviour Management Advisory Services **AOD service system** **Other allied health (with common interfaces to the mental health system)** • Speech pathology • Pharmacy • Social workers • Occupational therapists • Dieticians • Exercise physiologists	**Promoting help seeking behaviour** • Mass promotion for help seeking attitudes and behaviours **Enhancing community attitudes and stigma reduction** • General stigma prevention initiatives • Improving first-aid behaviour • Initiative to improve awareness and understanding of people with lived experience **Community participation, inclusion and connection** • Community Collectives • Social prescribing trails for community participation, inclusion and connection (one per region in a Local service **Workplace mental health promotion** • Industry-specific trials • Workplace psychological injury prevention **Early childhood, primary and high school-based mental health promotion** • Anti-bullying programs • Anti-stigma programs • Parent, teacher and leadership education • Social and emotional wellbeing programs • Programs and services that target speech, language and literacy (early childhood only)	**Suicide prevention** • Restriction to Means • Community Gatekeeper training • Workplace suicide prevention and response programs • Local suicide prevention grants • Standardised suicide prevention and response workforce training • Responsible reporting in Media **Indicated diagnostic screening** • Screening for intellectual disability • Screening for learning disorder (speech delay, dyslexia) • Screening for autism spectrum disorder, ADHD, • Physical health screening • Perinatal mental health screening **Specific mental health problem prevention:** • Prevention of externalising problems • Prevention of eating disorders and body image problems • Prevention of post-traumatic stress disorder	**Care planning and coordination** • Initial support discussion • Comprehensive needs assessment and planning discussion • Care coordination	**Services to help people find and access services** • Information about supports • Connection to supports	**Primary and Secondary consultation and shared care with consumers of primary and secondary services** • Child and youth specialist secondary consultation • Adult specialist secondary consultation • Older adult mental health specialist secondary consultation • Specialised perinatal mental health secondary consultation • Mental health secondary consultation to AOD services • Infant, child and youth mental health secondary mental health consultation to Aboriginal community controlled health organisations • Support for family and carer peer support groups (secondary consultation only by family and carer-led centres)	**Treatments and therapies** • Psychological therapies • Medication management • Allied health and creative therapies • Integrated treatment, care and support for co-occurring physical health problems • Community AOD withdrawal services • Aboriginal social and emotional wellbeing supports **Wellbeing supports** • Education, training and employment supports • Supports for housing • Supports for building life skills • Supports for community connection and social wellbeing • Brokerage funds **Education, peer support and self-help** • Recovery colleges • Guided self help • Peer support (adult, older adult, youth) • Mental health and wellbeing education • Graduated parenting supports • Carer, family and supporters peer supports and education • Aboriginal peer support • AOD harm reduction services **Specialist community-based mental health services** • Child and youth specialist and complex community-based services (integrates trauma specialists) • Adult specialist and complex community-based services (integrates trauma specialists) • Older adult specialist and complex community-based services • Perinatal specialist and complex community-based services	**Acute treatment, care and support services** • Young people (18–25) acute beds • Adult (26+) acute beds • Older adult (65+) acute beds • High dependency unit acute beds • HITH services • In-hospital general consultation liaison • Psychiatric assessment and planning units • Medical procedures • Aboriginal cultural liaison • Hospital-based residential AOD withdrawal services **Supported housing** • Supported Housing for 18–25 year olds living with mental illness (500 new places) • Supported housing for adults living with mental illness (2,000 new places) **Extended rehabilitation services** • Community rehabilitation units • Intensive rehabilitation units • Youth residential rehabilitation facilities (to be formally reviewed) • Public sector residential aged care services **Crisis response** • Crisis outreach • ED mental health and AOD hubs • Drop-in Safe Spaces for adults • Drop-in and crisis respite Safe Spaces for young people (aged 12–25 years) • Acute Care Crisis Stabilisation Centre Trial **Suicide postvention and follow-up care** • Hospital Outreach Post-suicidal Engagement initiative • Assertive outreach and follow-up for children and young people • Aftercare service for LGBTIQ+ • Intensive 14-day support program for adults experiencing psychological distress **Therapeutic respite and short-term recovery services** • Adult residential respite and crisis services • Adult PARC services • Youth PARC services • Supervised residential AOD withdrawal services	**Statewide specialist services** *Please note statewide specialist services are currently under review through a co-design process and will likely shift from the categories listed here.* • Mother and baby – Parent and infant units • Eating disorder • Refugee mental health • Personality disorder • Autism • Neuropsychiatric disorder • Dual disabilities • Transition support units • Young people aged (13–18) acute beds – statewide beds • Veterans' services acute beds – statewide beds • Brain disorder services • Koori services • Women's mental health services **Subacute residential family admission centres** **Statewide mental health and AOD service** **Statewide trauma Service** **Statewide Aboriginal social and emotional wellbeing** **Statewide suicide postvention bereavement support** **Youth forensic mental health** • Youth community-based forensic mental health services • Custodial Forensic Youth Mental Health Services • Youth forensic clinical specialist program **Adult forensic mental health** • Adult community-based forensic mental health services • Adult forensic mental health inpatient care at Thomas Embling Hospital • Prison-based mental health services • Specialist behaviour response team in each Area Mental Health services **Helplines** • Centrally coordinated 24/7 telehealth crisis response service in each Area Service • Callback service for families, carers and supporting caring for people experiencing suicidal behaviour • Rainbow Door LGBTIQ+ provided by switchboard • 24/7 telehealth clinical support for ambulance and police officers
Mapping to mental health system	**Levels 1 and 2 of the RCVMHS**	**Level 2 of the RCVMHS**	**Levels 1 and 2 of the RCVMHS and Department of Health**	**Levels 3 and 4 of the RCVMHS, and Department of Health**	**Levels 3, 4 and 5 of the RCVMHS**	**Levels 3, 4 and 5 of the RCVMHS**	**Levels 3, 4 and 5 of the RCVMHS**	**Levels 3, 4 and 5 of the RCVMHS**	**Level 5 of the RCVMHS**	**Level 6 of the RCVMHS**

* This includes a number of services recommended by the Royal Commission but subject to future government funding considerations.

The current state of Victoria's mental health and wellbeing services and capital

Understanding the services and capital that are currently available, and the state of the infrastructure, is an important first step in planning. This section provides an overview of the mental health and wellbeing services delivered in 2021–22 across Victoria.

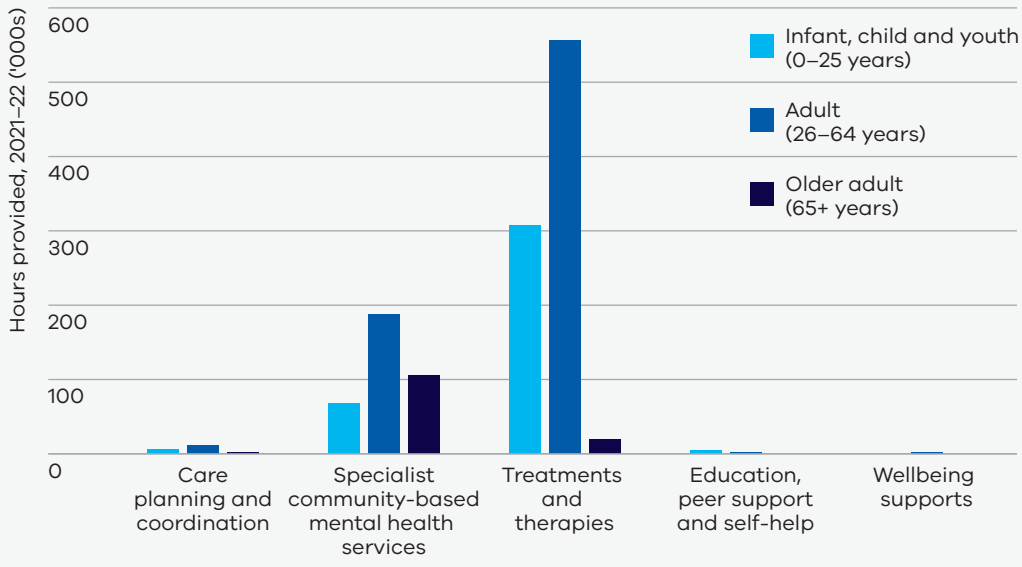
Community-based treatment, care and support

In the 2021–22 State Budget, 1.81 million hours of community-based mental health and wellbeing services were funded across all age ranges. Work is underway to build the capacity of the system to grow community-based care, with 1.31 million hours delivered in 2021–22.[9] Further growth in community service hours has been impacted by COVID-19, workforce shortages and lower reporting, due to the Victorian Public Mental Health Enterprise Bargaining Agreement 2020–2024 negotiations.

