Mental Health Victoria's

Submission to Infrastructure Victoria

Victoria's draft 30-year infrastructure strategy 2025-2055

About Mental Health Victoria

Mental Health Victoria (MHV) is the peak body for mental health and wellbeing, dedicated to fostering collaboration across sectors and strengthening support for communities state-wide. MHV Associates (member organisations) form a diverse and dynamic network representing the breadth of the mental health and wellbeing sector. This includes mental health service providers from the public health, private and non-government sector, community health, and allied sector organisations.

MHV regularly brings together the voices of the mental health and wellbeing sector and community to engage and provide input into matters of public policy and investment, with a goal of improving mental health outcomes for Victorians.

MHV acknowledges the Wurundjeri people as the Traditional Owners of the lands on which we work. We pay our respects to their Elders, past and present, and Aboriginal Elders of other communities across Victoria and Australia. We recognise the rich history, unbroken culture, and ongoing connection of Aboriginal and Torres Strait Islander people to country, and that sovereignty was never, and has never been ceded.

We also acknowledge all those that we know, meet, and work alongside, who are living with, or who have lived with, the experience of mental health vulnerability. We thank them for sharing their knowledge and expertise, recognising that their voices are vital to improving and strengthening the mental health system.

Mental Health Victoria Ltd is registered with the Australian Charities and Not-for-profits Commission (ACNC) as a Public Benevolent Institution (PBI).

The Australian Taxation Office (ATO) has endorsed the company as an Income Tax Exempt Charity. As a result, it receives income and certain other tax concessions, along with exemptions consistent with its status as a PBI which relate to Goods and Services and Fringe Benefits taxes. Mental Health Victoria is also endorsed by the ATO as a Deductible Gift Recipient (DGR).

Mental Health Victoria Ltd (ABN 79 174 342 927) is a public company limited by guarantee.

Our registered office is located at 6/136 Exhibition Street, Melbourne 3000.

Overview of this submission

Mental Health Victoria (MHV) welcomes the opportunity to contribute to Infrastructure Victoria's consultation on Victoria's draft 30-year infrastructure strategy. MHV is the peak body for mental health and wellbeing, and as a member-based organisation through our Associate program we represent the breadth of the mental health and wellbeing sector, which includes mental health service providers from the public health, private and non-government sector, community health, and allied sector organisations.

MHV recognises the importance of an informed and aligned infrastructure strategy for an effective mental health and wellbeing system. As part of our work, we remain committed to contributing to the progress of the implementation of recommendations from the Royal Commission into Victoria's Mental Health System (RCVMHS) and representing the mental health and wellbeing priorities of the sector.

As acknowledged by the Victorian Government, *'The Royal Commission found major structural problems across the Victorian mental health service system, including inadequate planning for services. It found that the system has not had consistent, integrated and sophisticated planning and that limited demand forecasting has contributed to fragmented service distribution and funding.'*

Within the RCVMHS were critical recommendations on the need to uplift the mental health and wellbeing infrastructure in Victoria (see recommendations 4, 8, 12, 13, 20 and 47). A key recommendation from the RCVMHS was that the Victorian Government establish a process for assessing the Victorian population's need for mental health and wellbeing services and develop a Statewide Mental Health and Wellbeing Service and Capital Plan (recommendation 47). The Victorian Government released the Statewide Mental Health and Wellbeing Service and Capital Plan 2024-2037 in 2024 to be used as a guide for future planning and investments for mental health and wellbeing services.

It is concerning to see that Infrastructure Victoria's strategy does not appear to recognise the priorities within the *Statewide Mental Health and Wellbeing Service and Capital Plan*. There are significant risks in developing a 30-year strategy that does not recognise published Victorian Government capital planning frameworks, and that the strategy and the plan are respectively operating in isolation. Improving Victoria's mental health and wellbeing infrastructure requires alignment and integration to maximise opportunities for efficiency and progress.

As Infrastructure Victoria has stated in the draft strategy, '*access to healthcare in Victoria also varies depending on where people live.'* In 2024, MHV surveyed Associates (member organisations) on budget and policy priorities. **100% of MHV Associates agreed that a significant portion of consumers in Victoria are still receiving inadequate mental health and wellbeing care.** While there have been significant achievements and milestones in the implementation of mental health reform worth celebrating, including nation-leading investment of over $6 billion since 2021, the pace of reform has slowed considerably in the past 12 months.

