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Designated Mental Health Service Visits Discussions Summary

”

2024/2025



**Mental Health
and Wellbeing
Commission**

Acknowledgement of Country

The Mental Health and Wellbeing Commission acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of the land on which we conduct our business. We recognise their continuing connection to land, water and community and that sovereignty was never ceded. We pay our respect to Elders past and present.

Recognition of Lived Experience

We are driven by the voice, expertise and wisdom of people with lived experience of mental ill health and psychological distress and all those who care for them including family, carers, supporters and kin. We honour and respect lived experience in all our work, and we thank you for working in partnership to achieve system transformation.



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Introduction

This report provides a synthesis of insights from 14 visits conducted across Victoria's designated mental health and wellbeing service providers (services). These visits were undertaken by the Mental Health and Wellbeing Commission (the Commission) as part of its strategic engagement activities. The visits were attended by Commissioners, Executives and staff from teams including lived experience, communications and engagement, compliance, and complaints and resolutions.

The Commission gained valuable perspectives on the opportunities and barriers to delivering high-quality, person-centred care and progressing system reform through direct engagement with clinicians, executives, and the lived experience workforce. We acknowledge their feedback. Our observations are largely anecdotal and focus on the perspectives of the people that we spoke to.

Purpose of the visits

The visits were designed to strengthen relationships between the Commission and designated mental health service providers, while also enhancing mutual understanding. In particular, the Commission sought to:

- Share our strategic priorities and clarify our role under the *Mental Health and Wellbeing Act 2022 (the Act)*
- Learn how services are embedding lived experience leadership in practice and decision-making
- Understand the challenges and achievements in implementing Royal Commission into Victoria's Mental Health System reforms
- Build awareness of the Commission's approach to complaints, compliance, systemic reviews, and inquiries
- Gather feedback to improve how the Commission engages with the sector and supports reform

Each visit was steered by a structured discussion guide, while allowing space for open and honest conversations. Services were encouraged to share experiences freely, highlighting what's working well and where additional support may be needed.

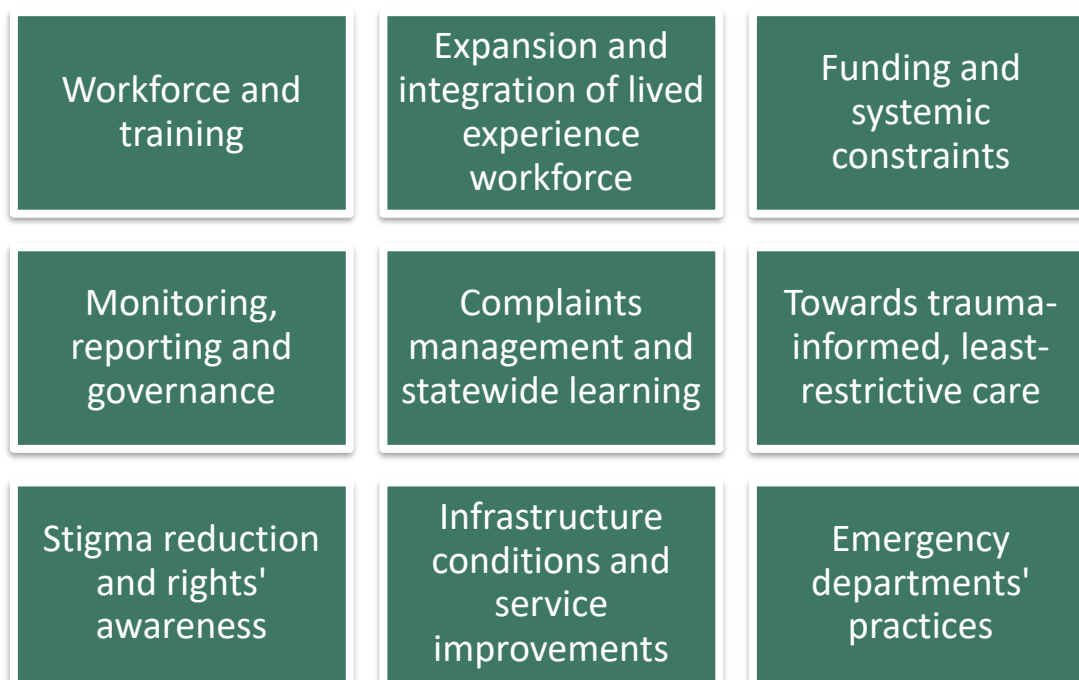
Services were very generous with their time and the visits included tours of various facilities and service offerings and in some cases, presentations.

