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| Mental Health and WellbeingOutcomes and Performance FrameworkAccessible Version |
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**Content warning**

Mental Health and Wellbeing
Outcomes and Performance Framework

This content may be distressing as it makes reference to suicidal ideation and mental health challenges.

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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. This document may contain images of deceased Aboriginal and Torres Strait Islander peoples.

# Acknowledgement

We proudly acknowledge Aboriginal and Torres Strait Islander people as Australia’s First Peoples and the Traditional Owners and custodians of the lands and waters on which we live, learn, work and play. We pay our respects to Elders and leaders, past and present. We recognise the ongoing enrichment Aboriginal and Torres Strait Islander people, culture and communities bring to the cultural landscape of this state. We acknowledge that sovereignty has never been ceded.

Since time immemorial, Aboriginal and Torres Strait Islander people have practised their lores, customs and languages and nurtured Country through spiritual, material and economic connections to land, water and resources. These connections are central to Aboriginal and Torres Strait Islander social and emotional wellbeing.

We know we get better outcomes when Aboriginal and Torres Strait Islander people are making the decisions that affect First Nations communities. Victoria’s Treaty process gives us a pathway to give First Peoples a say on the policies that impact First Peoples’ lives. We commit to working proactively to support this work in line with the aspirations of Traditional Owners and Aboriginal and Torres Strait Islander people living in Victoria.

We look forward to a time where, through the Treaty process, we have recognised the wrongs of the past, made peace, and can walk together with greater respect, understanding and connection, and fully celebrate the strength, resilience and diversity of First Nations people living in Victoria.

# Lived and living experience recognition

The Victorian Government acknowledges the experience of people with lived and living experience of mental health challenges, and the experience of people who have been families, carers, kin and supporters of those with mental health challenges. We thank them for their irreplaceable courage and insights in contributing and collaborating on this Framework.

This document uses language to describe and discuss themes and concepts relating to mental health, but it is recognised that others might use different words to communicate their experience which are also valid. Given this, all endeavours have been taken to match the expectations of people with lived and living experience in the language used.

**A glossary of terms is found in the Appendices.**

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# Minister’s Foreword

**Every Victorian deserves access to a modern and high-quality mental health and wellbeing system. This means building a system that is people-centred and committed to continuous improvement and innovation for a better future.**

The Victorian Government is in the middle of a transformative journey, reshaping Victoria’s mental health and wellbeing system guided by the recommendations of the Royal Commission into Victoria’s Mental Health System.

The Outcomes and Performance Framework will provide a way to understand and measure the impact of reforms and the difference they make to people’s lives. It will drive shared responsibility and accountability for mental health and wellbeing outcomes across government and services.

The Framework aligns and guides major mental health reforms already underway, such as the Mental Health and Wellbeing Workforce Strategy 2021-2024 and the Mental Health and Wellbeing Act 2022, while providing a strong and clear roadmap for future reform.

We know that mental health and wellbeing is more than the services provided to Victorians. Wellbeing should be supported by every part of life - where you live, how you live, and the people around you.

In time, the work of this Framework will shape holistic outcomes – where supportive families, supportive communities, and supportive care will work together to help Victorians thrive and flourish.

Our aim is to establish an inclusive, accessible, and cohesive system. We will support our workforce and equip them with skills needed to serve the community without compromising their own wellbeing.

I want to thank everyone who has contributed their insights and expertise to developing the Framework. Your perspectives have deeply influenced our work, and I am grateful to everyone who has shared their story.

With this Framework, we are laying a solid foundation and charting the right course towards a future where every step leads to an improved mental health and wellbeing system.

Ingrid Stitt MP

Minister for Mental Health

# Introduction

Achieving good outcomes for individuals, including consumers, families, carers and supporters, and for the workforce and community, is fundamentally important[[1]](#footnote-2)

Royal Commission

Victoria’s Mental Health and Wellbeing system (the ‘MHW System’ or ‘system’) is undergoing a transformation in response to the February 2021 findings and recommendations of the Royal Commission into Victorian Mental Health System (‘the Royal Commission’).

To ensure that every part of this sweeping reform to the mental health and wellbeing system works together towards improving mental health and wellbeing for people in Victoria, the Royal Commission recommended the development of an outcomes framework.

The intended purpose of the framework is to:

* set the ambition and expectations for what a successful mental health and wellbeing system should look like
* improve the outcomes of consumers (people who experience, or have experienced, mental ill health), and their families, carers, kin and supporters
* measure the impact of mental health and wellbeing services from the perspectives of consumers, families, carers, kin and supporters
* hold mental health and wellbeing service providers to account and support them to improve their performance over time
* drive collective action, responsibility and accountability for mental health and wellbeing outcomes across the Victorian Government.

