

Implementation of the Recommendations of the Royal Commission into Victoria's Mental Health System

June 2026

Status Update



**Mental Health
and Wellbeing**
Commission

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**Mental Health
and Wellbeing
Commission**

Acknowledgement of Country

The Mental Health and Wellbeing Commission acknowledges with deep respect all Victorian Aboriginal people and Traditional Owners groups.

We recognise their enduring connections to Country, Culture and Kin, a connection that has been nurtured for over 60,000 years.



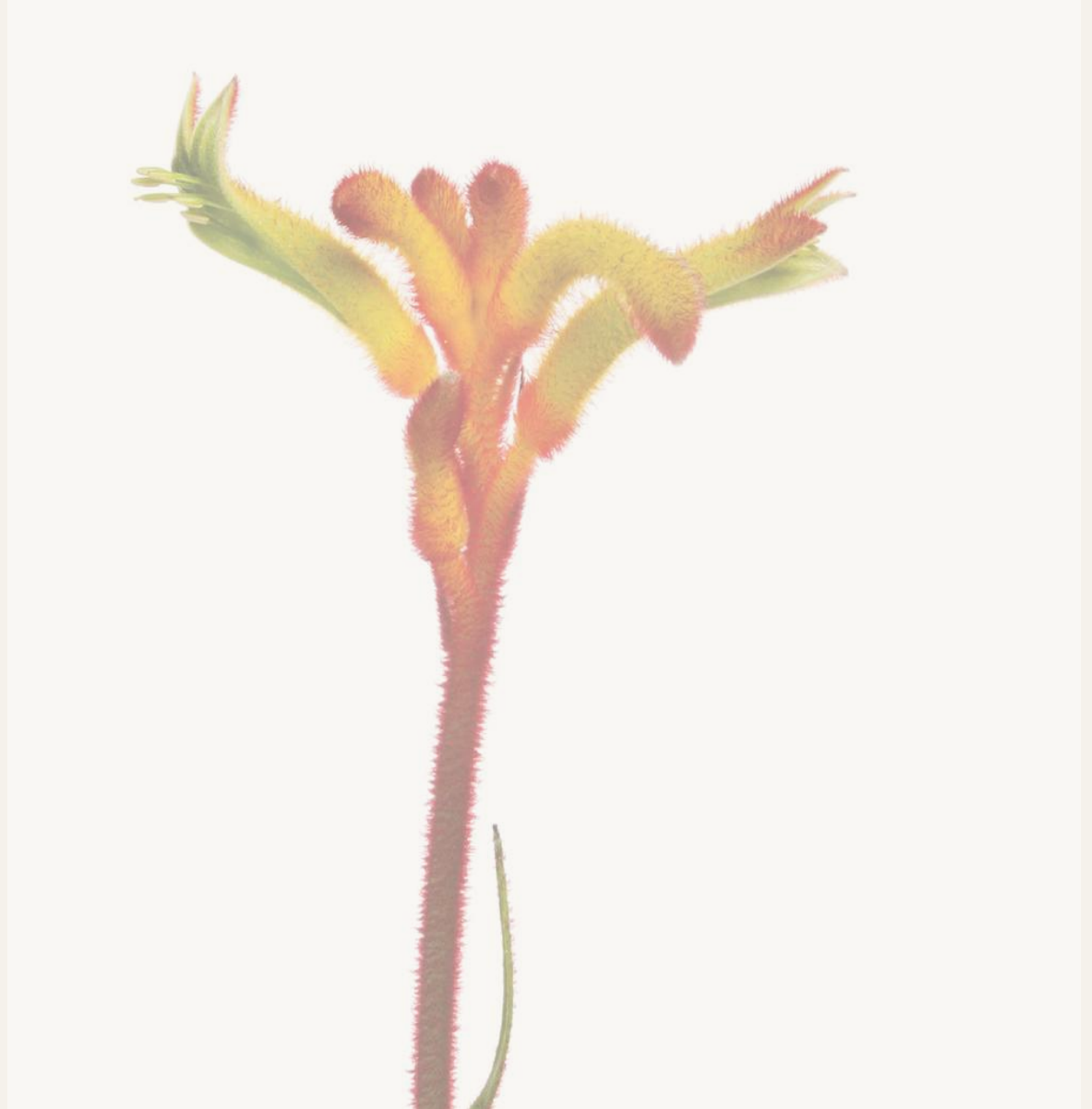
We pay our deepest respects to Elders both past and present, recognising their ongoing resilience, wisdom, and leadership. We acknowledge that this land was, is and always will be Aboriginal land.

The Commission is committed to truth telling as an essential, and foundational, aspect of reconciliation. We acknowledge the devastating impact of colonisation on Aboriginal people, including the displacement, dispossession and ongoing social, emotional, biological and political consequences they experience.

We specifically acknowledge the ongoing injustices that exist in the mental health system. We recognise that many Aboriginal people have experienced and continue to experience trauma when they interact with the system, and we understand that the current structural framework of the system needs to be reformed to address these issues.

The Commission is committed to and fully supports Victoria's Treaty process. We have listened to the Yoorrook Justice Commission's Report and the aspirations of the First Peoples' Assembly.

We believe that Aboriginal ways of knowing, being and doing need to be respected at all times, and it is our hope that all parts of the mental health and wellbeing system are culturally safe for Aboriginal people.



Recognition of Lived Experience

We are driven by the voice, expertise and wisdom of people with lived and living experience of mental ill health and psychological distress and by the important contributions of families, carers, supporters and kin who walk alongside them. Their collective knowledge and insight are a powerful force for change in shaping a mental health and wellbeing system that is more responsive, compassionate and effective.



Language in this Report

The language used in this report is guided by the words and language of the Royal Commission into Victoria's Mental Health System. Please refer to the glossary table from the Royal Commission's final report.

The Commission's approach to language is to be person-centred, clear, inclusive and respectful. The Commission prioritises the voices of people with lived experience of mental ill-health and psychological distress (consumers), their families, carers, supporters and kin. We note that their perspectives and priorities often intersect but may differ significantly. Considering this, we take our lead on language use from those with lived experience, and we do not view our preferred terminology or conventions as final or fixed. We continue to listen to lived experiences voices, and individual preferences to ensure the language we use is respectful, inclusive and fit-for-purpose.

Content warning

Please note that the content in this report may be distressing to some readers. Sections of this report refer to suicide, self-harm and the use of restrictive interventions.

Reader caution is advised.

Introduction

The Mental Health and Wellbeing Commission (the Commission, the MHWC) was established under the *Mental Health and Wellbeing Act 2022* as an independent statutory body, with a core function of system oversight and monitoring. This role includes ensuring the Government is accountable for the performance, quality and safety of the mental health and wellbeing system, so people experiencing mental ill health and psychological distress, and their families, carers, supporters and kin, can access better care, support and outcomes. More specifically, the Commission monitors progress towards implementing recommendations made by the Royal Commission into Victoria's Mental Health System (the Royal Commission), which set out a vision for a more responsive, person-centred and recovery-oriented mental health and wellbeing system.¹

The Commission pursues this objective by monitoring and reporting on the Victorian Government's progress of implementing the Royal Commission's recommendations, to promote accountability and provide independent oversight, and to ensure the reforms remain focused on improving outcomes for people and communities.

Alongside the Commission's annual reports, this *Status Update* paper has been prepared to provide further detailed information about the Victorian Government's progress in implementing the Royal Commission's recommendations.² This enables the community, including people with lived and living experience, families, carers and sector stakeholders to access consolidated information about the significant scale and scope of work that has been undertaken to date to transform Victoria's mental health and wellbeing system. It also provides information about the important work that remains ahead.

This paper includes a section on each recommendation from the Royal Commission's *Interim Report*, followed by sections for each recommendation from the *Final Report*.³ Each section contains:

- the status of the recommendation as reported by the Victorian Department of Health (the Department)⁴
- key initiatives linked to the recommendation (non-exhaustive)
- key related recommendations (non-exhaustive)
- the sub-recommendations associated with the recommendation and the timeframe for implementation proposed by the Royal Commission⁵
- the Commission's assessment of progress in implementing each sub-recommendation
- summary findings on progress and implementation of each recommendation
- potential ways of measuring some elements of the sub-recommendations that can be readily quantified or assessed as complete (noting that the suggested measures are non-exhaustive)
- information about the implementation of each sub-recommendation.

¹ *Mental Health and Wellbeing Act 2022* (Vic) Section 415(j)(ii)

² References made to 'government' in this document refer to the Victorian Government unless otherwise stated

³ State of Victoria, *Royal Commission into Victoria's Mental Health System, Final Report*, 2021.

⁴ Reported in Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

⁵ Timeframes based on the timeline horizons outlined in Table 37.1 *Implementation table* on pages 228-291 in Volume 5 of the Royal Commission's Final Report.

Context of the reforms

The recommendations set out by the Royal Commission reflect an essential and ambitious reform agenda for Victoria. The comprehensive, complex and necessary reforms are the most significant changes implemented across mental health and wellbeing in decades. These reforms are intended to create a mental health and wellbeing system that better meets the needs of people experiencing mental ill health and psychological distress and their families, carers, supporters and kin. The intent of those changes represents an important new direction, and a significant opportunity to improve people's experiences of care, support and recovery. However, they also represent an enormous challenge in delivering on that ambition and realising the intended impact for the people and communities who rely on the system.

"It is important to note that while the [Royal] Commission has articulated a 10-year reform agenda, implementation is not a static or linear process; reform will be ongoing and dynamic, requiring 'consistency, resilience, and perseverance' from all those involved in implementation."

Royal Commission, Final Report, Vol 5, Chap 37, p227

The timing of this detailed *Status Update* paper on the implementation of the Royal Commission's recommendations comes at a pivotal phase of implementation, with 2026 being the midway point of the 10-year reform agenda, since the Royal Commission published its *Final Report* in 2021. In reflecting on this stage of implementation, it is important to acknowledge both the foundations and achievements to date, as well as the significant work still to be completed. It is also important to acknowledge that this stage of a complex

change process can be a particularly challenging period for those interacting with, navigating through, or seeking support from the system, as well as the workforce and others working to deliver reform.

The Commission is pleased to report, at this midway point, that there have been substantial foundations for reforms laid, as detailed in this paper. These include governance foundations such as legislative revisions and the establishment of bodies such as the Commission and the Collaborative Centre for Mental Health and Wellbeing. These foundations also include elements of the new service design, functions and resources, for example the commencement of Local Services in some regions and the Hospital Outreach Post-suicidal Engagement trials (as outlined in interim recommendation 3), as well as initiatives to grow and support the workforce, including lived living and experience workforces (as outlined in interim recommendation 6).



While important foundations have been established, many of the changes envisioned by the Royal Commission are still being implemented and are yet to be fully realised. Continued focus is needed to ensure these reforms translate into improved outcomes for people experiencing mental ill health and psychological distress, and for their families, supporters and kin. Given the scale and complexity of these changes and the resources required, it was expected that the ambitious reforms would take time to realise, across the three phases of reform outlined by the Royal Commission.

The Commission recognises the impact of undertaking complex reform, while many parts of the mental health system continue to operate under significant strain. The pace and scale of change required through the reform agenda must be considered alongside the experience of those working within, accessing and navigating the system.

Nonetheless, for people and communities, and for those who work within the mental health and wellbeing system, delivering on the vision for a better experience of accessing and providing essential support must continue.

Through publishing this *Status Update* on the implementation of recommendations, the Commission seeks to highlight both the achievements to date and the work still ahead. As part of its system oversight and monitoring role, the Commission also emphasises the importance of sustained focus, targeted investment and ongoing commitment to the intent of the Royal Commission's vision, so that the benefits of reform are fully realised for people and communities across Victoria.

“There will be obstacles along the way. Ensuring all partners in delivering this reform remain connected and committed to the change process will be imperative to success”

Royal Commission, Final Report, Vol 5, Chap 37, p19

Approach to the review

The Commission is committed to its independent oversight role in understanding progress towards delivering the Royal Commission's recommendations, and to identifying concerns with implementation progress to alert Government, the sector, and the community to any emerging risks and needs. The approach to the review as summarised in this *Status Update* has been carefully considered to ensure it is methodologically robust and consistent, transparent and evidence-based, balanced and constructive. Importantly, in publishing this detailed *Status Update* paper as a supplement to the Commission's annual reports, the intention is to provide the community and diverse stakeholders across the sector with information to assist in better understanding the current stage of reform implementation, as well as to ensure a continued priority focus on the reform progress going forward.

Reporting at a sub-recommendation level

As outlined in its 2024-2025 *Annual Report*, the Commission has heard from the community and sector stakeholders the importance of detailed reporting at the sub-recommendation level. The Commission shares this view. Reporting information about implementation progress at the sub-recommendation level is important because many of the recommendations are broad and multi-faceted, involving a range of phased activities that are described in the related sub-recommendations. Reporting at the sub-recommendation level, rather than the highest recommendation level, provides greater transparency and detail about the work that has been undertaken and that which is yet to be completed.

The Commission's approach to reporting on implementation progress is aligned to the groupings of sub-recommendations as presented in Table 37.1: *Implementation table*, on pages 228-291 in Volume 5 of the Royal Commission's *Final Report*, which shows the proposed timeframes for sub-recommendations and in some cases, sub-recommendation parts.

Sources of information and clarifications

The findings and status assessments of progress in this paper have been informed by a range of publicly available information sources, as well as information provided directly by the Department of Health and other relevant Victorian Government Departments or other stakeholders, as referenced throughout.⁶ The Commission is in a unique position to be able to seek information that is not yet available in the public domain to be able to fulfil its legislated system oversight role, including in reviewing the implementation of the Royal Commission's recommendations. In some instances, the Commission has sought clarification of information available on websites or in publications, usually from the Department or the relevant organisation referred to in the sub-recommendation.

The Department of Health released a *Mental Health and Wellbeing Reform Progress Report* on 19 May 2026, outlining a summary of implementation status at the recommendation level.⁷ Information published in this report, alongside information provided directly by the Department to the Commission, was incorporated into the Commission's *Status Update* paper as relevant.

As detailed throughout the status assessments and findings below, the Commission continues to seek further information and clarifications to provide a comprehensive view of the implementation of reforms. Recent amendments to the *Mental Health and Wellbeing Act 2022*, have established a more explicit mechanism for the Commission to obtain information from the Department of Health.⁸ Subsequent to this legislative amendment in April 2026, the Commission has submitted further information requests regarding the progress or status of the implementation of relevant recommendations, as noted throughout the commentary of this report. The Commission intends to continue to provide updates on the progress of the reforms as further information becomes available, including through its annual reports.

⁶ Commonly used sources include the Department's *Mental Health and Wellbeing Reform Progress Report* released in May 2026 and its *Next Phase of Reform: Mental Health and Wellbeing in Victoria* released in December 2024, the *Chief Mental Health and Wellbeing Officer's Report* from 2023-24 and 2024-25, Victorian Government budget papers, and the department's website.

The Commission acknowledges that the activities described in this paper may not capture all the work that has occurred or is underway with respect to implementing the Royal Commission's recommendations, given limitations in access to information from across the sector. Government, consumers, families, carers and supporters, together with mental health and wellbeing service providers and other stakeholders devote significant time and effort to exploring ways of bringing recommendations to life including through system planning, prioritising, resourcing, developing partnerships and other arrangements. Many of these crucial activities are not publicly reported or specifically funded through Victorian Government budget initiatives. In addition, there may be further relevant publications or materials not captured in this paper. Consequently, it is possible that this paper understates the total effort devoted to implementing the Royal Commission's recommendations.

This *Status Update* paper is a point in time review. We hope that publishing this paper encourages greater sharing of information, including with the Commission, so that we can regularly update the implementation status of recommendations and provide useful, up-to-date information about the associated activities.

"Effective monitoring is essential to implementation, playing an important role in: maintaining momentum for reform; embedding accountability for change; ensuring progress is transparent; mitigating and avoiding unintended consequences; and continuously improving and adapting reform efforts."

Royal Commission, Final Report, Vol 5, Chap 37, p223

⁷ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

⁸ *Entities Legislation Amendment (Consolidation and Other Matters) Act 2026*.

Implementation status categories and assessments

The Commission has carefully considered the framing of the categories below and the assessments of the status of implementation progress, with a view to applying a robust, evidence-informed, balanced and consistent approach. Inevitably, the exercise of professional judgement is required in many instances, which results in a level of subjectivity in assigning status categories. A rigorous and consultative approach was adopted in determining the assessments.

The Commission has used the following categories to report progress in implementing each sub-recommendation.⁹

In place:

The Commission obtained information that the core or primary element of the sub-recommendation is in place (e.g. a new entity has been established) or that all work has been completed. This does not include assessment of the outcomes or effectiveness of the work. An ongoing monitoring or watching brief may be appropriate (see outcomes evaluation below).

Partial progress:

The Commission obtained reliable evidence that the work towards implementation has taken place, but not of all aspects of the sub-recommendation have been completed.

Not yet commenced:

The Commission did not find evidence that work has commenced, or the Government has confirmed that work towards the sub-recommendation has not commenced. Planning for implementation may have been scheduled but has not yet commenced.

⁹ The status categories in this report have been refined since the Commission's 2024-2025 Annual Report to provide improved clarity and given the assessments in this report have been informed by sources in addition to publicly available information. Recommendations that had previously been categorised as 'To be assessed later' have been assessed as to the current progress of

Refinements to implementation over time

There was a significant investment of shared personal experiences, resources and expertise into the Royal Commission, which delivered a comprehensive set of recommendations designed to achieve a cohesive path towards achieving the necessary large-scale reform of the mental health and wellbeing system, to achieve improved outcomes for our communities. It is important in the Commission's system oversight role to ensure that the intent and the well-considered approach retains its integrity through an evolving approach to reform implementation.

The Commission recognises, however, that as time passes, research, evaluation and review of implemented recommendations may lead Government to change the way in which it addresses issues identified by the Royal Commission. Continuing to be responsive to the evolving needs across communities and to the impact of reforms may be necessary to ensure the intended outcomes are realised over time.

Following a period of sector consultation in 2023, the Department published its *Next Phase of Reform* document.¹⁰ This document identified feedback, for example, that there was a need to find the right balance for the pace of reform, and a need to prioritise reform activities. The document summarised a range of priorities and phased initiatives that the Department would implement going forward, mapped back to the Royal Commission's recommendations.

The detailed assessment of implementation against the recommendations and sub-recommendations in this paper, alongside the Department's planning and reporting, are intended to monitor delivery against the Royal Commission's comprehensive reform agenda. This includes identifying where recommendations have been delayed or de-prioritised through the Department's ongoing planning process, to provide clarity on whether the

implementation, with evaluation of outcomes and ongoing system performance monitoring being an ongoing function of the Commission.

¹⁰ Department of Health, *The next phase of reform: Mental Health and Wellbeing in Victoria*, November 2024, <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

intended outcomes are being addressed through alternative approaches, or whether there are gaps in implementation to be addressed going forward.

The Commission welcomes open dialogue with the Department and other stakeholders where refinements to the recommended approach are required and looks forward to including those inputs and insights into its reporting on implementation of the Royal Commission recommendations.

“Evaluation should be included from the beginning of implementation, using success measures that are established during the planning stage. This allows for an iterative development and implementation process where evidence is collected and used to make adjustments along the way, and to ensure changes are implemented effectively.”

Royal Commission, Final Report, Vol 5, Chap 37, p213

Implementation status and outcomes evaluation

The Commission’s assessment of the implementation status of recommendations in this paper focus on the delivery of the concrete actions or initiatives as described in each sub-recommendation over the three phased time horizons outlined in the Royal Commission’s *Final Report*.

Ultimately, the reforms recommended through the Royal Commission were designed to achieve short-, medium- and long-term outcomes, and to deliver the intended impacts for communities that address the critical needs identified through its inquiry. These outcomes over time must be evaluated to ensure the recommendations are achieving their intent. This measurement of outcomes will

come from a range of sources and processes, including through the implementation of the Outcomes and Performance Framework (OPF) as outlined in recommendation 49.¹¹

Once implemented, many of the recommendations will take time to evaluate in terms of their effectiveness. Many will also require continued effort, refinement, monitoring and evaluation of sustained outcomes or unintended consequences over time. As such, in many instances the recommendations may be assessed as being ‘in place’, however the Commission, in its oversight and monitoring role, will continue its focus on these outcomes in the context of ongoing reform and system performance.