As Figure 8 shows, most of the treatment, care and support delivered by community-based services was for treatments and therapies, which accounted for 883,000 hours. Specialist community-based services accounted for a further 360,000 hours, while the remaining categories delivered less than 30,000 hours together.

In the future, the RCVMHS envisaged that Victorian mental health and wellbeing non-government organisations (NGOs) will partner with Area Mental Health and Wellbeing Services to create a responsive and integrated mental health and wellbeing system. These partnerships will allow the NGO sector to bring its shared expertise and expand opportunities for community-based wellbeing supports.

Figure 8. Current statewide mental health and wellbeing community cased service hours by future service category and age group, provided in 2021–22



9 As of June 2022, Victorian Agency for Health Information reporting, which does not include block-funded or statewide services. Service hours – mental health performance indicator reports <https://www.health.vic.gov.au/research-and-reporting/service-hours-mental-health-performance-indicator-reports>.

These current hours include the investment of $954 million to expand community-based care and supports.

As well as expanding community-based treatment, care and supports, the Victorian Government has also started to deliver new models, such as the Local Adult and Older Adult Mental Health and Wellbeing Services (Local Services).

Local Services are a key recommendation of the RCVMHS in placing community-based treatment care and support as the foundation of the new system and to meet anticipated demand for community-based service.

Local Services are designed to deliver integrated mental health and wellbeing treatment, care and support for people aged 26 years and over. They are designed for people who need more support than they can get from primary and secondary mental health and wellbeing services alone, but they do not need the intensity of treatment, care and support delivered by Area Mental Health and Wellbeing Services (Area Services).

Local Services are being gradually introduced across Victoria, with the first six opening in late 2022 in the local government areas (LGAs) of Benalla – Wangaratta – Mansfield, Brimbank, Frankston, Greater Geelong – Queenscliff, Latrobe and Whittlesea. The second tranche of Local Services opened in late 2023 in the LGAs of Greater Dandenong, Greater Shepparton – Strathbogie – Moira, City of Melton, Rural City of Mildura, Yarra Ranges, East Gippsland and Greater Bendigo – Loddon – Campaspe.

Bed-based treatment, care and support

Bed-based services include acute treatment, care and support services, therapeutic respite and short-term recovery services, and extended rehabilitation services.

In 2021–22, Victoria had 2,490 funded mental health beds. Through successive investments, there are a further 284 bed-based services currently being planned for the service system, which will be delivered by the end of 2029. These investments are predominantly in acute treatment, care and support, where demand remains high, while the shift towards a system focused on community treatment, care and support takes place.

Figure 9. Statewide funded and commenced beds that will be delivered by 2029

	Funded	Commenced	Total by 2029
Acute treatment, care and support services	1,214	219**	**1,433**
Therapeutic respite and short-term recovery services	284	62	**346**
Extended rehabilitation services	992	3	**995**
Total of all bed-based, residential and crisis services*	**2,490**	**284**	**2,774**

Note:

* Excludes beds for statewide services of 240 current beds and 117 commenced beds. Includes 24 HITH beds that have been funded as a pilot, but are not funded ongoing.

** Excludes 57 beds for crisis hubs. Includes beds that will be operational by 2029 and 35 government-funded private beds (for public use) that will be operational from 2023.

The breakdown of these bed-based services is shown in Figure 9. Commenced beds include all government-funded mental health beds that have been planned and funded as of the end of 2022.

Across all regions, bed numbers are higher for extended rehabilitation and acute care, with fewer beds currently available for therapeutic respite. Therapeutic respite and short-term recovery services are currently entirely comprised of PARCs, while extended rehabilitation includes all SECUs, CCUs, and aged persons mental health residential care. Acute treatment, care and support includes child, adolescent, adult and aged acute beds, Psychiatric Intensive Care Units (PICU) and Psychiatric Assessment and Planning Units (PAPU).

The 2020–21 State Budget included $492.2 million to deliver 120 new mental health beds across four sites, including:

- Barwon Health, McKellar campus, North Geelong (16 new beds)
- Northern Hospital, Epping (30 new beds)
- Sunshine Hospital, St Albans (52 new beds)
- The Royal Melbourne Hospital, Melbourne (22 new beds).

Investment has also been committed to support young Victorians who require treatment, care and support in an admitted setting. The 2021–22 State Budget invested $141 million to:

- build five new Youth PARC units across the state – four in rural and regional areas, and one in Melbourne's North-Eastern Metropolitan Region
- refurbish three existing units to create a more home-like environment and enable provision of a new model of care in Frankston, Dandenong and Bendigo.

Other investments in mental health infrastructure that will improve the experience of consumers, carers and workers, since the release of the RCVMHS Final Report, include mental health facilities through the Mental Health and Alcohol and Other Drugs Facilities Renewal Fund and the Gender safety intensive care areas project.

Case study 1

Mental Health and Wellbeing Local Services

The Benalla, Wangaratta and Mansfield Mental Health and Wellbeing Local Service (BWM Local) is one of the first six Local Services to be implemented following the final report of the Royal Commission into Victoria's Mental Health System. In February 2023, Wellways in partnership with Australian Community Support Organisation (ACSO) and Albury Wodonga Health opened its doors to the new BWM Local for people aged 26 years and over seeking integrated mental health and wellbeing treatment, care and support.

The BWM Local model has been developed through co-design and collaboration with the local community with the aim to improve the lives of local people experiencing mental health concerns, including people with co-occurring alcohol and drug treatment care needs.

The BWM Local seeks to foster community' strengths and create a recovery system that enables participants, carers, families and supporters, partner agencies and community to grow and achieve self-efficacy. This is supported through a team approach that values individuals and their contributions as equals, with a focus on the skills everyone can bring to the table, which can enrich service provision. Rather than focusing on roles or discipline limitations, the BWM Local focuses on how it can create localised solutions in collaboration with participants and their team and other supports.

The BWM Local partnership operates with its own governance structures embedded to aid decision-making, evaluation, and improved participant care experience. Partnering with ACSO has strengthened the AOD knowledge and Lived Experience expertise within the program. Partnering with Albury Wodonga Health enables improved pathways for participants between services with shared care arrangements and participant-paced warm transfers. Further, the partnership enables capacity to build upon their

Case study 1 | Mental Health and Wellbeing Local Services (continued)

historical engagement with the Area Mental Health service delivered by Albury Wodonga Health, enabling Local Services to address the 'missing middle' in mental health care.

The staffing profile of the BWM Local is proudly comprised of a mix of Peer Workers, Wellbeing Navigators, AOD Clinicians, Family Therapists, Dual Diagnosis Nurses and Nurse Practitioners, Psychology and Counselling Professionals, and Psychiatry. Many of roles are designated Lived Experience Roles and all staff are offered the opportunity to build a Peer Work Skillset through Intentional Peer Support Training if they feel connected to using their Lived Experience.

The service offered focus on a participants Recovery Journey through the lens of Peer and Psychosocial individual and group-based supports. This can include:

- peer work support
- social connection
- linkages with other community supports and mainstream health services
- support in developing life skills and coping strategies
- counselling for individuals and families
- integrated mental health and AOD support
- medication and mental health assessments
- education to local businesses and community groups in supporting and responding to mental health and AOD.

Clinical supports are available, though are complementary rather than central to the service offering and are provided at the participant's request or when indicated by challenges in implementing the initial psychosocial supports.

The BWM Local seeks to enhance, not replace, available local supports, offering services that are accessible and sustainable. To support accessibility, telehealth and outreach options are available, with onsite support offered in Wangaratta and Benalla seven days a week with extended hours on weekdays and part time on site offering in Mansfield.