Over time, it will mean that when someone does need to access a service, they feel safe and welcomed, regardless of who they are and their circumstances. It will ensure Victoria’s mental health and wellbeing workforce is highly skilled and supported to thrive in positive working environments. It will transform Victoria’s mental health and wellbeing system and services from the ground up.

Success will mean Victorians are receiving the support they need, when they need it, to live and experience the life they want.

**Figure 1: Royal Commission Recommendation 1**

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The Royal Commission recommended that the Victorian Government:

1. Develop a Mental Health and Wellbeing Outcomes Framework to drive collective responsibility and accountability for mental health and wellbeing outcomes across government portfolios.
2. Through a Cabinet Subcommittee, use the Mental Health and Wellbeing Outcomes Framework to monitor outcomes to inform planning and policy decisions.
3. Use the Mental Health and Wellbeing Outcomes Framework as a mechanism to inform government investment processes and assess the benefits, including the economic benefits, of early intervention.
4. Update the Mental Health and Wellbeing Outcomes Framework and publicly report on progress against outcomes at a service, system and population level, every year.

[end figure text]

In addition to Recommendation 1 that outlined the development of an outcomes framework, Recommendation 49 described a performance monitoring and accountability framework to be established. The Mental Health and Wellbeing Outcomes and Performance Framework (the Framework) combines these two recommendations, ensuring the performance of services is managed towards achieving the outcomes the community values. This integrated approach will provide a holistic view of the whole mental health and wellbeing system in one place, to understand how it is working together and performing to improve mental health and wellbeing outcomes for all Victorians.

# Development of the framework

The future system will not be a collection of discrete reforms tacked on to an antiquated system, but a fundamental redesign.[[2]](#footnote-3)

Royal Commission

## Process to develop the Framework

The Royal Commission stated that the Framework “must be developed with people, not for people”[[3]](#footnote-4). As a result, the Framework design process was extensive and far reaching.

The consultation and engagement provided breadth and depth across the system, including consumers, families, carers, kin and supporters, diverse communities, service providers, peak bodies, related sectors, academia and government representatives.

The approach included targeted engagement to explore and understand the vision, hopes and expectations of the future system.

The experiences and insights of all participants have been thoroughly considered in the Framework design. Achieving this ambitious reform will require ongoing collaborative and collective effort.

**Infographic**:

* 27 visioning and measures workshops
* 300 workshop participants
* 5 Lived Experience Experts on the Lived Experience Engagement Panel
* 9 Lived Experience Engagement Panel deep collaboration sessions
* 173 Engage Victoria Submissions
* 459 documents analysed and coded (RC reports, witness statements, submissions, Productivity Commission reports)

## Putting lived and living experience at the centre

The expertise of people with lived and living experience is at the centre of how Victoria is responding to the Royal Commission’s recommendations. The Royal Commission stated “it is crucial that the Framework be created in partnership with consumers, families, carers and supporters, and as captured in Recommendation 49—outcomes must reflect what matters most to the people who are the beneficiaries of the service or system.”

The insights of people with lived and living experience provided a unique perspective on success in mental health and wellbeing that moves beyond clinical descriptions. If people feel safe, have a say in their care, are listened to, and are respected - these are measures of success and system improvement.

Throughout the design and development of the Framework, the expertise of people with lived and living experience has been sought through:

* the establishment and genuine partnership with a dedicated Lived Experience Engagement Panel that provided regular expert advice and knowledge
* workshops with consumers, families, carers, kin and supporters, including lived and living experience workforces
* involvement of people with lived and living experience across almost all workshops as designers, participants or facilitators
* prioritising lived and living experience perspectives and voices in all activities.

## Diversity and equity

Everyone deserves to experience the best mental health and wellbeing. The Royal Commission made it clear that the system was not designed or equipped to support the diverse needs of Victorians. The experiences and insights shared during the Framework design further highlight this shortcoming.

The Framework recognises that mental health and wellbeing is shaped by a range of social, physical, cultural, and economic factors. It describes an aspirational future where all Victorians have access to the mental health and wellbeing services they need, when they need them and in their own communities.

The Framework will have universal measures, with data and reporting that captures and compares the experiences of Victoria’s diverse communities.

Every domain, outcome, and indicator in the Framework will be viewed, understood and measured with an intersectional lens. Intersectional data analysis and reporting will call attention to inequities and acknowledge diversity of experiences and needs.

This includes (but is not limited to):

* personal factors, such as gender, age, sexuality, and disability
* cultural, ethnic and religious background
* where people live in Victoria (e.g., urban/rural; metropolitan/suburban)
* lived and living experience as a consumer
* lived and living experience as a family member, carers, kin and/or supporter
* other life experiences, such as homelessness and substance use.