Scope of engagement

The Commission visited 14 services across Victoria, including metropolitan and regional settings. This enabled the Commission to hear directly from a wide range of services and stakeholders, and to understand the varied contexts, pressures, and innovations shaping the system.

Further visits are an ongoing opportunity to continue building relationships and deepen insights across the sector.

Key themes and insights



1. Workforce and training

A consistent and pressing issue raised during the visits was the critical shortage of qualified mental health professionals, particularly child psychiatrists and experienced nursing staff. Services reported vacancy rates significantly higher than in other parts of the hospital system, sometimes four to five times greater. This workforce gap has directly affected the implementation of Royal Commission recommendations, with some services finding it difficult to maintain adequate supervision and safe, high-quality care due to staff shortages.

Although some structural reforms have helped with recruitment, competition for skilled staff remains challenging. The rotational nature of teaching hospitals also disrupts continuity of care and contributes to inconsistent documentation—particularly in areas such as restraint use. Services highlighted the need for clearer guidance on definitions and standards, especially in relation to chemical restraint.

To address workforce shortages (a worldwide shortage of forensic mental health workforce) Forensicare have focused on graduate programs across disciplines to help address the issue. This has been subject to recent funding pressures in the Victorian health services and has diminished in scope

It was observed that the 0–25-year model of care is complex compared with the 0–18-year model because the new age group doesn't reflect the RANZCP training program. No psychiatrist is legally able to deliver care to 0–25yr group. This is problematic for small services who have fewer psychiatrists on staff.

2. Expansion and integration of the lived experience workforce

The integration of lived experience (LE) roles into mental health services was widely recognised as a positive and impactful development. Several services reported significant growth in their LE workforce, with some

employing dozens of LE staff across various functions. Some concerns were raised about the sustainability of these roles, as many are part-time and lack dedicated or ongoing funding.

Despite this good progress, stigma and discrimination towards LE staff remain ongoing challenges. Services expressed a desire for more support from the Commission to strengthen LE leadership and embed lived experience more deeply in service culture and decision-making. The Commission's *Lived Experience Plan* was acknowledged as a helpful step forward, and there is strong interest in further tools, training, and resources to support this work.

The application of lived experience workforces varied considerably across services, and this discrepancy was particularly noticeable between metropolitan and regional services. Consumer roles were generally more common than carer and family support roles. This is in line with the consumer-centric approach in hospital settings with generally more consumers requiring support.

The size and structure of LE teams also differed, as did the extent to which leadership opportunities were available with some services more focussed on peer support roles.

Austin Hospital detailed how they have introduced consumer and carer discipline leads and have spent time educating existing and new staff in lived experience. At the services, they have connected their lived experience staff with peers from other services in the area for greater support, supervision and learning.

3. Funding and systemic constraints

Services consistently highlighted the tension between the ambitious reform agenda and the limitations of existing funding models. The dual pressures of COVID-19 and the Royal Commission's recommendations have created additional challenges stretching resources and capacity. Services acknowledged that existing funding models prioritise bed-based care, which can restrict their ability to innovate and respond flexibly to community needs.

There were some concerns about the transparency of funding allocations and the sustainability of reform efforts.

The lack of adequate housing for consumers post-release was also considered a systemic issue that delays discharge and limits access for others.