Case study 2

Barwon Health McKellar Mental Health and Wellbeing Centre

The Barwon Health McKellar Mental Health and Wellbeing Centre provides people aged over 50, from Geelong and beyond, with a suite of older adult acute mental health services. The newly established inpatient unit has 16 acute mental health beds, and it is co-located with community mental health team consulting suites.

In November 2019, the Royal Commission into Victorians Mental Health System recommended an expansion in acute inpatient beds, responding to unmet system demand in the area. The Royal Commission highlighted the high levels of gender-based violence and non-therapeutic restrictive practices in current Victorian acute bed bases services. In response, a substantial codesign process was undertaken to meet the required design brief of the new bed-based service to ensure it both facilitates the delivery of an innovative and person-centred model of care and can support a reduction in gender-based violence and coercive practices, including seclusion.

The co-design methodology ensured development of a holistic model of care and a facility design that is both high-quality and fit for purpose. The model of care includes innovative approaches to individual and group therapy. It is underpinned by recovery-oriented and trauma-informed approaches, and supports staff to provide unique, individualised care for each and every person.

Case study 2 | Barwon Health McKellar Mental Health and Wellbeing Centre (continued)

The staffing profile comprises of psychiatrists, registrars and Hospital Medical Officers, Hospital Medical Officers, mental health nurses, peer workers, social workers and occupational therapists. The care team offer:

- listening and counselling
- medication review and supervision
- physical health assessment and monitoring
- assistance linking with community financial and social support
- assessment of occupational health and wellbeing
- support to develop routines and coping strategies and
- linkages with local community services.

Very significantly, the new unit does not have seclusion rooms. Instead, it has two gender segregated high-care areas (each with four beds) and two high-needs suites that can support people experiencing high distress. The high-needs suites have a bedroom, bathroom, individual lounge, and small courtyard, and provide a therapeutic alternative to seclusion rooms. Flexible use of areas as high-care wards and a robust staffing profile support the ward to operate without seclusion. The design of the high-care areas and suites were closely informed by engagement with national and international experts.

Additionally, there are two sensory modulation rooms, a de-escalation space, and a spiritual room available. These spaces allow consumers a range of options to either self-soothe or be supported one-on-one with a preferred staff member. There are additional senior nursing staff (titled reducing restrictive intervention nurses) built into the staffing profile to support capacity building of ward staff in managing deterioration, or to work one-on-one with consumers at risk of, or currently experiencing deterioration.

The Barwon Health McKellar Mental Health and Wellbeing Centre represents best practice in mental health service co-design, resulting in a service facility which is innovative, contemporary, light-filled, and directly connected with nature. Each room has been carefully considered from the perspectives of those who will use it, ensuring that all will experience the unit as therapeutic. Therapeutic spaces onsite allow for both inpatient and outpatient care, delivering greater continuity across the spectrum. The Centre provides for multiple welcoming spaces (all equipped with telehealth) and enables consumer engagement in a range of activities with family, friends, carers, and community supports during an inpatient admission.

Case study 3

Youth Prevention and Recovery Centres (YPARCs)

In February 2023, YPARC Bendigo celebrated its 10th birthday, in providing specialist mental health care with a recovery focus for young people aged 16–25 years within the Loddon Campaspe Southern Mallee region requiring a 'step-up' from community supports or 'step-down' from acute mental health settings. YPARCs form one of the therapeutic respite and short-term recovery types of treatment, care, and support.

YPARC Bendigo is led by Bendigo Health in partnership with Mind Australian offering a 10 bed sub-acute facility, providing 24 hours, 7 days a week services to young people requiring mental health support. The facility offers ten private bedrooms with ensuite bathrooms, a communal kitchen and dining area, breakout spaces, an art and recreation room, and a communal loungeroom. The staffing on site is a compliment of a multidisciplinary team consisting of psychiatry, mental health and wellbeing clinicians, community mental health practitioners, with access to peer support workers available.

During their stay, young people are encouraged to have the opportunity to participate in a psychosocial group program consisting of:

- psychoeducation groups, which includes topics such as activity scheduling, managing emotions, communicating assertively, nutrition, relaxation, cooking and art activities
- practical life skills activities
- social outings and
- exercise programs.

Case study 3 | Youth Prevention and Recovery Centres (YPARCs) (continued)

The psychosocial group program seeks to promote recovery and rehabilitation in a therapeutic, home-like environment. Distinct from mental health inpatient units, the residents at Bendigo YPARC are encouraged to remain engaged with the community by continuing to attend places of employment and education, visit family and friends and participate in other social and personal activities. YPARC Bendigo also actively encourages residents to have visits on site from friends, family, and carers.

Upon discharge from YPARC Bendigo, residents and carers are provided the opportunity to provide feedback on their experience of the service. When asked what they found to be the most helpful aspect of the service, residents and cares have cited "the level of care that was shown to my son", "being able to participate in groups and having access to staff members available to help and assisting me however possible" and "Having amazing support that was always open minded and treated me with respect as well as learning strategies in the group sessions".

As part of the government's commitment to system transformation and ensuring people requiring access to the Victorian Mental health service system provides therapeutic environments, Bendigo YPARC is currently undergoing a refurbishment. The upgrades will deliver purpose-built consultation rooms, a family loungeroom and garden, a sensory room and garden, private breakout spaces and loungerooms, designated exercise spaces, a production garden and upgrades to the bedrooms and ensuites and staff facilities.

Assessing the quality of current mental health and wellbeing assets

Mental health and wellbeing services are delivered across a range of settings and facilities under a variety of different ownership arrangements. Future capital planning for Victoria's transformed mental health system needs to be informed by the alignment between the existing infrastructure and the needs of the new service delivery system.

This includes:

- ensuring a comprehensive understanding of the existing mental health and wellbeing asset portfolio
- assessing the capability of the existing infrastructure to provide a safe, therapeutic environment that can accommodate the proposed new models of care and service delivery settings
- developing a more strategic asset management process that ensures the most at-risk assets are identified and strategies are put in place for their management.

To inform this Statewide Plan, detailed assessments of a cross-section of existing government-owned facilities that deliver acute treatment, care and support services, extended rehabilitation services, and therapeutic respite and short-term recovery services, were undertaken. They include current therapeutic respite, and short-term recovery and extended rehabilitation services, such as CCUs, PARCs, SECUs, inpatient units and community mental health centres incorporated into larger public health services.

Facilities were assessed using the new *Mental Health Facility Assessment Framework* (the Assessment Framework), with reference to established asset management frameworks, guidelines, regulations, standards and codes.

The Assessment Framework provides an objective, evidence-informed and data-driven base for assessing the use and adequacy of existing settings and facilities, which draws on established frameworks and guidelines.[10]

The assessments of facilities consider five key factors, including:

- suitability for current use – the capability of the facility to accommodate the model of care in a safe, therapeutic environment
- building compliance – compliance with the Building Code of Australia and Premises Standards for people with disability
- external fabric – the overall external fabrication, including condition of doors, walls, windows and roof coverings
- internal fabric – the overall internal fabrication, including the condition of doors, walls and ceilings in communal areas, consumer bedrooms and consumer bathrooms
- engineering services – the condition of electrical services, lighting, hydraulics, fire engineering, ventilation and other building services.

A cross-section of asset assessments have been completed at the time this report was finalised and other asset assessments will continue in 2023. This will ensure that all facilities delivering bed-based care for people with more severe mental illness will have been assessed.

The asset assessments will guide priorities for investing in facility upgrades and, along with service demand modelling, the replacement, expansion and establishment of new mental health facilities.

10 Department of Treasury and Finance Asset Management Accountability Framework Implementation Guidance – March 2017; VHBA Essential Engineering Services Guideline; Relevant Australian Standards for engineering compliance; Statewide design, service and infrastructure plan for Victoria's health system 2017–2037; VHBA Asset Assessment Guideline and Workbook; Building Code of Australia; Australasian Health Facility Guidelines.

Future demand for mental health and wellbeing services

The RCVMHS found there is inadequate capacity in the current system to meet demand, and the existing resources are not allocated in the most equitable or efficient way.[11] Victoria's mental health and wellbeing system continues to experience high levels of demand, and that demand is estimated to continue to rise.