Summary observations

The Commission made a wide range of observations while compiling this paper that may be of interest to the community. The following observations are provided to illustrate the range and type of issues identified.

- The Commission recognises the significant and complex work that has been undertaken to reform Victoria’s mental health and wellbeing system, including the substantial uplift in funding. This work reflects sustained effort across Government, services, and communities, including people with lived experience. The Commission looks forward to the work that follows, including the continued implementation of the OPF, and its role in tracking whether reforms are improving outcomes for people and communities over time.
- Genuine recognition and development of the lived experience workforce represent a fundamental shift in the way in which mental health and wellbeing services are designed and delivered. Maintaining a strong focus on embedding lived experience at the centre of reform is essential to achieving genuine change, but this requires clearer shared understanding across

¹¹ Department of Health, *Outcomes and Performance Framework, Mental Health and Wellbeing*, Viewed 18 May 2026, <https://www.health.vic.gov.au/mental-health/research-and-reporting/mental-health-and-wellbeing-outcomes-and-performance-framework>

organisations of what this looks like in practice and what it means in different types of organisations.

- Work on the foundations of a strong mental health and wellbeing system must continue. This includes addressing issues around certainty of funding for both positions and programs. Further initiatives and investment in workforce must consider all professions and lived experience roles that contribute to improving the mental health and wellbeing of our community and address the issues that cause people to leave the sector as well as attracting more people to it.
- There is still much work to do. This includes implementation of sub-recommendations that are yet to be progressed or where limited progress has been made to date. The Commission looks forward to seeing evaluation efforts mature as the reform journey progresses, ensuring that lessons are learned from the work undertaken, including the experiences and outcomes of consumers, families, carers and supporters, increasing the likelihood that future funding will be used efficiently and effectively.
- The Commission supports making further information about the reforms available, including evaluation findings, so more can be learnt from the investment and efforts towards transformation across the sector so far. An ongoing shared vision and commitment to the reform process will be essential to delivering outcomes. The more the community understands the work and associated benefits that have been delivered through the reform process, the more support there will be for the continued work ahead.

Implementation progress summary

Based on the Commission's assessments at the time of writing, at the highest level of the 74 final and interim recommendations, 18 are in place, 52 have partial progress and 4 have not yet commenced. At the more detailed level, as outlined in this *Status Update* paper, the Commission has assessed the progress of 272 sub-recommendation components. Figure 1 summarises the progress status at the sub-recommendation level.

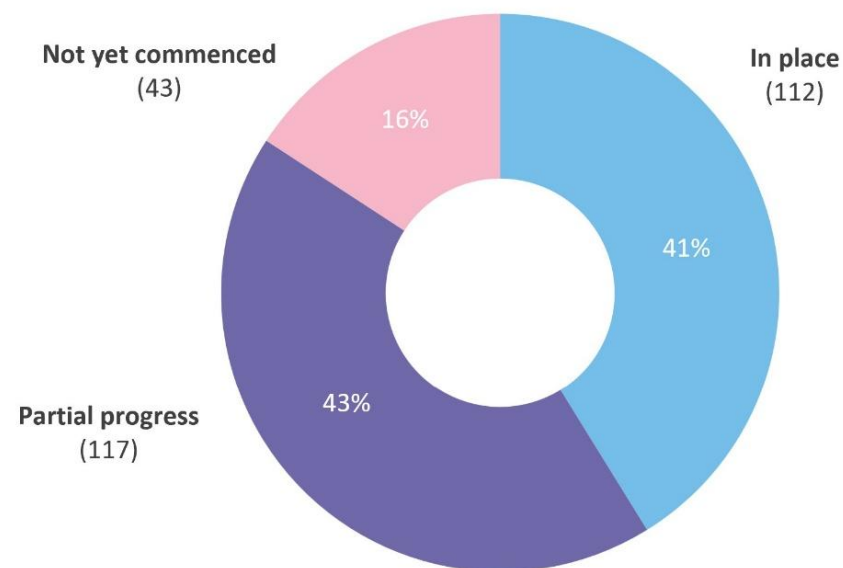


Figure 1: Status of sub-recommendations



Rec IR1: Victorian Collaborative Centre for Mental Health and Wellbeing

Recommendation status reported by Department of Health: Delivered

Linked initiatives: Victorian Collaborative Centre for Mental Health and Wellbeing

Key related recommendations: Related functions, including workforce capability (Rec 58), translational research (Rec 63), service innovation (Rec 64)

Related sub-recommendations

	Sub-recommendation	Royal Commission Timing	Status summary
IR1.1	The Royal Commission recommends that the Victorian Government establishes a new entity, the Victorian Collaborative Centre for Mental Health and Wellbeing.	-	In place
IR1.2a	The Collaborative Centre will: a. bring people with lived experience together with researchers and experts in multidisciplinary clinical and non-clinical care to develop and provide adult mental health services, conduct research and disseminate knowledge with the aim of delivering the best possible outcomes for people living with mental illness. The centre will work within a network of partners including service and research organisations in rural and regional areas.	-	In place
IR1.2b	The Collaborative Centre will: b. drive exemplary practice for the full and effective participation and inclusion of people with lived experience across the mental health system	-	In place
IR1.2c	The Collaborative Centre will: c. conduct interdisciplinary, translational research into new treatments and models of care and support to inform service delivery, policy and law making	-	In place
IR1.2d	The Collaborative Centre will: d. educate the mental health workforce through practice improvement, training and professional development programs.	-	In place

Findings

The Victorian Collaborative Centre for Mental Health and Wellbeing has been established under the *Mental Health and Wellbeing Act 2022* with functions consistent with the recommendations of the *Interim Report* of the Royal Commission into Victoria's Mental Health System.

Discussion

IR1.1: The *Mental Health and Wellbeing Act 2022* established the Victorian Collaborative Centre for Mental Health and Wellbeing (the Collaborative Centre).

IR1.1a, IR1.1b, IR1.1c, IR1.1d:

The *Mental Health and Wellbeing Act 2022* sets out the Victorian Collaborative Centre's functions (s 643) and board composition (s647),¹² including requirements regarding the appointment of directors who identify as having lived experience of mental illness or psychological distress and directors who identify as caring for or supporting a person experiencing mental illness or psychological distress.

The Collaborative Centre's website, annual reports and other publications provide information about the work performed by the organisation, its research and service delivery partnerships, aligned to the delivery of its core functions, together with plans and strategies for the coming years.¹³ The Collaborative Centre also opened its new premises in April 2026.

The Collaborative Centre's achievements, discharge of its legislated functions, and delivery against its core functions, should continue to be assessed in terms of continuous improvement, outcomes and impact over time. This includes outcomes aligned with the sub-recommendations of the *Interim Report* of the Royal Commission, as well as outcomes in delivering on its core functions as further detailed in the Royal Commission's *Final Report*, in particular recommendations 58 (workforce capability), recommendation 63 (translational research) and recommendation 64 (service innovation).

¹² In April 2026, amendments to the board composition requirements under the Act were introduced under the *Entities Legislation Amendment (Consolidation and Other Matters) Act 2026*.

¹³ Victorian Collaborative Centre for Mental Health and Wellbeing website, Viewed 27 May 2026, <https://vccmhw.vic.gov.au/about-us>.

Rec IR2: Targeted acute mental health service expansion

Recommendation status reported by Department of Health: Delivered

Linked initiatives: Expansion and reform of adult bed-based services

Key related recommendations: Related bed-based services (Recs 11 and 12)

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
IR2.1	The Royal Commission recommends that the Victorian Government, through the Victorian Health and Human Services Building Authority and the Mental Health Implementation Office, provides funding for 170 additional youth and adult acute mental health beds to help address critical demand pressures.	-	In place
IR2.2a	The allocation should be as follows: a. 135 additional acute inpatient public mental health beds or equivalent beds, with the majority of these delivered by the end of 2021 and the remainder by mid-2022, proportionally provided to Barwon Health and to Melbourne Health, the latter in alliance with Western Health and Northern Health, using the following criteria: predicted population growth, forecast bed availability, socioeconomic need and the availability of primary and community-based health services	-	In place
IR2.2b	The allocation should be as follows: b. 35 additional acute inpatient mental health beds or equivalent beds procured by the end of 2021 from a private provider to deliver clinical treatment, care and support for public patients who would otherwise be treated in a public inpatient mental health unit.	-	In place
IR2.3a	The design and establishment of the additional beds should: a. be contemporary, co-designed with people with lived experience, and provide high-quality care in a hospital setting	-	In place
IR2.3b	The design and establishment of the additional beds should: b. involve public, private and community health service partnerships.	-	In place
IR2.4	Assertive outreach should be used to enable acute care in a home or community residence, where possible, as a direct substitute for an inpatient bed.	-	In place

Findings

Government has delivered more than 170 additional youth and adult acute mental health beds in a range of settings involving different partnerships. It is not immediately clear whether the funding provided for additional beds is ongoing due to the level of detail provided in publicly available budget reports.

Measure	Target	Current status
Additional beds	170	174
New beds allocated to public	135	139
New beds allocated to private	35	35

Discussion

IR2.1: The Department of Health's website regarding the status of interim recommendation 2 reports it will deliver 179 additional public beds.¹⁴ Questions on Notice to the Minister for Mental Health and Ageing at the Parliamentary Accounts and Estimates Committee (PAEC) identified 174 beds, including:¹⁵

- 52 beds at the Sunshine Mental Health and Wellbeing Centre, Sunshine
- 30 beds at the Northern Hospital, Epping. 22 beds at the Royal Melbourne Hospital, Parkville
- 16 beds at the Barwon McKellar Centre, North Geelong.
- 35 beds (inpatient and hospital in the home) through the specialist women's mental health service – now known as the Women's Recovery Network (WREN), in Albert Park and Shepparton.
- 19 Hospital in the Home (HiTH) beds through Barwon Health and Parkville Youth Mental Health and Wellbeing Service.

The Department's *Mental Health and Wellbeing Reform Progress Report 2026* states that further expansion of the HiTH program will include a new program at Monash Health in 2026-27.¹⁶ The 2026-27 budget confirms this includes funding to support 10 new HiTH beds.¹⁷

¹⁴ Department of Health, *Interim Recommendation 02*, Viewed 25 September 2025 <https://www.health.vic.gov.au/mental-health-reform/interim-recommendation-2>

¹⁵ Public Accounts and Estimates Committee, *Inquiry into the 2025-26 Budget Estimates Questions on Notice Portfolio: Mental Health*, <https://www.parliament.vic.gov.au/49e8f1/contentassets/bd49510221ea435882403fa7cacbe549/mental-health-qon.pdf>

¹⁶ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

¹⁷ Presentation by Minister for Mental Health to Public Accounts and Estimates Committee, 2026-27 Victorian State Budget, available at: <https://www.parliament.vic.gov.au/49bd71/contentassets/e0e35d782db14a34a7dd8b860e492323/mental-health.pdf>

The beds are described as being fully operational, with day-to-day availability influenced by operational factors.

IR2.2a: The beds outlined above include 139 beds in public settings. It is unclear from public information whether the recommended criteria were used to allocate these beds.

IR2.2b: The Women's Recovery Network mental health service (WREN) addresses this sub-recommendation, and includes 35 beds, as described above.

IR2.3a: The Department of Health's website regarding the status of interim recommendation 2 reports that health services are engaging consumers and carers who have lived experience of the mental health system in the design of the new public and private facilities. More detailed reporting of genuine, systematic co-design involving consumers and carers would provide the community and service providers with greater understanding of the processes used.

IR2.3b: The mix of beds outlined above includes a range of different settings and partnerships, as required by this part of the recommendation.

IR2.4: Progress on HiTH beds is evident through the additional beds listed above, as well as through progress against other recommendations (see recommendations 11, 12 and 21).

Rec IR3: Suicide prevention

Recommendation status reported by Department of Health: Delivered

Linked initiatives: Hospital Outreach Post-suicidal Engagement (HOPE) program

Key related recommendations: Suicide prevention initiatives (Recs 26 and 27) and crisis response (Recs 8, 9 and 10)

Related sub-recommendations

	Sub-recommendation	Royal Commission Timing	Status summary
IR3.1	The Royal Commission recommends that the Victorian Government, through the Mental Health Implementation Office, expands follow-up care and support for people after a suicide attempt by recurrently funding all area mental health services to offer the Hospital Outreach Post-suicidal after Engagement (HOPE) program.	-	In place
IR3.2a	To facilitate access to HOPE, the statewide rollout should be complemented by: a. broad referral pathways to give people living with mental illness who are receiving care from clinical community-based teams within area mental health services access to HOPE	-	In place
IR3.2b	To facilitate access to HOPE, the statewide rollout should be complemented by: b. additional clinical outreach services in each subregional health service, networked to a regional health service HOPE program, to provide support for people living in rural and regional areas	-	In place
IR3.2c	To facilitate access to HOPE, the statewide rollout should be complemented by: c. extended service delivery that allows access to support whenever it is needed, including outside standard business hours.	-	In place
IR3.3	The Commission also recommends the creation, delivery and evaluation of the first phase of a new assertive outreach and follow-up care service for children and young people who have self-harmed or who are at risk of suicide.	-	In place

Findings

Significant work has been undertaken to extend the availability of the Hospital Outreach Post-Suicidal Engagement (HOPE) program both geographically and in terms of hours of operation. The development, delivery and evaluation of a HOPE program for children and young people demonstrates continued commitment to suicide prevention for young Victorians. The expansion of the HOPE programs beyond the requirements outlined in the interim recommendations further reflects ongoing investment in strengthening post-suicide attempt support services.

Measure	Target	Current status
Services recurrently funded to deliver HOPE	22	22
Subregional services with clinical outreach	Unknown	11

Discussion

IR3.1: The Department of Health’s website regarding the status of interim recommendation 3 reports that HOPE has been expanded to all regions.¹⁸ The 2026-27 State Budget reports that \$6.5 million has been committed to continue targeted suicide prevention and response services, including support for the statewide HOPE program.¹⁹

IR3.2a: The Department of Health’s website regarding the status of interim recommendation 3 reports that referral pathways into HOPE have broadened with the program available to people accessing community-based mental health and wellbeing services.

IR3.2b: The *Chief Mental Health and Wellbeing Officer report 2023-24* indicates that HOPE outreach services are funded and available in 11 subregional locations across Victoria.²⁰

IR3.2c: The Department of Health’s website regarding the status of interim recommendation 3 indicates that funding has been provided to increase the provision of out-of-hours support and that this facilitates access to the HOPE program. The Commission’s engagement with consumers, their families, carers and supporters and services has identified continuing gaps in the out-of-hours provision of mental health and wellbeing services.

IR3.3: The Department of Health’s website regarding the status of interim recommendation 3 reports that the Child and Youth HOPE program has been funded since 2021 across four sites. The program has been evaluated with findings indicating positive outcomes.

¹⁸ Department of Health, *Interim Recommendation 03*, Viewed 25 September 2025 <https://www.health.vic.gov.au/mental-health-reform/interim-recommendation-3>

¹⁹ Victorian Budget 2026-27, *Service Delivery BUDGET PAPER NO. 3*, p55, <https://s3.ap-southeast-2.amazonaws.com/vicbudgetfiles2026.27vicbudget/2026-27+State+Budget+-+Service+Delivery.pdf>

²⁰ Department of Health, *Chief Officer for Mental Health and Wellbeing Annual Report 2024-25*, <https://www.health.vic.gov.au/publications/chief-officer-mental-health-wellbeing-annual-report>

Rec IR4: Aboriginal social and emotional wellbeing

Recommendation status reported by Department of Health: Delivered

Linked initiatives: Aboriginal social and emotional wellbeing scholarship program, Balit Durn Durn Centre, Growing the Aboriginal social and emotional wellbeing workforce, Partnering with Victorian Aboriginal Community Controlled Health Organisation, Establishment and expansion of social and emotional wellbeing teams

Key related recommendations: Further recommendations build on Interim Rec 4 in Rec 33

Related sub-recommendations

	Sub-recommendation	Royal Commission Timing	Status summary
IR4.1	The Royal Commission recommends that the Victorian Government, through the Mental Health Implementation Office, expands social and emotional wellbeing teams throughout Victoria and that these teams be supported by a new Aboriginal Social and Emotional Wellbeing Centre.	-	In place
IR4.2a	This should be facilitated through the following mechanisms: a. dedicated recurrent funding to establish and expand multidisciplinary social and emotional wellbeing teams in Aboriginal community-controlled health organisations, with statewide coverage within five years	-	In place
IR4.2b	This should be facilitated through the following mechanisms: b. scholarships to enable Aboriginal social and emotional wellbeing team members to obtain recognised clinical mental health qualifications from approved public tertiary providers, with a minimum of 30 scholarships awarded over the next five years	-	In place
IR4.2c	This should be facilitated through the following mechanisms: c. recurrent funding for the Victorian Aboriginal Community Controlled Health Organisation to develop, host and maintain the recommended Aboriginal Social and Emotional Wellbeing Centre in partnership with organisations with clinical expertise and research expertise in Aboriginal mental health.	-	In place
IR4.3a	The centre will help expand social and emotional wellbeing services through: a. clinical, organisational and cultural governance planning and development	-	In place
IR4.3b	The centre will help expand social and emotional wellbeing services through: b. workforce development—including by enabling the recommended scholarships	-	In place

Sub-recommendation	Royal Commission Timing	Status summary
IR4.3c The centre will help expand social and emotional wellbeing services through: c. guidance, tools and practical supports for building clinical effectiveness in assessment, diagnosis and treatment	-	In place
IR4.3d The centre will help expand social and emotional wellbeing services through: d. developing and disseminating research and evidence for social and emotional wellbeing models and convening associated communities of practice.	-	In place

Findings

Government has devoted significant effort, funding, and support to implement these sub-recommendations, primarily through the Balit Durn Durn Centre. The Balit Durn Durn centre's delivery of the functions outlined in the sub-recommendations, their impact, and the sufficiency of funding to support their delivery, should be assessed over time through an evaluation of outcomes. Such assessments will assist in determining whether the sub-recommendations have been implemented successfully and are achieving their intended impact.

Measure	Target	Current status
ACCHOs with multidisciplinary social and emotional wellbeing teams	25	25
Scholarships awarded in last five years	30	78

Discussion

IR4.1, IR4.2a: The *Chief Mental Health and Wellbeing Officer report 2023-24* reports that funding has been provided with statewide coverage expected in 2025. This includes 25 Aboriginal community-controlled health organisations and two additional Aboriginal community-controlled organisations (ACCOs).

IR4.2b: The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) announced they had delivered scholarships to 56 recipients.²¹ More recently, in May 2026, the Department of Health reported in the *Mental Health and Wellbeing Reform Progress Report 2026* that 78 scholarships have been delivered since 2021-22, exceeding the 30 scholarships recommended by the Royal Commission.²²

IR4.2c: The *Chief Mental Health and Wellbeing Officer report 2023-24* reports that funding has been provided for the Balit Durn Durn Centre, including \$116.2 million in programmatic funding over four years, and \$32.3 million in recurrent funding.

²¹ VACCHO website, Viewed 25 September 2025 <https://www.vaccho.org.au/2025/05/19/vaccho-celebrates-three-years-of-the-balit-durn-durn-centre/>.

²² Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

IR4.3a, IR4.3b, IR4.3c, IR4.3d: The Department of Health's website regarding the status of interim recommendation 4 lists the Balit Durn Durn Centre, delivered in partnership with the VACCHO, as core to the delivery of these sub-recommendations.²³ The establishment and ongoing funding for the Centre support the implementation of the interim recommendation. However, the Balit Durn Durn centre's performance of these functions as outlined in the sub-recommendation, including their impact, and the sufficiency of funding to perform the functions over time, should be evaluated at a later point in time to determine whether they have been implemented successfully and are impactful.

