IMPLEMENTATION STEPS

ACHIEVING THE VISION OF THE ROYAL COMMISSION

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ACHIEVING AN IMPROVED YOUTH MENTAL HEALTH SYSTEM FOR VICTORIA

IMPLEMENTING THE RECOMMENDATIONS OF THE ROYAL COMMISSION INTO VICTORIA'S MENTAL HEALTH SYSTEM

A VISION FOR YOUTH MENTAL HEALTH SERVICES IN VICTORIA

The Royal Commission into Victoria's Mental Health System (the Royal Commission) highlighted the adverse impact mental ill-health can have on young people. Young people travel a developmental trajectory and navigate a number of significant transitional life stages, which often includes the development of new relationships and transitions to further education, employment and independent living. This period of life is when mental ill-health most often emerges. Yet, many young people do not access the services or receive the care that they need. The Royal Commission recommended a reformed youth mental health service model that is driven by innovation and shaped by research and new technologies.

> It is vital that Victoria has a strong, fit-for-purpose youth mental health and wellbeing service stream. (Vol. 2, p. 199)

Recommendations were also made to address specific issues that young people experience, including trauma, suicide prevention and alcohol and other drug use. The Royal Commission also recognised the role that families and people with a lived experience can play in supporting young people experiencing mental ill-health.

The need for culturally appropriate responses for First Nations young people and to work in partnership with diverse communities to improve access was also identified.

STEPS TO IMPLEMENTING RECOMMENDATIONS

The Royal Commission recognises that its work was to mark out the foundations for reform and that implementation is the bigger building project that lies ahead. Implementation of the Royal Commission's reforms will require strong leadership from government, workforce, service providers and people with lived experience. Implementation will be a dynamic and evolving process rather than straightforward and sequential. Foreshadowing the need for a coordinated approach to implementation, the Royal Commission recommended establishing a Mental Health and Wellbeing Commission (**44**). This office will be instrumental in managing and reviewing the implementation of reforms.

Implementing the Royal Commission's recommendations will take time, but actions indicate the Department of Health has begun working on implementation. What is now required is the detailed steps needed to achieve the Royal Commission's vision. Orygen has begun to consider how

recommendations related to its areas of expertise can be achieved. Orygen has published these implementation steps to begin developing the service sector response to achieve the Royal Commission's reform vision for Victoria's mental health system.

WORKFORCE

Increasing the available workforce and supporting education, training and professional development programs will be critical to developing workforce size and capacity to deliver the future mental health system. Engagement with the mental health (and interconnected) workforce at the outset will be important in supporting workforce openness and commitment to change and responding to workforce concerns. Workforce readiness was identified in the interim report as an area of focus for the Mental Health Implementation Office. Recognising the central role workforce will play in achieving reform, the Royal Commission identified steps in its workforce recommendations that needed to be taken within the first year.

- The Royal Commission recommended (**57**) that a Workforce Strategy and Implementation Plan be developed and implemented by the end of 2021. Importantly, it was recommended that the strategy/plan be maintained to ensure it remains current and responsive to changing needs.
- The Royal Commission recommended (**58**) that the Department of Health define the knowledge, skills and attributes required of a future mental health workforce, also by the end of 2021.
- The Royal Commission recommended (**59**) that a Mental Health Workforce Wellbeing Committee be established in 2021.

Given the degree of change required, a clear plan with identified priorities, timelines and responsibilities for transforming the future workforce is needed. (Vol. 4, p. 506)

The Royal Commission's recommended workforce reforms are intended to ensure sufficient workforce size and distribution, and improve specific capabilities aligned to future service delivery approaches. In support of these recommendations the Royal Commission outlined a statewide specialist training and development model. While the need of forensic youth specialists was identified, training in youth-specific evidence-informed, developmentally appropriate treatments will need to be incorporated into the model.

TIMELINE

The Royal Commission has developed its recommendations in terms of a ten-year reform agenda. Most recommendations include elements to be delivered over the short, medium and long term. The three waves of reform are:

- short term—by the end of 2022;
- medium term—by the end of 2026; and
- long term—by the end of 2031.

The timeframe for recommendations is summarised in table 37.1 (Volume 5).