Demand models provide an estimate of what needs can be expected in the future, based on what is currently happening, using evidence from research, expert and local knowledge, and data. All demand modelling is subject to a level of uncertainty, particularly estimates that project a long way into the future.

Three demand models have been developed, which are outlined in more detail below. Demand modelling has been developed to reflect the vision of a transformed mental health and wellbeing system that places community treatment, care and support as the foundation of the future system.

For this future system, the demand modelling provides key insights into the ranges of demand that may be experienced as the system is progressively reformed. These indicate:

- The greatest proportionate increase in estimated need is in community-based treatment, care and support in all scenarios. Bed-based treatment, care and support still require uplift, but at a lower proportionate rate.
- Extended rehabilitation (currently CCU, SECU and residential aged care), and therapeutic respite and short-term recovery (currently PARC), face differing levels of estimated need under these models. In Victoria, therapeutic respite and short-term recovery has been the preferred model of care for rehabilitation and recovery treatment, care and support.
- Area Services are estimated to have greater demand than Local Services, because they provide a greater intensity of treatment, care and support, and will deliver services for the Infant, Child and Youth (including through Infant, Child and Family Health and Wellbeing Hubs) cohort.
- In the youth system (12–25 years), the role of Youth Local Mental Health and Wellbeing Services will mainly be carried out by the network of headspace services across Victoria. The department is working in partnership with the Commonwealth Government to support the expansion and enhancement of headspace centres across the state. This work is also focused on strengthening partnerships, clinical in-reach, and step-up and step-down referral pathways between headspace centres and Infant, Child and Youth Area Mental Health and Wellbeing Services.
- Specialist community-based services have a large, estimated need under all scenarios. However, education peer supports, and self-help and wellbeing supports, are the service categories estimated to have the greatest relative need, compared to current service provision.

11 RCVMHS Final Report, vol. 1, chapter 5, p. 196.

It is important to note that under all demand scenarios, model of care changes will support a transformed mental health and wellbeing system.

This includes:

- opportunities to divert care to lower acuity settings, with a proportion of acute care being delivered under new or reformed models of care, including HITH, intensive community and therapeutic respite, and short-term recovery services (currently PARC), with these assumptions already built into the adjusted NMHSP (reformed system) model scenario
- redesigned community-based care, which incorporates a broader range of supports, including education, peer support, self-help and wellbeing supports
- the introduction of extended stay rehabilitation places through supported housing models
- new models of care for future bed-based acute and rehabilitation services, in line with the vision of the RCVMHS.

The next phase of reform will have a strong focus on co-designing and implementing these changes to models of care.

Modelling demand for mental health and wellbeing services

The RCVMHS outlined three different approaches to modelling demand, which are the:

- population-based approach – uses the current and future population projections, and data about prevalence to estimate future demand
- historical service use approach – uses historical service use data and methodologies for modelling and forecasting expected future demand
- benchmark approach – uses data from other jurisdictions or an evidence-informed optimum to estimate current and future demand.

The RCVMHS recommended the use of a substantially adjusted version of the NMHSPF, a population-based approach to demand modelling, to guide the development of the Statewide Plan.

Estimating demand is a valuable tool to support decision-makers to make investment decisions about the need for services. It guides planning the future delivery of services and provides some understanding of the extent to which needs in the community will be met. Demand models support the provision of advice to governments, and provide the tools to work with system stakeholders to consider options and inform decision-making.

The Statewide Plan has developed three scenarios for estimating demand, given the intent of the RCVMHS's recommendations to transform the mental health and wellbeing system over ten years.

The three demand modelling scenarios provide outputs as a range and illustrate variance between these scenarios. Illustrating the modelling outputs as a range recognises that demand modelling is subject to uncertainty, particularly over longer time periods. The three scenarios are briefly described below.

Current government policy setting (base case) model

The current government policy setting (base case) model estimates demand based on the current level of service provision and current service indicators, such as length of stay. It reflects the additional investment towards mental health initiatives since the RCVMHS made by the Victorian Government.

This additional investment is increasing the capacity of the system over the next five years and is designed to reform the system, in line with the recommendations of the RCVMHS. The current government policy setting (base case) model assumes that growth in demand, after the current investments, will align with Victoria's population growth, based on the Victoria in Future 2019 projections.

Future updates to the current government policy setting (base case) model will include updated estimates based on the most up-to-date version of the Victoria in Future population projections.

Adjusted NMHSPF (reformed system) model

The adjustments in the adjusted NMHSP (reformed system) model reflect the RCVMHS's vision for a transformed mental health and wellbeing system in Victoria. It embeds anticipated expected improvements in treatment, care and support, including new models of care and a substantial shift to care in the community and people's homes.

These adjustments are consistent with the features of the future system described in Figure 4. This includes modelling the impact of diverting people from bed-based services by providing more intensive services in the community as well as innovative models like HITH.

This scenario aims to reflect the long-term intent of the reform and optimal treatment, care and support pathways and services, in particular, through:

- increased availability of community-based services
- diversions from acute beds to home-based, therapeutic respite and short-term recovery, and other intensive community models, including up to 30 per cent of estimated acute demand for youth and adults, and 15 per cent for older people
- diversions to less-intense extended residential and rehabilitation options, including diverting people with the shortest stays (approximately eight per cent) in extended rehabilitation services to short-term recovery services, like PARC services, and those with the longest stays (approximately 50 per cent) into community-based services with housing supports where appropriate
- increased use of telehealth and other virtual models, enabling more consumers to be cared for in the community.

This adjusted NMHSP (reformed system) model has also taken into account the specific typologies for Victoria outlined in this report, and the evolving and reforming service system.

NMHSPF model

The NMHSPF model reflects the demand estimates of the NMHSPF, including its models of care. The NMHSPF is an evidence-based tool designed to estimate a population's demand for mental health and wellbeing services across the full spectrum of services.

The model has not been adjusted to the specific characteristics of the Victorian mental health and wellbeing system, or the reform agenda set out by the RCVMHS. For instance, this includes having a greater emphasis on extended rehabilitation services over therapeutic respite and short-term recovery services, which has been a preferred model in Victoria.

The NMHSPF is recognised nationally as an aspirational approach to demand modelling. The estimated community-based mental health and wellbeing services far exceed the level of treatment, care and support provided in any jurisdiction, locally or globally.

Statewide future demand has been estimated to 2036–37

Demand for community-based mental health and wellbeing treatment, care and support

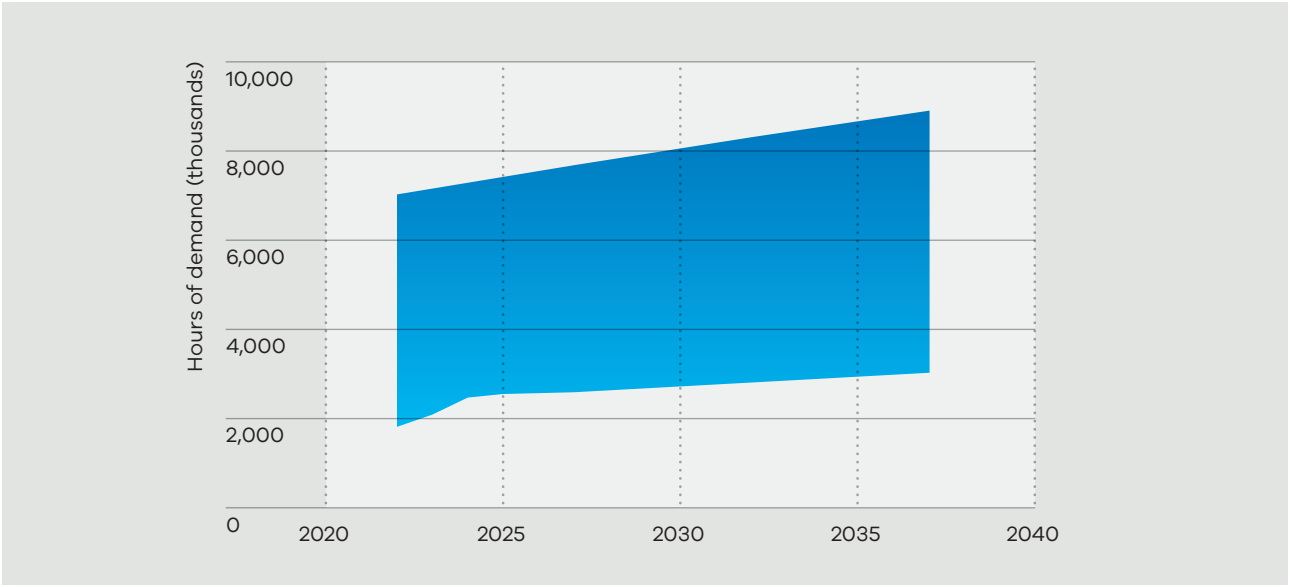
The demand modelling scenarios estimate that demand for community-based mental health and wellbeing treatment, care and support (combined Area Services and Local Services), will range between 3.04 million and 8.9 million hours in 2036–37, as shown in Figure 10.