# Mental Health and Wellbeing Outcomes and Performance Framework

An outcomes approach will support the Victorian Government, across all portfolios, to work together towards the ultimate vision for the system and will act as a guiding light to support reform activity.[[4]](#footnote-5)

Royal Commission

## Purpose and scope of the Framework

The Framework describes what Victoria’s mental health and wellbeing system will look like in the future. It outlines how the system is working together to achieve better mental health and wellbeing in workplaces and communities, as well as promoting more inclusive and effective mental health and wellbeing services.

At its core, the Framework will support the transformation of the mental health and wellbeing system using a ‘whole‑of‑system’ approach — enabling service providers, regions, communities and all levels of government to collaborate and drive positive change.

Within an outcomes-based approach, outcomes and performance are inextricably

linked.

* **Outcomes** are the result of an action or intervention.
* **Performance** tells us about the process of implementing an action or intervention to achieve the outcomes.

Tracking the performance of the mental health system from an outcomes-based perspective is integral to achieving meaningful accountability. To enable this, the right information needs to be collected and used in clear accountability structures, regardless of whether that is at the local, regional or statewide level.

Outcomes-based performance monitoring is also important to ensure mental health and wellbeing services are delivering improved care, support, experiences and outcomes for consumers, families, carers, kin and supporters. It provides clarity between the Department of Health and service providers about service delivery expectations and supports continuous improvement.

## The Framework architecture

The Royal Commission explicitly stated the Framework must align with the *Outcomes Reform in Victoria* statement, which lays out the Victorian Public Service’s outcomes approach and the architecture for implementing these outcomes.

Most notably, the statement calls for a whole-of-government approach to “think and work in fundamentally different ways to create better public value for Victorians”[[5]](#footnote-6). This proclamation promotes a shared understanding of what is important, setting the tone for this Framework’s architecture.

The Framework architecture sets out a singular vision underpinned by four domains, which together describe what success looks like in Victoria’s reformed mental health and wellbeing system. The four domains contain a series of outcomes, each with respective indicators and measures, which together define how success will be measured.

**Figure 2: The Victorian Outcomes Architecture**

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* **Vision**: the big picture, aspirational statement that describes what government wants to achieve for the community.
* **Domains**: provide a logical structure for grouping related outcomes. Organising by domains helps ensure frameworks cut across traditional policy divisions, as emphasised in the Commission’s report.
* **Outcomes**: articulate what success looks like and reflect the ambition for the reformed mental health and wellbeing system. They are clear, unambiguous statements about the things that matter to people and communities.
* **Indicators**: are the changes that need to happen to achieve a desired outcome. Indicators reflect the key drivers and influences on progress towards an outcome.
* **Measures**: provide granular, specific detail about how to measure the concept outlined in the indicator. Measures are the detail about how progress will be tracked.

[end figure text]

## A vision for the future

**A mental health and wellbeing system that delivers inclusive, personalised, compassionate, integrated care so all Victorians are supported to live and experience the life they want.**

This unifying statement represents the mental health and wellbeing system’s contribution to making Victorians the healthiest people in the world. This vision will guide the overall mental health and wellbeing reform and is the sum of what every other layer of the Framework is working to achieve.

What matters the most for some people will be different to others. This vision ensures all Victorians are seen and heard, including:

* **Consumers**: Consumers have agency and access to high-quality and holistic care and leadership roles.
* **Families, carers, supporters and kin**: Carers, family, supporters and kin are recognised, respected, and supported, including in leadership.
* **Aboriginal and Torres Strait Islander communities**: Self-determination and cultural safety are upheld and physical, emotional, social, and spiritual aspects of wellbeing are central and interconnected.
* **Diverse communities**: Services and models of care respond to, reflect and embrace diversity.
* **Workforces**: Workforces are diverse, multidisciplinary, collaborative, and feel safe, valued and supported – including lived experience workforces

## The Framework domains

The Mental Health and Wellbeing Outcomes and Performance Framework has four domains, each of which is focused on a key area of reform. The Framework is designed to put Victoria’s community outcomes at the very forefront of system reform and for these community outcomes to be monitored and reported on annually.

**Figure 3: The Outcomes and Performance Framework Domains**

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### Community Outcomes

**Domain 1 - Victorian Population: People and communities are enabled to experience the mental health and wellbeing they want**

This domain presents an overview of the factors contributing to the mental health and wellbeing of both individuals and communities. Understanding these factors means we can better support improved performance and public accountability for the performance of the system.

### Performance Management

**Domain 2 – Services: People are supported by mental health and wellbeing services to live the life they want**

This domain centres on mental health and wellbeing services. As outlined in the Royal Commission, and as described by people with lived and living experiences, this domain focused on the experience and impact of service as felt by consumers and families, carers, kin and supporters.

