VICTORIA’S MENTAL HEALTH SERVICES ANNUAL REPORT 2016–17 SUMMARY
THIS IS A SUMMARY OF VICTORIA’S MENTAL HEALTH SERVICES ANNUAL REPORT 2016-17.

The report reflects the Victorian Government’s commitment to increased accountability and transparency. It includes data on various aspects of Victoria’s state-funded mental health services, and the Victorians who accessed them for treatment and care in 2016-17.

The report also provides an update on a range of initiatives under Victoria’s 10-year mental health plan, including work to reduce suicide in local communities, positive wellbeing for LGBTI Victorians, improving access to services and implementation of initiatives to make Victoria’s mental health services safer for consumers and staff.

The report provides an update on the development and expansion of our mental health outcomes framework, and includes personal stories of hope, resilience, and recovery.

THE YEAR AT A GLANCE

WHO ACCESSED OUR MENTAL HEALTH SERVICES?

66,445 registered clients

→ 10,723 child and adolescent clients

→ 51,735 adult clients

→ 7,396 aged clients

→ 751 forensic clients

→ 1,817 specialist clients

11,337 Mental Health Community Support Services clients

36.6% new clients

→ 50.4% women

→ 32.6% rural

→ 13.6% CALD

→ 1.1% of population

→ 2.5% Aboriginal or Torres Strait Islander
SOURCE OF MENTAL HEALTH REFERRALS

- Acute health: 21.50%
- Emergency department: 24.20%
- General practitioner: 21.80%
- Family: 11.70%
- Client/self: 4.60%
- Police: 4.60%
- Community health services: 3.60%
- Others/unknown: 8%

EXPENDITURE

- $1.26 billion for clinical services
- $125 million for Mental Health Community Support Services
PROGRESSING VICTORIA’S 10-YEAR MENTAL HEALTH PLAN

Victoria’s 10-year mental health plan, released in November 2015, outlines the government’s long-term aim to achieve better outcomes for Victorians with mental illness, their families and carers.

Our goal is that all Victorians experience their best possible health, including mental health. We want to create a healthier, fairer and more inclusive society. That means good mental health for everyone, particularly people who are disadvantaged and vulnerable. We want people living with mental illness to receive the same respect and have the same opportunities as everyone else.

In 2015–16 we developed and published an outcomes framework to measure our progress and better understand the impact of our programs and services on people’s lives (see Table 1).

During 2016-17, we expanded the framework based on input from Victorian clinicians, consumers, carers and leading mental health researchers.

To help us build a better understanding of what we are doing well and what we need to do differently, we have incorporated results from the statewide ‘Your Experience of Service’ (YES) survey and information on compulsory treatment duration. Progress has also been made in other areas, including physical health and respect, with new indicators for both these outcomes.

We will continue to build the framework as more data becomes available, to provide further information about mental health outcomes for Victorians.

Download the report to view the full outcomes and indicators framework.
Table 1: Victoria’s 10-year mental health plan – outcomes

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<thead>
<tr>
<th>Vision</th>
<th>All Victorians experience their best possible health, including mental health</th>
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<td><strong>Domains</strong></td>
<td><strong>Outcomes</strong></td>
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| Victorians have good mental health and wellbeing | 1. Victorians have good mental health and wellbeing at all ages and stages of life  
2. The gap in mental health and wellbeing for at-risk groups is reduced  
3. The gap in mental health and wellbeing for Aboriginal Victorians is reduced  
4. The rate of suicide is reduced |
| Victorians promote mental health for all ages and stages of life | 5. Victorians with mental illness have good physical health and wellbeing  
6. Victorians with mental illness are supported to protect and promote health |
| Victorians with mental illness live fulfilling lives of their choosing, with or without symptoms of mental illness | 7. Victorians with mental illness participate in learning and education  
8. Victorians with mental illness participate in and contribute to the economy  
9. Victorians with mental illness have financial security  
10. Victorians with mental illness are socially engaged and live in inclusive communities  
11. Victorians with mental illness live free from abuse or violence, and have reduced contact with the criminal justice system  
12. Victorians with mental illness have suitable and stable housing |
| The service system is accessible, flexible and responsive to people of all ages, their families and carers, and the workforce is supported to deliver this | 13. The treatment and support that Victorians with mental illness, their families and carers need is available in the right place at the right time  
14. Services are recovery-oriented, trauma-informed and family-inclusive  
15. Victorians with mental illness, their families and carers are treated with respect by services  
16. Services are safe, of high quality, offer choice and provide a positive service experience |
PREVENTING SUICIDE