The challenge in meeting the need for community-based mental health and wellbeing services is well known. The RCVMHS identified that historically, Victoria's mental health system responded to less than one third of the estimated demand for community mental health services in 2019–20.

In 2021–22, Victorian mental health services delivered approximately 1.31 million hours of community-based mental health services.[12] To meet the estimated future demand growth, an increase in community-based treatment, care and support hours across all age cohorts will be required.

The demand modelling scenarios suggest that the greatest need for community-based mental health services will be for older adults and young people, who currently access care at a much lower proportionate rates within the current service system.

Figure 10. Demand for community-based mental health and wellbeing treatment, care and support



12 As of June 2022, in Victorian Agency for Health Information reporting. Does not include block-funded or statewide services. https://www.health.vic.gov.au/research-and-reporting/service-hours-mental-health-performance-indicator-reports

Estimated demand for bed-based, residential and crisis treatment, care and support

Under the three demand-modelling scenarios, demand for bed-based, residential and crisis treatment, care and support will increase by 2036–37, ranging from a total of 3,371 beds to 4,464 beds across all bed types.

It is important to highlight that the composition of total beds varies across scenarios, reflecting the system model they each represent. The adjusted NMHSP (reformed system) model shifts care to lower-acuity settings, with a higher proportion of therapeutic respite and short-term recovery beds, and a lower proportion of acute beds (including 10 per cent of total beds estimated to be delivered via HITH models).

As reflected in Figure 9, under current funding and planning, the Victorian mental health and wellbeing system will have 2,774 mental health beds (across all bed types) by the end of 2029. These demand modelling scenarios suggest that future demand equates to a further 597 to 1,690 beds across the state by 2036–37.

These demand modelling scenarios suggest that by 2036–37, there will be range of demand that equates to between:

- 1,605 and 2,265 acute treatment, care and support services beds
- 122 and 618 therapeutic respite and short-term recovery beds
- 1,360 and 2,045 extended rehabilitation beds.

The forecasted scenarios indicate support for the streaming of beds across the age cohorts. This supports further design work to occur on the development of a youth-specific stream of acute beds across the various service types.

Figure 11 displays the range of estimated demand for acute treatment, care and support bed-based services of between 1,605 and 2,265 beds in 2036–37. With model of care changes considered, there is a smaller difference in projected demand for bed-based services between the adjusted NMHSP (reformed system) model and the current government policy settings (base case) model by 2036–37.

The NMHSPF model projects a higher rate of demand for acute beds, as it assumes admissions continue at national average rates, without any diversions to community and lower-acuity models.

Figure 11. Acute treatment, care and support bed-based services

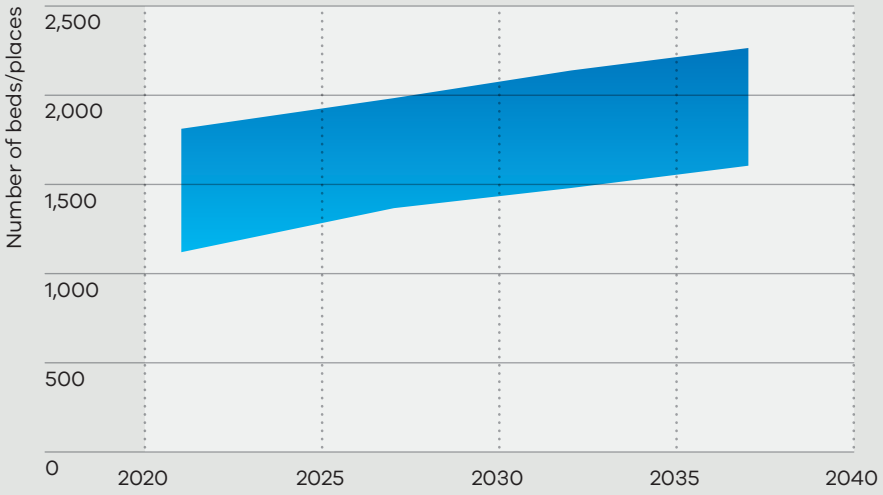


Figure 12 displays the range of estimated demand for therapeutic respite and short-term recovery beds of between 122 and 618 beds in 2036–37. The NMHSPF assumes much lower demand for bed-based therapeutic respite care and reflects a reliance on more extended rehabilitative models. Currently, PARCs are the dominant rehabilitative model in Victoria. This is represented in the adjusted NMHSP (reformed system) model to support diversions from acute settings.

Figure 13 displays the range of estimated demand for extended rehabilitation beds of between 1,360 and 2,045 beds in 2036–37. The adjusted NMHSP (reformed system) model and NMHSPF model demand reflect expected demand for extended rehabilitation beds and places to rise significantly, in line with a shift towards a higher proportion of care being delivered in the community. In the adjusted NMHSP (reformed system) model this demand is assumed to include new service types, including supported housing.

Figure 12. Therapeutic respite and short-term recovery beds

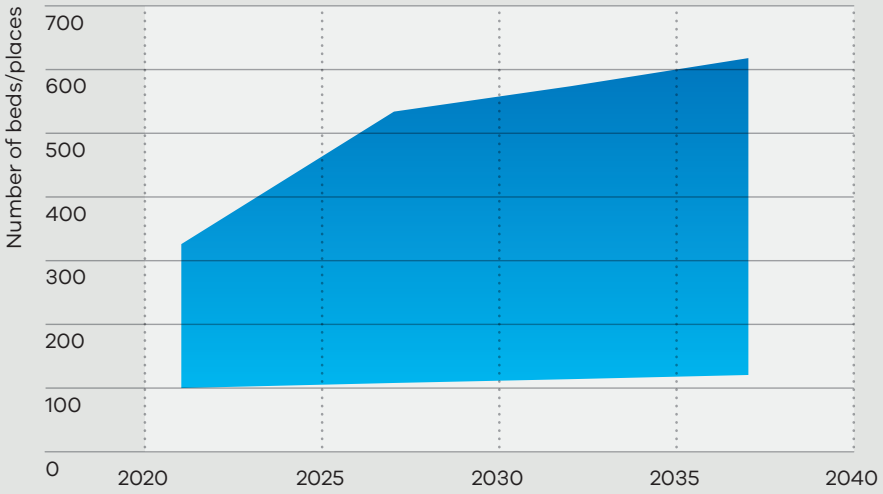
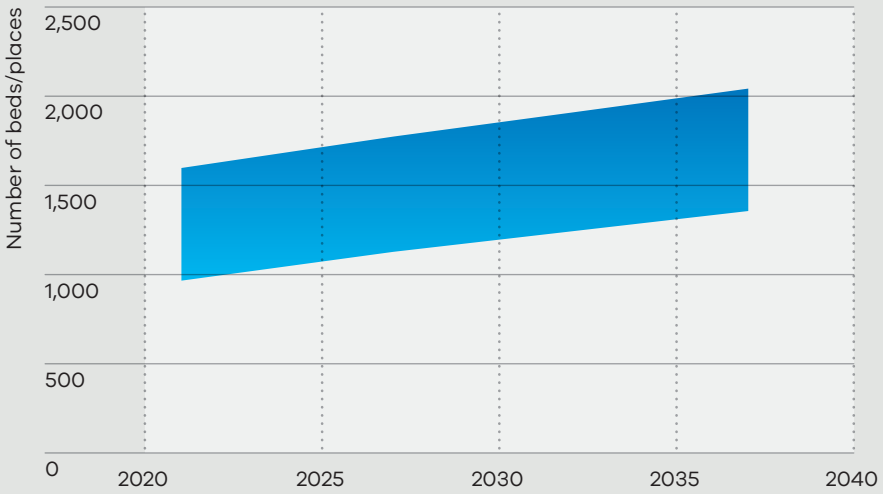


Figure 13. Extended rehabilitation beds



Directions for the future system

This Statewide Plan is just the first step in planning Victoria's future mental health and wellbeing system. It provides initial system directions to guide efforts in the short to medium-term.