**Domain 3 – Workforces: People in the mental health and wellbeing workforce are adaptive and collaborative and bring together diverse knowledge, skillsets, and experiences**

As outlined in the Royal Commission, the mental health and wellbeing workforces are an essential element of the system. Without them, no service can be delivered. The Framework recognises this importance by having an entire domain dedicated to the measurement and management of skills, distribution, and wellbeing of the workforce, including lived and living experience workforces.

**Domain 4 - System Stewardship: System structures and leaders drive real change and accountability**

This domain recognises that this is a framework for a system in active change, and that ensuring the system is effectively managed through change is a critical enabler of the community outcomes it seeks to improve. This domain will support system managers and leaders to better collaborate, manage and be accountable for improving mental health and wellbeing services in Victoria.

[end figure text]

# **Domain 1: Victorian Population**

People and communities are enabled to experience the mental health and wellbeing they want

## Why it matters

The first domain looks at the mental health and wellbeing of everyone in Victoria. As laid out in the vision, the ultimate goal of the mental health and wellbeing system is to support all Victorians to live and experience the life they want.

The domain also recognises that experiences of struggling with mental health challenges are often symptomatic of complex life experiences, and that it’s critical to understand and address these complexities to achieve greater wellbeing. This includes the relationships and connections that people have with their families, their friends, and their communities.

This domain also includes a placeholder to recognise the distinct and self-determined concepts of Aboriginal and Torres Strait Islander Social and Emotional Wellbeing, which will be developed in partnership with Aboriginal and Torres Strait Islander people.

This domain is about the ultimate impact of reform and is therefore also used in public accountability.

## Domain 1: Outcomes and Indicators

**Outcome 1: People’s mental health and wellbeing enable them to live a life they want**

This outcome is central to the Framework. It’s about the mental health and wellbeing of everyone in Victoria – not just reduced mental health challenges, but happier and more fulfilling lives. All outcomes in the Framework will play a role in achieving this.

* Increase quality of life and life satisfaction
* Increase sense of belonging and purpose
* Increase self-confidence and self-belief
* Decrease rates of suicide
* Decrease rates of psychological distress

**Outcome 2: Communities support and enable mental health and wellbeing.**

This outcome highlights the influence communities have on the wellbeing of their members. It recognises that positive human connections, relationships, and the ability to participate in society fully and effectively are central to mental health and wellbeing.

* Increase social inclusion and community connection
* Increase local liveability and access to nature
* Increase supportive, respectful relationships
* Increase community conversations about emotional wellbeing

**Outcome 3: People’s mental health and wellbeing is supported by every aspect of their life.**

The Royal Commission said the Framework should “consider the social determinants of mental health” such as “access to housing, education, meaningful employment and living free from discrimination”.[[6]](#footnote-7) This was also heard in feedback from people with lived and living experience and is clear in academic literature. Mental health and wellbeing are not an isolated phenomenon, but a whole-of-life experience, and a shared responsibility of society. The Framework must reflect that broad understanding.

* Decrease family violence, gender-based violence, and gender inequality
* Decrease community and societal violence
* Decrease adverse childhood experiences
* Decrease bullying and cyber bullying
* Decrease experiences of discrimination and exclusion
* Increase support for people and communities exposed to trauma, natural disasters, and other adverse events
* Decrease financial insecurity
* Decrease harmful and addictive relationships with alcohol, other drugs, and gambling
* Increase stable, secure, and appropriate housing
* Increase meaningful engagement in education, employment, and other pastimes
* Increase physical health
* Increase optimal family functioning and support
* Decrease discrimination and stigma around mental health challenges and psychological distress

**Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing.**

Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing.

This outcome recognises the unique experience of Aboriginal and Torres Strait Islander people in Victoria and their self-determined concepts of social and emotional wellbeing.

There is extensive work underway at the time of publication on the development of an Aboriginal Social and Emotional Wellbeing Outcomes Framework in partnership with VACCHO and Aboriginal and Torres Strait Islander people. As this work, Treaty and the landmark Yoorrook Justice Commission progresses, Aboriginal and Torres Strait Islander social and emotional wellbeing components within the Framework will evolve.

The Outcomes and Performance Framework aligns with other important frameworks for Aboriginal and Torres Strait Islander people, including the nationally agreed Closing the Gap Framework and the Victorian Balit Murrup: Aboriginal social and emotional wellbeing framework 2017-2027. Future reporting against the Outcomes and Performance Framework will be able to measure progress against Closing the Gap targets and place them in the context of the broader Victorian mental health and wellbeing system.

For this framework, it is important to note that the concept of Indigenous data sovereignty is particularly relevant. The Yoorrook Justice Commission defines Indigenous data sovereignty as “the right of Indigenous Peoples to own, control, access and possess data that derive from them, and which pertain to their members, knowledge systems, customs, resources or territories” (from: Kukutai & Taylor 2016; Snipp 2016).