YOUTH MENTAL HEALTH SERVICES

The Royal Commission found a strong case for focus and investment in young people's mental health and wellbeing. The Royal Commission recommended reforming and expanding youth services by establishing a new youth mental health and wellbeing service stream.

Recommendation 20: Supporting the mental health and wellbeing of young people

The Royal Commission has recommended creating a Youth Area Mental Health and Wellbeing service stream for 12 to 25 year olds. This reform will underpin much of the Commission's recommendations for improving youth mental health services and should be given the resources and

time required to successfully implement. Comprehensive regional planning will be required to create a step up/step down service model and referral pathways for young people in each of the six levels of the new system.

Implementation will require reconfiguration of the current child and adolescent/youth mental health service models. Funding and resources will need to be transferred from the adult system and existing child and adolescent services into the new youth service system. Training for a new youth mental health workforce and reskilling of the existing mental health workforce will support the transition to the new youth mental health service stream.

All Youth Area Mental Health and Wellbeing Services will deliver the core functions of community mental health and wellbeing services. This will ensure better consistency in what young people can access, regardless of where they live. (Vol. 2, p. 242)

Existing youth service models illustrate the regional reform that will be required to implement a Youth Area Mental Health and Wellbeing service stream. Examples include the Alfred Child and Youth Mental Health Service's integrated headspace model and Orygen's role as a provider of focussed services (i.e. forensic youth mental health services) and area-based services (including five headspace centres in the north-west Melbourne region).

Further consideration of the defined role of headspace as the Level 4: Local Mental Health and Wellbeing Service for young people in the new six-level system is required to determine whether this service will meet the service needs of young people with more complex and moderate-to-severe mental health issues or if some access issues for the 'missing middle' will remain.

Recommendation 4: Towards integrated regional governance

Integrated regional governance supports better integration of service delivery and removal of potential or perceived conflicts of interest. Service providers will be required to work collaboratively to support the establishment of a new regional governing body, working closely with Primary Health Networks, local tertiary mental health services and lived experience leaders, to implement a service system that will better meet the needs of young people in the service region.

Development of an integrated youth service model with an accompanying governance model, adapted to localised context across regions, will ensure all young people benefit from innovation projects and treatments currently being developed. An integrated regional governance model will need to be cognisant of the roles and responsibilities of the Commonwealth and state funding to ensure that young people do not fall through gaps between funded services. These new commissioning bodies will need to be factored into the National Partnership agreement being developed by the Commonwealth and state via National Cabinet.

Recommendation 21: Redesigning bed-based services for young people

The redesign of bed-based services for young people will be implemented at a number of levels. This includes expanding youth Hospital in the Home and Youth Prevention and Recovery Centres, and developing a stream of youth-specific bed-based services for 18 to 25 year olds.

Implementation of Hospital in the Home will require workforce development and incorporation of this service model into the Youth Area Mental Health and Wellbeing service stream in each region. Established and emerging services will serve as a blueprint for implementation.

Establishing Youth Prevention and Recovery Centres for young people aged 16 to 25 years in each of the eight regions is likely to require capital works investment for new infrastructure as well as planning and delivery for workforce development.

Implementing a dedicated inpatient service that is appropriate and acceptable for young people aged 18 to 25 years will require the reconfiguring of existing adult beds along with the allocation of

additional beds identified by the Royal Commission. Across the eight regions, implementation will require mapping of existing infrastructure, identifying where the new service will be located and the need for new buildings. The development of youth-specific bed-based services must occur in consultation with young people to ensure services are acceptable.

INNOVATION

The Royal Commission emphasised the importance of innovation and the translation of research into service delivery and evaluation. A cycle of innovation will support continuous improvement through new knowledge and an expanded evidence-base, informing future innovation and service improvements. This translational cycle of innovation will bring together research and service delivery. The Royal Commission highlighted the importance of 'unifying this expertise and experience to reposition Victoria as a leader in mental health and wellbeing research and innovation' (Vol. 5, p. 151).

Recommendation 63: Facilitating translational research and its dissemination

Currently and historically, health services research receives only a fraction of research funding compared to basic (laboratory) and clinical research. Research bodies need to collaborate with clinical services to create a culture that embraces opportunities for research as a core aspect of optimal mental health care and innovation. Building cultures that support and actively seek research will help facilitate collaborations between clinicians and academics, and provides opportunities to support new generations of leading clinical researchers in mental health.