4. Monitoring, reporting and governance

The administrative burden of compliance and reporting emerged as a recurring concern. Services described a complex landscape of overlapping obligations and unclear responsibilities across oversight bodies, including the Office of the Chief Psychiatrist, SaferCare Victoria, and the Commission. This duplication consumes significant time and resources and contributes to confusion around accountability and priority setting.

There is a strong call for better coordination and more streamlined governance structures to reduce duplication and clarify roles. Services also expressed interest in engaging more meaningfully with the Commission's systemic review and inquiry functions.

Services raised concerns about the misalignment between the *Occupational Health and Safety Act 2004* and the *Act* with respect to elimination of risk and reducing or eliminating use of restrictive practices, noting challenges in implementing both effectively and consistently.

5. Complaints management and statewide learning

While services acknowledged the value of complaints as a driver of improvement, many felt that current systems are fragmented and lack transparency. There was a strong call for more publicly available information on complaint outcomes, as well as greater opportunities to share learnings across the sector.

Services emphasised the importance of increasing awareness of how complaints lead to meaningful service improvements, suggesting that sharing these outcomes more widely could strengthen organisational culture and enhance complaints handling practices.

Several services supported the idea of a statewide forum focused on complaints resolution and service improvement. There was recognition that complaints processes vary significantly between services, and that learning from those with more effective or embedded approaches could be highly valuable. For example, some services noted that carers may hesitate to raise concerns due to fears it could negatively affect the consumer's care.

Services also expressed interest in better understanding the Commission's approach to complaints handling and compliance monitoring, and how these functions could be refined to more effectively support continuous quality improvement. This was noted as something that would assist with onboarding new staff.

6. Towards trauma-informed, least-restrictive care

Efforts to reduce restrictive practices were evident across many services, with several reporting significant reductions in the use of restraint and seclusion. There was a strong focus on this area of reform, and a clear commitment across services to learn from one another and embed trauma-informed approaches that minimise the use of restrictive interventions. Staff and consumer sessions were being used to reflect on current practices and identify opportunities for improvement.

However, systemic barriers persist, particularly in emergency departments (EDs) and in environments with outdated infrastructure and challenging layouts that do not always support the consistent application of trauma-informed care.

As a key stakeholder and participant, the Commission is involved in Safer Care Victoria's system-wide work to embed a health-led response to restrictive practices and improve ED responsiveness (see theme 9).

Grampians Health discussed working with Independent Mental Health Advocacy (IMHA) on reducing restrictive Interventions and seclusion. They reported a decrease in the use of restrictive interventions by 60 per cent over the past 2 years.

Grampians Health also reported a recent increase in the use of advance statements by sharing success stories

Mercy Health Werribee reported a 66 per cent reduction in the use of restrictive interventions over the last year thanks to taking a holistic approach to care and training staff on using new and innovative de-escalation methods.

Peninsula Health reported a significant reduction in the use of restrictive interventions over the last three years and noted they have a normalised culture to use de-escalation tools to avoid the use of restraint. They also reported Zero seclusions as a unique outcome.

7. Stigma reduction and rights awareness

Stigma was identified as a persistent and complex issue across multiple settings. People with mental health conditions often face heightened discrimination, with these impacts compounded for First Nations peoples. Carers also reported feeling stigmatised and raised concerns about providing feedback due to fears of privacy breaches.

There is a clear need for targeted education and community engagement to reduce stigma and promote awareness of mental health rights. Services expressed a desire for greater leadership in this area.

Advanced statements of preferences (ASOPs) were encouraged across services but still were not used widely or consistently. There was a view that ASOPs should also travel with consumers and across services.

The forthcoming guidance for the mental health and wellbeing principles was viewed positively.

8. Infrastructure conditions and service improvements

Infrastructure improvements were acknowledged as having a positive impact on service delivery; however, many services continue to operate in outdated facilities that hinder the implementation of contemporary, person-centred care models. Features such as shared bedrooms and bathrooms make it difficult to uphold the principles of dignity and privacy set out in the Act.