# **Domain 2: Services**

People are supported by mental health and wellbeing services to live the life they want

## Why it matters

The Royal Commission found the mental health system was not supporting the people who needed it most and was complex and fragmented. Respectful, person-centred services that are physically and culturally safe are key to reforming the system. Consumers and carers asked the Royal Commission to make it easier to navigate the system. This set of outcomes will support system managers to understand if mental health and wellbeing services are providing high quality care that meets the needs and expectations of everyone in Victoria.

## Domain 2: Outcomes and Indicators

**Outcome 1: Mental health and wellbeing services are safe, inclusive, and accountable.**

People accessing mental health and wellbeing services need to feel safe and welcomed. It is critical that services create these supportive environments and treat all people with dignity and respect.

* Increase people’s experiences of physical and psychological safety
* Increase accountability in responding to feedback and complaints
* Increase cultural safety of care and support
* Increase quality and safety of care and support
* Decrease use of seclusion, restraint, and compulsory treatment

**Outcome 2: Mental health and wellbeing services are holistic and effective.**

People accessing mental health services want to make a difference in their lives. This outcome focused on services providing the necessary holistic support that people want and deserve. This includes moving beyond a narrow focus on mental health to a broad understanding of people’s individual contexts and needs.

* Increase people’s satisfaction at the results from their care and support
* Increase people’s experiences of whole-of-person care and support
* Increase effectiveness of care and support

**Outcome 3: Mental health and wellbeing services are person-driven and compliant with human rights.**

It is not only important that service delivery and results are positive, but that experiences of care are positive as well. Service delivery should be driven by the person accessing the service in a supportive and respectful way. Service delivery must respect people’s human rights.

* Increase positive experiences of care and support
* Increase person-driven and dignified care and support
* Increase care and support that is compassionate and trauma-informed
* Increase people’s awareness of their human rights in care and support

**Outcome 4: Mental health and wellbeing services recognise the unique knowledge and experience of family, carers, kin, and supporters.**

Where appropriate and desired by the consumer, the involvement of supportive family[[7]](#footnote-8) and friends can be instrumental in effective service delivery. Recognising carers as individuals, and supporting their own mental health and wellbeing is also vital.

* Increase recognition of families, carers, kin, and supporters in all their diversity
* Increase meaningful inclusion of families, carers, kin, and supporters in care and support
* Increase families, carers, kin, and supporters being supported in their own mental health and wellbeing
* Increase tailored and accessible information, resources, and supports for families, carers, kin, and supporters

**Outcome 5: Mental health and wellbeing services are accessible and equitable.**

Victorians should have equal ability to access mental health and wellbeing services in a way that works for them, no matter who they are, or where they live.

* Increase people being able to access the care and support they want
* Increase people being able to access care and support where and when they want
* Decrease inequality of access to care and support

**Outcome 6: Mental health and wellbeing services are connected and integrated**

The Royal Commission acknowledged the mental health and wellbeing system is complicated and “often not sufficiently integrated to respond to people’s needs and preferences”[[8]](#footnote-9). It is important there is no wrong door when someone reaches out for support. People must be supported to navigate the system to access the care they need, before, during, and after service use.

* Increase people being able to effectively navigate and receive all the services they need
* Increase continuity of care and support across different services
* Increase diversity and ease of access points into the mental health and wellbeing system
* Increase people being offered aftercare plans

# **Domain 3: Workforces**

People in the mental health and wellbeing workforce are adaptive and collaborative and bring together diverse knowledge, skillsets, and experiences

## Why it matters

The Royal Commission highlighted many systemic issues that affect the workforce, including burn out, poor career progression, and a lack of skill development. The range of mental health and wellbeing services is expanding in Victoria, and these services need a diverse, skilled, and multidisciplinary workforce. This not only includes people with lived experience, but also Aboriginal and Torres Strait Islander and other diverse communities, to deliver culturally safe and supportive services. It also acknowledges that people in the workforce need to be supported in their own health and wellbeing. This set of outcomes will support system managers to understand if workforce reforms are having the impact sought.

## Domain 3: Outcomes and Indicators

**Outcome 1: The mental health and wellbeing workforce has the necessary skills, knowledge, and capability to work to the top of their individual and collective scopes of practice.**

To achieve the quality of care outlined in Domain 2, the workforce delivering that care must be supported to develop their individual and collective skills, expertise, and experience.