The absence of clarity and coordination over planning, and inconsistent investment, has stalled progress in many areas. The consequence is a continuing divide in health equity and access across the state, and concerningly an inconsistent distribution of safety and quality service standards and significantly, varied access to human rights. Decaying infrastructure is also a significant feature that limits efforts to reduce restrictive interventions, and continues to contribute to experiences of occupational violence.

As Infrastructure Victoria develops Victoria's draft 30-year infrastructure strategy, we implore Infrastructure Victoria to consider the work done in mental health care reform to date, and how this work can be leveraged to improve health equity across Victoria.

MHV's submission to this consultation deepens for impact some of the recommendations put forward by Infrastructure Victoria, broadening these priorities to embed the critical initiatives needed to improve the Victorian mental health care system.

Build more social housing

MHV encourages Infrastructure Victoria to broaden this recommendation, recognising the need for a mix of housing forms and types, particularly supported housing for people living with mental-ill health, and in line with Recommendation 25 of the Royal Commission into Victoria's Mental Health System.

Invest in maintenance, upgrades and expansions of community health facilities

MHV advocates for further investment in:

- the full and effective rollout of the planned 50 Mental Health and Wellbeing Local Services
- community crisis intervention services

Build more residential alcohol and other drug treatment facilities

MHV encourages Infrastructure Victoria to consider the need to address capacity challenges in the provision of AoD rehabilitation and treatment facilities through engagement and prospective alignment with Victoria's Alcohol and Other Drug Strategy (currently in development).

Fund better health and wellbeing infrastructure for Aboriginal Victorians

MHV encourages the prioritisation of initiatives that create more culturally safe, accessible, and trauma-informed mental health and wellbeing services.

Alignment with Statewide Mental Health and Wellbeing Service and Capital Plan

Infrastructure Victoria's draft 30-year strategy for Victorian Infrastructure recognises the need to prioritise statewide community health investment as well as uplift alcohol and other drug treatment facilities, critical public hospital infrastructure, and improve all asset management of all government infrastructure. However, the draft strategy fails to recognise existing statewide plans for health service and capital improvement, particularly the Statewide Mental Health and Wellbeing Service and Capital Plan 2024-2037 (the Plan). MHV encourages Infrastructure Victoria to consider this Plan and how it can be aligned with other infrastructure plans to enable a more networked, coordinated and consistent healthcare system for all Victorians.

Alcohol and other drug treatment facilities

The draft Victorian infrastructure strategy addresses the needs of AOD treatment facilities in highlighting:

- waitlists have increased by around 40% since the pandemic
- the average wait time between assessment and treatment was 42 days in 2023-24, double the government's target of 20 days
- wait times for residential rehabilitation can be up to 90 days
- Victoria provides 0.7 beds per 10,000 people compared to 1.0 in Queensland and 1.2 in New South Wales – Victoria needs at least 200 extra beds to bring it in line with the national average.

MHV advocates that similar analysis is required to consider aspects of AoD treatment and response provided through Victoria's mental health and wellbeing system, to ensure funding is coordinated and carefully considered.

Statewide community health investment

The Plan suggests that the largest proportionate uplift in mental health and wellbeing service and capital is required in community-based care as the foundation of the mental health and wellbeing system. Statewide community health investment priorities have been identified in the Plan, but the draft Victorian infrastructure strategy has failed to recognise them.

For example, the Victorian Government, in establishing the Plan, noted that:

- by 2036-37, demand for community-based services will grow the fastest (and) is expected to reach between 3.04 million and 8.9 million hours of community-based mental health and wellbeing treatment, care and support.

Where the Victorian infrastructure strategy advocates investment in community health statewide priorities for the next 5 years informed by community needs, type of community health organisation, and the condition, capacity and ownership of existing infrastructure, it must also embed the established priorities of the Plan.

Upgrade critical public hospital infrastructure

While the draft Victorian infrastructure strategy considers the scope and timeframes to upgrade the Royal Melbourne Hospital and begin the first stage of construction, as well as continuing to upgrade the Alfred and Austin hospitals, it fails to embed the opportunities identified by the Plan, and to leverage the recommendations of the RCVMHS.

For example, there is an opportunity for Infrastructure Victoria to elevate the RCVMHS recommendations 12, 13, and 20, developing new bed-based rehabilitation services, addressing gender-based violence in mental health facilities, and supporting the mental health and wellbeing of young people, respectively.

The RCVMHS advocated for the implementation of a new, whole-of-system rehabilitation pathway, co-designed community rehabilitation model of care, and co-designed intensive rehabilitation model of care. This recommendation is yet to be prioritised by the Victorian Government.