²³ Department of Health, *Interim Recommendation 04*, Viewed 31 May 2026, <https://www.health.vic.gov.au/mental-health-reform/interim-recommendation-4>

Rec IR5: A service designed and delivered by people with lived experience

Recommendation status reported by Department of Health: In progress

Linked initiatives: Lived Experience Residential Service (formerly referred to as The Healing Place)

Key related recommendations: Lived experience agency (Rec 29) and Lived experience workforces (in particular Rec IR6)

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
IR5.1	The Royal Commission recommends that the Victorian Government establishes Victoria’s first residential mental health service designed and delivered by people with lived experience. This should be facilitated through the Mental Health Implementation Office in co-production with people with lived experience.	-	Partial progress
IR5.2	This service should provide short-term treatment, care and support in a residential community setting as an alternative to acute hospital-based care, and be:	-	Partial progress
IR5.2a	a. delivered and operationally managed by a workforce comprising a majority of people with lived experience, working across a range of disciplines	-	Partial progress
IR5.2b	b. facilitated through a partnership between an area mental health service and a mental health community support service or a community health service	-	Partial progress
IR5.2c	c. independently evaluated, with findings to inform continuous improvement and guide the expansion of similar services.	-	Partial progress

Findings

Victoria’s first lived experience-led residential service was announced on 17 September 2025. It will be established in Geelong, opening in early 2026, delivered by Mind Australia.

Discussion

IR5.1: The Department of Health's interim recommendation website indicates that work has commenced to develop Victoria's first residential mental health service designed and delivered by people with lived experience.²⁴

The Premier of Victoria announced on 17 September 2025 that a lived experience-led residential service will be established in Geelong. It was confirmed that the "new model is a direct response to the Royal Commission into Victoria's Mental Health System Interim Report" and that the trial will offer accommodation and support with 8 beds, including the first four beds in early 2026 and the remaining four by mid-2026.²⁵

IR5.2, IR5.2a, IR5.2b, IR5.2c: These sub-recommendations speak to the delivery model and approach, and initial information indicates consistency with these sub-recommendations including confirmation in the Premier's announcement that the service will be operated by Mind Australia (a community health and support service), and the Department's *Reform Progress Report* noted that the service would be delivered by Mind in partnership with Barwon Health.²⁶ The Government's announcement also stated that the service was co-designed in partnership with Alfred Mental and Addiction Health.²⁷ Mind Australia stated in its own announcement that the "trial service will be designed and run by a highly experienced and skilled peer workforce."²⁸ And the Government also confirmed that "[a]n evaluation will be undertaken once the service is fully operational to inform future peer-led residential mental health services in Victoria".²⁹

²⁴ Department of Health, *Interim Recommendation 05*, Viewed 25 September 2025 <https://www.health.vic.gov.au/mental-health-reform/interim-recommendation-5>

²⁵ Premier of Victoria announcement, *New Peer-Led Mental Health Service – A Victorian First*, viewed 1 June 2026, <https://www.premier.vic.gov.au/new-peer-led-mental-health-service-victorian-first>

²⁶ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

²⁷ Premier of Victoria announcement, *New Peer-Led Mental Health Service – A Victorian First*, viewed 1 June 2026, <https://www.premier.vic.gov.au/new-peer-led-mental-health-service-victorian-first>

²⁸ Mind Australia, Groundbreaking lived experience-led residential service to be established in Geelong, viewed 1 June 2026, <https://www.mindaustralia.org.au/news/groundbreaking-lived-experience-led-residential-service-be-established-geelong>

²⁹ Premier of Victoria announcement, *New Peer-Led Mental Health Service – A Victorian First*, viewed 1 June 2026, <https://www.premier.vic.gov.au/new-peer-led-mental-health-service-victorian-first>

Rec IR6: Lived experience workforces

Recommendation status reported by Department of Health: In progress

Linked initiatives: Growing the lived and living experience workforce, Lived Experience Workforce Development Program

Key related recommendations: Collaborative Centre for Mental Health and Wellbeing (Interim Rec 1), Workforce reforms (Recs 57, 58, 59)

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
IR6.1	The Royal Commission recommends that the Victorian Government, through the Mental Health Implementation Office, expands the consumer and family-carer lived experience workforces and enhances workplace supports for their practice. This program of work should be co-produced with people with lived experience and representatives of lived experience workforces and be implemented across area mental health services and identified non-government organisations comprising:	-	Partial progress
IR6.1a	a. the development and implementation of continuing learning and development pathways, educational and training opportunities and optional qualifications for lived experience workers, including adding the Certificate IV in Mental Health Peer Work to the free TAFE course list	-	In place
IR6.1b	b. new organisational structures, capability and programs within services to enable practice supports, including coaching and supervision for lived experience workers	-	In place
IR6.1c	c. delivery of a mandatory, organisational readiness and training program for senior leaders, and induction materials for new staff, that focus on building shared understanding of the value and expertise of lived experience workers	-	Partial progress
IR6.1d	d. implementation of ongoing accountability mechanisms for measuring organisational attitudes and the experiences of lived experience workers, including establishing a benchmark in 2020 of the experience of lived experience workers.	-	Partial progress

Findings

The Government has taken significant steps to support expansion of the lived and living experience workforce. This includes reporting by the Department that the program has increased the LLE workforce by 125% in Area Mental Health and Wellbeing Services since 2021. The Commission looks forward to reviewing further updates related to the co-production approaches used to ensure that people with lived experience remain central to these initiatives, and that the recommended mandatory training and accountability mechanisms are in place.

Discussion

IR6.1: The Commission views this sub-recommendation as closely aligned with the aggregation of the following sub-recommendations, and notes that delivery requires the program of work to be co-designed by people with lived experience and the lived experience workforce. There is evidence of progress against the related sub-recommendations based on the range of programs currently being delivered, including the range of activities under the *Lived Experience Workforce Development Program*, which has now transitioned to the Collaborative Centre. The Department's *Reform Progress Report 2026* reports that "the program has increased the LLE workforce by 125% in Area Mental Health and Wellbeing Services since 2021".³⁰

IR6.1a, IR6.1b: Multiple departmental sources, including the interim recommendation website,³¹ *Next Phase of Reform document*,³² and the *Chief Mental Health and Wellbeing Officer report 2023-24*,³³ indicate that several programs have been implemented in line with these recommendations. These include the Peer Cadet program, discipline-specific supervision, scholarships for the Certificate IV in Mental Health Peer Work, and tertiary scholarships and grants.

The Certificate IV in Mental Health Peer work is on the Free TAFE course list³⁴, and several funded programs report a focus on supporting better integration into services, including the peer cadet program and discipline supervision.

IR6.1c: The Commission did not find public evidence of mandatory organisational readiness and training programs for senior leaders, nor induction materials. The Department of Health reports that SHARC offers two workforce development initiatives, as part of their Lived and Living Experience At Heart program, however these are not mandatory.³⁵

IR6.1d: After an initial survey of lived experience workforces in 2022, the Commission did not identify additional progress on accountability mechanisms. The Department of Health reports that this study – involving 342 lived experience workers and 42 organisations - has established a baseline. The report is publicly available.³⁶

³⁰ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

³¹ Department of Health, *Interim Recommendation 06*, Viewed 25 September 2025 <https://www.health.vic.gov.au/mental-health-reform/interim-recommendation-6>

³² Department of Health, *The next phase of reform: Mental Health and Wellbeing in Victoria*, November 2024, <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

³³ Department of Health, *Chief Officer for Mental Health and Wellbeing Annual Report 2024-25*, p84, <https://www.health.vic.gov.au/publications/chief-officer-mental-health-wellbeing-annual-report>

³⁴ Victorian Government, *Free TAFE courses*, Viewed 25 September 2025, <https://www.vic.gov.au/free-tafe-courses?q=Certificate+IV+in+Mental+Health+Peer+Work>

³⁵ Department of Health, *Lived and living experience workforces (LLEWs) initiatives*, Viewed 25 September 2025, <https://www.health.vic.gov.au/workforce-and-training/lived-experience-workforce-initiatives>

³⁶ Department of Health, *The Lived and Living Experience Workforces Data Project*, <https://www.health.vic.gov.au/sites/default/files/2023-03/lived-and-living-experience-workforce-data-project-report.docx>

Rec IR7: Workforce Readiness

Recommendation status reported by Department of Health: Delivered

Linked initiatives: Growing the workforce

Key related recommendations: Workforce reforms, in particular Rec 57

Related sub-recommendations

	Sub-recommendation	Royal Commission Timing	Status summary
IR7	The Royal Commission recommends that the Victorian Government, through the Mental Health Implementation Office, prepares for workforce reform and addresses workforce shortages by developing educational and training pathways and recruitment strategies by providing: a. public mental health services in areas of need, including in rural and regional locations, through an expression of interest process that each year offers a minimum of: 60 new funded graduate placements for allied health and other professionals and 120 additional funded graduate placements for nurses b. postgraduate mental health nurse scholarships to 140 additional nurses each year that covers the full costs of study c. an agreed proportion of junior medical officers to undertake a psychiatry rotation, effective from 2021, with it being mandatory for all junior medical officers by 2023 or earlier d. overseas recruitment campaigns, including resources to assist mental health services to recruit internationally, new recruitment partnerships between organisations, and mentoring programs for new employees e. a ‘mental health leadership network’ with representation across the state and the various disciplines, including lived experience workforces, supported to participate collaboratively in new learning, training and mentorship opportunities f. the collation and publication of the profile of the mental health workforce across all geographic areas, disciplines, settings and subspecialties g. mechanisms for continuing data collection and analysis of workforce gaps and projections, and the regular mapping of the workforce to meet these gaps	-	In place

Findings

The Government has made significant investments to encourage more people to join Victoria's mental health workforce, including addressing the sub-recommendations outlined in this recommendation. The Commission notes the need for continued investment of this nature to meet the current and future workforce shortages and increasing demand, while also addressing the multifactorial issues that lead those already engaged in this work to leave the sector.

Discussion

Department reporting on the interim recommendation website indicates efforts to increase the size of the workforce, including through the types of initiatives listed under these recommendations.³⁷

The 2021-22 Victorian State Budget included programmatic funding to deliver 140 postgraduate mental health placements per year, and 120 graduate placements for nurses. This funding also referenced allied health graduate positions, and junior medical officer psychiatry rotations. The *Next Phase of Reform document* describes 576 Full Course Fee Postgraduate Mental Health Nurse Scholarships, 182 Allied Health and Alcohol and Other Drug Postgraduate Scholarships, 50 Lived and Living Experience University Scholarships, 365 \$3,000 Postgraduate Mental Health Nurse Scholarships and 30 Psychiatric State Enrolled Nursing Grants.

The Department of Health reports on its website that they are working towards 70 per cent of all Junior Medical Officers completing a psychiatry rotation. It also reports on the interim recommendation website that it undertook an overseas recruitment campaign from June 2022 to January 2024. The campaign targeted clinical staff in key international jurisdictions. Reporting on the number of staff recruited, as well as information on supporting mental health services to recruit internationally, or mentor new employees, would strengthen the evidence for this recommendation. The website states, at the time of writing, that the content is 'currently under review' so further updates may be forthcoming.

The Department's website also reports early stages of planning a mental health leadership network to be delivered through the Victorian Collaborative Centre for Mental Health and Wellbeing. No information about a leadership network was found on review of the Victorian Collaborative Centre for Mental Health and Wellbeing website.

A workforce profile was included as part of the Mental Health and Wellbeing Workforce Strategy in 2021. The Department of Health interim recommendation website reports an annual census to understand the mental health and wellbeing workforce profile, but the Commission did not identify any public information on workforce gaps or updated profile arising from these efforts.

In May 2026, the Department's *Mental Health and Wellbeing Reform Progress Report 2026* reported a summary of highlights in workforce outcomes and activities relevant to the delivery of this interim recommendation, including a 33 per cent growth in FTE (Full Time Equivalent employees) in public mental health and wellbeing services and a 125 per cent increase in the Lived and Living Experience (LLE) workforce. These increases are reported as including the following:

- 575 junior medical officer rotations each year across 22 health services since 2022
- more than 100 new psychiatry registrar positions

³⁷ Department of Health, *Interim Recommendation 07*, Viewed 1 June 2026 <https://www.health.vic.gov.au/mental-health-reform/interim-recommendation-7>

- more than 2,500 new early career and graduate roles supported by discipline specific educators, also creating development opportunities for experienced clinician roles
- more than 1,200 scholarships awarded to support training pathways for mental health nursing, allied health, AOD and LLE workforce
- mid-career Transition to Mental Health program to develop alternate progression pathways for registered nurses, occupational therapists and social workers
- incentives for workforce relocation into Victoria's regional and rural locations through the Regional and Rural Incentive Program.³⁸

The Department has provided additional details to the Commission to supplement its published *Reform Progress Report* in relation to this recommendation, which has informed the Commission's assessment of implementation status.³⁹

³⁸ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

³⁹ Authorised information provided by the Victorian Department of Health to the Commission on 28 April 2026.

Rec IR8: New approach for mental health investment

Recommendation status reported by Department of Health: Delivered

Linked initiatives: Mental Health and Wellbeing Levy

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
IR8.1a	The Royal Commission recommends that the Victorian Government designs and implements a new approach to mental health investment comprising: a. a new revenue mechanism (a levy or tax) for the provision of operational funding for mental health services	-	In place
IR8.1b	The Royal Commission recommends that the Victorian Government designs and implements a new approach to mental health investment comprising: b. a dedicated capital investment fund for the mental health system.	-	In place
IR8.2	This new approach should support a substantial increase in investment in Victoria’s mental health system, supplementing the current level and future expected growth of the state’s existing funding commitments.	-	Partial progress

Findings

The Government has introduced the Mental Health and Wellbeing Levy, which raises over \$1 billion per year and established the Mental Health Capital Renewal Fund. The Victorian Budget Papers 2025-26 indicate output investment in mental health and wellbeing at \$3 billion, which is significantly more than the approximately \$2 billion in 2020-21.

Measure	Target	Current status
Increase in MH funding relative to historical trend	Per cent increase	7

Discussion

IR8.1a: The Mental Health and Wellbeing Levy (the Levy) has been implemented. Victorian Budget Papers indicate that it raises over \$1 billion per year.

IR8.1b: The Mental Health Capital Renewal Fund has been established and has received \$10 million in investment each year. The Victorian 2026-27 budget confirms the \$10 million commitment to the capital renewal fund.⁴⁰

IR8.2: The level of output investment in mental health and wellbeing services has increased substantially, from around \$2 billion in 2020 to \$3 billion in 2025-26. However, if funding in 2025-26 had increased annually by the same amount as it did between 2016-17 and 2020-21, it would have reached \$2.8 billion. In comparison to the increases seen in that previous period, therefore, the additional investment enabled by the introduction of the Levy, is considerably less than the revenue raised. While the increases in mental health and wellbeing investment have continued, including in the current fiscally challenging period, it will be important to continue to assess the future investment through the second half of the Royal Commission's 10-year reform period. Further details on Levy revenue and investment are included in the *Chief Officer for Mental Health and Wellbeing Annual Report 2024-25*.⁴¹

⁴⁰ Victorian Budget 2026-27, *Service Delivery BUDGET PAPER NO. 3*, p59, <https://s3.ap-southeast-2.amazonaws.com/vicbudgetfiles2026.27vicbudget/2026-27+State+Budget+-+Service+Delivery.pdf>

⁴¹ Department of Health, *Chief Office for Mental Health and Wellbeing annual report 2024-25*, <https://www.health.vic.gov.au/publications/chief-officer-mental-health-wellbeing-annual-report>

Rec IR9: The Mental Health Implementation Office

Recommendation status reported by Department of Health: Delivered

Linked initiatives: No initiatives reported

Related sub-recommendations

	Sub-recommendation	Royal Commission Timing	Status summary
IR9.1	The Royal Commission recommends that the Victorian Government establishes a Mental Health Implementation Office—a new administrative office in relation to the Department of Health and Human Services under the Public Administration Act 2004 (Vic).	-	In place
IR9.2	The Implementation Office is to implement the Commission’s recommendations as set out in the interim report. It will operate for two years while the Commission designs final governance arrangements for the mental health system and should:		
IR9.2a	a. develop and publicly commit to a program of work and report annually through the Victorian Parliament on its progress against outcome measures and targets	-	In place
IR9.2b	b. employ and commission people with specialist skills and diverse expertise, including people with lived experience, to respond to the Commission’s recommendations	-	In place
IR9.2c	c. work closely with the Commission to ensure implementation of the Commission’s recommendations stay true to the original vision and intent.	-	In place

Findings

Mental Health Reform Victoria was established with functions similar to those outlined in these sub-recommendations. Its responsibilities were subsequently transferred to the Mental Health and Wellbeing Division of the Department of Health in 2021.

Discussion

IR9.1, IR9.1a, IR9.1b, IR9.1c: As per recommendation 45, the Mental Health Reform Victoria Office and its responsibilities were transferred to the Mental Health and Wellbeing Division of the Department of Health.

Rec 1: Supporting good mental health and wellbeing

Recommendation status reported by Department of Health: Partially delivered and in progress

Linked initiatives: Outcomes Framework and Performance design and implementation

Related sub-recommendations

	Sub-recommendation	Royal Commission Timing	Status summary
1.1	Build on the interim report’s nine recommendations and develop a Mental Health and Wellbeing Outcomes Framework to drive collective responsibility and accountability for mental health and wellbeing outcomes across government portfolios.	Pre 2022 - End 2022	In place
1.2	Through a newly established Mental Health and Wellbeing Cabinet Subcommittee, chaired by the Premier (refer to recommendation 46(2)(a)), use the Mental Health and Wellbeing Outcomes Framework to monitor outcomes to inform planning and policy decisions.	Pre 2022 - End 2031	Not yet commenced
1.3	Use the Mental Health and Wellbeing Outcomes Framework as a mechanism to inform government investment processes and assess the benefits, including the economic benefits, of early intervention.	Pre 2022 - End 2031	Not yet commenced
1.4	Update the Mental Health and Wellbeing Outcomes Framework and publicly report on progress against outcomes at a service, system and population level, every year.	Pre 2022 - End 2031	Partial progress

Findings

The Outcomes and Performance Framework (OPF, the Framework) has been released publicly, however work is still underway to refine the Framework, and it does not yet include the measures and data sources required for the Framework to be used effectively to drive collective responsibility and accountability, influence decision-making or measure progress. Updates to the Framework released in 2024 are reportedly underway, however public reporting against the Framework has not yet commenced.

Discussion

1.1: The OPF was published in December 2024.⁴²

⁴² Department of Health, *Outcomes and Performance Framework, Mental Health and Wellbeing*, Viewed 7 August 2025, <https://www.health.vic.gov.au/mental-health/research-and-reporting/mental-health-and-wellbeing-outcomes-and-performance-framework>

The Framework outlines indicators across four Domains. The indicators relate to outcomes for the Victorian community (Domain 1) and system performance (Domains 2, 3 and 4). There are 22 indicators reported in relation to outcomes for the Victorian community. The Department of Health has not publicly released the measures that support implementation of the Framework (items that quantify the indicators in the Framework). The Department has provided information to the Commission indicating that activity to further develop and refine indicators and measures, strengthen underlying data quality, and establish baseline information to support future reporting is in progress.⁴³

The Department's *Reform Progress Report 2026* also refers to the accompanying implementation plan, which is guiding the first phase of action for Government and oversight entities.⁴⁴ The Commission looks forward to further updates on implementation and reporting against the Framework, ranging from how outcomes will be prioritised, considered and addressed at a whole-of-government level, down to how the defined measures will support regional system governance decision-making and drive improved outcomes over time.

1.2: Noting that Cabinet Committee decision-making is not shared in the public domain, the Commission understands that the governance structures indicated in this sub-recommendation were established in Phase 1 of reform and have now transitioned to initiative-based governance (see Rec 46). Noting that recommendation 46 refers to the Cabinet Subcommittee chaired by the Premier being in place for at least two years (not necessarily an ongoing governance structure), the intent of this sub-recommendation may still be achieved through alternative governance structures with a whole-of-government approach. The Commission looks forward to further updates from Government on the implementation of the Framework in monitoring outcomes and informing planning and policy decisions.

1.3: The Commission did not identify any budget papers or Government announcements on investment decisions that reference the Framework as the basis for investment decisions, noting this may be due to the stage of implementation.