These directions include to:

- reorient the system to ensure community-based mental health and wellbeing services are at the centre
- improve the availability of a range of bed types that respond to needs in each region
- embed evidence-based principles to guide prioritisation of future investment
- establish new care settings to guide future capital investment
- ensure that best-practice therapeutic design principles underpin architectural decision-making.

Community-based mental health and wellbeing treatment, care and support at the centre of the system

Expanding community-based mental health and wellbeing treatment, care and support is a key priority underpinning a transformed future mental health and wellbeing system.

As well as growing the availability of community-based treatment, care and support, planning will consider the availability and quality of existing infrastructure. This includes ensuring existing and future infrastructure support therapeutic best-practice models of care.

Future planning for community-based treatment, care and support will also need to consider requirements to develop contemporary settings that support and enable new models of care. This should, at a minimum, consider therapeutic design principles discussed in the following section.

Improving the availability of a range of bed types in different areas

The Victorian Government will ensure that people have access to a range of therapeutic bed-based treatment, care and support, regardless of where they live. This includes availability of extended rehabilitation services, and therapeutic respite and short-term recovery services.

Demand for extra beds will differ by region. Regional planning processes will consider the relative availability of different bed types in each area, and identify anticipated demand and future investment priorities.

Growth in therapeutic respite and short-term recovery beds aligns with the RCVMHS's recommendations. The RCVMHS identified the need to develop new adult residential respite and crisis services, and expanded short-term supported residential care options. This included expanding the number of adult and youth PARCs.

Future planning processes will also consider the availability of mental health and wellbeing crisis and suicide postvention and follow-up treatment, care and support. Several initiatives are underway across Victoria, which should be examined further and will be considered as part of the next Statewide Plan. Of note, 57 assessment and treatment spaces have commenced to establish mental health and AOD hubs in emergency departments.

Principles to guide prioritisation of investment

Prioritisation of potential future investment and effort will be informed by the principles and the underpinning evidence related to each principle, shown in Figure 14. The principles have been tested and refined through extensive consultation with people with lived and living experience, the mental health and wellbeing workforce, mental health and wellbeing service providers, and PHNs.

Figure 14. Prioritisation principles

Service user focus	Service delivery focus	Planning focus
Principles	**Principles**	**Principles**
Access to services and supports – ensure access for populations, regions and services experiencing the greatest level of need	**Quality and safety** – bolster the clinical and non-clinical quality and safety of both services and infrastructure	**RCVMHS service priorities** – align prioritisation with the RCVMHS-defined service priorities
Best outcomes and experiences for consumers and communities – draw from an existing evidence-base and develop services in partnership with people with lived and living experience, their families, carers and supporters	**Existing infrastructure performance** – maintain the performance of existing infrastructure	**Interdependencies and current projects** – anticipate and recognise interdependencies between transition actions, government committed projects and timelines for future activities
Human rights and self-determination – protect human rights, self-determination and cultural safety of all, with a focus on populations with a diversity of need	**Service and infrastructure innovation and improvements** – promote opportunities for service delivery innovation, redesign or redevelopment of existing services and facilities	**Achievable timeframes** – provide sufficient time for options analysis, stakeholder and lived experience engagement, co-production and implementation
	Staff and workforce needs – draw on workforce experience and practice expertise, identified through evidence-based actions and workforce engagement	**Value for money** – consider health economic outcomes, including potential economies of scale and operational efficiencies

New care settings to guide capital investment

There is a growing body of evidence illustrating the relationship between the design of care settings and mental health and wellbeing outcomes.

Future planning for infrastructure will need to support and enable new care settings, including community-based services, such as consumer-led safe spaces for people experiencing a mental health crisis. It will also need to consider the historical context, stigma and ongoing trauma related to services delivered previously at large institutional facilities and their location.

At the same time, infrastructure development will need to maximise existing assets and flexibly respond to changes to models of care, policy settings and consumer needs, as these arise.

The location and scale of infrastructure is to be informed by an understanding of service demand and models of care. This includes related services that may benefit from co-location or proximity to support an integrated, accessible and responsive system.

Infrastructure planning also occurs within a set of frameworks that regulate and guide certain elements of design.[13] These best-practice frameworks guide requirements and expectations related to improved amenity, privacy, safety and more therapeutic environments, and are increasing the overall floor size of mental health and wellbeing facilities.[14]

However, these frameworks alone are not enough to produce a therapeutic design outcome that can be applied as a single generic response for all cohorts across all settings of a similar type.[15] This highlights the importance of co-production and co-design as a central feature of the capital planning process for Victoria's new mental health and wellbeing service infrastructure to identify and agree on design solutions that are responsive to specific needs.

The risk of this response is a loss of adaptability of infrastructure for use by different cohorts or to accommodate changes to models of care over time.

Addressing this tension requires:

- careful attention to maintaining structural adaptability
- evaluating the actual performance in use of designs intended to produce a specific therapeutic outcome
- growing evidence and certainty around design approaches.

Future investment will have regard to priorities across the State and ensure future facilities are co-designed, aligned with contemporary design principles and adaptable to evolving models of care.

13 For example, the Australasian Health Facility Guidelines are used in Victoria to define types, sizes and fit out of spaces used for the delivery of mental health and wellbeing services. These are informed by identified models of care and respond to the risks in use that historically have been agreed are associated with the type of service provided.

14 For example, greater safety of women and other cohorts who may be vulnerable in a mental health facility can be achieved through 'podding' of sub-zones, which each provide dedicated corridors, sub-lounges, dining spaces and outdoor areas.

15 For example, while the Australasian Health Facility Guidelines for an adult acute mental health inpatient unit is a useful starting point for design for a women's only inpatient unit, different design solutions might be required to better reflect the needs and behaviours of different cohorts. This can be ascertained through a collaborative co-design process in which all stakeholders are engaged in thoughtful deliberation and agree on the design approach.

Best-practice therapeutic design principles to underpin architectural decision-making

There are multiple and diverse definitions for 'good design' or 'design quality' in architecture. This is due to the broad range of uses that architecture serves, the regard in which it is held by the society in which it is located, and who commissions the building and for what purposes. It can also reflect whose voice is privileged in the design of the building, and their level of understanding of the interplay between the physical environment and people's health and wellbeing.

Historically, the attributes of 'good design' relate to three key themes of:

- the quality of the construction itself, its robustness, the materials used and their relationship with each other, as well as with the local context
- how well the building supports and enables its intended purpose, and the activities or functions it is intended to accommodate
- how well the building manipulates and uses light, space, form and the natural world to provide building users with a desired physical, spiritual or emotional experience.

The emphasis on these broad criteria will vary according to the intended purpose or function of buildings.

To support the Statewide Plan, seven key principles have been identified as contributing to the creation of a therapeutic environment (that is, one that supports people wherever they are in their illness and their recovery) in Figure 15.[16] These principles recognise the evidence-based relationship between the physical and social environment, and improved mental health and wellbeing outcomes.[17]

Change is already underway, but there is a clear need to evaluate the alignment of new infrastructure with the system reform agenda, and its success in supporting service delivery and better mental health outcomes, to ensure decisions continue to be informed by the ever-evolving evidence base.[18]

16 These principles were identified through a literature scan to identify available evidence to guide the design of settings for the delivery of mental health and wellbeing services. A paper reporting on the literature scan and synthesis of the evidence into these key principles is being prepared by the Health Infrastructure Division.