* Increase diversity of learning opportunities
* Increase workforce skills, knowledge, and capability
* Increase workforce partnering with consumers and families, carers, kin, and supporters
* Increase consumer and family, carer, kin, and supporter confidence in the workforce

**Outcome 2: The mental health and wellbeing workforce reflects the people and communities it serves.**

To effectively deliver treatment, care and support to Victoria’s diverse community, the workforce must be reflective of that diversity. This includes ensuring people with lived experience in the mental health workforce are recognised for their unique insights and value.

* Increase integration of lived and living experience roles throughout the workforce
* Increase genuine authority of lived and living experience expertise and leadership in workforce practices and design
* Increase inclusion and dignity of the lived and living experience workforces
* Increase recognition and career progression of the lived and living experience workforces
* Increase overall workforce diversity to reflect local communities served, including multicultural and Aboriginal and Torres Strait Islander workers

**Outcome 3: Services provide safe, rewarding, and innovative working environments for the workforce.**

People in the mental health and wellbeing workforces are members of the Victorian community and need to be supported in their own mental health and wellbeing. This includes having positive and safe working environments where they are supported to develop and thrive in their career.

* Improve workforce mental health and wellbeing
* Increase safety of the workforce
* Decrease discrimination in the workforce
* Increase workforce satisfaction with their career and culture
* Increase workforce satisfaction with their working conditions
* Increase opportunities for workforce to contribute to translational research, innovation and reform

**Outcome 4: The mental health and wellbeing workforce is regenerative and sustainable.**

To become a reformed, flexible mental health and wellbeing system, the workforce must be adaptive and sustainable for the long term. There needs to be enough people, in the right places, to deliver the services that Victorians need.

* Decrease understaffing
* Increase people choosing to enter and remain in the mental health and wellbeing workforce, particularly in rural and regional areas
* Increase career pathways within and from the mental health and wellbeing workforce

# **Domain 4: System Stewardship**

System structures and leaders drive real change and accountability

## Why it matters

The Royal Commission recommendations seek to reform the whole Victorian mental health and wellbeing system, not just individual services. This includes all areas of the Victorian Government responsible for delivering mental health and wellbeing services, as well as associated agencies and oversight bodies. This includes new leadership and oversight structures that include people with lived experience. This set of outcomes will support system managers to understand if the reforms are creating a responsive, integrated, contemporary, and adaptable system, with better access for all people to services that work for their unique circumstances and backgrounds.

## Domain 4: Outcomes and Indicators

**Outcome 1: The mental health and wellbeing system respects, protects, and complies with human rights.**

This outcome holds the system accountable for respecting human rights. It is a collective, system-level view of human rights in service delivery. This complements the person-level human rights outcomes in Domain 2.

* Increase mental health and wellbeing services complying with human rights
* Increase system and service transparency about human rights compliance
* Increase responsiveness from regulatory and oversight bodies
* Decrease use of seclusion, restraint, and compulsory treatment

**Outcome 2: The mental health and wellbeing system is transparent and accountable to everyone in Victoria.**

The role of the framework is to ensure the system is working to achieve better outcomes for people in Victoria. This outcome includes key measures of accountability to guarantee that it is built into the heart of the framework itself.

* Increase timeliness and availability of system and service performance information
* Increase timely and satisfactory resolution of complaints
* Increase financial sustainability of the mental health and wellbeing system

**Outcome 3: The mental health and wellbeing system is accessible**

To benefit from mental health and wellbeing services, people in Victoria need to be able to access them no matter their personal circumstances. This includes accessibility for people with disabilities. It also means making sure that people who have never accessed services feel that they’d be welcomed if they needed to.

* Increase people being able to access the care and support they want, when they want, where they want
* Increase the mental health and wellbeing system’s capacity to provide appropriate, culturally safe, and timely care and support
* Increase physical accessibility of services and spaces
* Increase perception of the mental health and wellbeing system as open, safe, and welcoming

**Outcome 4: The mental health and wellbeing system is driven by people with lived and living experience.**

To become a mental health and wellbeing system that focuses on achieving better mental health and wellbeing outcomes for people with mental health challenges and their families, carers, kin, and supporters, it is essential that people with lived and living experience are integrated into the system at every level.

* Increase leadership roles for people with lived and living experience in design, policy, system management, and oversight
* Increase mental health and wellbeing services being designed, led, and delivered by people with lived and living experience
* Increase diversity in lived and living experience roles, including roles in research, evaluation, and academia
* Increase opportunities for people with lived and living experience to experience career advancement, professional development, and mobility across role types

**Outcome 5: Wellbeing is supported in the places people learn, live, and work.**

As shown in Domain 1, people’s experiences of mental health and wellbeing are closely tied to their experiences in other areas of life. This outcome outlines some priority areas where the system needs to proactively support people in their mental health and wellbeing.