1.4: The Department's Next Phase of Reform document indicates that a baseline report was intended to be delivered in 2024-25.⁴⁵ The Commission sought data from the Department of Health on outcomes to inform Annual Reporting for 2024-25 and was informed that measures for reporting against the outcomes identified in Domain 1 of the OPF were still under development at that stage. Subsequently the Department has provided further updates to the Commission that work is underway on strengthening governance and data arrangements to support ongoing reporting and use of outcomes information, including work to improve consistency across the system and to support learning and continuous improvement. It was advised that stakeholders, including consumers, carers and system partners, are being engaged to inform the ongoing development and use of the Framework and associated reporting approaches. This indicates some progress towards achieving sub-recommendation 1.4, although not yet at the stage of public reporting.⁴⁶

⁴³ Authorised information provided by the Victorian Department of Health to the Commission on 28 April 2026.

⁴⁴ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

⁴⁵ Department of Health, *The next phase of reform – Mental Health and Wellbeing in Victoria*, November 2024. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

⁴⁶ Authorised information provided by the Victorian Department of Health to the Commission on 28 April 2026.

Rec 2: Governance arrangements for promoting good mental health and preventing mental illness

Recommendation status reported by Department of Health: Delivered

Linked initiatives: Statewide Wellbeing Strategy

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
2.1	Establish within the Mental Health and Wellbeing Division, a Mental Health and Wellbeing Promotion Office, led by a Mental Health and Wellbeing Promotion Adviser, who reports to the Chief Officer for Mental Health and Wellbeing (refer to recommendation 45(1)).	Pre 2022 - End 2022	In place
2.2	Enable the Mental Health and Wellbeing Promotion Office to develop and coordinate a statewide approach to the promotion of good mental health and wellbeing and the prevention of mental illness which: a. delivers the economic and social benefits of good mental health and wellbeing across the population; b. is informed by public health principles; c. promotes and is informed by human rights; and d. focuses on reducing inequities in mental health and wellbeing outcomes.	Pre 2022 - End 2022	In place

Findings

The Wellbeing Promotion Office has been established within the Mental Health and Wellbeing Division of the Department of Health. The Office developed *Wellbeing in Victoria: A Strategy to Promote Good Mental Health 2025-35*,⁴⁷ a statewide strategy aimed at promoting good mental health and wellbeing, which was launched by Government in August 2025.

⁴⁷ Department of Health, *Wellbeing in Victoria: A Strategy to Promote Good Mental Health 2025-35*, Viewed 25 September 2025, <https://www.health.vic.gov.au/mental-health/prevention-and-promotion/wellbeing-strategy>

Discussion

2.1: The Wellbeing Promotion Office was established in 2022 and continues to operate within the Mental Health and Wellbeing Division of the Department of Health.

2.2: The Government launched *Wellbeing in Victoria: A Strategy to Promote Good Mental Health 2025-35* in August 2025, which is a statewide strategy to promote wellbeing. An Action Plan for the first two years (2025-26 to 2026-27) has also been published by the Department that is intended to “support government, sector partners and communities to deliver more effective and equitable wellbeing promotion effort”.⁴⁸

Evaluating the outcomes of the strategy and action plans will be important to assess effectiveness in delivering on the functions and intent of the Mental Health and Wellbeing Promotion Office over time.

⁴⁸ Department of Health, *Wellbeing Action Plan 2025/26 - 2026/27*, Viewed 28 May 2026, <https://content.health.vic.gov.au/sites/default/files/2025-08/wellbeing-action-plan-2025-26-to-2026-27.pdf>

Rec 3: Establishing a responsive and integrated mental health and wellbeing system

Recommendation status reported by Department of Health: In progress

Linked initiatives: Accessible statewide services, Community redesign (NGO Partnerships), New Mental Health and Wellbeing Local Services (Adult & Older Adult), Regional service and capital plans, Removal of rigid service catchments, Service capability framework, Statewide service and capital plan

Related sub-recommendations

	Sub-recommendation	Royal Commission Timing	Status summary
3.1	Establish a responsive and integrated mental health and wellbeing system, in which people receive most services locally and in the community throughout Victoria, close to their families, carers, supporters and networks.	Pre 2022 - End 2026	Partial progress
3.2a	Establish service delivery across Victoria at local, area-based and statewide levels comprising: a. between 50 to 60 new Adult and Older Adult Local Mental Health and Wellbeing Services that operate with extended hours and are delivered in a variety of settings;	Pre 2022 - End 2026	Partial progress
3.2b	Establish service delivery across Victoria at local, area-based and statewide levels comprising: b. 22 Adult and Older Adult Area Mental Health and Wellbeing Services delivered through partnerships between public health services or public hospitals and nongovernment organisations that deliver wellbeing supports;	Pre 2022 - End 2022	In place
3.2c	Establish service delivery across Victoria at local, area-based and statewide levels comprising: c. 13 Infant, Child and Youth Area Mental Health and Wellbeing Services delivered through partnerships between public health services or public hospitals and nongovernment organisations that deliver wellbeing supports; and	Pre 2022 - End 2022	In place
3.2d	Establish service delivery across Victoria at local, area-based and statewide levels comprising: d. statewide services that are delivered in a way that minimises the need for people to travel far to access services.	Pre 2022 - End 2026	Partial progress
3.3	For planning and governance purposes, realign existing boundaries and organise mental health and wellbeing services across eight regions (refer to recommendation 4).	Pre 2022 - End 2022	Not yet commenced
3.4	Remove rigid boundaries (or catchments) for service delivery based on where people live.	Pre 2022 - Pre 2026	Not yet commenced

Sub-recommendation	Royal Commission Timing	Status summary
3.5 Establish the requirements for each service and the links between them through a 'service capability framework'.	Pre 2022 - Pre 2026	Partial progress

Findings

Recommendation 3 relates not just to the delivery of specific numbers of services at a Local, Area and Statewide level, or to catchment boundaries, but more importantly to a broader shift in the reformed model of care toward a more integrated, responsive and multidisciplinary approach, with a shift towards more care being delivered locally in partnership with community-based care, and with greater flexibility, access and responsiveness. The continued rollout and support of Mental Health and Wellbeing Locals (Locals) as intended, and working collaboratively with all service providers to understand how this transition in the model of care should be delivered is critical to the outcomes, as is understanding progressively if and how this shift is being experienced by the community.

Steps have been made towards transforming the Victorian mental health and wellbeing system into one that is more integrated and responsive, and where the majority of care is delivered locally within communities. The system is being reshaped to establish service delivery at local, area-based and statewide levels and at this point, service availability differs depending on where people live and boundaries or catchments remain for some services. Services are being reshaped to serve the needs of the community across three age groups, being infant, child and youth services catering for people up to 25 years, adult services catering for people from 26 – 64 years, and older adult services for people aged 65 years and over.

Other changes in governance of health services have had flow on effects for the planning and governance of mental health services. The Commission looks forward to full reporting against the OPF as this will help identify the extent to which the mental health and wellbeing system is integrated and responsive, and whether it is delivering services close to where people live.

Measure	Target	Current status
MHW Locals established	50	22 (in 24 locations)
Adult and Older Adult Area Mental Health and Wellbeing Services are established	22 Adult and older adult	22 Adult, 16 Aged
Infant, Child, and Youth Area Mental Health and Wellbeing Services are established	13	15

Discussion

3.1 Based on the information in the Royal Commission report, the Commission understands that this sub-recommendation is intended to be addressed through the accumulation of other sub-recommendations and changes to the statewide service model of care. The Commission looks forward to seeing how the crucial aspects of system performance addressed through these sub-recommendations, namely responsiveness, integration, and proximity, will be measured and reported in the future. In addition to the implementation of sub-recommendations, initiatives to support the reformed model of care are also noted, for example the Commission notes the establishment of Local Health Service Networks (LHSNs) in July 2025 as a mechanism to support greater collaboration and integration across services and to support

service delivery as close to home as possible. The LHSNs, for example, provide assistance with service planning and system navigation.⁴⁹ Continued initiatives to support the shifts in service delivery at all levels will be required to ensure meaningful, systemic and sustainable change over time.

3.2 The Commission identified services at a local, area, and statewide level, reflecting work to implement the stepped care model recommended. As described in relation to the four sub-recommendations below, there is still work required to ensure delivery in the manner and to the extent recommended across all regions.

3.2a Implementation of the Locals has progressed, with 22 (in 24 locations) of the recommended 50 to 60 Locals implemented. This is considerably less than the initial targets of the Royal Commission, but consistent with issues identified and reported by the Government including related to workforce shortages. The Commission's desktop review including review of Locals' websites indicates the majority deliver with extended hours in the majority of locations, including weekends and public holidays, however several operate with limited hours. Operating hours are not standardised, which may reflect variation in local community need or workforce availability.

The Victorian 2026-27 budget has made a further commitment of \$4.9 million to the continued expansion of Locals, however details of the number of additional services this will deliver are not available at the time of writing. The budget also references an additional \$4.9 million for Mental Health and Wellbeing Hubs in Cowes, Warrnambool, Horsham and Ballarat,⁵⁰ which would potentially be transitioned to Locals over time along with other Hubs.⁵¹

3.2b and 3.2c. While the recommended number of Area Mental Health services are in place, further information on the changes that respond to these recommendations around the model of care being delivered by Area services in the context of Local and Statewide services would assist in ensuring the intent of the recommendations is being delivered.

The VAHI Mental Health Service Directory lists 22 Area Mental Health Services (Area services) for adults⁵², 16 Area Mental Health Services for older adult consumers, and 13 child and adolescent Area Mental Health services (in addition to Orygen, now the Parkville Youth Mental Health and Wellbeing Service). Partnerships are visible in the majority of regions, for example through headspace or Orygen for youth streams, but descriptions are not consistent and are not presented in one public register. The Commission could not find information that verifies that the number, branding, or partnership models described for Adult and Older Adult, or Infant, Child and Youth services are being delivered as recommended, although some services are shifting towards the recommended terminology.

The *Next Phase of Reform document* indicates that several initiatives scheduled for 2024 onwards may further progress this recommendation. This includes streaming for age cohorts (2024-2027) and design of a collaborative partnership model between Area services and Non-Government Organisation (NGO) providers (2024-2026). The Victorian 2026-27 budget, for example, indicates funding of \$10 million to support Victorians close to home including to "continue the Youth Outreach Recovery Service,

⁴⁹ Department of Health, *Local Health Service Network policy framework*, June 2025, Viewed 28 May 2026, available at: <https://www.health.vic.gov.au/research-and-reports/local-health-service-network-policy-framework>

⁵⁰ Presentation by Minister for Mental Health to Public Accounts and Estimates Committee, 2026-27 Victorian State Budget, available at: <https://www.parliament.vic.gov.au/49bd71/contentassets/e0e35d782db14a34a7dd8b860e492323/mental-health.pdf>

⁵¹ Better Health Channel, *Transitioning your support from a Hub to a Local Service*, <https://www.betterhealth.vic.gov.au/node/2852#transitioning-your-support-from-a-hub-to-a-local-service>

⁵² Note that Forensicare is not listed. While this service delivers to adults, it has a focus on individuals within the justice system.

and the Group-Based Parenting and Be Well in the Ranges programs”.⁵³ Collectively, this work suggests that work is continuing to support a shift in Area services envisaged by the Royal Commission.

3.2d. The role of Statewide services, as described by the Royal Commission in the reformed stepped model of care, is to provide highly specialised services to a smaller proportion of the population to address specialised needs.⁵⁴ The recommendations made in the *Final Report* did not definitively outline which services should be delivered, other than a small number of new Statewide services (such as the Statewide Trauma Service (Rec 23) and Statewide mental health and AOD Service (Rec 36)), however examples were provided, such as those related to eating disorders and forensic mental health.⁵⁵ The recommendations regarding the reformed system as outlined in recommendation 3.2d and related commentary in the *Final Report* refer more to the resourcing, access, integration and pathways to these specialised providers, to ensure that they can be more accessible when and where needed, regardless of geographic location for example. This was described by the Royal Commission as including access via expert consultation or capability support to Local and Area services to improve multidisciplinary care, and through direct service provision including through telehealth to be more accessible in rural and regional areas.

The Department’s Royal Commission recommendations progress reporting does not indicate details regarding the implementation of improved access, integration and models of delivery that respond to these recommendations specifically, however there is information on the range of Statewide specialist services available.⁵⁶ Some initiatives implemented may support this outcome, for example, a statewide virtual care program is in place. The Virtual Care Strategy promotes care closer to home and names the Victorian Virtual Emergency Department as a statewide entry point that can avoid travel. The Commission looks forward to further information to better understand models of delivery, capability and service integration that support the recommendations in relation to the role of Statewide services in the reformed system.

3.3 The Commission did not find public material, such as current statewide mapping or guidance, that aligns service planning and governance to eight regions. The maps and listings available appear to predate the Royal Commission model, so alignment to the recommended regions is not evident. Linkages or mapping of services to the regional governance models recommended by the Royal Commission do not support this sub-recommendation. The Commission notes the reduction in the number of health services outlined in the Health Service Plan. It is not clear how this will impact on the implementation of the eight mental health regions recommended by the Royal Commission or whether the transition to the new regions and boundaries will occur once the implementation of Locals service in all regions has been completed.

3.4 Public information continues to describe designated clinical services in geographically defined catchments. No consumer or operational guidance was identified that confirms removal of rigid catchments, and the available maps appear to be legacy content. It is unclear from public information that consumers would have confidence they could attend a service without being turned away for being out of catchment. As noted in 3.3 above, it is unclear whether the transition to a new approach to catchments is pending the completion of the implementation of Locals services in all regions. The *Next Phase of Reform document* indicates that the removal of rigid service catchments is an initiative scheduled for 2024-2026, suggesting that this change is still intended to be implemented.

⁵³ Presentation by Minister for Mental Health to Public Accounts and Estimates Committee, 2026-27 Victorian State Budget, available at: <https://www.parliament.vic.gov.au/49bd71/contentassets/e0e35d782db14a34a7dd8b860e492323/mental-health.pdf>

⁵⁴ State of Victoria, *Royal Commission into Victoria’s Mental Health System, Final Report, Volume 1: A new approach to Mental Health and Wellbeing in Victoria*, section 5.7, p248.

⁵⁵ State of Victoria, *Royal Commission into Victoria’s Mental Health System, Final Report, Volume 1: A new approach to Mental Health and Wellbeing in Victoria*, Figure 5.11, p252

⁵⁶ See for example (viewed 7 June 2026): <https://www.health.vic.gov.au/mental-health-services/statewide-and-specialist-mental-health-services>

And (viewed 7 June 2026): <https://www.health.vic.gov.au/mental-health-services/specialist-mental-health-services>

3.5. The Commission did not identify any system-wide service capability framework documentation. Some frameworks are evident, including the Local Adult and Older Adult Service Framework and workforce capability materials, suggesting intent to deliver this recommendation. The Department has also provided information to the Commission in relation to other service capability framework development for example on crisis responses. The *Next Phase of Reform document* indicates that design and implementation of a service capability framework is expected in 2026-27. The Commission will continue to seek clarification and report updates on the status of these recommendations as further information becomes available, as outlined in the 'Approach to the review' section above.

Rec 4: Towards integrated regional governance

Recommendation status reported by Department of Health: Partially delivered and in progress

Linked initiatives: Regional governance

Key related recommendations: Service and capital planning and commissioning (Recs 47, 48 and 51)

Related sub-recommendations

Sub-recommendation	Royal Commission Timing	Status summary
4.1 By mid 2021, establish eight interim regional bodies to provide advice to the Mental Health and Wellbeing Division in the Department of Health as it plans, develops, coordinates, funds and monitors a range of mental health and wellbeing services in each region.	Pre 2022 - Pre 2022	In place
4.2 By no later than the end of 2023, replace interim regional bodies with legislated Regional Mental Health and Wellbeing Boards to: a. undertake workforce, service and capital planning for mental health and wellbeing services; and b. lead engagement with their respective communities.	Pre 2022 - Pre 2026	Not yet commenced
4.3 From the end of 2023 and by no later than the end of 2026, enable each Regional Mental Health and Wellbeing Board also to: a. commission mental health and wellbeing services; and b. hold individual providers to account to improve the outcomes and experiences of people who use their services.	Pre 2022 - End 2026	Not yet commenced
4.4 In parallel with the establishment process, ensure that Regional Mental Health and Wellbeing Boards: a. acquire and maintain the required skills and capabilities to perform the above functions; b. are accountable for the delivery of agreed outcomes through new accountability arrangements; and c. are skills-based and include at least one person with lived experience of mental illness or psychological distress and one person with lived experience as a family member or carer.	Pre 2022 - End 2026	Not yet commenced
4.5 With the assistance of the interim regional bodies, establish a multiagency panel in each region to coordinate as required the delivery of multiple mental health and wellbeing services for people living with mental illness or psychological distress, including children and young people, who may require ongoing intensive treatment, care and support.	Pre 2022 - End 2022	Not yet commenced

Findings

The Interim Regional Bodies were established in March 2022, with each body including at least one consumer and one carer representative. They undertook a range of projects, with some operating for a more extended period than others. These interim bodies have since delivered their final reports and ceased operating. No specific progress has been reported regarding the establishment of Regional Mental Health and Wellbeing Boards.

Measure	Target	Current status
Interim regional bodies established	8	8
Regional Mental Health and Wellbeing Boards established	8	0
Multiagency panels are established (one per region)	8	0

Discussion

4.1 Eight Interim Regional Bodies were established in March 2022 across five regional and three metropolitan regions. The *2023-24 Chief Officer for Mental Health and Wellbeing Annual Report* notes that they were fully established by October 2022 and describes their advisory and engagement activity during 2023 to 2024.⁵⁷ The interim bodies delivered their final reports in 2024 according to the Department’s *Reform Progress Report* and have since ceased operating.⁵⁸

4.2 Public reporting shows that work to establish the legislated Regional Mental Health and Wellbeing Boards is paused to align with statewide reforms under the Health Services Plan. *The Next Phase of Reform document* schedules regional governance planning for 2024 to 2027, indicating that the legislated boards are not yet in place and their future establishment is unclear, as further detailed below.

4.3, 4.4, 4.5 Regional Bodies have not yet been established so are not operating with commissioning or accountability powers. The Commission could not find evidence that multi-agency panels have been established. The *Next Phase of Reform document* indicates that design and planning for multiagency panels is an initiative for 2024-2025, with establishment in 2025-2027.

The Department’s May 2026 *Reform Progress Report*, in relation to recommendation 4, references Victoria’s Local Health Service Networks (LHSNs) and indicates that the reports and findings from the Interim Regional Bodies will be informing their work. The *Reform Progress Report* states that “[e]ach Network is developing *Regional Mental Health and Wellbeing Collaboration Plans*, shaped by IRB findings and ongoing engagement with local communities and sector partners”.⁵⁹ The LHSN Policy Framework, published in June 2025, includes reference to mental health in its scope, and states in relation to patient flow for example that “Networks will be expected to develop regional mental health collaboration plans to improve coordination and integration with the non-acute mental health system. Prioritising this work early is driven

⁵⁷ Department of Health, *Chief Officer for Mental Health and Wellbeing Annual Report 2023-24*, <https://www.health.vic.gov.au/sites/default/files/2025-01/chief-officer-for-mental-health-and-wellbeing-annual-report-2023-24.pdf>

⁵⁸ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

⁵⁹ Ibid, p10.

by the ongoing imperative to reduce pressure on acute mental health and emergency departments and prioritise implementation of reforms following the Royal Commission into Victoria's Mental Health System".⁶⁰

At the time of writing, it is unclear whether the intention is for the LHSNs (and related initiatives) to deliver on recommendations 4.2-4.5 by performing the role and functions of the proposed Regional Mental Health and Wellbeing Boards (Boards) through an alternative governance structure or mechanism, or whether the Boards will be established as detailed in the Royal Commission's recommendations in the future. As such, at this stage the status has been reported as 'Not yet commenced' in relation to the establishment and functions of the Regional Boards.

The Commission will continue to seek clarification and report updates on the status of this recommendation as further information becomes available, as outlined in the 'Approach to the review' section above.