The Plan recognises the opportunity to build age-appropriate streams of care for young people, including the future design of bed-based services, when upgrading mental health bed-based care. This is something that Infrastructure Victoria could adopt in advocating for upgrades to critical public hospital infrastructure, to ensure age-appropriate care is being considered in hospital redevelopment.

The Plan highlights 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, making upgrades to public hospital infrastructure, particular mental health support facilities, a critical priority now.

Finally, while the Victorian Government has established the *Mental Health Improvement Program, Improving Sexual Safety Initiative*, there is further work to be done to ensure that new and redeveloped hospital infrastructure provides evidence-based support to protect consumers from gender-based violence in mental health facilities.

Improve asset management of all government infrastructure

MHV welcomes Infrastructure Victoria's recommendation for the Victorian Government to fund asset managers to better understand the condition, use and performance standards of all government infrastructure, using this information to develop asset management strategies and prioritise funding.

However, we remain concerned that appropriate planning, such as the Statewide Mental Health and Wellbeing Service and Capital Plan 2024-2037 are already being neglected from infrastructure planning conversations and strategy development.

MHV welcomes the opportunity to work with Infrastructure Victoria, and the Victorian Government, to realise the potential of the considerable work done to uphold the Royal Commission into Victoria's Mental Health System, and to ensure that the voices of those with lived and living experience, as well as their carers, communities, and the service providers are acknowledged in asset management and funding prioritisation.

Build more social housing

MHV supports Infrastructure Victoria's recommendation for consistent investment in new social housing to provide more Victorians on low incomes with access to a secure and affordable home. MHV urges this recommendation to be broadened, recognising the need for a mix of housing forms and types, particularly supported housing.

The need for a mix of housing forms and types, particularly supported housing.

MHV Associates advocate that supported housing for adults and young people with mental ill-health is a key priority across Victoria, including in regional areas. This is particularly important as the majority of current social housing options do not provide the right combination of psychosocial supports for members of the community experiencing complex and intersecting needs. The lack of appropriate housing options is a limiting factor in timely and effective discharge planning.

We know from speaking with our Associates, and attending recent forums and events with Orygen, Melbourne City Mission, and others, that there is a direct correlation between housing and mental health support. Not only is housing a social determinant of health, but we have repeatedly heard consumers being denied mental health care when they cannot provide a fixed address. We also know that consumers who have mental ill-health are being denied housing opportunities due to the complexity of their health care needs.

Accordingly, MHV's Associates advocate for supported housing options that are planned intentionally and in concert with government-funded mental health support while also ensuring support to the uphold of tenancy rights, support for maintenance and more. The significance of this issue is made more pressing as access to and funding for Supported Independent Living programs through the NDIS is increasingly limited.

MHV Associates report that while Victoria's Big Housing Build is rolling out properties for people in the Victorian community, the forms and types of social housing being provided are not providing the requisite range of options needed by people experiencing mental ill-health to live, or progress to living independently with dignity.

The Royal Commission into Victoria's Mental Health System (RCVMHS) recommended that the Victorian Government prioritise people living with mental illness in Victoria's 10-year strategy for social and affordable housing with a substantial proportion of social and affordable housing recommended for people living with mental illness during the next decade. While some of this work commenced, including the release of tender documents which indicated the government's intention to roll out additional funding for mental health supports, to date, the progress on this recommendation remains unclear and incomplete.

MHV advocates that the Committee reinforce the need for the Government to make progress on implementing Recommendation 25 from the RCVMHS, specifically:

- Fund the 2,000 dwellings for Victorians living with mental ill-health as part of the Big Housing Build.
- Fund 500 new medium-term supported housing places for young people aged between 18 to 25 who are living with mental ill-health and experiencing unstable housing or homelessness.
- Provide adequate funding for the mental health and social supports in those dwellings, in addition to the physical infrastructure of the build.

Invest in maintenance, upgrades and expansions of community health facilities

MHV supports Infrastructure Victoria's recommendation for investment in maintenance, upgrades and expansions of community health facilities, with development and funding of 5-year priorities for Victorian Government investment in community health facilities. However, MHV advocates the importance of separating the different types of community health services, noting the critical need for priority investment in community mental health & wellbeing services.

Prioritise investment to support the full and effective rollout of the 50 Mental Health and Wellbeing Local Services (Locals) across the State.

The RCVMHS (recommendation 3) recommended the establishment of 50 Mental Health and Wellbeing Local Services (Locals) across Victoria to ensure people can receive mental health and wellbeing services locally and in the community close to their families, carers, supporters and networks.