* Increase positive mental health and wellbeing for children and young people in education settings
* Increase positive mental health and wellbeing in workplaces
* Increase positive mental health and wellbeing in aged care and other long-term care settings
* Increase awareness of and support for mental health and wellbeing in the justice system, including youth justice
* Increase support for mental health and wellbeing in the child protection and out-of-home care systems
* Increase positive mental health and wellbeing for people in public and social housing

**Outcome 6: The mental health and wellbeing system continuously and collaboratively learns and improves.**

Although the Royal Commission laid out an extensive vision for reform, it only reflects a single point in time. To ensure the mental health and wellbeing system is achieving outcomes into the future, it must be able to constantly learn and improve.

* Increase leadership of people with lived and living experience in research, innovation, and evaluation
* Increase use of research and evaluation
* Increase reliability of mental health and wellbeing data
* Increase the mental health and wellbeing system’s capacity to learn and adapt to changing community expectations

# Implementing the Framework

To be effective in supporting the transformation of the mental health system, the new Mental Health and Wellbeing Outcomes Framework must be applied using a whole-‑of-system and whole-‑of-government approach.[[9]](#footnote-10)
Royal Commission

## What’s next?

In order for the Framework to focus the system on achieving greater impact, it must be integrated into existing and reformed management and reporting processes. However, given the size and breadth of the Framework, implementation will not be a single action; instead, it will include a wide array of different pieces of work. Each implementation action will support a different part of the mental health and wellbeing system to begin using the Framework to monitor and achieve better outcomes.

Some of these areas of work may include:

* Upskilling and training across the mental health and wellbeing system to introduce the Framework. This will include developing guides to outcomes and performance, establishing communities of practice, and training and development.
* Sharing knowledge about progress and achievements – as the reformed system matures, sharing knowledge about our progress and achievements becomes a foundation for collaboration and public reporting.
* Transitioning from the current Performance and Accountability Framework by iteratively building on it towards an outcomes-based performance approach across the entire reform agenda. This will better leverage existing data in enhanced reporting, avoid duplication in collections and collaboratively add to these collections where needed for new outcomes-based reporting as the data improves.
* Developing guides and tools to support the use of the Framework to make decisions by identifying shared priorities and measuring impact.
* Supporting the new Mental Health and Wellbeing Commission (and other new entities recommended by the Royal Commission) in its role to support consumers and hold government to account by monitoring and reporting annually on the system level outcomes for the Victorian community in Domain 1 of the framework.
* Supporting development of new data and systems as part of implementing the new contemporary information architecture (Recommendation 62) to comprehensively monitor and improve the performance of the system, including through the development of new and innovative measures and exploring opportunities for new ways of collecting and connecting data.

It is important that implementation is sustainable and focused on the long-term, and a central element of sustainability is reflection and iteration.

As required by the Royal Commission, the Framework will be reviewed and updated over time to keep pace with changing needs and expectations.

Although the outcomes in the Framework have been designed for long-term relevance, it may be necessary to update the indicators and measures as the system evolves and changes. This could be as progress is made, changes are completed, or in response to other changes in Victoria or our understanding of mental health and wellbeing.

It is therefore important that the Framework is flexible enough to adapt to these changes and keeps pushing the system towards achieving better mental health and wellbeing outcomes. In any future updates to the Framework, the focus of doing so with people, and not for people, will remain.

The Framework will guide the transformation of Victoria’s mental health and wellbeing system into one that is inclusive, personalised, compassionate and high-quality.

Ultimately, this Framework will help achieve a shared aspiration of a mental health and wellbeing system that delivers inclusive, personalised, compassionate, integrated care so all Victorians are supported to live and experience the life they want.

## Implementation supports continuous improvement

Implementation of the Framework will support work already underway to co-design, implement, integrate (i.e., with wider departmental processes) and sustain new ways of working across the system characterised by a commitment to continuous improvement.

Figure 4: The Learning Health System is an internationally recognised model for health service continuous improvement

[The figure shows a small circle within a larger circle. The small circle reads: the Outcomes and Performance Framework. The larger circle is divided into three parts, read in a clockwise sequence. The first part of the sequence reads: Knowledge in Practice. The second part of the sequence reads: Practice in data. The third part of the sequence reads: Data to knowledge]

# Glossary

**Language and words are powerful and can have different meanings for each person. There is no single set of definitions used to describe people’s experience of their mental health, psychological distress or mental health challenges. This diversity is reflected in the many words used by people to express their experiences.**

There is also diversity in the ways mental health and wellbeing workforces describe themselves, their knowledge, skills and ways of working with consumers, families, carers, kin and supporters.