⁶⁰ Department of Health, *Local Health Service Network policy framework*, June 2025, Viewed 28 May 2026, available at: <https://www.health.vic.gov.au/research-and-reports/local-health-service-network-policy-framework>

Rec 5: Core functions of community mental health and wellbeing services

Recommendation status reported by Department of Health: In progress

Linked initiatives: Meeting the needs of diverse communities in Locals and Areas

Key related recommendations: Establishing a responsive and integrated system (Rec 3)

Related sub-recommendations

Sub-recommendation	Royal Commission Timing	Status summary
5.1 Commission and ensure that Adult and Older Adult Local Mental Health and Wellbeing Services and Adult and Older Adult Area Mental Health and Wellbeing Services referred to in recommendation 3(2)(a) and (b) work in collaboration to deliver in each of the 22 service areas short-term, ongoing and intensive services as required and include the following core functions: a. Core function 1: integrated treatment, care and support that comprises: • a broad range of treatments and therapies; • a broad range of wellbeing supports (formerly called psychosocial supports) for those who require them, including those who are unable to access the National Disability Insurance Scheme; • education, peer support and self-help; and • care planning and coordination. b. Core function 2: services to help people find and access treatment, care and support and, in Area Mental Health and Wellbeing Services, respond to crises 24 hours a day, seven days a week. c. Core function 3: support for primary and secondary care and related services, through primary consultation with consumers, secondary consultation with providers of those services and a formal model of comprehensive shared care.	Pre 2022 - End 2026	Partial progress
5.2 Commission and ensure that Adult and Older Adult Local Mental Health and Wellbeing Services and Adult and Older Adult Area Mental Health and Wellbeing Services referred to in recommendation 3(2)(a) and (b) work in collaboration to deliver multidisciplinary, holistic and integrated treatment, care and support through a range of delivery modes including: a. site-based care (such as centres or clinics); b. telehealth; c. digital technologies; and d. visits to people's homes and other places (including targeted assertive outreach).	Pre 2022 - End 2026	Partial progress

Sub-recommendation	Royal Commission Timing	Status summary
5.3 Ensure Adult and Older Adult Local Mental Health and Wellbeing Services and Adult and Older Adult Area Mental Health and Wellbeing Services are accessible and responsive to the diversity of local communities.	Pre 2022 - End 2026	Partial progress

Findings

Work to improve the extent to which Local and Area mental health services meet the needs of their communities, including by delivering services through a range of modes and by working in more collaborative and integrated ways, is evident. Further work is planned to strengthen implementation of these sub-recommendations across all services, including through improved system access and navigation support (as further detailed in Rec 6).

Discussion

5.1 The Local Adult and Older Adult Mental Health and Wellbeing Service Framework⁶¹, (the *Local Services Framework*) outlines the expectations for integrated treatment, wellbeing supports and care planning at Local and Area services. The *Next Phase of Reform document* reports funding and strengthened expectations for service provision for people with co-occurring needs. However, the Commission did not identify public reporting demonstrating that core functions are being delivered collaboratively in each of the 22 service areas, nor evidence of comprehensive shared-care models operating statewide.

The Department of Health’s Policy and Funding Guidelines for Health Services⁶² indicates that work addressing this sub-recommendation is in the initial stages, outlining that “the government will engage with mental health and wellbeing service providers over the next 12 months to progress the design and plan for the delivery of level 5 community-based mental health and wellbeing services. This will be a multiyear implementation process.” This is reinforced by an initiative flagged for 2024-2026 in the *Next Phase of Reform document* to redesign community mental health and wellbeing services to make them more holistic and consistent.

The websites of service providers indicate that services are being delivered in a manner consistent with the recommendation. However, further work is needed to verify that service delivery aligns with intended practice.

5.2 Similar to sub-recommendation 5.1, the Commission has reviewed online information from providers indicating delivery of both in-person and telehealth modes. Public information also shows targeted assertive outreach in some adult services, but not across all services. Publication of the Victoria’s Virtual Care Operational Framework supports delivery of telehealth and digital modes.

Overall, some delivery modes are in place, however evidence of consistent statewide delivery of all modes across all Local and Areas services was not identified. The Department’s *Reform Progress Report 2026* indicates that work to develop a strategy to redesign community-based care is underway, including a service framework, supported by an Expert Advisory Group, appointed in early 2025 to guide the design process.⁶³ The Commission looks forward to further updates on this initiative.

⁶¹ Department of Health, *Local Adult and Older Adult Mental Health and Wellbeing Service Framework*, 2022, <https://www.health.vic.gov.au/publications/local-adult-older-adult-mental-health-wellbeing-service-framework>

⁶² Department of Health, *Policy and Funding Guidelines for health services*, Viewed 10 September 2025, <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>

⁶³ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

5.3 Government materials such as the *Local Services Framework* and the *Next Phase of Reform document* describe principles and programs to support diversity, and Locals are expected to engage with communities to ensure services are responsive to local needs. Additionally, the *Next Phase of Reform document* indicates an initiative to embed diversity and inclusion programs in Local and Area services is planned for 2025-2027, suggesting this work is underway.

The Commission did not find public measures or reporting demonstrating whether Local and Area services are accessible and responsive to diversity across all regions, which would help assess the effectiveness of these programs.

Rec 6: Helping people find and access treatment, care and support

Recommendation status reported by Department of Health: Partially delivered and in progress

Linked initiatives: Access Policy and Intake Guidelines, Lived Experience Website

Key related recommendations: Rec 7 in relation to needs assessment and initial support

Related sub-recommendations

Sub-recommendation	Royal Commission Timing	Status summary
6.1 Ensure people can access Local Mental Health and Wellbeing Services through a referral from a general practitioner or any other service provider, or through a discussion with the relevant service's access and navigation support worker.	Pre 2022 - End 2026	Partial progress
6.2 Ensure people can access Area Mental Health and Wellbeing Services through a referral from a Local Mental Health and Wellbeing Service or through direct referral from a medical practitioner.	Pre 2022 - Pre 2026	Partial progress
6.3 Ensure people can access Statewide Mental Health and Wellbeing Services through a referral from an Area Mental Health and Wellbeing Service.	Pre 2022 - End 2022	Partial progress
6.4 Promote, and co-produce with people with lived experience, a website that provides clear, up-to-date information about Victoria's mental health and wellbeing system that helps users to: a. understand their mental health needs; b. identify services and supports across all relevant provider types; and c. access online self-help resources.	Pre 2022 - End 2022	Partial progress
6.5 Collaborate with its funded non-government helpline services to improve helplines' connections with mental health and wellbeing services and to assist people to find and access treatment, care and support.	Pre 2022 - End 2022	Partial progress

Findings

Government and service providers have undertaken significant work to simplify and improve access to Mental Health and Wellbeing Locals, and further work is planned or underway to improve referral pathways to other mental health and wellbeing services. However, the current published access policies and Triage Scale guidelines have

not been updated since 2010. Consumer and carer feedback indicate high levels of confusion remain in relation to service access and referral pathways, indicating that significant work is required to achieve the intended outcomes of these sub-recommendations.

Discussion

6.1 and 6.2 The Department of Health reports that it has an Access Policy and Triage Guidelines initiative underway.⁶⁴ The Policy and Funding Guidelines for Health Services outlines that “the mental health access and intake scale will support Victorians across the lifespan to receive timely treatment, care and support at the required level of intensity, and will also describe collaborative arrangements and examples of referral pathways between Local, Area and Statewide Mental Health and Wellbeing Services.”

The most recent published mental health access and Triage Scale is from 2010.⁶⁵ The content indicates that revised access policies and guidelines are expected to be rolled out sector-wide in 2026. The *Next Phase of Reform document* indicates that implementation of the new access policy is planned for 2025-2027.

Specifically in relation to Locals, the *Local Services Framework* outlines referral options and includes a variety of referral pathways. This includes self-referral and referral by family, carers, GPs and other service providers. Commission consultation with Mental Health and Wellbeing Locals indicates variability in referral policies. The Department’s website on Local services includes information about referrals, including an information sheet for General Practitioners.⁶⁶ This indicates that people can access a Local service through a GP or other service, however Local services are not yet implemented in all regions.

The Department released an update to the Triage Minimum Data Set in July 2024, to collect referral data from Local services to Area services. The update notes that “The Victorian Government committed to establishing Local Adult and Older Adult Mental Health and Wellbeing Services across Victoria. The service stream, now known as Mental Health and Wellbeing Locals, can refer consumers to an Area Mental Health & Wellbeing Service for assessment, treatment and care. To capture these referrals, Mental Health & Wellbeing Locals have been added as options in the Screening Register”.⁶⁷

The Commission looks forward to further updates on the implementation of the revised Access Policy and Triage Guidelines, including how the timing of implementation relates to other reforms, such as the rollout of Local services across all regions.

6.3 Information on the Department of Health and service websites indicates a mixed level of uptake of this sub-recommendation. Online information from some Statewide services shows they clearly require referral from Area Mental Health and Wellbeing Service clinicians. Others describe a statewide role but do not set out uniform referral rules, and several webpages appear outdated or have limited details. This suggests inconsistent referral options and limited publicly available guidance. Alignment with the sub-recommendation cannot be verified across all statewide services.

6.4 The Department of Health’s recommendation webpage reports that early work to develop a new co-produced mental health and wellbeing website, including information architecture, branding and content, was completed between 2023 to 2024. The *Next Phase of Reform document* indicates that from 2024-2027 the intent is

⁶⁴ Department of Health, *Recommendation 6*, viewed 25 September 2025, <https://www.health.vic.gov.au/mental-health-reform/recommendation-6>

⁶⁵ Department of Health, *Mental Health Triage Service*, viewed 1 June 2026, <https://www.health.vic.gov.au/practice-and-service-quality/mental-health-triage-service>

⁶⁶ Department of Health, *Mental Health and Wellbeing Locals*, viewed 1 June 2026, <https://www.health.vic.gov.au/mental-health-services/mental-health-and-wellbeing-locals>

⁶⁷ Department of Health, *Mental Health Triage Service*, viewed 1 June 2026, <https://www.health.vic.gov.au/practice-and-service-quality/mental-health-triage-service>

to continue updating service content on the existing online platform ahead of the development of the new website. The Department's May 2026 *Reform Progress Report* indicates that a new website concept has now been co-designed to provide up-to-date information about Victoria's mental health and wellbeing system.⁶⁸

6.5 The *Local Services Framework* requires Locals to establish referral pathways with crisis helplines to enable smooth referral of callers who are appropriate for Local Mental Health and Wellbeing services. This indicates an intention to deliver the sub-recommendation. Public reporting on how these links are operating at scale, and the extent to which collaboration is happening, would give greater confidence in the implementation of this sub-recommendation for Locals services.

The Commission will continue to seek clarification and report updates on the status of this recommendation as further information becomes available, as outlined in the 'Approach to the review' section above.

⁶⁸ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

Rec 7: Identifying needs and providing initial support in mental health and wellbeing services

Recommendation status reported by Department of Health: In progress

Linked initiatives: Access Policy and Intake Guidelines

Key related recommendations: Rec 6 in relation to service access and triage

Related sub-recommendations

	Sub-recommendation	Royal Commission Timing	Status summary
7.1	Ensure mental health and wellbeing services provide three ‘needs identification and initial support’ functions: a. access and navigation support; b. initial support discussions; and c. comprehensive needs assessment and planning discussions.	End 2022 - End 2026	Partial progress
7.2	Ensure these functions are delivered based on a philosophy of ‘how can we help?’ to enable people to be supported from their first to their last contact with mental health and wellbeing services.	End 2022 - End 2026	Partial progress

Findings

The Government is working successfully with some mental health and wellbeing services to provide the requisite needs identification and initial support functions, embracing a philosophy of ‘how can we help?’. Updates on the finalisation and release of the Access and Intake Policy and Guidelines as indicated in the Department’s *Reform Progress Report* would provide further clarity on the delivery of these recommendations.

Discussion

7.1 The *Local Services Framework* confirms functions relating to access and navigation support, initial support discussions, and comprehensive needs assessment and planning. It also describes referral and assessment processes for these services. The Commission did not identify similar frameworks for other services. Public reporting demonstrating that these functions are operating consistently and across all services statewide would strengthen the evidence for progress against this recommendation. The Department’s *Reform Progress Report 2026* indicates that the revised Access and Intake Policy and Guidelines have been developed after extensive consultation, and

that “work is now underway to finalise and implement them to support a more connected mental health and wellbeing system”.⁶⁹ The finalisation and release of these policies and guidelines are expected to support the delivery of this recommendation, together with effective implementation across services.

7.2 The *Local Services Framework* states that people should experience care based on a philosophy of “how can we help?” and a “no wrong door” approach. Public evidence of implementation of this approach, and its applicability to consumer journeys through the mental health system, would strengthen the evidence that this is being achieved. Anecdotal evidence provided by consumers to the Commission indicates that Mental Health and Wellbeing Locals are adopting a philosophy consistent with this sub-recommendation. Related clinical guidance is being updated under the *Mental Health and Wellbeing Act 2022*, which indicates that structures to support this approach are currently being developed. According to the Department’s *Reform Progress Report 2026*, the Local Services framework informed the development of the draft access and intake policy. This includes reference to needs identification and initial support functions delivered within a ‘how can we help?’ philosophy.⁷⁰

⁶⁹ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

⁷⁰ Ibid

Rec 8: Responding to mental health crises

Recommendation status reported by Department of Health: In progress

Linked initiatives: Crisis system, entry to respite, Emergency Department service capability framework

Key related recommendations: Related crisis response recommendations (Rec 9 and 10) and service design for a responsive and integrated system (Rec 3)

Related sub-recommendations

Sub-recommendation	Royal Commission Timing	Status summary
8.1 Ensure each Adult and Older Adult Area Mental Health and Wellbeing Service delivers a centrally coordinated 24-hours-a-day telephone/telehealth crisis response service accessible to both service providers and to members of the community of all ages that provides: a. crisis assessment and immediate support; b. mobilisation of a crisis outreach team or emergency service response where necessary; and c. referral for follow-up by mental health and wellbeing services and/or other appropriate services.	Pre 2022 - Pre 2026	In place
8.2 Expand crisis outreach services in each Adult and Older Adult Area Mental Health and Wellbeing Service to provide treatment, care and support from a clinician and nonclinical worker such as a peer worker.	Pre 2022 - Pre 2026	Partial progress
8.3a Improve emergency departments' ability to respond to mental health crises by: a. establishing a classification framework for all emergency departments and urgent care centres, based on their capability to respond to people experiencing mental health crises;	Pre 2022 - Pre 2026	Partial progress
8.3b Improve emergency departments' ability to respond to mental health crises by: b. using the classification framework to ensure that health services are appropriately resourced to perform their role in a regional network of emergency departments and urgent care centres; and	End 2022 - Pre 2026	Partial progress
8.3c Improve emergency departments' ability to respond to mental health crises by: c. ensuring there is at least one highest-level emergency department suitable for mental health and alcohol and other drug treatment in each region.	Pre 2022 - End 2022	Partial progress

Findings

Government and service providers are working towards implementing these sub-recommendations to improve the mental health and wellbeing system’s ability to respond when people experience mental health crises, with work in progress on the development of a revised service and system design.

Measure	Target	Current status
One highest-level ED exists per region	8	8

Discussion

The Department has provided information to the Commission regarding work in progress on the service and system design for mental health crisis and emergency response, to address elements of recommendations 8, 9 and 10, including service design for recommendations 8.1 and 8.2, which has informed the Commission’s assessments of progress status.⁷¹ This work included consultation with people with lived and living experience, First Nations stakeholders, NGO service providers, emergency services and health service staff.

The Victorian 2026-27 budget has committed to an investment of \$5.5 million towards crisis responses, (\$2.7 million in FY2027 and \$2.8 in FY2028), including outreach and telehealth services, however details on the specific initiative allocations are not clear to the Commission at the time of writing.⁷²

8.1 Review of service provider websites indicates that each Area Mental Health and Wellbeing service provides 24/7 psychiatric triage by phone, and the Department of Health lists general crisis lines and targeted helplines.

8.2 The Commission identified from service provider websites that some services have the recommended crisis outreach services, however this is not uniformly reported across the state, with several services not reporting the types of crisis services provided. The Department’s *Reform Progress Report 2026* indicates that two enhanced metropolitan crisis outreach services will commence in 2026-27.⁷³

8.3 Government websites report investment in Emergency Department (ED) Mental Health, Alcohol and Other Drugs (AOD) hubs and describe their model and benefits⁷⁴. The Department’s *Reform Progress Report 2026* indicates that eight Mental Health and Alcohol and Other Drugs Emergency Department Hubs (MHAOD ED Hubs) are operating across Victoria, allowing specialist, dedicated care within emergency departments, while easing pressure on existing resources. The Hubs are located at Monash Medical Centre, St Vincent’s Hospital, Sunshine Hospital, Royal Melbourne Hospital, University Hospital Geelong, Latrobe Regional Hospital, New Footscray

⁷¹ Authorised information provided by the Victorian Department of Health to the Commission on 28 April 2026.

⁷² Victorian Budget 2026-27, *Service Delivery BUDGET PAPER NO. 3*, p47, <https://s3.ap-southeast-2.amazonaws.com/vicbudgetfiles2026.27vicbudget/2026-27+State+Budget+-+Service+Delivery.pdf>

⁷³ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

⁷⁴ Victorian Health Building Authority, Emergency department mental health, alcohol and other drugs hubs, viewed 25 September 2025, <https://www.vhba.vic.gov.au/mental-health/hospital-based-care/emergency-department-mental-health-alcohol-and-other-drugs-hubs>

Hospital and Peninsula University Hospital. The *Reform Progress Report* also indicates that additional MHAOD ED Hubs are in the planning stage.⁷⁵ Updated guidance to the sector has been published on the operation of the MHAOD ED Hubs.⁷⁶

⁷⁵ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

⁷⁶ Department of Health, *Guideline for the Mental Health and Alcohol and Other Drugs Emergency Department Hubs*, available at: <https://www.health.vic.gov.au/patient-care/guideline-mental-health-aod-emergency-department-hubs>

Rec 9: Developing ‘safe spaces’ and crisis respite facilities

Recommendation status reported by Department of Health: In progress

Linked initiatives: Crisis system, entry to respite

Key related recommendations: Related crisis response recommendations (Rec 8 and 10) and service design for a responsive and integrated system (Rec 3)

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
9.1	Invest in diverse and innovative ‘safe spaces’ and crisis respite facilities for the resolution of mental health and suicidal crises which are consumer led and, where appropriate, delivered in partnership with non-government organisations.	Pre 2022 - Pre 2026	Partial progress
9.2a	In collaboration with the new agency led by people with lived experience of mental illness or psychological distress (refer to recommendation 29) and non-government organisations that deliver wellbeing supports, establish: a. one drop-in or crisis respite facility for adults and older Victorians per region (refer to recommendation 3(3)); and	Pre 2022 - Pre 2026	Not yet commenced
9.2b	In collaboration with the new agency led by people with lived experience of mental illness or psychological distress (refer to recommendation 29) and non-government organisations that deliver wellbeing supports, establish: b. four safe space facilities across the state, comprising a mix of drop-in spaces and crisis response services, co-designed with and for young people.	Pre 2026 - End 2026	Partial progress
9.3	Establish a crisis stabilisation facility, in consultation with people with lived experience, led by a public health service or public hospital in partnership with a non-government organisation that delivers wellbeing supports.	Pre 2022 - Pre 2026	Partial progress

Findings

There has been some progress in implementing additional safe spaces and crises respite facilities. Work is underway in the service design of further elements of these recommendations, and while this work has involved consultation with people with lived and living experience, the establishment of the new agency referenced here (and detailed in recommendation 29) is not yet in place to enable collaboration as specifically described.

Measure	Target	Current status
Drop-in or crisis respite facilities	8	Not identified
Safe space facilities	4	2
Crisis stabilisation facility exists	1	Not identified

Discussion

The Department has provided information to the Commission regarding work in progress on the service and system design for mental health crisis and emergency response, to address elements of recommendations 8, 9 and 10, including service design for recommendations 9.2b and 9.3, which has informed the Commission's assessments of progress status.⁷⁷ This work included consultation with people with lived and living experience, First Nations stakeholders, NGO service providers, emergency services and health service staff.

9.1 The Commission understands that the Royal Commission intended that this sub-recommendation be addressed by the accumulation of the subsequent sub-recommendations. As noted below, there has been progress, but there is still more to do in delivering these recommendations.

9.2a The Commission did identify information confirming the presence of drop-in or crisis respite facilities in each of the eight regions.