> The Victorian Government should identify and promote opportunities to increase collaborative translational research between multiple organisations and multidisciplinary experts, and people with lived experience, to improve the mental health and wellbeing of infants, children and young people across Victoria. (Vol. 5, p. 166)

Creating cultures of clinical research excellence in mental health will further enhance the likelihood of the workforce valuing the importance of utilising evidence in clinical practice, and contribute to a constructive cycle in which ideas from the clinical workforce informs innovative research. Such a cycle would increase the value of investment in health services research, create improved service environments and promote best-practice care.

Recommendation 64: Driving innovation in mental health treatment, care and support

A dedicated entity charged with funding youth mental health innovation (and separate entities for research into child and adult mental health) should be given sufficient funding to support a range of blue-sky ideas, encouraging a wider range of innovators to apply. The inherent conservatism of current funders leads to already academically successful researchers being funded to make iterative improvements to existing knowledge. For example, a fund focussed on research initiatives involving community, young people, family and clinician-based proposals would provide a vehicle for expanding the expertise the Royal Commission envisaged in support of its recommendation. Expert panels convened to administer innovation funds should comprise of lived, loved, laboured and learned experience.

Collaboration should be incentivised in the funding model to broaden the expert contributions to research, including non-academic expertise. Services should be rewarded for partnering in research, with such rewards contingent on milestone achievements.

Recommendation 65: Evaluating mental health and wellbeing programs, initiatives and innovations

Elevating the role of evaluation and its application in issuing guidance requires a youth mental health organisation similar to the National Institute of Health and Care Excellence in England. Such a lead

organisation would provide resource evaluation positions in services and fund clinical-academic positions beyond psychiatry such that all disciplines within the system value the improvements that evaluation and research feedback can provide.

Evaluation in youth mental health requires multiple stakeholders to inform the evaluation metrics and scope. These stakeholders should also determine the purpose and scope of data gathered in the evaluation to ensure it meets the needs for research and governance. Evaluation frameworks need to include outcome measures to enable analysis of the effectiveness of programs, initiatives and innovations. Measurement systems need to collect data easily (passively or incidentally) with the least disruption to service provision, in harmony with research protocols and objectives, and while retaining compliance with data entry requirements. Service commissioning agreements should detail the purpose of evaluations and the processes by which feedback from evaluations will be developed, provided and used.

Incorporating routine evaluation in the implementation of reforms and ongoing decision making requires a platform which brings together clinicians, young people, families and researchers to agree on what the data means and consequent decisions. This could be at a service, locality, region or system level.

SUICIDE PREVENTION

The Royal Commission notes that suicide prevention cannot solely be the responsibility of the health sector. The Royal Commission advocated for the Commonwealth and Victorian governments to coordinate a reform of suicide prevention and response services through 'detailed, staged implementation plans in which responsibilities, timelines, costs and evaluation points are clearly laid out' (Vol. 2, p. 463).

Recommendation 26: Governance arrangements for suicide prevention and response efforts

Inclusion of lived experience input into governance arrangements for suicide prevention and response efforts is a welcome development. This must include the experience of young people in a safe and meaningful manner. The experiences of young people who have provided support or been exposed to suicide in others must also be included. It is critical that lived experience is included in evidence-based programs that have been developed through research and rigorous evaluation.

Self-harm is a key risk factor for suicide, particularly for young females. While often identified in suicide prevention strategies, it is often omitted in implementation. The new strategy and implementation plan needs to include self-harm, with a focus on de-stigmatisation, awareness-raising and appropriate responses across services and settings (e.g. schools).

> The Commission recommends building the competency of Victoria's suicide prevention and response workforces through centrally coordinated, evidence-informed training programs. (Vol. 2, p. 476)

Developing a cross-government, systems-based approach will require establishing systems and service infrastructure that facilitate coordination. To ensure the needs of young people are included, key departments relevant to their lives must be involved. Online environments are an important part of the system for young people, so approaches that enhance online safety for young people at risk of suicide or self-harm and interventions that can be delivered online should be included.