Foundations of change require infrastructure and other expenditure to support the models of care

Austin Health

Some environments were dark, narrow, and cold.

Several services acknowledged that parts of their facilities still resembled institutional models of care. In contrast, where spaces have been co-designed with people with lived experience, environments appeared safer, more inclusive, and welcoming.

While the Act, associated guidance notes, and practice guidance are intended to support consistent, rights-based approaches to care, the visits demonstrated variation in how these are being interpreted and applied. Differences in understanding and implementation, particularly in constrained or outdated environments, have led to inconsistent practices across the system. These inconsistencies are often shaped by the physical environment in which clinicians and the lived experience workforce operate, further influencing the culture and quality of care.

The Alfred Hospital shared information on significant service enhancements including The Greenhouse Inpatient Mental Health Unit for Older Adults and new mental health support services at the Salvation Army's 614 Project.

Commissioners and staff were provided a tour of the Greenhouse before it was opened. The completely refurbished space includes abundant natural light, courtyards and a variety of spaces to allow privacy and social interaction.

The Commission was also briefed on The Salvation Army 614 project – operated by Co-health, the Alfred and the Salvation Army. Located in Melbourne's CBD, the new mental health and wellbeing clinic provides access to services for people including those with complex needs. The clinic, opened in May 2025, includes primary care, pharmacotherapy and addiction medicine, social services navigation, and mental health care, referrals, psychiatric assessment and support.

A small number of services highlighted the use of data analytics and emerging technologies to guide infrastructure investment and improve post-discharge experiences. However, services also recognised the pace of cultural change remains slow and is underscored the need for clearer guidance, shared learning, and sustained investment to ensure the intent of the reforms is fully realised in practice.

Eastern Health shared improvements in access for consumers who are Deaf and Hard of Hearing who seek support for mental health assessment and care.

Expression Australia AUSLAN communications cards are being used across Eastern Health sites to assist deaf and hard of hearing mental health consumers feel reassured whilst waiting for loved ones, carers, and AusLan interpreters when accessing our services.

The use of visual information for staff and for inpatients was a prominent feature in a number of designated mental health services, including Mercy Health where they had a foyer display of feedback from consumers, and their families, supporters, carers and kin. Mercy Health also had information in staff areas, including service targets. These visual displays helped to bring awareness to the ethos of person-centred care.

South West Health Care reported that the mental health and wellbeing principles are prominent in the approaches staff take to practice. More consumers are aware of their rights due to IMHA's involvement, which includes advocacy for more young people.

9. Emergency departments' practices

EDs continue to face significant challenges in responding to mental health presentations. High staff turnover, combined with limited access to local, community-based services, places ongoing pressure on EDs and affects the consistency and quality of care provided.

Several services emphasised the urgent need for training in the Act to ensure ED staff are equipped to respond to mental health crises with compassion and in accordance with legislative requirements.

Alternative approaches to ED presentations—such as triaging people experiencing mental health challenges through dedicated or specialised models of care—were viewed positively. These models were seen to offer more appropriate, timely, and person-centred responses outside the traditional ED environment.

Commissioners and staff toured a mental health area of the Alfred Hospital Emergency Department that provides a dedicated quiet space for mental health consumers.

Royal Melbourne Hospital reported creating a concept they call 'Safe Haven' in response to Royal Commission recommendation #9 where consumers are supported immediately on presenting to the ED. The space is not strictly connected to catchment, so is available to more consumers and offers triage with Alcohol and Other Drug (AOD) services as part of integrated care.

Next steps

The service visits provided rich insights into the experiences of designated mental health services as they navigate significant reform. These insights not only inform our understanding of how the *Act* is being implemented, but also shape our approach to system monitoring, performance oversight, and sector engagement.