9.2b The Victorian Government funded a three-year trial, from 2022-2025, to establish two physical safe spaces for LGBTIQ+ young people in Ballarat and Geelong with outreach to the Surf Coast, delivered by a consortium led by Drummond Street Services Queerspace with Cafs and Wellways.⁷⁸

The *Next Phase of Reform document* indicates that there is design work intended from 2025-2027 for youth and adult safe spaces for people experiencing mental health crises, and the Department has provided further information to the Commission indicating work underway in the development of the service and system design for safe spaces.⁷⁹

9.3 The Department has provided further information to the Commission indicating work underway in the development of the service and system design for a crisis stabilisation facility.⁸⁰

⁷⁷ Authorised information provided by the Victorian Department of Health to the Commission on 28 April 2026.

⁷⁸ Department of Premier and Cabinet, *Creating Safe Spaces For LGBTIQ+ Young People*, viewed 27 September, 2025, <https://www.premier.vic.gov.au/creating-safe-spaces-lgbtqi-young-people>

⁷⁹ Authorised information provided by the Victorian Department of Health to the Commission on 28 April 2026.

⁸⁰ Authorised information provided by the Victorian Department of Health to the Commission on 28 April 2026.

Rec 10: Supporting responses from emergency services to mental health crises

Recommendation status reported by Department of Health: In progress

Linked initiatives: Health-led crisis response

Key related recommendations: Related crisis response recommendations (Rec 8 and 9) and service design for a responsive and integrated system (Rec 3)

Related sub-recommendations

	Sub-recommendation	Royal Commission Timing	Status summary
10.1	Ensure that, wherever possible, emergency services' responses to people experiencing time-critical mental health crises are led by health professionals rather than police.	Pre 2022 - Pre 2026	Partial progress
10.2	Support Ambulance Victoria, Victoria Police and the Emergency Services Telecommunications Authority to work together to revise current protocols and practices such that, wherever possible and safe: a. Triple Zero (000) calls concerning mental health crises are diverted to Ambulance Victoria rather than Victoria Police; and b. responses to mental health crises requiring the attendance of both ambulance and police are led by paramedics (with support from mental health clinicians where required).	Pre 2022 - End 2022	Partial progress
10.3	Ensure that mental health clinical assistance is available to ambulance and police via: a. 24-hours-a-day telehealth consultation systems for officers responding to mental health crises; b. in-person co-responders in high-volume areas and time periods; and c. diversion secondary triage and referral services for Triple Zero (000) callers who do not require a police or ambulance dispatch.	Pre 2022 - Pre 2026	Partial progress

Findings

While work has commenced on supporting responses by emergency services to mental health crises, significant work is still to be completed. This includes clarification of decision-making and authority when ambulance and police attendance is required or requested by either party.

Discussion

The Commission consulted with Triple Zero Victoria (TZV), Ambulance Victoria and Victoria Police to gain further information about these sub-recommendations.

10.1, 10.2 TZV, Ambulance Victoria and Victoria Police have commenced work to increase the instances where responses are health-led, however this work is not complete, nor is there an agreed definition of the term 'health led response'. We are aware that call takers at TZV work with limited information usually provided by members of the public, when connecting calls to the appropriate emergency service, which complicates accurate reporting on the proportion of mental health crisis responses led by health professionals.

The Commission understands from discussions with stakeholders that a protocol to support diversion of mental health related emergency calls to Ambulance Victoria rather than Victoria Police has been developed, but that further work is required to give full effect to the sub-recommendation.

The *Reform Progress Report 2026* indicates that the Department is working with Ambulance Victoria and Victoria Police to develop new protocols when supporting people experiencing mental health crises, including to clarify the roles, responsibilities and procedures for police, paramedics and mental health clinicians.⁸¹

10.3 A clinical assistance hotline, TelePROMPT, is available to paramedics 24/7 to provide mental health clinical assistance.⁸² The Commission did not verify the efficacy of this service or the extent to which it or an appropriate alternative is available to other officers attending mental health crises. Commission consultation with sector stakeholders indicated that mental health and police co-responder teams are only operating in some areas and is the preferred model by some responders. The Commission did not find public documentation confirming availability. Paramedics reported that secondary triage is in place when people call triple zero for mental health crises but do not need urgent transport to an ED or police attendance.⁸³

In terms of continued development and assessment of outcomes, the Department reports that “data sharing arrangements between Ambulance Victoria, Victoria Police and Triple Zero Victoria have been established to allow for better understanding of how often mental health crises occur and how emergency services respond. This data provides a clear starting point to track progress and measure improvements over time”. The Department has also provided information to the Commission regarding work in progress on the service and system design for mental health crisis and emergency response, to address elements of recommendations 8, 9 and 10, including service design for recommendations 10.3

⁸¹ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

⁸² <https://www.ambulance.vic.gov.au/teleprompt>

⁸³ www.health.vic.gov.au/mental-health-services/transport-for-people-in-mental-health-services

Rec 11: New models of care for bed-based services

Recommendation status reported by Department of Health: In progress

Linked initiatives: Expansion and reform of adult bed-based services, Pathway to Mental Health Beds program

Key related recommendations: Targeted acute service expansion (Interim Rec 2) and new bed-based rehabilitation services (Rec 12)

Related sub-recommendations

	Sub-recommendation	Royal Commission Timing	Status summary
11.1	Review, reform and implement new models of multidisciplinary care for bed-based services that are delivered in a range of settings, including in a person's home and in fit-for-purpose community and hospital environments.	Pre 2022 - End 2026	Partial progress evidenced from publicly available information
11.2a	Deliver a broad range of bed-based services, including as a matter of immediate priority: a. expanding Hospital in the Home services as an alternative to acute hospital-based treatment, care and support where appropriate;	Pre 2022 - End 2022	In place
11.2b	Deliver a broad range of bed-based services, including as a matter of immediate priority: b. investing in a wide range of time-limited and flexible residential respite services informed by local priorities, including establishing a peer-led residential respite service at a demonstration site; and	Pre 2022 - Pre 2024	Not yet commenced
11.2c	Deliver a broad range of bed-based services, including as a matter of immediate priority: c. developing new bed-based rehabilitation services (refer to recommendation 12).	End 2022 - End 2026	Not yet commenced
11.3	Build on the interim report's recommendation 2 about the need for the expansion of acute mental health services and deliver at least 100 additional beds in settings that reflect optimal allocation and distribution across Victoria.	End 2022 - End 2026	Partial progress
11.4	Periodically review the allocation of new beds as part of the statewide and regional planning processes recommended by the Royal Commission (refer to recommendation 47) and audit the outcomes.	Pre 2022 - Pre 2031	Partial progress

Findings

The range of services outlined in this recommendation is largely reported in related recommendations. Government has funded significant work to progress development of these services, and reporting of the number of new services that are operational would assist the community to understand the extent of progress made.

Discussion

11.1 The Commission identified public materials, such as the *Next Phase of Reform document*, that show active planning and staged delivery for new and reformed bed-based models, including care in hospital, community facilities and at home. The Department's *Reform Progress Report 2026* references the *Statewide Mental Health and Wellbeing Service and Capital Plan*, released in October 2024, designed to guide the planning of future services, including hospital-based mental health services and "using projections of service demand, based on population needs, growth and demographics".⁸⁴

11.2a As described in relation to interim recommendation 2, 19 Hospital in the Home beds have been delivered across two services – the Orygen Specialist Program from December 2020 and Barwon Mental Health Service from March 2021. Media announcements from these services indicate a high bed count, with 19 being the more recent figure available from Questions on Notice to the Minister for Mental Health at the Parliamentary Accounts and Estimates Committee (PAEC).⁸⁵ The Department's *Mental Health and Wellbeing Reform Progress Report 2026* states that further expansion of Hospital in the Home (HiTH) program will include a new program at Monash Health in 2026-27.⁸⁶ The Victorian 2026-27 budget confirms funding for 10 new HiTH beds.⁸⁷ The report also outlines that the new acute mental health delivered are located at Barwon, Northern, Western and Melbourne Health, Parkville Youth Mental Health and Wellbeing Services (PYMHWS), and the Women's Recovery Network (Alfred, Goulburn Valley, Ramsay Health).

11.2b The Commission did not identify work to progress development of a peer-led residential respite service. Although there is reporting of the peer-led acute service outlined in interim recommendation 5 (formerly referred to as the Healing Place), that service is intended to support consumers who are undergoing an acute episode, rather than respite, which is the aim of this sub-recommendation.

11.2c As outlined in relation to recommendation 12, the Commission did not identify any evidence that new rehabilitation services are operating to date. The *Statewide Mental Health and Wellbeing Service and Capital Plan 2024-2037* defines extended rehabilitation services such as Community Care Units and Secure Extended Care Units but does not confirm activation of the new model.⁸⁸

11.3 As outlined in relation to interim recommendation 2, 174 new mental health beds have been delivered to date, including acute units and Hospital in the Home. Progress against the 100 additional beds outlined in this recommendation is that four out of 100 additional beds have been delivered. Public material does not state whether there is explicit work to review whether beds are allocated in the optimal way.

11.4 The *Statewide Mental Health and Wellbeing Service and Capital Plan 2024-2037* does not include a review of the allocation of new beds to date, or outcomes achieved. However, it does assess the demand for beds, to enable modelling to inform current and future statewide and regional planning.⁸⁹

⁸⁴ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

⁸⁵ Public Accounts and Estimates Committee, *Inquiry into the 2025-26 Budget Estimates Questions on Notice Portfolio: Mental Health*, <https://www.parliament.vic.gov.au/49e8f1/contentassets/bd49510221ea435882403fa7cacbe549/mental-health-qon.pdf>

⁸⁶ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

⁸⁷ Presentation by Minister for Mental Health to Public Accounts and Estimates Committee, 2026-27 Victorian State Budget, available at: <https://www.parliament.vic.gov.au/49bd71/contentassets/e0e35d782db14a34a7dd8b860e492323/mental-health.pdf>

⁸⁸ Department of Health, *Statewide Mental Health and Wellbeing Service and Capital Plan 2024-2037*, Viewed 25 September 2025, <https://www.health.vic.gov.au/publications/statewide-mental-health-and-wellbeing-service-and-capital-plan>

⁸⁹ Ibid.

Rec 12: Developing new bed-based rehabilitation services

Recommendation status reported by Department of Health: Planned for phase three from 2028

Linked initiatives: No initiatives reported

Key related recommendations: New models of care for bed-based services (Rec 11)

Related sub-recommendations

	Sub-recommendation	Royal Commission Timing	Status summary
12.1	Implement the new whole-of-system rehabilitation pathway described by the Royal Commission in its final report, which includes two new bed-based rehabilitation models of care, for people living with mental illness who require ongoing intensive treatment, care and support.	End 2022 - End 2026	Not yet commenced
12.2a	Consistent with the 'design and quality features' described by the Royal Commission in its final report, co-design with consumers, clinicians and relevant non-government organisations and services: a. the new community rehabilitation model of care and deliver it at a community care unit demonstration site; and	Pre 2022 - End 2026	Not yet commenced
12.2b	Consistent with the 'design and quality features' described by the Royal Commission in its final report, co-design with consumers, clinicians and relevant non-government organisations and services: b. the new intensive rehabilitation model of care and deliver it at a secure extended care unit demonstration site.	Pre 2022 - End 2026	Not yet commenced
12.3	Subject to the evaluation and required adaptation of the new rehabilitation models of care, apply these models to existing community care and secure extended care units and enhance and expand infrastructure accordingly	Pre 2031 - End 2031	Not yet commenced

Findings

The Commission did not find evidence that work to address this recommendation had commenced and the Department indicates it is scheduled to commence in 2028.

Discussion

12.1 Public reporting indicates that implementation of this recommendation has not commenced. The Department's *Reform Progress Report 2026* indicates the intention to commence in phase three from 2028.

12.2a The Commission did not find public evidence of a codesigned community rehabilitation model or a Community Care Unit site. The Statewide Mental Health and Wellbeing Service and Capital Plan 2024–2037 describes Community Care Units and extended rehabilitation at a high level only.⁹⁰ The Department’s *Reform Progress Report 2026* indicates the intention to commence in phase three from 2028.

12.2b The Commission did not find public evidence of an intensive rehabilitation model being co designed or delivered at a SECU demonstration site. The Statewide Mental Health and Wellbeing Service & Capital Plan 2024–2037 defines SECUs but gives no new model detail or pilot location. The Department’s *Reform Progress Report 2026* indicates the intention to commence in phase three from 2028.

12.3 As outlined in the sub-recommendations above, evidence that new models have been developed or piloted has not been found. No evaluation or adaptation activity has been identified. The Department’s *Reform Progress Report 2026* indicates the intention to commence in phase three from 2028.⁹¹

⁹⁰ Department of Health, Statewide Mental Health and Wellbeing Service and Capital Plan 2024–2037, Viewed 25 September 2025, <https://www.health.vic.gov.au/publications/statewide-mental-health-and-wellbeing-service-and-capital-plan>

⁹¹ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

Rec 13: Addressing gender-based violence in mental health facilities

Recommendation status reported by Department of Health: In progress

Linked initiatives: A focus on gender and sexual safety, Improving sexual safety in adult inpatient units, Pathway to Mental Health Beds

Key related recommendations: Quality and safety of the mental health system (Recs 52 and 53)

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
13.1	Ensure that all new mental health inpatient facilities: a. are built and designed with the necessary scale and flexible infrastructure to enable gender-based separation in all bedrooms and bathrooms; and b. provide separate communal spaces as required.	Pre 2022 - End 2031	Partial progress
13.2	By mid-2022, ensure that existing high dependency units in inpatient facilities allow for gender-based separation.	Pre 2022 - Pre 2022	Partial progress
13.3	Review and retrofit existing inpatient facilities on a case-by-case basis to: a. achieve gender-based separation where possible; and b. as a matter of priority, ensure that each facility meets the minimum standards for gender safety set out in the Chief Psychiatrist's guideline: Promoting sexual safety, responding to sexual activity and managing allegations of sexual assault in adult acute inpatient units.	Pre 2022 - End 2026	Partial progress
13.4	Ensure that the Mental Health and Wellbeing Division supports mental health and wellbeing services to eliminate sexual and gender-based violence in bed-based service settings.	Pre 2022 - End 2031	Partial progress

Findings

Safer Care Victoria and the office of the Chief Psychiatrist are focusing on improving sexual safety in mental health facilities through a range of initiatives. Funding allocation and progress towards some of the recommendations in addressing gender-based violence are being implemented across services.

Discussion

13.1 The Department reports that the *Pathway to Mental Health Beds* program was completed in 2024, including 120 new mental health beds across McKellar Centre (Geelong), Sunshine, Northern and Royal Melbourne hospitals, and that these facilities incorporate contemporary design to support ‘gender-sensitive care’.⁹² Public building project pages describe mental health facilities with single rooms with ensuites and some separate communal areas, which suggests work towards the intent of this sub-recommendation. The *Chief Psychiatrist’s Guideline for Improving Sexual Safety*, in Section 3.2.1 *Physical environments to support safety*, indicates the requirements outlined in the Royal Commission’s recommendations, stating that services must comply with these and other related recommendations.⁹³ Collectively, these initiatives and evidence indicate progress towards the delivery of this recommendation, however further details on implementation would confirm outcomes.

13.2 The Victorian Health Building Authority reports on its website that \$61.1 million has been provided to upgrade 24 existing mental health intensive care areas, which includes “reconfiguring bedrooms so they have their own ensuite - this supports gender safety”, and “can include gender-specific lounge areas, sensory rooms and kitchenettes”.⁹⁴ The Department’s *Reform Progress Report 2026* states that gender-based separation in Intensive Care Areas (ICAs) includes upgrades in 24 ICAs across the state, of which 21 are complete, and 3 projects are in delivery.

13.3 The Commission did not identify progress on reviewing or retrofitting of inpatient mental health units by site to achieve gender segregation other than the upgrades to mental health intensive care areas discussed in 13.2, however as outlined in 13.1, the Chief Psychiatrist’s Guideline requires compliance by services.

The *Next Phase of Reform document* indicates that transformation of mental health infrastructure to separate intensive care areas is scheduled for 2024-2026, suggesting that this work may be underway at present. The Mental Health Capital Renewal Fund “aims to address physical safety and wellbeing risks in Victoria’s mental health facilities” suggesting that this may be a key mechanism for supporting this recommendation.⁹⁵ Review of projects resourced through this fund does not clearly indicate works oriented towards this goal, however, and program guidelines include very broad criteria for application to funding.

13.4 As discussed in relation to other recommendations (such as recommendation 52), the Mental Health Improvement Program within Safer Care Victoria, includes a focus on reduction of gender-based violence. Safer Care Victoria is also reported as delivering its *Improving Sexual Safety initiative* across five health services, trialling targeted changes to strengthen sexual safety for consumers, carers, families and workforce. As noted, the Office of the Chief Psychiatrist’s has also updated sexual safety guideline (*Improving sexual safety in mental health and wellbeing services*). Collectively these actions above indicate that the Department is taking a number of actions to support services towards the elimination of gender-based violence.

⁹² Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

⁹³ Department of Health, *Sexual safety: Chief Psychiatrist’s guideline on improving sexual safety in mental health and wellbeing services*, <https://www.health.vic.gov.au/chief-psychiatrist/improving-sexual-safety>

⁹⁴ Victorian Health Building Authority reports website, viewed 10 November 2025, <https://www.vhba.vic.gov.au/news/upgrades-mental-health-intensive-care-areas-making-headway>

⁹⁵ Victorian Health Building Authority, Mental Health Capital Renewal Fund, viewed 25 September 2025, www.vhba.vic.gov.au/mental-health/mental-health-capital-renewal-fund

Rec 14: Supporting mental health consultation liaison services

Recommendation status reported by Department of Health: Delivered

Linked initiatives: Performance Monitoring Framework

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
14.1	Work with the Independent Hospital Pricing Authority and the Commonwealth Government to: a. ensure mental health consultation liaison services for consumers admitted for physical health reasons are formally recognised and adequately funded as part of routine care; and b. ensure mental health consultation liaison services are incorporated, costed and priced in the relevant classifications and standards.	Pre 2022 - Pre 2026	In place
14.2a	Ensure public health services and public hospitals: a. receive adequate temporary funding to embed and deliver in-hospital mental health consultation liaison services as part of routine care until joint funding arrangements between the Commonwealth and Victorian Governments are established;	Pre 2022 - Pre 2026	In place
14.2b	Ensure public health services and public hospitals: b. are accountable for delivering in-hospital mental health consultation liaison services and, whenever required, provide such services to consumers admitted for physical health reasons; and	Pre 2022 - End 2031	In place
14.2c	Ensure public health services and public hospitals: c. are accountable for providing the sustained delivery of high-quality integrated mental health treatment, care and support across the hospital system.	Pre 2022 - End 2031	In place

Findings

Fourteen services are funded for mental health consultation liaison, with accountability mechanisms enhanced through the new Performance Monitoring Framework introduced in 2024. Continued monitoring of the effectiveness of the new Framework should occur to evaluate outcomes over time.

Discussion

14.1 The Department of Health's completed questionnaire for the Public Accounts and Estimates Committee 2025/26 Budget Estimates Inquiry states that the Victorian Government has been working with the Independent Health and Aged Care Pricing Authority to develop a consultation liaison code for introduction into the Australian Classification of Health Interventions (ACHI) to ensure that consultation liaison services delivered in acute health settings can be appropriately captured in activity and cost reporting.⁹⁶ A specific consultation liaison code has now been established in the 12th Edition of the ACHI. This code ensures that consultation liaison services can be incorporated, costed and priced in the relevant national classifications and standards. With this code now in place mental health consultation liaison services for consumers admitted for physical health reasons are formally recognised and adequately funded as part of routine care.⁹⁷

14.2a The Department of Health's completed questionnaire for the Public Accounts and Estimates Committee 2024/25 Budget Estimates Inquiry states that temporary funding for the Consultation Liaison Psychiatry Service (a component of bed-based services) of \$4.966million was provided in 2023/24 and \$5.090million in 2024/25.⁹⁸ Earlier questionnaires refer to temporary funding allocations that include but are not limited to the Consultation Liaison Psychiatry Service. Inclusion of a specific consultation liaison code in the ACHI (see 14.1) means the temporary funding for consultation liaison psychiatry is no longer required.