Recommendation 27: Facilitating suicide prevention and response initiatives

Suicide risk in young people may manifest differently to adults, particularly for those in younger age brackets. Training programs that are specifically designed to help adults identify and respond to risk in young people are required. As young people are often the 'gatekeepers' for their friends and families, training programs designed to help young people help other young people are also required and

should also equip them to identify and respond to risk expressed by their peers on online platforms. The recommended provision of evidence-informed community gatekeeper training needs to include youth modules that equip adults and young people with youth-appropriate suicide awareness and prevention skills.

The Royal Commission recommends automatic referral to bereavement support. The expansion of existing patchy bereavement services will need to address the same issues suicide prevention programs face in reaching young people. Youth peer worker roles and online supports would enhance the acceptability and reach of bereavement services for young people. The Royal Commission's suggestion that bereavement services incorporate a combination of delivery formats will need to be elevated to develop bereavement services acceptable and accessible for young people.

Professional suicide prevention training should be specific to the needs and environments of different workforces (i.e. emergency departments and education environments) and include workforces with a high proportion of young employees. Training in evidence-based programs will ensure the programs are safe, acceptable and efficacious for young people. As many young people at risk of suicide are not engaged in work or education, it is important that training is offered to young people, staff at Centrelink and staff in similar settings.

Recommendation 9: Developing 'safe spaces' and crisis respite facilities

The Royal Commission recommended the Victorian Government invest in diverse and innovative safe spaces and crisis respite facilities for the resolution of mental health and suicidal crises. The recommendation includes four dedicated safe spaces co-designed with and for young people. These facilities will need to be developmentally appropriate and be set in acceptable environments with youth-oriented facilities. Four of these safe space facilities across the state should be specifically for, and co-designed with, young people.

As an innovative response to supporting young people, it is important that the implementation and experience of young people who use them are evaluated to inform iterative improvements in the model.

TRAUMA

Overlooking the impact that experiences of trauma can have on young people's mental health has resulted in a lack of service responses, exacerbating the impact and associated poor mental health outcomes. To address this failure, the Royal Commission has recommended establishing a Statewide Trauma Service.

Recommendation 23: Establishing a new Statewide Trauma Service

The Statewide Trauma Service will require a youth stream so that trauma research, workforce education and training, and support for mental health practitioners can be tailored to the specific needs of young people and support the development of the Trauma Specialists workforce in the Infant Child and Youth Area Services. Development of youth stream would bring together existing specialist trauma expertise, the lived experience of young people and translational research.

> The Commission's recommendation for a Statewide Trauma Service will position trauma as a core focus of Victoria's mental health and wellbeing system. (Vol. 2, p. 383)

The Statewide Trauma Service should lead the development of a much-needed youth mental health sector-wide trauma-informed service model. It will be an optimal setting for this as it will include the expertise of all the necessary stakeholders and will have a research remit. Development of a trauma-informed youth mental health model would ensure a consistent framework to address trauma within all aspects of service delivery. This model would reduce the risk of re-traumatisation, particularly in routine screening and assessment.

Recommendation 24: A new approach to addressing trauma

The trauma-informed care model would provide a framework for the Statewide Trauma Service's work to be implemented by specialist trauma practitioners. Specialist trauma practitioners' role should include training and supervision of youth mental health practitioners in the trauma-informed model. This will enable all practitioners to be supported to deliver evidence-based trauma-informed care and prevent trauma care from becoming siloed into delivery only by trauma specialists. Trauma is so ubiquitous in youth mental health; all practitioners must be able to deliver trauma-informed care with support. This model can also support the delivery of specialist trauma interventions to specific groups such as young people with post-traumatic stress disorder by specialist trauma practitioners.

FAMILIES

For most young people, their families, friends and supporters have had to be the stopgap for shortcomings in the mental health system, often to the detriment of their family's own health and wellbeing. At the same time, families report feeling excluded by the individualistic focus of the mental health system. The Royal Commission acknowledged that changes to this culture will take time. Changes to the mental health system need to also recognise the support that families require.