The issues raised during these visits, from workforce shortages and infrastructure challenges to stigma, complaints handling, and inconsistent application of practice guidance highlight the complexity of delivering contemporary, person-centred care across a diverse and complex mental health system. They also highlight opportunities for greater alignment, support, and working partnerships.

As part of our legislated responsibilities, the Commission will continue to monitor the performance of the mental health and wellbeing system and will reflect key themes from the service visits in our forthcoming Annual Report. This will include a broader view of how the system is progressing, where challenges persist, and where improvement is needed.

The Commission will take practical steps to support improvement across several areas identified during the visits. These include:

- Continuing to improve complaints handling, including reviewing our complaints standards and guidance, and exploring ways to better communicate how complaints lead to service improvements
- Supporting more consistent implementation of the *Act*, guidance notes, and practice guidance by working with services to understand where clarity is needed and supporting access to resources
- Creating opportunities for shared learning, including exploring forums where services can connect on common issues such as complaints resolution and lived experience leadership
- Continue to use our insights to improve consistency of approach across services and reduce variability

The Commission is committed to working alongside consumers, carers, services and the lived experience workforce to support continuous improvement, uphold rights, and promote compassionate, high-quality care across the system.

While we recognise strong progress across services, practice remains highly variable within services. Insights from our complaints process underscore this. We will continue to promote greater consistency, particularly in the use of restrictive practices, as highlighted in our published report - [Supporting consumers' rights through improved understanding of complaints about restrictive practices - first insights report](#) (January 2025).

Appendix A: Discussion Guide

Annual MHWC Designated Mental Health Service Visit

| | |
|--|--|
| DMHS: | |
| Location: | |
| Traditional owners: | |
| DHMS attendees: | |
| MHWC Attendees: | |
| MHWC Chair: | |
| Meeting scribe: | |
| Date/Time: | |
| Arrival time: | |
| Tour and Meeting times: | |
| Depart time: | |
| Internal contact person (pre-event) and mobile number: | |

Meeting Purpose

The purpose of these visits is to engage with service providers, share the Commission's strategic priorities under the Act, and discuss how we can work better together to improve services and outcomes for consumers and their carers, supporters, families and kin.

We will focus on understanding the challenges and successes faced by services and gather feedback on how we can continuously improve our role in supporting services.

Objectives

| | |
|--|---|
| Share the Commission's Strategic Priorities | Discuss how the Commission will deliver its functions and powers under the Act. |
| Understand Services' Experiences and Challenges | Explore the challenges and successes services have faced in implementing the Royal Commission reforms. |
| Build on awareness and understanding of Complaint Handling and Compliance Approach (inc Systemic Review and Inquiry) | Discuss MHWC compliance approach and gather feedback on how the Commission can improve its processes to better support services in system reform. |
| Elevate Lived Experience Leadership and Participation | Understand how services are integrating lived experience perspectives into service practices and decision-making. |

Discussion Guide

Strategic Priorities and Functions under the Mental Health and Wellbeing Act

Provide a brief update on work at the Commission.

Lived Experience Leadership

Share progress on the LE Plan.

How is lived experience leadership currently being integrated into your service's operations?

How can the Commission support you in strengthening lived experience leadership?

Complaint Handling and Compliance Approach

Request feedback on working relationship with the Commission.

Are you familiar with our approach to systemic review and inquiry? Do you know how to suggest an issue for review?

Impact of the Royal Commission Reforms

What challenges has your service faced in implementing the Royal Commission's recommendations?