14.2b The Department of Health's Policy Guide: Policy and Funding Guidelines 2025-26 indicates that the Mental Health Performance and Accountability Framework, which stipulates the department's current performance and accountability requirements for funded clinical mental health services, will be replaced by the Outcomes and Performance Framework (OPF) from 2026/27. The Policy and Funding Guidelines indicate that the two frameworks will run in parallel for the first year of implementation to June 2026.⁹⁹ The guide stipulates on page 32 that health services are required to continue to deliver all community-based mental health programs that were delivered in 2024-25 and, at a minimum, maintain the same volume of activity delivered in 2024-25. The guide lists the most common community-based mental health programs delivered by designated mental health services (pp32-34), which includes consultation and liaison, where consultation liaison psychiatry is the diagnosis, treatment and prevention of psychiatric morbidity among physically ill patients who are patients of an acute general hospital.

⁹⁶ Public Accounts and Estimates Committee 2025–26 Budget Estimates questionnaire, Department of Health pages 95-96, Viewed 11 November 2025, <https://www.parliament.vic.gov.au/4ab25a/contentassets/2ab84a9655f64b758b64ea8a149fc5b3/dh-2025-26-budget-estimates-questionnaire.pdf>

⁹⁷ The Australian Classification of Health Interventions Twelfth Edition can be found on Independent Health and Aged Care Pricing Authority's website, <https://www.ihacpa.gov.au/resources/icd-10-amachiacs-twelfth-edition>.

⁹⁸ Public Accounts and Estimates Committee 2024–25 Budget Estimates questionnaire, Department of Health page 70. https://www.parliament.vic.gov.au/4a91e2/contentassets/afe0ec90c127484e9e691a09f3d9bdb9/dh_2022-23_budget_estimates_questionnaire_response_revised.pdf

⁹⁹ Policy Guide: Policy and Funding Guidelines 2025-26, pp 124-125 Viewed 11 November 2025, <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>

14.2c The Mental Health Performance and Accountability Framework specifies the Department of Health's current performance and accountability requirements for funded clinical mental health services and details how the department will measure, monitor and assess performance at the agency, service and program levels.¹⁰⁰ As mentioned above, the Mental Health Performance and Accountability Framework will be replaced by the OPF. The Commission did not identify publicly available descriptions of the OPF's indicators and measures that will be used by the Department of Health to hold health services and public hospitals accountable for providing the sustained delivery of high-quality integrated mental health treatment, care and support across the hospital system, so while the mechanism to deliver on this recommendation has been established, ongoing monitoring of the effectiveness of implementation over time will be important.

¹⁰⁰ Policy and funding guidelines 2025-26, The Department of Health, p. 124

Rec 15: Supporting good mental health and wellbeing in local communities

Recommendation status reported by Department of Health: In progress

Linked initiatives: Social Inclusion Action Groups (SIAGS), Social prescribing trials

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
15.1	Establish and recurrently resource 'community collectives' for mental health and wellbeing in each local government area.	Pre 2022 - End 2026	Partial progress
15.2	Support each community collective to bring together a diversity of local leaders and community members to guide and lead efforts to promote social connection and inclusion in Victorian communities.	Pre 2022 - End 2026	Partial progress
15.3	Test and develop a range of initiatives that support community participation, inclusion and connection.	End 2022 - End 2026	Partial progress
15.4	By the end of 2022, establish one social prescribing trial per region (refer to recommendation 3(3)) in Local Mental Health and Wellbeing Services to support healthcare professionals to refer people, particularly older Victorians, living with mental illness, into community initiatives.	End 2022 - End 2022	Partial progress

Findings

Work has progressed against each sub-recommendation to support good mental health and wellbeing in local communities, with further work required to expand community collectives or Social Inclusion Action Groups in every local government area across Victoria.

Measure	Target	Current status
Community collectives established	79	5
Social prescribing trial exists in each region	8	6

Discussion

15.1 The Department of Health’s recommendation website confirms that Community Collectives, referred to as Social Inclusion Action Groups (SIAGs), are being created in 10 LGAs, with 5 established (Frankston, Benalla, Mansfield, Wangaratta and Latrobe) and 5 being established (Brimbank City Council, City of Ballarat, City of Greater Geelong, City of Whittlesea, Mildura Rural City Council). Each is supported by a local coordinator and an investment fund.¹⁰¹

15.2 Design guidance for the SIAGs sets out broad and inclusive membership and sets First Nations and general funding streams within each local investment fund. Public reporting on whether this support is operating in all established LGAs, and on diversity of membership or outcomes across sites to date would strengthen the evidence for this recommendation.

15.3 The SIAG model included on the referenced website states that the groups will test, develop and fund local initiatives, and the *Next Phase of Reform document* says this program promotes social connection. The Department’s *Reform Progress Report 2026* also indicates that resources have been developed to help mental health and wellbeing services introduce or strengthen social prescribing practices, supporting people to build confidence and engage in community-based activities.¹⁰²

15.4 The Social Prescribing trials are called ‘Local Connections’ and are being trialled in six Mental Health and Wellbeing Locals, namely Benalla–Wangaratta–Mansfield, Brimbank, Frankston, Greater Geelong–Queenscliff, Latrobe and Whittlesea. The *Next Phase of Reform document* outlines that this future work will continue with the trials to be evaluated.

¹⁰¹ Department of Health, *Social inclusion action groups*, viewed 25 September 2025, <https://www.health.vic.gov.au/mental-health-wellbeing-reform/social-inclusion-action-groups>

¹⁰² Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

Rec 16: Establishing mentally healthy workplaces

Recommendation status reported by Department of Health: Partially delivered and in progress
Linked initiatives: Mentally health workplaces, WorkWell Mental Health Industry Trials, Mental Health Improvement Fund (MHIF)

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
16.1	As an initiative of the Mental Health and Wellbeing Cabinet Subcommittee (refer to recommendation 46(2)(a)): a. foster the commitment of employers to create mentally healthy workplaces; b. advise on, develop and provide resources to assist employers and employees across Victorian businesses to: • promote good mental health in workplaces; • address workplace barriers to good mental health; • promote inclusive workplaces that are free from stigma and discrimination; and • support people experiencing mental illness at work.	Pre 2022 - End 2022	In place
16.2	Sponsor industry-based trials to demonstrate how to adapt and implement comprehensive mentally healthy workplace approaches in an industry context.	Pre 2026 - End 2026	In place

Findings

Government has supported development of materials to encourage employers to provide mentally healthy workplaces and is providing grants through WorkSafe to trial approaches that drive system level change in industries where workers are at high-risk of poorer mental health.

Discussion

16.1 There are publicly available materials showing the Victorian Mentally Healthy Workplaces Framework is in place and WorkSafe’s WorkWell Toolkit includes a practical guide and resources for employers.¹⁰³ The Commission is aware of the Cabinet Subcommittee’s role in establishing the materials, and further reporting would be welcome on outcomes over time related to fostering employer commitment to mentally healthy workplaces, and on uptake and impact of the materials across industry sectors.

¹⁰³ Victorian Government, *The Victorian Mentally Health Workplaces Framework*, Viewed 25 September 2025, <https://www.vic.gov.au/victorian-mentally-healthy-workplaces-framework>

16.2 WorkSafe has opened Mental Health Industry Trials grants of up to \$1.76 million each to be delivered over three years to drive systems level change in high-risk industries.¹⁰⁴ The *Next Phase of Reform document* indicates this will be completed in 2028. Reporting on the number of trials that have been approved, the industries selected in successful grants, and trial outcomes will help to demonstrate outcomes and impact over time.

¹⁰⁴ WorkSafe, *Mental health industry trial grants*, Viewed 25 September 2025, <https://www.worksafe.vic.gov.au/workwell-mental-health-industry-trial-grants>

Rec 17: Supporting social and emotional wellbeing in schools

Recommendation status reported by Department of Health: Delivered

Linked initiatives: Schools Mental Health Fund and Menu and Mental Health in Primary Schools initiatives delivered by the Department of Education

Related sub-recommendations

	Sub-recommendation	Royal Commission Timing	Status summary
17.1	Fund evidence-informed initiatives, including anti-stigma and anti-bullying programs, to assist schools in supporting students' mental health and wellbeing.	Pre 2022 - End 2031	In place
17.2	Develop a digital platform that contains a validated list of these initiatives.	End 2022 - End 2022	In place
17.3	Develop a fund, modelled on School Readiness Funding for kindergartens, to support schools, with priority given to those in rural and regional areas, to select the most appropriate suite of initiatives for them.	End 2022 - End 2031	In place

Findings

The initiatives that support this recommendation have been led by the Victorian Department of Education and are in place in government schools.

The Schools Mental Health Fund and Menu are delivered by the Department of Education and provide Victorian Government schools with access to evidence-based mental health programs and supports.

The Mental Health in Primary Schools initiative has been rolled out to more than 1,000 schools, enabling the employment of Mental Health and Wellbeing Leaders and strengthening whole-school approaches to student wellbeing.

Discussion

17.1 The Schools Mental Health Fund provides funding to government schools, underpinned by an evidence-based 'Menu', as outlined in the sub-recommendations below. This is assessed as meeting the intent for funding evidence-informed activity in government schools.

17.2 The School's Mental Health Menu includes listing of externally assessed programs, staff and resources across three tiers, presented on a digital menu¹⁰⁵. This appears to address the digital requirement of the recommendation.

¹⁰⁵ Victorian Government, *Mental Health Fund and Menu*, Viewed 12 June 2026, <https://www2.education.vic.gov.au/pal/mental-health-fund-menu/policy>

17.3 The Fund was rolled out between 2022 and 2024, with rural and regional schools prioritised, and now applies to all government schools via the Student Resource Package. According to the Department's *Reform Progress Report 2026*, the Mental Health in Primary Schools initiative has been rolled out to more than 1,000 schools.¹⁰⁶ Evidence on the continued adoption and evaluation of the impact of the items will help ensure that schools are selecting the most appropriate supports and will assist in the ongoing validation of the outcomes associated with this sub-recommendation.

¹⁰⁶ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

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

Recommendation status reported by Department of Health: In progress
Linked initiatives: Perinatal Emotional Health Program

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
18.1	Expand and reform the community perinatal mental health teams in each Adult and Older Adult Area Mental Health and Wellbeing Service across Victoria to adapt and deliver the core functions as set out in recommendation 5, including by providing consultation to primary and secondary care and related services for prospective and new parents, including maternal and child health nurses.	Pre 2022 - End 2026	Partial progress
18.2	Review approaches to perinatal mental health screening	Pre 2022 - End 2022	Partial progress

Findings

There has been growth in perinatal mental health teams over the past three years. It is unclear from publicly available material whether the required perinatal services are available in all areas of Victoria. Work to review perinatal mental health screening guidelines is complete and further work is required to update and publish revised guidelines.

Discussion

18.1 The Department of Health’s recommendation website¹⁰⁷ indicates there has been growth in perinatal mental health teams over the past three years, including a staffing uplift to Perinatal Emotional Health Programs (PEHP) and additional support for PANDA.

The Commission is unclear whether every Adult and Older Adult Area Mental Health and Wellbeing Service across Victoria has an expanded perinatal team or whether routine consultation to primary and secondary care is operating statewide. The Department of Health’s “Mother and baby mental health services” page lists PEHP sites at a subset of providers and four mother and baby units, indicating partial and uneven coverage. There is policy and funding guidance that outlines expectations for Area

¹⁰⁷ Department of Health, *Recommendation 18*, viewed 25 September 2025 <https://www.health.vic.gov.au/mental-health-reform/recommendation-18>

services to reach into maternal and child health and other settings, but reporting on coverage, access, or integration by area would strengthen evidence of completion of this recommendation.

18.2 The recommendation website and Department's *Reform Progress Report 2026* report the screening review is complete with 10 recommendations and an external Expert Advisory Group has been established to develop new Victorian screening guidelines. The Commission did not identify an updated and published statewide screening guideline at the time of writing. The current practice resource for maternal and child health nurses remains the 2019 manual reissued and reviewed in November 2023, and the Maternal and Child Health framework page was reviewed in July 2025 without linking to a new perinatal screening standard. Evidence of implementation of the findings of this evaluation would support completion of this recommendation.

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

Recommendation status reported by Department of Health: Partially delivered and in progress

Linked initiatives: Infant, Child and Family Locals, Infant, Child and Youth age streaming

Related sub-recommendations

	Sub-recommendation	Royal Commission Timing	Status summary
19.1	Establish one responsive and integrated infant, child and youth mental health and wellbeing system to provide developmentally appropriate mental health and wellbeing treatment, care and support for newborns to 25-year-olds.	Pre 2022 - End 2022	Partial progress
19.2	By the end of 2022, establish a dedicated service stream for infants, children and their families, consisting of Infant, Child and Family Area Mental Health and Wellbeing Services, within the 13 Infant, Child and Youth Area Mental Health and Wellbeing Services (refer to recommendation 3(2)(c)) to: a. provide developmentally appropriate mental health and wellbeing treatment, care and support services for newborns to 11-year-olds and their families; and b. adapt and deliver the core functions of community mental health and wellbeing services (refer to recommendation 5), including through a range of delivery modes, ensuring services are accessible and responsive to the diversity of local communities.	Pre 2022 - End 2022	Partial progress
19.3	By the end of 2022, and in partnership with the Commonwealth, establish three infant, child and family health and wellbeing multidisciplinary community-based hubs.	Pre 2022 - End 2022	In place
19.4	Deliver evidence-informed online parenting programs and group-based parenting sessions.	Pre 2022 - End 2022	In place
19.5	Establish two statewide subacute residential family admission centres located in the community.	Pre 2022 - End 2026	Partial progress

Findings

Important work has commenced towards establishing a responsive and integrated infant, child and youth mental health and wellbeing system to provide developmentally appropriate mental health and wellbeing treatment, care and support for newborns to 25-year-olds. The Commission looks forward to hearing how Government is

ensuring that the system is responsive and integrated for infants, children, and young people more broadly, which would strengthen the progress against this sub-recommendation.

Measure	Target	Current status
Infant, Child, and Youth Area Mental Health and Wellbeing Services with dedicated infant, child, family person service stream	13	8
Infant, child, and family health and wellbeing hubs	3	3
Statewide subacute residential family admission centres	2	1

Discussion

19.1 The Commission understands from public information that this recommendation is being addressed via delivery of the other sub-recommendations in recommendation 19. Reporting on the Department of Health’s recommendation webpage focuses on the infant and child cohorts.¹⁰⁸ Commission review of service websites identified inconsistencies in how services report their offerings. For example, several pages still present Child and Adolescent Mental Health Services (CAMHS) for persons aged 0 to 18, indicating inconsistent age streaming. This indicates further work is needed to reflect operation of infant, child, and youth services as an integrated system.

19.2 Commission review of Area service websites identified 13 services that deliver to children aged 0 to11, with five not reporting alignment to the age streams outlined in this recommendation. The *Next Phase of Reform document* indicates that an initiative for 2024-2027 is phased implementation of infant, child, and youth age streaming with Area Mental Health and Wellbeing service providers, suggesting that this work is still under way. Public information also indicates inconsistent delivery in core functions (from assessment/brief intervention only to ongoing care/outreach/care coordination, with unclear crisis/ED and Local interfaces) and delivery modes & access (clinic/community/home, referral routes).

The Department’s *Reform Progress Report 2026* states that “ICY AMHWS are transitioning to new age-based service streams to ensure infants, children, young people, and their families receive care that is right for their stage of development. The full transition to the 0–11 and 12–25 age groups is expected to be completed by the end of 2026”.¹⁰⁹

19.3 This sub-recommendation has been implemented, with Government reporting showing that three Children’s Health and Wellbeing Locals have been established, in Brimbank Melton, Loddon, and Southern Metropolitan Melbourne.¹¹⁰

¹⁰⁸ Department of Health, Recommendation 19, Viewed 25 September 2025 <https://www.health.vic.gov.au/mental-health-reform/recommendation-19>
¹⁰⁹ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>
¹¹⁰ BetterHealth Channel, *Children’s Health and Wellbeing Locals*, Viewed 25 September 2025, <https://www.betterhealth.vic.gov.au/childrens-health-and-wellbeing-locals>

19.4 Government reporting indicates expanded free access from October 2021 to the statewide Triple P Online program for parents and carers¹¹¹, and Children’s Health and Wellbeing Locals advertise group parenting programs. The Department’s *Reform Progress Report 2026* states that “every regional Infant, Child and Youth mental health service is delivering Group-based Parenting programs to support families”.¹¹² This indicates that there are parenting programs being delivered in line with this sub-recommendation.

19.5 One subacute residential family admission centre is complete and operating, the Booboop Narrkwarren Nagarra-jarra-noun (The Family Healing Centre), a 12-bed statewide Child and Family Centre at Macleod, operated by Austin Health, providing 24-hour staffing and whole-of-family stays. The Commission did not identify evidence of a second statewide family admission centre.

¹¹¹ Department of Premier and Cabinet, *Supporting Families Experiencing Anxiety*, Viewed 25 September 2025, <https://www.premier.vic.gov.au/supporting-families-experiencing-anxiety>

¹¹² Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

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

Recommendation status reported by Department of Health: In progress

Linked initiatives: Headspace integration, Infant, Child and Youth age streaming, Intensive Mobile Youth Outreach Service

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
20.1	By the end of 2022, establish a dedicated service stream for young people, consisting of Youth Area Mental Health and Wellbeing Services, within the 13 Infant, Child and Youth Area Mental Health and Wellbeing Services (refer to recommendation 3(2)(c)) to: a. appropriately adapt and deliver the core functions of community mental health and wellbeing services set out in recommendation 5, including through a range of delivery modes and ensuring services are accessible and responsive to the diversity of local communities; and b. provide both short-term and ongoing treatment, care and support to young people, including those who require ongoing intensive treatment, care and support.	Pre 2022 - End 2022	Partial progress
20.2	Ensure Youth Area Mental Health and Wellbeing Services are available for young people aged 12 to 25 (until a person's 26th birthday), with age boundaries and transitions to be applied flexibly by services in partnership with young people and their families, carers and supporters.	Pre 2022 - Pre 2026	Partial progress
20.3	Support the development of formal partnerships, step-up and step-down referral pathways, shared staff and infrastructure and co-location between headspace centres and Infant, Child and Youth Area Mental Health and Wellbeing Services.	Pre 2022 - End 2026	Partial progress
20.4	Work with the Commonwealth Government, headspace National and Primary Health Networks to ensure that Infant, Child and Youth Area Mental Health and Wellbeing Services become the preferred providers of headspace centres where they exist or are established in Victoria.	Pre 2022 - End 2022	Partial progress

Findings

Work towards provision of dedicated streams of mental health and wellbeing services for young people aged 12 to 25 years is progressing.

Measure	Target	Current status
Infant, Child, and Youth (ICY) Area Mental Health and Wellbeing Services with dedicated young person service stream	14	9
ICY Area services as preferred providers of headspace	13	Not identified

Discussion

20.1 Review of services' websites identified that 9 services have dedicated youth streams (12-25 years approximately), delivered with partners. The Department of Health's website describes the intent for the youth stream and ongoing partnership work for implementation.¹¹³ Public information from the remaining four services does not identify a clearly defined youth stream covering this age bracket. They may solely rely on headspace services currently, or be delivering services for 0-18 years, with young persons aged 19-25 expected to attend adult services. This suggests there is still further work to do to implement this sub-recommendation. The Department's *Reform Progress Report 2026* states that "ICY AMHWS are transitioning to new age streams to ensure infants, children and their families are receiving developmentally appropriate treatment, care and support by the end of 2026".¹¹⁴ In terms of a range of delivery models, the report also refers to the establishment of the PYMHWS in July 2025 as a new health service to deliver bed based and community mental health care for young people in Northwest Metropolitan Melbourne.

20.2 Department policy documents indicate an intent to systematically provide services to a 12 to 25 youth cohort. However, other Departmental webpages still describe services as CAMHS and referred to ages 0 to 18, indicating inconsistent age streaming in public materials which may confuse consumers and their families, carers, supporters and kin. The Commission did not identify public reporting that evidences how flexible transitions are being applied in practice across services.

20.3 The Policy and Funding Guidelines for Health Services document indicates commitment to designing step up and step down pathways, shared care, and closer integration between headspace and Infant Child and Youth Area services, but the Commission did not identify sufficient reporting to determine the extent of uptake of this policy.¹¹⁵ Reporting that would evidence delivery of this recommendation could include reporting of arrangements of shared staffing, co-location, or routine bidirectional referrals operating in practice, for example by service. The *Next Phase of Reform document* indicates that identification of integration and referral pathways between infant, child and youth Area services and headspace services is an initiative for 2024-25, suggesting that this sub-recommendation is underway.