Recommendation 30: Developing system-wide involvement of family members and carers

System-wide involvement requires developing a range of roles that enable the involvement of family members and carers across the service spectrum. Demonstrated commitment to inclusion and the incorporation of roles that establish family inclusion as a commensurate service platform within the service system is required. A service culture focussed on the individual needs to be expanded to viewing families and carers as an integral part of this environment and valuing the part they can play in a young person's recovery journey. Management of family or carer lived experience staff need to recognise the potential that staff may have ongoing caring roles for family and friends or themselves.

The development of family involvement service models and staffing roles need to consider the particular support needs for siblings. Family and adult carer oriented services will not always be appropriate or acceptable for a young person's sibling.

Recommendation 31: Supporting families, carers and supporters

The implementation of regional family and carer-led centres needs to consider how this will integrate with existing Carer Gateway programs and providers, and build on what is working well. A service audit will identify the level and form of existing services and determine where gaps need filling or service improvement is needed. A basic suite of services to be offered in each region needs to be determined, with local tailoring of services to respond to demographics specific to each area.

Families, carers and supporters make a substantial contribution to the wellbeing of the people they care for and support. (Vol. 3, p. 76)

Recruitment of a peer workforce needs to include a range of experiences. Training needs for a peer workforce should be trauma-informed and include self-care, boundary setting and service orientation. Adequate supervision and support needs to be provided and include opportunities for debriefing. Consideration of personal journeys and demands as care providers need to be accommodated.

LIVED EXPERIENCE

Differences in youth and adult mental health services require different approaches to supporting the lived experience workforce. The youth lived experience workforce are employed in services designed for young people (i.e. focus on early intervention and youth-friendly environments) and need training that reflects this.

Recommendation 28: Developing system-wide roles for the full and effective participation of people with lived experience of mental illness or psychological distress

Young people with a personal experience of mental health challenges and/or as young carers have a lived experience that is invaluable to system-wide roles. Dedicated roles in youth-specific services and activities need to be developed, rather than a generic 'lived experience' role. These roles should include a diverse representation of young people, especially those from groups who are over-represented in mental health service users.

The implementation of the Commission's recommendations is a rare opportunity to transform the leadership of people with lived experience of mental illness or psychological distress. (Vol. 3, p. 30)

To enable young people's meaningful involvement, additional considerations, supports and resources are required, and barriers (i.e. paternalism and ageism; being new to professional environments; professional perceptions; continuing experiences of stigma) need to be addressed. Specialised and tailored training, professional development and career pathways are required for the lived experience workforce. This is especially relevant for the youth lived experience workforce as they are often at the start of their working lives. Positive, supportive employment experiences will buttress their longer-term mental health.

Recommendation 29: A new agency led by people with lived experience of mental illness or psychological distress

Establishing a new non-government agency led by people with lived experience of mental illness or psychological distress will require consideration of a number of potential issues. These issues will likely include:

- different approaches to lived experience leadership within the Agency and Commission impacting collaboration; and
- representing a diversity of perspectives across lived experiences, including:
  - ensuring young people's representation
  - not replicating existing power structures or imbalances

The development of the agency, designed training and service delivery should include consideration of young people with a lived experience and offer a range of training options with lower barriers to entry. The barriers young people encounter in adult-based services necessitates a service run by people with lived experience for young people.

DIGITAL

The Royal Commission recognised that implementation of digital technology in the delivery of mental health services has faced infrastructure, workforce and consumer expectation barriers. The emerging innovations in service technology will need to be integrated into the mental health service system.

Recommendation 60: Building a contemporary system through digital technology

The Royal Commission rightly acknowledges that the mental health system has failed to keep up with the latest advances in digital technology. Building a contemporary system will require identifying and supporting new evidence-based digital services and platforms designed to 'improve system access, continuity of care and navigation' (Summary, p. 30). Flexibility will be required to enable implementation across the diagnostic spectrum, clinical settings, geographies and the technological capacity of the clinical workforce.

Adoption of innovative digital technologies requires sufficient continuity of funding so that service providers can undertake the longer-term planning and manage the process of change required to fully benefit from advances in digital technology. It is important that investment in digital technology research and implementation prioritises emerging blended models of care and workforce capacity in the use of mental health technologies alongside face-to-face practice. The Royal Commission recognised that variation in workforce capability and acceptance will be a factor in realising the potential of digital technologies. Provider capacity will require workforce training and support to enable implementation as part of investment in digital platforms and support infrastructure.