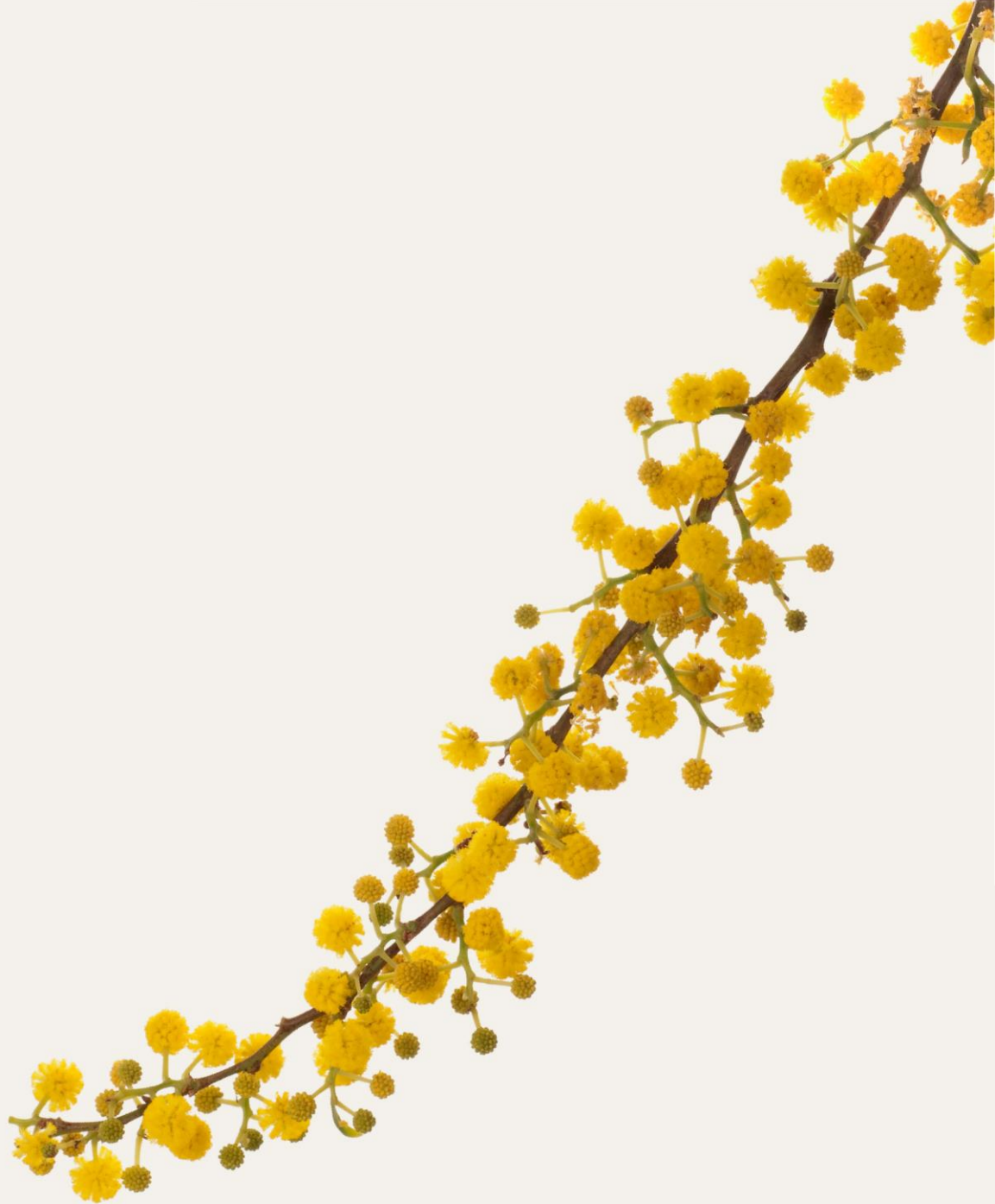
What successes or improvements have you seen as a result of reforms?

Engagement with the Commission

How would you like to be kept informed and participate in the work of the Commission? (provide suggestions – join our mailing list, usefulness of yearly visits(?), an annual forum with other services to discuss the implementation of the Royal Commission, LE training)

Next Steps and Actions

- After each visit, document the feedback and key themes raised by services. Enter into Resolve.
- Identify any specific follow up on any identified areas for improvement or assistance, ensuring that actions are taken to support service providers.
- Use the insights gathered from these visits to refine our engagement strategies and improve the Commission's role in supporting sector reform.



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