17 The recently published The Case for Good Design: Healthcare – A guide for government published in 2019 by the Office of the Victorian Government Architect notes that construction costs typically account for two to three per cent, and design costs represent between 0.3 and 0.5 per cent of the whole-of-life costs of a building. It notes, however, that these small design costs have a significant impact on the operation and costs of a building across its lifespan, with research demonstrating that patients heal faster, staff are easier to attract and retain, and operational costs are less in a well-designed hospital.

18 For example, normalising the environment in acute inpatient units by providing consumer bedrooms in smaller pods that are supported by their own lounge space lowers the level of overall stimulus, increases the control the consumer has over their environment, and supports sexual safety by allowing consumers to receive care as part of their preferred cohort. This does, however, increase the overall size of the footprint required to accommodate the unit and requires staff to adopt new ways of working. While there is no doubt that the enhanced layouts of care settings transform the consumer experience, ongoing research is required to ensure that the therapeutic design approach is also effective in achieving the desired clinical outcomes for mental health and wellbeing, and the design approach is adjusted as the evidence grows.

Figure 15. Principles of therapeutic design

Design principles for mental health care settings

Normalising the environment

- Facility appears welcoming and non-institutional
- Internal and external environment is attractive and well maintained
- A gradual hierarchy of spaces supports the human need to manage privacy and social interactions (for example, interiors zoned to separate private residential areas from shared residential areas, clinical areas from residential areas and consumer areas from staff areas)

A 'beneficial background'

- Sensory experience is well considered (for example, acoustic treatment of interiors to reduce stress and agitation and enhance privacy)
- Interior feels light and well cared for
- Access to natural light and views to help orientation in time and space
- Salutogenic design, biophilic design and access to nature supports physical and emotional wellbeing
- Clear wayfinding and environmental cues convey the intended use of spaces (for example, lounge and sensory room)

Reduced sense of being 'crowded'

- Number of people in the unit is not socially overwhelming
- Rooms are sized for the expected number of users (for example, dining rooms)
- Circulation spaces are generous, well lit and have views to the exterior
- Integrity of the boundaries of rooms is maintained to remove the need for people to transit through them. Movement of people adjacent to them has nil or minimal impact on occupants

General sense of safety

- Crime Prevention Through Environmental Design principles are used throughout
- Good sight lines for staff to internal and external consumer areas and consumers can see and access staff easily
- Consumers can exercise control over their bedrooms (for example, credentials for locking doors)
- Staff can over-ride consumer-controlled access in emergencies
- Bedrooms and ensuites are clustered into smaller pods to enable cohorting of vulnerable consumers
- Opportunities for self-harm are minimised through appropriate selection of furniture, fittings and equipment (for example, anti-ligature)

Vulnerable cohort safety

- Single bedrooms with dedicated ensuites and consumer-controlled access (for example, swipe cards) are provided
- Dedicated corridors are provided to access pods of beds for vulnerable cohorts with access to pods consumer-controlled
- A dedicated sub-lounge/dining space accessible only from the specific sub-zone is provided
- A dedicated, small outdoor space is provided, accessible only from the specific sub-zone

Adequate clinical and activity spaces

- Adequate numbers of appropriately sized and well located clinical and activity spaces are provided to support consumers to engage in the treatment program and the full range of therapy options
- An adequate number of appropriately sized and well-located staff workspaces are provided
- An adequate number of appropriately sized and attractive break spaces are provided to enable staff to rest and refresh when off duty

Trauma-informed care

- Reducing or removing known adverse stimuli (for example, locate bedrooms away from noisy activity areas, minimise the number of people who have to walk past someone's bedroom door)
- Reducing or removing environmental stressors (for example, long and noisy corridors or double loaded, dead-end corridors)
- Provide spaces in which the individual can actively engage with a dynamic, multi-sensory environment that has a positive impact on their physical, emotional and psychological wellbeing
- Provide facilities that enable the individual to exhibit their self-reliance (for example, they can prepare a meal for themself rather than only be able to eat from a limited menu of prepared food, they can do their own laundry)
- Provide and promote connectedness to the natural world, ensuring that the outdoors can still be enjoyed in inclement weather
- Design the building so that individuals can be separated from others who may be in distress
- Reinforce the individual's sense of personal identity (for example, by designing the building so that they can decorate their personal space, potentially adjust the position of their bed in their room)
- Promoting the opportunity for choice while balancing program needs and the safety/comfort of the majority

Planning mental health and wellbeing treatment, care and support is an ongoing process

Planning expansion of the mental health and wellbeing system in three phases

Achieving the transformation of the system set out by the RCVMHS and supported by the Statewide Plan is a long-term and iterative process. The Statewide Plan seeks to highlight the short-term priorities and set the foundation for medium and long-term transformation. Figure 16 outlines how the Victorian Government will plan across three time periods.

Planning will consider the pace and extent of change, including the capacity of service providers to implement reforms at various stages of the transformation journey. They will also consider the operating environment, be ambitious but pragmatic, and be targeted, respectful and meaningful with engagement.

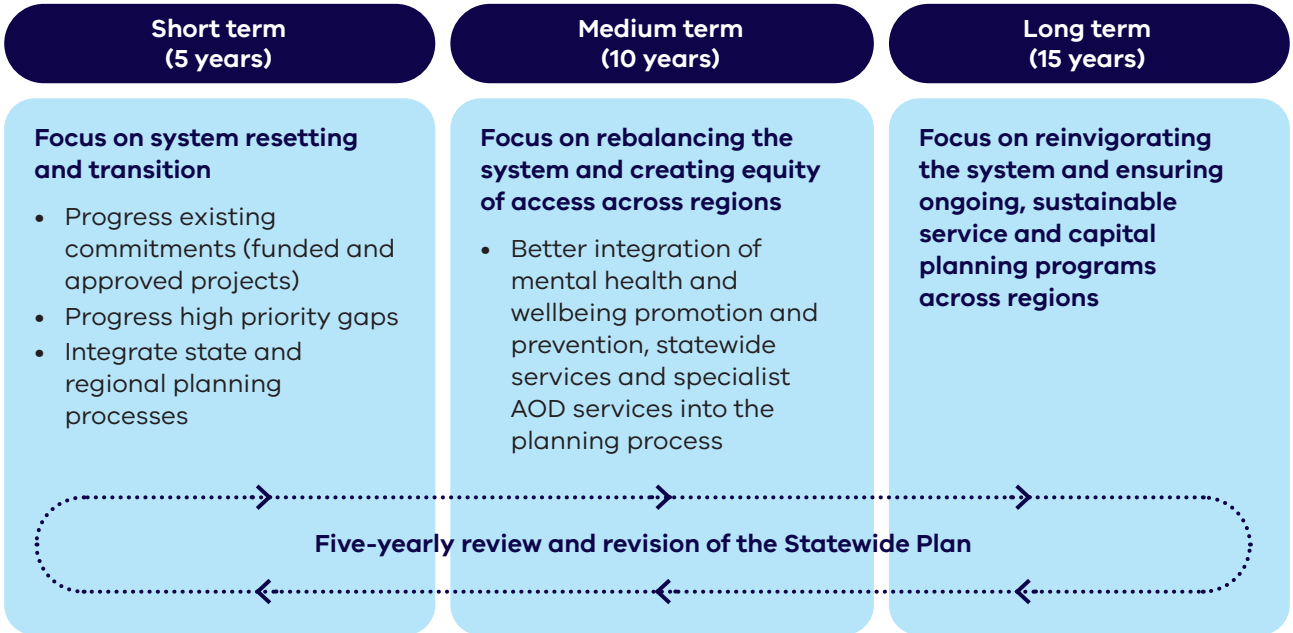
The Victorian Government's sights remain fixed on long-term transformational reform, instead of short-term responsive change. It is imperative to ensure the reform delivers a service system that keeps pace with changing needs and meets the expectations of consumers, carers and the service sector.

Embedding a new approach to planning and prioritising

Embedding a new approach to service and capital planning and prioritisation will be supported by three key levers of:

- an evidence-based approach to prioritising investment and assessing existing services and infrastructure
- regional and entity-based mental health service and capital planning
- co-design of detailed models of care and infrastructure.

Figure 16. Phases of implementation



Approach to prioritising investment and assessing existing services and infrastructure

The Statewide Plan will inform investment and resource allocation decisions alongside other factors, including fiscal capacity, other government priorities, available infrastructure, and the capacity of services and the workforce to grow.