> The Victorian Government [needs] to closely monitor new and emerging digital technologies and services and build strategies to leverage innovation to improve mental health and wellbeing outcomes. (Vol. 5, p. 22)

Implementation of digital technologies needs to be undertaken in a consistent manner to ensure system cohesion, while also maintaining scope for implementing technological advancements that are not yet anticipated. Due to the innovative aspect of emerging digital technologies in mental health, it is critical that funded research and trials are undertaken to allow evaluation of service models prior to investment in system-wide rollouts.

FIRST NATIONS

The Royal Commission acknowledged the impact of ongoing systemic racism and marginalisation, including within the mental health system faced by Aboriginal communities. It also recognised the resilience, leadership and ingenuity of Elders, communities and Aboriginal-controlled organisations in supporting their young people.

Recommendation 33: Supporting Aboriginal social and emotional wellbeing

The Royal Commission stated that 'Aboriginal children and young people need access to both well-resourced Aboriginal community-controlled health services and culturally safe mainstream mental health and wellbeing services, which work in partnership.' (Vol. 3, p. 180). Building strong relationships and meaningful partnerships with First Nations organisations will provide young people seeking social and emotional wellbeing services a wider, more comprehensive range of safe and appropriate care journeys than any one sector can deliver alone.

> These reforms focus squarely on treatment, care and support being delivered through Aboriginal organisations. (Vol. 3, p. 143)

The Royal Commission recognised the importance of locating the experiences of mental illness for young people in an inter-generational context. When responding to young people's needs, there is a potential need to also respond to the mental health needs of other family members. Immediate reforms are needed to provide mental health and wellbeing supports for children and families. The important role that Elders can play in supporting young people's wellbeing was identified as a possible feature of services for young people.

A range of reforms are focussed on providing young people with culturally safe and flexible services, including early interventions.

ALCOHOL AND OTHER DRUGS

The Royal Commission recognised the benefits of integrated treatment while noting that most mental health services do not provide integrated treatment, care and support. This situation reflects decades of division in the delivery for mental health and alcohol and other drug (AOD) services. The Royal Commission's reforms begin the shift to integrated treatment.

Recommendation 35: Improving outcomes for people living with mental illness and substance use or addiction

There are substantive implementation challenges in achieving integration of care for mental illness and substance use or addiction in youth-oriented services. Most critically, there is a lack of consensus about what best-practice evidence-based integrated care for young people should comprise. Different models could range from co-location of AOD services at mental health and wellbeing services through to fully integrated care, where the same practitioners are trained to provide care for both conditions (a dual diagnosis model of care). An optimal model will likely involve a youth-friendly single point of entry, stage-informed dual diagnosis-oriented clinical care with psychological and addiction psychiatry expertise, scaffolded with wellbeing support for case management and more practical needs.

Responding to co-occurring mental illness and substance use or addiction experienced by young people requires a response that considers factors relevant to young people's stage of life and development.
(Vol. 3, p. 301)

Providing both clinical care and practical support will be important in youth services given the high wellbeing needs of young people with mental ill-health and substance use issues. Flexibility will also be needed to allow services to work towards fully integrated care with appropriate support and training for staff. The Royal Commission identified a need to increase the number of addiction specialists to enable the delivery of services needed. Collaboration between the Commonwealth and Victorian governments to increase the available workforce was identified, including an increase in training opportunities.

Recommendation 36: A new statewide service for people living with mental illness and substance use or addiction

Implementation of recommendations to systemic issues of fragmented, ineffective care due to systems designed to function independently will be complex and require substantial resources (both economic and in terms of expertise). The establishment of a statewide service will require a coordination of research related to integrated care, education and training for mental health and AOD practitioners, provide primary and secondary consultations and an increase the number of addiction specialist clinicians.

A mix of expertise will be needed to ensure this new statewide service is able to meet its goals in relation to youth services. Workforce training will be a key need given that dual diagnosis expertise is currently lacking in both the youth mental health and AOD workforces. A starting point for implementation will be training mental health staff to provide dual diagnosis clinical care, with AOD and youth workers trained to provide expert wellbeing support and case management/scaffolding for more practical needs. This approach would capitalise on the existing strengths of the workforces within each service system.