ASSERTIVE OUTREACH SUPPORT

The Hospital Outreach Post-suicidal Engagement (HOPE) initiative is underway in six sites: St Vincent’s Hospital; Alfred Health and Peninsula Health; Barwon Health, Geelong; Maroondah Hospital and Albury Wodonga Health, Wangaratta (see Figure 1) to ensure people get the support they need to recover.

Assertive outreach workers are working with, and providing support to, families, friends and carers of people leaving hospital following a suicide attempt or intentional self-harm.

PLACE-BASED STRATEGIES

Place-based initiatives are being implemented across 12 Victorian locations: Mornington Peninsula/Frankston, Dandenong, Latrobe Valley, Bass Coast, Brimbank/Melton, Macedon Ranges, Whittlesea, Maroondah, Mildura, Benalla, Ballarat and the Great South Coast (see Figure 1).

This approach brings together different parts of the community (including people with lived experience of suicide), schools, businesses, local councils, transport, police, health services, ambulance services, community agencies and the Aboriginal community-controlled sector. Together, they identify what is needed to prevent suicide and what types of initiatives will best support people in their local communities.
Figure 1: Location of place-based and HOPE suicide prevention trials

HOPE suicide prevention trials
- Albury Wodonga Health, Wangaratta
- Alfred Health
- Barwon Health, Geelong
- Maroondah Hospital
- Peninsula Health
- St Vincent’s Hospital
LISTENING TO CONSUMERS

The YES survey is an important tool for understanding how people experience our public clinical mental health services and our MHCSS. YES captures information about people’s experience of care, including the development of care plans and how the service supports their ability to manage their day-to-day lives.

A total of 2,170 surveys were completed in 2017. The results show that many consumers had positive experiences, although there is scope for improvement in a number of areas. About two-thirds of people (65.1 per cent) rated their experience of care with a service in the last three months as very good or excellent. Eighty-eight per cent of consumers reported that their individuality and values were usually or always respected.

A statistical analysis was undertaken to better understand what drives positive experiences of clinical services. The single largest factor driving a positive overall experience was staff showing respect for your feelings. ‘Feeling respected’ was in turn influenced by feeling welcome, staff making an effort to see you when you wanted, staff showing hopefulness for the future, respect for individual values and feeling safe (see Figure 2).

Figure 2: Most important drivers of a positive overall experience, based on YES survey data, 2016
Safewards is being rolled out to inpatient mental health units across the state, including adult, adolescent, aged and secure units. The rollout incorporates comprehensive staff training, engagement with consumers, implementation support and resources, and evaluation.

Hope can be one of the first casualties of mental illness, so finding and holding onto hope is an important part of recovery. In Safewards, we know that hope can be most powerful when it comes from our peers – that is, people who’ve had a similar experience to ourselves. Safewards tells us that this kind of hope does more than aid recovery – it can also be an effective way to reduce conflict and increase safety in mental health services.

One of the Safewards interventions, called Discharge Messages, is all about growing hope through mutual support. It starts with creating a large mural of a tree in each mental health inpatient unit. Consumers are invited to grow the tree by adding a leaf or flower that includes their own message of hope for other consumers to read. The messages grow over time and become a resource for all consumers who stay on the unit.

Across Victoria, consumers and staff at different hospitals have been working together to create beautiful trees that inspire hope. In a parallel process, Safewards has been inviting staff from inpatient units to complete their own leaves of hope that are passed on to staff at other services. The Safewards team shares these messages with staff when they attend Safewards training. These messages have been powerful motivators for staff and services to embrace the value of Safewards.