



Fact Sheet

Community-based mental health and wellbeing services

 *The flagship reform of the Commission is the design of a future mental health and wellbeing system based in the community.*

The future system will include



50-60

new Adult and Older Adult Local Mental Health and Wellbeing Services

providing treatment, care and support.



A major investment

will be required to deliver this model of community services. The Commission estimates that in 2019–20 the system responded to

less than one third

of the estimated demand for community mental health services across all age groups.¹

There was a



32%

growth in the use of all MBS-subsidised mental health services

in Victoria from 2013–14 to 2017–18 (in comparison to a 10 per cent growth in population), with more than 700,000 Victorians accessing those services in 2017–18.²

Data analysed by the Commission indicate that the difference between actual hours of community mental health and wellbeing treatment, care and support delivered across all age groups (by public specialist mental health services) and what was required in the 2019–20 financial year was around

3.3 million hours.

This measure of unmet demand emphasises that there are substantial gaps in the comprehensiveness of treatment, care and support being delivered, even for those consumers who do access services. This data does not include the gaps in access to sufficient wellbeing supports (currently known as psychosocial supports).

Honourable Kevin Bell AM QC, Director of the Castan Centre for Human Rights Law, Monash University, who described both his professional and personal experiences— as a judge and as a father supporting his daughter, Jessica:

In my personal, professional and judicial experience, people with mental illness present with various (and sometimes fluctuating) levels of illness and symptoms, susceptibility to treatment, capability, strengths and weaknesses, social and family supports etc. They are as diverse as the richness of humanity itself, to which they contribute, as Jessica did.³

The Commission’s vision of a mental health and wellbeing system is one that is strongly reoriented towards community-based treatment, care and support. It is a commitment to offering consumers genuine community-based alternatives to hospital or crisis-based care. It recognises the benefits of care for people in their own communities and close to their homes, families, carers and supporters.

Community-based mental health and wellbeing services in the future will offer the full range of supports that people living with mental illness or psychological distress need in order to recover and lead contributing lives. This is a major change to the way that mental health treatment, care and support is delivered in Victoria.

Age and developmentally appropriate treatment, care and support will be provided, and strict age-based eligibility will be removed. There will be two parallel systems. One will be a system for infants, children and young people with two streams of services, the first for infants, children and families (from birth to 11 years old), and the second for young people (12–25 years old). The other system, for adults and older adults, will have a service stream specifically for people needing treatment, care and support with mental health needs generally related to ageing.

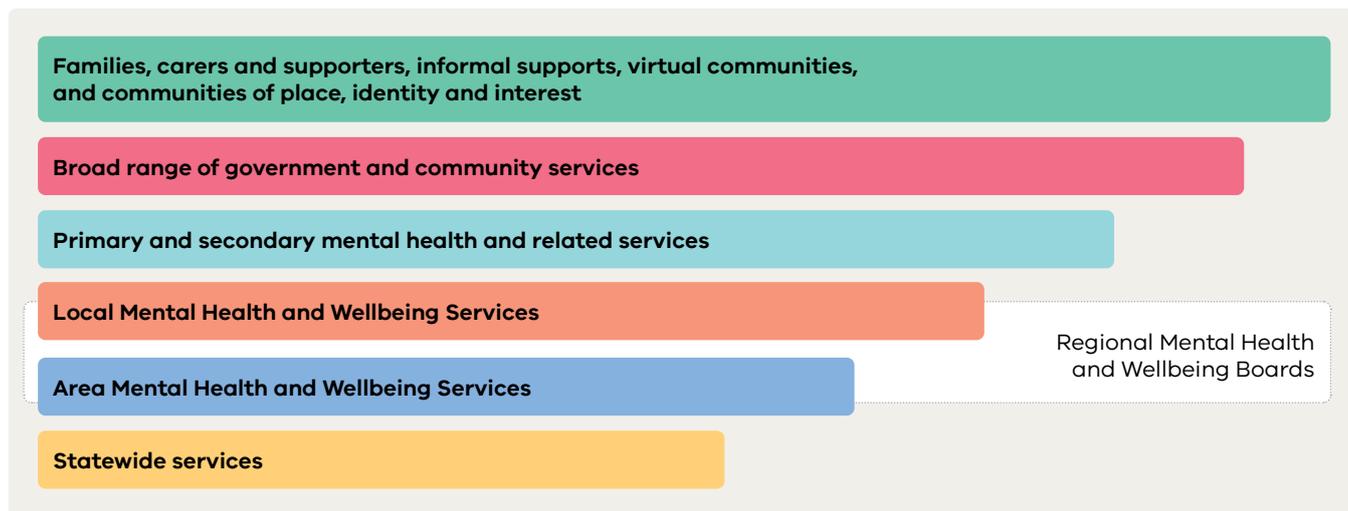
The service system, illustrated below, will consist of six levels where the top level is aimed at the largest number of people and the lowest level, statewide services, the fewest. At each level, teams will operate with progressively increasing specialisation. Each level will engage with the next level, with service providers working together in an integrated way. Three levels will be fundamentally reformed: Local Mental Health and



Mary O’Hagan, Manager Mental Wellbeing, Te Hiringa Hauora, New Zealand, explained to the Commission that:

community is where care is oriented towards improving health and life outcomes for people across multiple domains and over their lifespan.⁴

Wellbeing Services (50 to 60 services for adults and older adults with dedicated local services for infants, children and families, and young people), Area Mental Health and Wellbeing Services (22 Adult and Older Adult Area Mental Health and Wellbeing Services and 13 Infant, Child and Youth Area Mental Health and Wellbeing Services) and statewide services.