The Statewide Plan and Regional Plans will guide overall system priorities by identifying where there are large gaps between available services and estimated future demand.

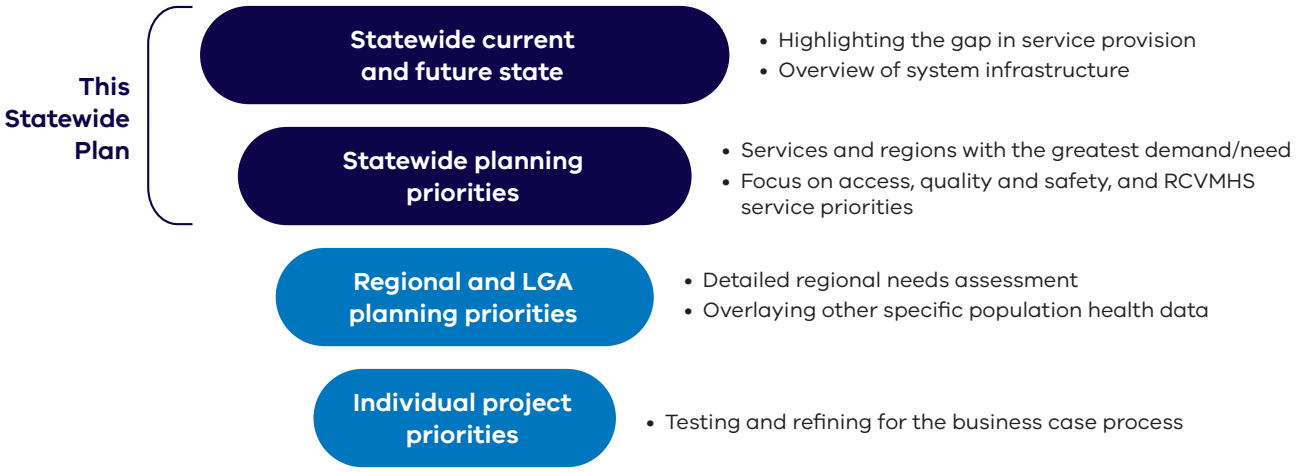
In addition to planning principles, future prioritisation will consider local factors, including:

- population needs assessment – assessing each LGA, based on a broad range of demographic, population health and service use metrics
- asset assessment – assessing the suitability of different facilities to enable the provision of contemporary and safe care.

This approach is consistent with broader approaches to prioritising investment in health infrastructure.

It will provide advice on relative priorities for different types of mental health and wellbeing services. These priorities will be subject to more detailed facility-level planning and the development of business cases. Figure 17 provides an overview of the phases of planning associated with the Statewide Plan.

Figure 17. Planning levels



Regional and entity-based mental health and wellbeing service and capital planning

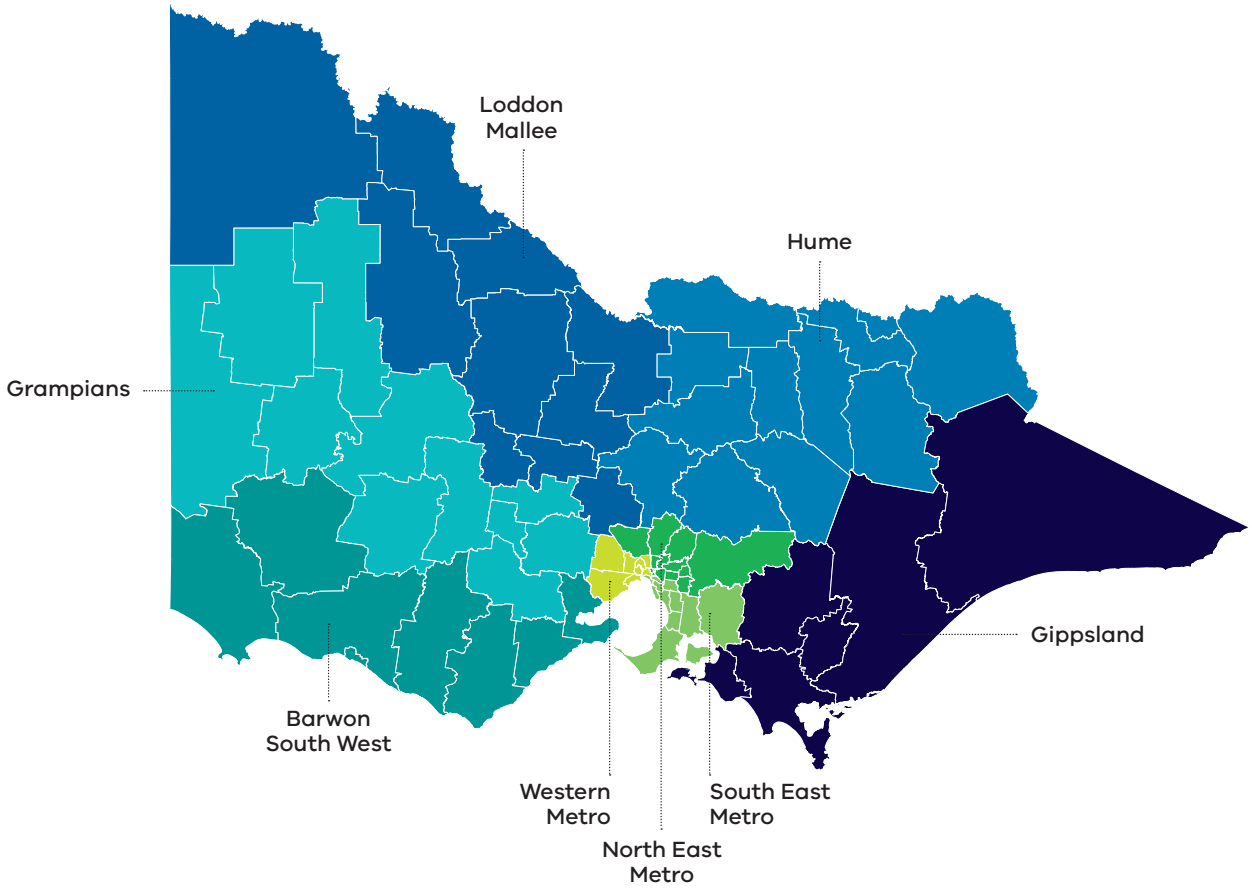
Regional planning will be the key to understanding the priorities and future system design at a local level, and will help inform future planning decisions within different regions. Recommendation 3.3 of the RCVMHS recommended establishing eight distinct regions, so that mental health and wellbeing services could be planned and organised in a way that responded to the unique needs of local communities.

New regional governance structures will also enable a greater integration across services, beyond the mental health and wellbeing system.

The RCVMHS also recommended regional-level service and capital plans across each of the eight identified regions. This planning process will provide a more comprehensive analysis of what an integrated service ecosystem will look like in each region, drawing out and responding to the differing needs of metropolitan, regional and remote communities across Victoria.

Initially, the Department of Health will develop these, with support from relevant regional bodies. They will inform priorities in each individual region, based on regional communities' forecast demand and current service gaps and, in turn, inform future cases for planning and resource allocations across regions and providers.

Figure 18. Eight mental health and wellbeing regions



Over time, and as the regional planning process matures, these plans will integrate other regionally based approaches to planning, such as the work of PHNs.

The Statewide Plan and Regional Plans will also inform planning at a local entity level, by identifying priorities and guiding the approach to assess and respond to estimated demand. Entity planning involves the development of detailed service plans at a facility level, reflecting planning frameworks and recommending local responses to inform future service and infrastructure development.

Co-design of models of care and infrastructure

The Statewide Plan articulates genuine co-design as a key step in the development of new models of care and the design of infrastructure. Future mental health and wellbeing services will provide comprehensive, integrated treatment, care and support across the state.

Co-design will ensure that what is being implemented meets the needs of people who experience the service or infrastructure, and delivers the best outcomes. Undertaking this process, together with a broad range of people with lived and living experience, their families, carers and supporters, clinicians, as well as the broader sector, is a priority action for the reform landscape.