Innovative research will be critical in informing best-practice models of integrated care for young people. These models may differ from those required for older populations with early intervention approaches being critical. Presentation at mental health services may itself provide a unique opportunity for early intervention for young people with mental ill-health who use substances but who do not (yet) see this as problematic. Clinical research testing innovative new early interventions will be necessary to inform these kinds of opportunistic approaches.

RURAL AND REMOTE

The Royal Commission noted the experience within rural and regional Victoria is best placed to inform service delivery, partnerships and models that will work in local contexts and meet local needs. The need for funding reforms to ensure workforce availability was identified and direction was provided.

Recommendation 39: Supporting the mental health and wellbeing of people in rural and regional Victoria

Young people living in rural and regional Victoria need services close to home and family. These services need to combine face-to-face services and expanded access through innovative use of digital technologies. Digital technology provides the opportunity to enhance service access and delivery, but should not replace face-to-face services. Innovative, emergent technological services need to be trialled. It would be a failure of the intent of this recommendation to simply tender and evaluate a 'shiny new' version of existing approaches to telehealth.

Improving regional centre-based youth mental health services will provide the service infrastructure for developing the scale of youth mental health services required. Dedicated funding is required to build

and retain local knowledge to inform and deliver outreach services into rural areas from a regional base.

Recommendation 40: Providing incentives for the mental health and wellbeing workforce in rural and regional areas

The Royal Commission noted the barriers to developing and maintaining a skilled local mental health workforce, especially for infants, children and young people. Competition for available workforce between services further distorts workforce recruitment and retainment. Any incentive-based workforce policy needs to ensure the whole sector benefits. Incentives should support recruitment, retainment and flexibility. Integrated service delivery to optimise workforce availability will require flexible allocation of staffing resources across a network of partner services.

The Commission recommends that the Department of Health develop a Mental Health Workforce Rural Incentive Scheme. (Vol. 3, p. 498)

The Royal Commission sets out funding reforms for the Department of Health that recognise the additional costs of delivering regional and rural services, including workforce-related costs. Demonstrating how additional funding will achieve increased service accessibility and delivery will enable the Victorian Government to indicate the value of additional Commonwealth funding through a new National Partnership Agreement.

JUSTICE

The Royal Commission found that existing systems and services are neither structured nor resourced to adequately support justice involved young people experiencing mental ill-health. It is recommended the expansion of the existing youth forensic mental health programs to a statewide model, including across the 13 Infant, Child and Youth Area Mental Health and Wellbeing Services.

Recommendation 37: Supporting the mental health and wellbeing of people in contact with, or at risk of coming into contact with, the criminal and youth justice systems

The Commission has been specific in the direction it has outlined to expand the specialist youth forensic mental health programs to a statewide model. Establishment of such a model will require a collaboration between knowledge experts and proven service providers in the mental health and youth justice sector that understand the requirements of each service system.

Young people in contact with the youth justice system often have difficulty obtaining access to mainstream youth mental health services. (Vol. 3, p. 402)

Development of a statewide model would deliver consistent care between custody and the community and provide mental health services that span from primary to tertiary care. Expansion of existing services into a coordinated statewide service will require funding to train and resource a specialist workforce.

The Royal Commission has proposed, in line with the move to a youth mental health model for 12 to 25 year olds, that Forensicare introduce a youth service alongside adult specialist mental health services it currently provides.

HOUSING

The Royal Commission's consideration of housing and its intersection with mental health is an example of the cross-sector collaboration that will be needed to improve mental health outcomes of Victorians.

Recommendation 25: Supported housing for adults and young people living with mental illness

The Royal Commission has recognised that people require stable and supportive housing as a base for responding to their mental ill-health. In this regard, Orygen supports the Royal Commission's recommendation promoting the delivery of 2,000 supported housing places and the development of a further 500 medium term supported housing places for young people living with mental ill-health and experiencing homelessness or housing instability.

The Royal Commission has layered an expectation on an existing Victorian Government program to build 2,000 social and affordable housing properties as supported housing through a co-design process by Homes Victoria.