New Local Mental Health and Wellbeing Services will create a 'broad front door' so more people can access services than is currently the case. These services will be delivered based on a philosophy of 'how can we help?' to enable people to be supported from their first to their last contact with mental health and wellbeing services.

Local Mental Health and Wellbeing Services and Area Mental Health and Wellbeing Services, in collaboration in each area will be required to deliver three core functions to make sure their services respond to individuals' needs. These three core functions will form the basis of community mental health and wellbeing services:

- An expanded range of treatments and therapies and wellbeing supports, services to deliver mental health education, self-help and peer support, and care planning and coordination for those who need it, including for short periods of time. Wellbeing supports are currently known as psychosocial supports and include for example, day to day practical assistance, connecting to community and securing and maintaining housing.
- Services to help people find and access treatment, care and support and, in area services, responding to crises 24 hours a day, seven days a week.
- Supports for primary and secondary care providers. Examples of these are secondary consultations for GPs and community health services to get advice from a mental health specialist, or arrange a primary consultation with one of their consumers, and arrangements for shared care between a mental health specialist and a GP or psychologist.

The core functions will be delivered across a range of modes (telehealth and digital technologies; in centres and clinics; and in visits to people's homes or other settings, including through assertive outreach) and will be accessible and responsive to the diversity of their local community.



Dave Peters, a lived experience worker and mental health advocate, told the Commission about the benefits of community-based mental health and wellbeing services:

Being part of a community can have a positive effect on mental health and emotional wellbeing. Community involvement provides a sense of belonging and social connectedness. It can also offer extra meaning and purpose to everyday life. Communities can exist or be created from a shared location, hobbies, lived experiences and backgrounds, or a common cause. For many people, communicating with others—through online forums, social media, or in person—can help them to have a healthier mindset, improved self-worth, and greater enjoyment of life. In my experience, when consumers and carers talk about community-based services, they are looking for this broad spectrum of services.⁵

Area Mental Health and Wellbeing Services will provide tertiary-level, high-intensity and complex support responses, with multidisciplinary teams. Area Mental Health and Wellbeing Services will be responsible for delivering the core functions of community mental health and wellbeing services for those requiring a higher intensity of treatment, care and support than can be provided through local services alone.

Community-based treatment, care and support based on assertive community treatment, an outreach program, will be provided for people living with mental illness who need ongoing intensive treatment, care and support, where necessary.

The expertise of statewide services will be readily available to people and other service providers, in a way that minimises the distance people need to travel to access these services. New links between statewide services and the Collaborative Centre for Mental Health and Wellbeing, recommended in the Commission's interim report, will be established

to take advantage of the centre's research and knowledge sharing capabilities.

Overall, community mental health and wellbeing services will encompass a broad range of local informal supports and diverse providers, including public health services, public hospitals, non-government organisations, community health services, private providers, new consumer-led providers, and a range of primary and secondary services.

In the future, mental health and wellbeing services will be organised around eight regions. Existing boundaries will be re-aligned. Rigid catchments, where people can only receive specialist services based on their place of residence, will be dismantled. Service providers will never turn people away on the basis of where they live.

New Regional Boards in each of the eight regions will support mental health and wellbeing services to be planned and organised in a way that responds to community needs.

Ms Sandra Keppich-Arnold, Director of Operations and Nursing, Mental and Addiction Health, Alfred Health, stated:

at present, mental health services are primarily based on a medical model, and treatment has a strong biological approach, including medication management ... If mental health services are serious about providing proper mental health care, they need to embed into routine practice a range of evidence-based therapies to ensure consumers are provided with resources that build resilience and capacity to self-manage ... The kinds of therapeutic interventions that support recovery will support the consumer in reducing symptoms (or the impact of symptoms) through structured psychological therapies, promote wellness through exercise, relaxation, mindfulness and other activities, encourage and enable community connection and social participation through group activities, and build skills and knowledge to promote independence. Therapeutic interventions for families and carers are also essential ...⁶

¹ Calculation by the Commission based on Department of Health (Commonwealth), National Mental Health Service Planning Framework; Australian Bureau of Statistics, Australian Demographic Statistics, June 2020, cat. no. 3101.0, Canberra; Department of Health and Human Services, Client Management Interface/Operational Data Store 2010–11 to 2019–20.

² Australian Government Services Australia, Medicare Benefits Schedule 2013–14 to 2017–18.; Australian Bureau of Statistics, Australian Demographic Statistics, June 2020, cat. no. 3101.0, Canberra.

³ *Witness Statement of the Honourable Professor Kevin Bell AM QC*, 26 August 2020, para. 9.

⁴ *Witness Statement of Mary O'Hagan*, 16 June 2020, paras. 45–46.

⁵ *Witness Statement of Dave Peters*, 22 July 2020, para. 58.

⁶ *Witness Statement of Sandra Keppich-Arnold*, 18 May 2020, para. 31.