MHV Associates have advised that '*one of the aspirations with the MH&W Locals was that we'd have a coordinated, state-wide network that meant that regardless of the geography, there would be universal understanding of availability and function of these and the community would know about this system.'*

However, with only 15 out of 50 Locals established, MHV Associates report ongoing health inequity across Victoria and note that areas without these essential services are struggling to meet the mental health and wellbeing service demand. This has placed additional pressure on emergency departments, Mental Health and Wellbeing Hubs, and Head to Health services. Where the Locals do exist, MHV Associates have acknowledged their strength as place-based models of care. For the communities that do not have access to Locals and have huge waiting lists for alternative services, the lack of appropriate care availability will deter many Victorians from seeking support for the help they need and deserve.

MHV Associates report that the *'failure to implement the next tranche of Locals contributes to postcode lottery,'* with some Victorians having access to low barrier holistic services while others cannot access the same standard or service of care in their geographical area. MHV Associates also advocate that not investing in services and programs means jobs cannot be created. Put simply, if facilities are not stood up, and jobs are not available, the workforce cannot grow.

MHV Associates report '*there is an imbalance, if not skeleton level, of support at the community local level for non-acute mental health due to the delay in rolling out the locals.'* While our Associates recognise the need for considered resourcing to optimise supports across geographic catchments and have reported the need for more specialist and clinical resourcing, delaying the Locals to address the workforce shortage challenge is not the answer.

The full and effective rollout of the 50 Locals can be a genuinely transformative component of reforming the mental health system. It is vital to reducing the health equity gap for consumers and establishing a consistent, integrated and intersectional care model for all Victorians.

Prioritise investment in community crisis intervention services

MHV and our Associates advocate the ongoing need for suicide prevention initiatives across Victoria. The Victorian Suicide Prevention and Response Strategy 2024-2034 is a welcomed initiative, particularly as it responds to Recommendation 26 of the RCVMHS. However, the strategy itself does not ensure funding continues for evidence-based suicide prevention initiatives.

MHV encourages Infrastructure Victoria to support investment in crisis intervention services including:

- RCVMHS Recommendation 9 – Developing 'safe spaces' and crisis respite facilities
- Expanded roll out of Emergency AoD and Mental Health Crisis Hubs

Build more residential alcohol and other drug treatment facilities

MHV supports Infrastructure Victoria's recommendation for planning and building residential rehabilitation and withdrawal facilities to meet the demand for alcohol and other drug treatment.

MHV advocates that currently there is inequitable access to mental health services across Victoria for both consumers, and the intersecting service providers supporting them. Targeted resources to support consumers experiencing acute AOD and mental health challenges are urgently needed. AOD services reportedly do not have access pathways for psychological interventions, step up interventions like PARC, and other mental health services, despite findings that '*8 out of every 10 clients in AOD services were reported to present with a mental health diagnosis or describe symptoms without a formal diagnosis.'*

Address underlying capacity challenges

In planning and building residential rehabilitation and withdrawal facilities, MHV urges the Victorian Government to consider:

- Increased funding for statewide dual diagnosis rehabilitation capacity
- Coordinated access to rehabilitation supports across Victoria
- Contemporary funding models to adequately reflect activity and reintroduce block funding to support flexibility to deliver services to meet local needs and preferences

Fund better health and wellbeing infrastructure for Aboriginal Victorians

The majority of MHV Associates report that specific population groups with distinct mental health and wellbeing needs are not adequately being included and served under the current reforms. A key component of human-centred services and systems is ensuring they are responsive and appropriate for an individual's identity, cultural background, and perspectives.

Prioritise initiatives that create more culturally safe, accessible, and trauma-informed mental health and well-being services

When it comes to funding better health and wellbeing infrastructure for Aboriginal Victorians, MHV advocates that the Balit Durn Durn Centre (RCVMHS IR 4, FR 33), which recently celebrated its two year anniversary as the Centre of Excellence for Aboriginal social and emotional wellbeing, is an important example of how evidence-based, culturally-responsive care models can be elevated across the mental health and wellbeing system. The Balit Durn Durn

Centre facilitates the rollout of comprehensive social and emotional wellbeing services and workers across Aboriginal Community Controlled Organisations in Victoria.

MHV and our Associates advocate that co-designed, trauma-informed and responsive care services are integral to upholding the vision of the Royal Commission into Victoria's Mental Health System. This is particularly important as consumer need for trauma-informed and responsive care increases across Victoria due to the impacts of the cost-of-living crisis, climate change angst, the inaccessibility and unaffordability of housing, and more.

Get in touch

We thank you for the opportunity to contribute to this consultation and we welcome any opportunity to explore these themes further.

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