> A stable home can bring a sense of safety, security and belonging—all of which are fundamental to a person's mental health, wellbeing and ability to lead a contributing life. (Vol. 2, p. 400)

Housing configurations need to be suited to the range of living arrangements people require, including being housed with similarly aged people. The allocation of housing will need to support wellbeing recovery and establish or maintain connections with education, employment and circles of support. The configuration of housing should be developed in consultation, engagement and co-design with young people to ensure supported housing options will meet their needs. The Royal Commission recommends periodic review of the allocation of supported housing places.

YOUNG PARENTS

The Royal Commission recommendations to support perinatal mental health provide an opportunity to ensure that young parents are well-supported by new and existing initiatives, and has the potential to lead Australia in building a supportive system for young parents.

Recommendation 18: Supporting the mental health and wellbeing of prospective and new parents

Improved support will be delivered through an expansion and reform of community perinatal mental health teams, which will also provide consultation to primary and secondary care and related services for prospective and new parents. To support young parents, consultation with the youth mental health sector is required to understand how to include youth mental health services as both a referral pathway and as a sector that is provided with consultation support by community perinatal mental health teams.

The recommended review of approaches to perinatal mental health screening should actively engage young parents and the youth mental health sector to explore whether the needs of young parents are met. Issues to consider include concerns about disclosure, the appropriateness of screening tools, whether screening clinicians are aware of referral pathways to youth mental health services where more appropriate, and whether these tools could be better utilised by youth mental health services.

Recommendation 19: Supporting infant, child and family mental health and wellbeing

Three infant, child and family health and wellbeing multidisciplinary community-based hubs are to be established to deliver evidence-informed online parenting programs and group-based sessions. Training will need to be developed to ensure that hub staff are aware of the specific needs of young parents, as well as appropriate supports options and referral pathways. Online parenting programs should be audited to ensure they cater for the needs of young parents and can easily be augmented

with youth-specific information and support. Where appropriate, youth-specific group-based parenting sessions could be considered, with content developed by a collaboration between the perinatal and youth mental health sectors, reducing isolation by connecting young parents with peers and providing information that is adapted to the needs of young people.

STEPS TO REALISING THE ROYAL COMMISSION'S VISION

Reform of the Victorian mental health system will require a strong commitment by government, service planners, service providers, researchers, consumers and families to work together, recognising the time it will take to undergo this transformational change. Achieving the vision set forth by the Royal Commission will require collaboration and a flexible approach to integration. Sufficient funding to implement the reforms will be required to address barriers to working together that have been reinforced over years of underfunding.

Implementing the youth mental health reforms recommended by the Commission will require:

- **Collaboration:**
  - between services to integrate geographically and between the six levels of service, and in ensuring step up/down transitions;
  - across government systems to recognise the intersection of services that can support young people's mental health; and
  - with statewide services (i.e. trauma, suicide prevention and housing) to include integrated workforce roles in the youth mental health stream.
- **Governance**
  - Establishing governance structures for the new service stream for 12 to 25 year olds.
- **Workforce training**
  - Training for a new workforce and reskilling the workforce to deliver evidence-based care and treatment approaches.
  - Specialist training in youth models of care (e.g. suicide prevention, trauma, alcohol and other drug use).
  - Training, professional development and career pathways for the lived experience workforce.
- **New funding**
  - New funding to meet level of demand, not simply the transfer of existing funding through the reallocation of adolescent/adult services, to implement the Youth Area Mental Health and Wellbeing service stream for 12 to 25 year olds.
  - Incentivised funding to support reform implementation (i.e. rural and regional services, research collaboration) and innovation (i.e. research, digital technologies).

Orygen is committed to the collaboration required to realise the vision developed by the Royal Commission. In this spirit, Orygen have begun to explore the implementation opportunities for delivering an improved youth mental health system. Orygen looks forward to working with the Victorian Government, the service sector and supporting stakeholders from research, translation and training and education in navigating the way forward for the mental health service system as laid out by the Royal Commission.

Although the Commission's inquiry has drawn to a close, some of the most important work will now begin. The transformed mental health and wellbeing system described in this report will only be realised if implementation is done properly and government is committed to delivering this vision and stays true to the course. (Summary, p. 31)

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