Words can have a lasting impact on a person’s life, both positive and negative. Words are also deeply questioned and nuanced, with many perspectives on terminology. The language used through this document aims to be inclusive and respectful.

|  |  |
| --- | --- |
| **Care and support** | This phrase is used to present treatment, care and support as fully integrated, equal parts of the way people will be supported in the future mental health and wellbeing system. In particular, wellbeing supports (previously known as ‘psychosocial supports’) that focus on rehabilitation, wellbeing and community participation will sit within the core functions of the future system. |
| **Carer** | Means 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. |
| **Consumer** | People who identify as having a lived or living experience of mental health challenges, irrespective of whether they have a formal diagnosis, who have accessed mental health services and/or received treatment. |
| **Family** | May refer to family of origin and/or family of choice. |
| **Lived and living experience** | People with lived and living experience identify either as someone who is living with (or has lived with) mental health challenges 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 health challenges. People with lived and living experience are sometimes referred to as ‘consumers’ or ‘carers’. |
| **Lived and living experience workforces** | This includes anyone in a professional role in the mental health and wellbeing system who uses their own lived and living expertise in that capacity. This includes both people working from the perspective of being a person with their own personal lived and living experience of mental health challenges (‘consumers’) and also families, carers, kin and supporters of consumers. |
| **Mental health and wellbeing** | The addition of the concept of ‘wellbeing’ represents a fundamental shift in the role and structure of the future system. In the future mental health and wellbeing system for Victoria, mental health and wellbeing refers to the absence of mental health challenges or psychological distress and to creating the conditions in which people are supported to achieve their potential. |
| **Mental health challenges**  | A medical condition that is characterised by a significant disturbance of thought, mood, perception or memory.The Commission uses the above definition of mental illness consistent with the Mental Health Act 2014 (Vic) and recognises the Victorian Mental Illness Awareness Council Declaration released on 1 November 2019. The declaration notes that people with lived experience can have varying ways of understanding the experiences that are often called ‘mental illness’. It acknowledges that mental illness can be described using terms such as ‘neurodiversity’, ‘emotional distress’, ‘trauma’ and ‘mental health challenges’. |
| **Outcomes** | In the mental health system, ‘outcomes’ often refers to the changes in an individual’s mental health as a result of accessing a service. While better mental health as a result of accessing services is an important part of the Framework, outcomes in this Framework are more general, and refer to any long-term result of change. |
| **Psychological distress** | One measure of poor mental health, which can be described as feelings of tiredness, anxiety, nervousness, hopelessness, depression or sadness. This is consistent with the definition accepted by the National Mental Health Commission. |
| **Recommendation** | Royal Commissions make recommendations to government about what should change. The Victorian Government has committed to implementing all recommendations from the Royal Commission into Victoria’s Mental Health System. |
| **Royal Commission**  | A Royal Commission is an investigation, independent of government, into a matter of great importance. Royal Commissions have broad powers to hold public hearings, call witnesses under oath and compel evidence. Each Royal Commission has terms of reference, which define the issues it will investigate. The Royal Commission into Victoria’s Mental Health System[[10]](#footnote-11) was established on 22nd February 2019 and provided its final report on 3rd February 2021. |
| **Social and emotional wellbeing** | Being resilient, being and feeling culturally safe and connected, having and realising aspirations, and being satisfied with life. This is consistent with Balit Murrup, Victoria’s Aboriginal and Torres Strait Islander social and emotional wellbeing framework. |

1. Royal Commission into Victoria’s Mental Health System, *Final Report: Volume 1*, 2021, p. 9. [↑](#footnote-ref-2)
2. Royal Commission into Victoria’s Mental Health System, *Final Report: Volume 1*, 2021, p. xi. [↑](#footnote-ref-3)
3. Royal Commission into Victoria’s Mental Health System, Final Report: Volume 1, 2021, p. 106. [↑](#footnote-ref-4)
4. Royal Commission into Victoria’s Mental Health System, *Final Report: Volume 1*, 2021, p. 84. [↑](#footnote-ref-5)
5. Department of Premier and Cabinet, Outcomes Reform in Victoria, 2019, p. 4. [↑](#footnote-ref-6)
6. Royal Commission into Victoria’s Mental Health System, *Final Report: Volume 1*, 2021, p. 106. [↑](#footnote-ref-7)
7. This includes anyone who the consumer identifies as family, including family of choice, kin, or anyone else. [↑](#footnote-ref-8)
8. Royal Commission into Victoria’s Mental Health System, Final Report: Summary and recommendations, 2021, p. 11. [↑](#footnote-ref-9)
9. Royal Commission into Victoria’s Mental Health System, *Final Report: Volume 1*, 2021, p. 121. [↑](#footnote-ref-10)
10. [Royal Commission into Victoria’s Mental Health System](https://rcvmhs.archive.royalcommission.vic.gov.au/) <https://rcvmhs.archive.royalcommission.vic.gov.au/> [↑](#footnote-ref-11)