20.4 This recommendation outlines that infant, child and youth Area services become the preferred providers of headspace centres. The Department of Health's webpage states headspace will remain a main access point and focus on promoting partnerships, while the Commonwealth model continues to commission centres through Primary Health Networks with non-government or health service lead agencies. The Commission did not identify public announcements or frameworks that indicate a statewide shift to infant, child and youth Area services as preferred headspace providers, though the *Next Phase of Reform document* indicates that their role will be strengthened in 2024-2026. The Department's *Reform Progress Report 2026* indicates that integration between headspace services and Area services are being

¹¹³ Department of Health, Recommendation 20, Viewed 25 September 2025 <https://www.health.vic.gov.au/mental-health-reform/recommendation-20>

¹¹⁴ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

¹¹⁵ Department of Health, *Policy and Funding Guidelines for health services*, Viewed 10 September 2025, <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>

improved, including the “development of Guideline for Enhancing and Integrating Youth Mental Health and Wellbeing in Victoria”, as a joint commitment from the Victorian and Commonwealth Governments “for a more consistent, integrated youth mental health system”.¹¹⁶

¹¹⁶ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

Rec 21: Redesigning bed-based services for young people

Recommendation status reported by Department of Health: Partially delivered and in progress

Linked initiatives: Youth bed-based reforms

Related sub-recommendations

	Sub-recommendation	Royal Commission Timing	Status summary
21.1	Review, reform and implement new models of multidisciplinary care for bed-based services for young people that are delivered in a range of settings, including in young people's homes and in fit-for-purpose community and hospital environments.	Pre 2022 - End 2026	Partial progress
21.2a	Deliver a broad range of bed-based services, including as a matter of immediate priority: a. ensuring every region has a Youth Prevention and Recovery Centre for young people aged 16 to 25, supported through a common and consistent model of care;	Pre 2022 - End 2026	Partial progress
21.2b	Deliver a broad range of bed-based services, including as a matter of immediate priority: b. creating a new stream of inpatient beds across Victoria for young people aged 18 to 25 by reconfiguring existing inpatient beds for adults and using an allocation of the 100 new beds referred to in recommendation 11(3); and	Pre 2022 - End 2026	Partial progress
21.2c	Deliver a broad range of bed-based services, including as a matter of immediate priority: c. ensuring Hospital in the Home services are available for young people as an alternative to acute hospital-based treatment, care and support where appropriate.	Pre 2022 - End 2022	Partial progress
21.3	Formally review the Youth Residential Rehabilitation Program, in consultation with young people, as well as families, carers and supporters.	Pre 2022 - End 2022	In place

Findings

Reform of the youth bed-based mental health and wellbeing services is progressing with construction to expand availability of Youth Prevention and Recovery Care (YPARC), including in regional areas. There is some expansion to the number of beds available for 18- to 25-year-olds along with trialling of HiTH.

Measure	Target	Current status
Regions with YPaRC service	8	8
Number of new beds allocated	100	Not identified

Discussion

21.1 This recommendation is viewed as being an accumulation of the related sub-recommendations below. On an aggregate level, review of public information shows evidence of activity on youth bed-based reform, including expansion of YPARCs and some delivery of youth Hospital in the Home. Although hospital in the home trials are reported to include young people, the Commission could not substantiate an allocation of the new 100 beds to young people, or the reconfiguration of existing beds. A single statewide model of multidisciplinary youth bed-based care has not been published, so full implementation is not evidenced to date. The Department's *Reform Progress Report 2026*, however states that it has "worked closely with people with lived experience and the sector to develop a new statewide framework. This will guide care for youth and adolescent inpatient beds", indicating that work is progressing across these recommendations.

21.2a The *Chief Mental Health and Wellbeing Officer report 2023-24* outlined a funding announcement for five, 10 bed YPARCs at Ballarat, Geelong, Heidelberg, Shepparton and Traralgon, as well as upgrades at Bendigo, Dandenong and Frankston. The Department's *Mental Health and Wellbeing Reform Progress Report 2026* states that Heidelberg and Traralgon YPARCS are now operational, with the remaining three due to open in mid-2026. With these new services, along with the three YPARCS in Bendigo, Dandenong and Frankston having been upgraded, the Parkville YPARC opening in 2022, and the remaining three opening in mid-2026, it is expected that every region will have a YPARC service operating in 2026.¹¹⁷ The Victorian 2026-27 budget confirms funding for 10 new HiTH beds.¹¹⁸

21.2b Reporting on the statewide bed expansion indicates that four beds have been allocated to 18- to 25-year-olds through a youth intensive care upgrade at Orygen.¹¹⁹ The Commission did not identify evidence of a statewide reconfiguration that sets aside inpatient beds for 18- to 25-year-olds across regions.

21.2c The 2020-21 Victorian Government budget reported investment in 15 Hospital in the Home beds delivered by Orygen for young people in the northwest metropolitan region. The Department's *Mental Health and Wellbeing Reform Progress Report 2026* states that the Parkville Youth Mental Health and Wellbeing Services (PYMHWS) delivers 10 HiTH beds.¹²⁰

21.3 The Department of Health reports the review of the Youth Residential Rehabilitation Program was completed in January 2023 and informed the future youth community bed-based stream.

¹¹⁷ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

¹¹⁸ Presentation by Minister for Mental Health to Public Accounts and Estimates Committee, 2026-27 Victorian State Budget, available at: <https://www.parliament.vic.gov.au/49bd71/contentassets/e0e35d782db14a34a7dd8b860e492323/mental-health.pdf>

¹¹⁹ Victorian Health Building Authority, *Orygen Youth Health intensive care area upgrade*, viewed 25 September 2025, <https://www.vhba.vic.gov.au/mental-health/youth-services/orygen-youth-health-intensive-care-area-upgrade>

¹²⁰ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

Rec 22: Supporting the mental health and wellbeing of older Victorians

Recommendation status reported by Department of Health: Planned for phase three from 2028

Linked initiatives: No initiatives reported

Key related recommendations: Rec 3 in relation to service model design

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
22.1	Establish a responsive and integrated mental health and wellbeing service stream for older Victorians, that focuses on improving their mental health and wellbeing outcomes.	Pre 2022 - End 2022	Partial progress
22.2	Ensure older Victorians have access to the same mental health treatment, care and support as the rest of the adult population.	Pre 2022 - Pre 2026	Not yet commenced
22.3	Establish older adult mental health and wellbeing specialist multidisciplinary teams in Adult and Older Adult Area Mental Health and Wellbeing Services (refer to recommendation 3(2)(b)), to: a. provide specialist mental health treatment, care and support for people with complex and compounding mental health needs generally related to ageing; and b. assist primary and secondary care and related services that support older Victorians, including aged care, through primary consultation, secondary consultation and shared care.	Pre 2022 - Pre 2026	Partial progress

Findings

The Commission found that mental health services are being provided to older Victorians, but limited evidence was identified describing progress towards provision of a responsive and integrated mental health and wellbeing service stream for older Victorians that focuses on improving their mental health and wellbeing outcomes. The Department’s *Mental Health and Wellbeing Reform Progress Report 2026* states that this recommendation will be addressed in the third phase of reform from 2028.¹²¹

¹²¹ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

Measure	Target	Current status
Adult and Older Adult Mental Health and Wellbeing services with Specialist Multidisciplinary Teams	22	Not identified

Discussion

22.1 Public reporting indicates that mental health services are being provided to older Victorians.¹²² As with recommendation 19.1, the Commission did not identify public materials outlining how system integration and responsiveness are being measured, or how services are being focused on outcomes (noting the forthcoming implementation of the Outcomes and Performance Framework). The recommendation webpage refers to an evaluation of the Intensive Community Treatment program,¹²³ which is a useful first step and indicates that consideration of community services has been made. The Department's Royal Commission updates website indicates that evaluation findings will be used to inform future reforms in the implementation of this recommendation.¹²⁴

For area-based services, the VAHI Mental Health Services directory indicates that there are 15 'Older Adult' services, compared to 18 Adult services. This differs from the Royal Commission recommendation for this service stream to be delivered in a way that is integrated with 'adult and older adult' area services.

22.2 A review of Area mental health service provider websites indicates that area services do generally accept older adults where they accept adults. The Commission did not identify evidence of how this recommendation is intended to be addressed, such as a defined implementation approach or list of initiatives being used by Government to ensure the recommendation is implemented, or evidence of changes made for older adult services – either as part of an Adult and Older Adult service, or standalone.

22.3 Multiple Area services publicly describe multidisciplinary older-adult teams and consultation with other services. However, service websites show discrepancies in service functions and offerings suggesting inconsistent coverage and capability across the state. Central reporting or a register identifying which services have specialist multidisciplinary teams would strengthen the evidence for progress on this recommendation. The Department's website also states that it will continue to work collaboratively with Area Mental Health and Wellbeing Services to implement reforms to older adult mental health and wellbeing services.

¹²² Older persons mental health performance indicator reports, Department of Health website, Viewed 19 May 2026, <https://www.health.vic.gov.au/research-and-reporting/aged-mental-health-performance-indicator-reports>

¹²³ Department of Health, *Recommendation 22*, Viewed 29 May 2026 <https://www.health.vic.gov.au/mental-health-wellbeing-reform/recommendation-22>

¹²⁴ Ibid

Rec 23: Establishing a new Statewide Trauma Service

Recommendation status reported by Department of Health: In progress

Linked initiatives: Transforming Trauma Victoria

Key related recommendations: Approach to addressing trauma (Rec 24)

Related sub-recommendations

	Sub-recommendation	Royal Commission Timing	Status summary
23.1	By the end of 2022, establish a Statewide Trauma Service hosted within the Collaborative Centre for Mental Health and Wellbeing, to deliver the best possible mental health and wellbeing outcomes for people of all ages with lived experience of trauma.	Pre 2022 - End 2022	Partial progress
23.2	Fund the Statewide Trauma Service to bring together mental health practitioners, trauma experts, peer workers and consumers with lived experience of trauma to: a. conduct multidisciplinary and translational trauma research; b. develop and deliver education and training that supports Victoria’s mental health and wellbeing workforce to deliver trauma-informed care; c. develop and oversee digital peer-led support platforms offering consumers access to peer support networks; and d. coordinate and facilitate access to specialist trauma expertise, including secondary consultation for mental health practitioners and peer workers across Victoria’s mental health and wellbeing system.	Pre 2022 - End 2022	Partial progress

Findings

On available evidence, progress towards a Statewide Trauma Service remains preparatory, focused on service design and pilot projects, with establishment of the Statewide service delivery model not yet implemented.

Discussion

23.1 A consortium led by Phoenix Australia was appointed in October 2022 to design and deliver the Statewide Trauma Service, now Transforming Trauma Victoria (TTV). TTV received co-funding from the Department of Health and the Collaborative Centre for Mental Health and Wellbeing to support service design and the delivery of a range of pilot programs. In March 2025 TTV completed its operating model and provided recommendations to Government. No dedicated funding for this model was allocated in the 2025-26 State Budget, nor in the 2026-27 State Budget.

The *Next Phase of Reform document* indicated that the focus for 2025-2027 is the continued design and planning of the new Victorian statewide trauma service.

23.2 Pilots were delivered at Brimbank and Greater Geelong–Queenscliff Locals and Women’s Recovery Network sites during the design phase of TTV¹²⁵, as outlined in recommendation 23.1, with an operating model submitted to Government in March 2025. These pilot sites tested selected functions of TTV, however, in the absence of publicly confirmed ongoing funding, statewide operationalisation appears to be dependent on future budget decisions. The Department’s *Reform Progress Report* in May 2026 indicates the implementation of this recommendation is in progress and references to recommendation 24 (A new approach to addressing trauma) which is planned for implementation in the third phase of reform from 2028.¹²⁶

¹²⁵ Victorian Government, *News Keep up to date with latest news and events from Transforming Trauma Victoria*, viewed 25 September 2025, <https://www.vic.gov.au/news-transforming-trauma-victoria>

¹²⁶ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

Rec 24: A new approach to addressing trauma

Recommendation status reported by Department of Health: Planned for phase three from 2028

Linked initiatives: Transforming Trauma Victoria

Key related recommendations: Statewide Trauma service (Rec 23)

Related sub-recommendations

Sub-recommendation	Royal Commission Timing	Status summary
24.1 In collaboration with the Statewide Trauma Service (refer to recommendation 23), enable each of the 22 Adult and Older Adult Area Mental Health and Wellbeing Services and each of the 13 Infant, Child and Youth Area Mental Health and Wellbeing Services (refer to recommendation 3(2)(b) and (c)) to employ up to three specialist trauma practitioners to: a. work with peer support workers in Local Mental Health and Wellbeing Services to provide and facilitate access to a broad range of trauma supports for consumers of all ages and backgrounds; and b. contribute to the ongoing learning and professional development of the mental health and wellbeing workforce through supervision, consultation and shared clinical care.	Pre 2022 - End 2026	Not yet commenced

Findings

The Commission did not identify public information that confirms the employment of up to three specialist trauma practitioners in each of the Adult and Older Adult Area Mental Health and Wellbeing Services and the Infant, Child and Youth Area Mental Health and Wellbeing Services.

Discussion

24.1 The Commission did not identify evidence of specialist trauma practitioners being employed across area services. Materials on scoping and piloting work by Transforming Trauma Victoria indicates that pilots were undertaken with health services to build capacity in service delivery for people impacted by trauma.¹²⁷ This appears to be separate from the employment of specialist trauma practitioners as outlined by this recommendation.

¹²⁷ Victorian Government, *What we do Find out about Transforming Trauma Victoria work and co-design activities*, viewed 25 September 2025, <https://www.vic.gov.au/what-we-do-transforming-trauma-victoria>

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

Recommendation status reported by Department of Health: In progress

Linked initiatives: No initiatives reported

Related sub-recommendations

	Sub-recommendation	Royal Commission Timing	Status summary
25.1	Recognise people who are living with mental illness as a priority population group as part of Victoria's 10-year strategy for social and affordable housing and ensure that, during the next decade, people living with mental illness are allocated a continuing substantial proportion of social and affordable housing.	Pre 2022 - End 2031	Partial progress
25.2	Revise the Victorian Housing Register's Special Housing Needs 'priority access' categories to include people living with mental illness, including people who need ongoing intensive treatment, care and support.	Pre 2022 - End 2022	Partial progress
25.3	Ensure that the 2,000 dwellings assigned to Victorians living with mental illness in the Big Housing Build are delivered as supported housing and are prioritised for people living with mental illness who require ongoing intensive treatment, care and support, with Area Mental Health and Wellbeing Services assisting with the selection process.	Pre 2022 - Pre 2026	Partial progress
25.4	In addition to the 2,000 dwellings, invest in a further 500 new medium-term (up to two years) supported housing places for young people aged between 18 to 25 who are living with mental illness and experiencing unstable housing or homelessness.	Pre 2026 - End 2026	Not yet commenced
25.5	Ensure that the supported housing homes for adults and young people living with mental illness are: a. delivered in a range of housing configurations including stand-alone units, self-contained units with shared amenities and various forms of clustered independent units on a single-site property; b. appropriately located, provide for the requirements of people living with mental illness and are co-designed by Homes Victoria, representatives appointed by the Mental Health and Wellbeing Division and people with lived experience of mental illness; and c. accompanied by an appropriate level of integrated, multidisciplinary and individually tailored mental health and wellbeing treatment, care and support.	Pre 2022 - End 2022	Partial progress

Sub-recommendation	Royal Commission Timing	Status summary
25.6 Periodically review the allocation of supported housing homes as part of the statewide and regional planning processes recommended by the Royal Commission (refer to recommendation 47) and audit the outcomes.	Pre 2022 - End 2031	Not yet commenced

Findings

Planning work has commenced to improve provision of social and affordable housing for people living with mental illness.

Measure	Target	Current status
Dwellings delivered as supported housing and prioritised for people living with mental illness	2000	214
Additional supported housing places	500	0

Discussion

25.1 Government consulted on a Ten-Year Social and Affordable Housing Strategy in 2021, but the Auditor-General reported in June 2024 that Homes Victoria has paused this strategy and has not set a timeframe to finalise it.¹²⁸ On this basis, public evidence does not show that people living with mental illness are formally recognised in a final, active 10-year strategy. Housing identified for mental health cohorts specifically appear to be program-based rather than strategy based, notably within the Big Housing Build’s Mental Health Supported Housing Round managed by Homes Victoria. It is not clear how mental health is being strategically prioritised in housing supply (e.g. through targets) other than through program-based initiatives.

25.2 Government states it has made changes to the Victorian Housing Register to better prioritise adults living with mental illness who need ongoing intensive treatment, care and support.¹²⁹ In February 2024, Homes Victoria established a new priority category on the VHR in response to recommendation 25.2. The category, ‘mental health with supports’, requires applicants to be receiving clinical case management from an Area Service and wraparound supports from existing state and commonwealth funded programs, such as NDIS and the Early Intervention Psychosocial Support Response.¹³⁰

25.3 Initial public announcements and commitments identified by the Commission indicated intent to deliver the 2,000 supported homes for people living with mental illness, including through the Mental Health Supported Housing Round. The first announcement in 2023 covered more than 30 projects and 214 homes (subject to planning approvals).¹³¹ The Commission has not been able to identify further evidence of housing being funded or approved beyond this, including within public reporting by Homes Victoria on the social housing allocations by year.¹³² The Department’s *Reform Progress Report 2026* states that the “Victorian Government is

¹²⁸ Victorian Auditor General’s Office, *Planning Social Housing*, viewed 25 September 2025, https://www.audit.vic.gov.au/report/planning_social_housing?section=

¹²⁹ Department of Families, Fairness, and Housing, *Housing priorities*, Viewed 17 May 2025, <https://www.dffh.vic.gov.au/publications/housing-priorities>

¹³⁰ https://fac.dffh.vic.gov.au/sites/default/files/2025-01/11_VHR_Homeless_with_Support_Operational_Guidelines_December%202024.docx

¹³¹ Homes Victoria, *Mental Health Supported Housing Round*, Viewed 1 June 2026, <https://www.homes.vic.gov.au/mental-health-supported-housing-round>

¹³² Homes Victoria, *Social housing allocations report for the 2023/2024 financial year*, Viewed 17 May 2025, <https://www.homes.vic.gov.au/social-housing-allocations-2023-24>

delivering 505 purpose-built homes across Victoria for adults living with mental health challenges. These homes are co-designed by people with lived experience of mental ill-health to ensure they are safe, supportive and responsive to residents' needs. People supported through this program are connected with a range of dedicated supports including through Area Mental Health and Wellbeing Services, the Early Intervention Psychosocial Support Response or the National Disability Insurance Scheme.”¹³³ The Commission welcomes further details being available on the progress towards this initiative. In relation to the role of Area Mental Health and Wellbeing Services, the Department confirmed to the Commission they are involved in nomination and allocation processes for supported housing, and an AMHWS nominations guideline has been provided to participating health services.¹³⁴

25.4 The Commission did not find public confirmation of dedicated funding, program guidelines, or rollout for the 500 medium-term supported housing places for 18- to 25-year-olds living with mental illness. On available evidence, delivery has not commenced, and no places have been confirmed.

25.5 Homes Victoria completed a Mental Health Supported Housing Co-design Project with a final report published in May 2022¹³⁵, and webpages for the housing projects funded to date describe supported-housing features to be delivered. System-wide assurance or auditing to ensure homes delivered meet these design and support requirements would strengthen the evidence for progression on this recommendation.

25.6 The Statewide Mental Health and Wellbeing Service and Capital Plan 2024-2037 mentions consideration of social housing as an input into modelling the demand on health services.¹³⁶ It does not, however, directly review the allocation of supported housing homes, as the recommendation suggests. Page 15 of the plan outlines that “mental health and wellbeing services in broader system settings, such as those in education, correctional services and housing” are not covered in the plan but will be included in future updates.

The Commission will continue to seek clarification and report updates on the status of this recommendation as further information becomes available, as outlined in the ‘Approach to the review’ section above.

¹³³ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

¹³⁴ Authorised information provided by the Victorian Department of Health to the Commission on 19 May 2026.

¹³⁵ Homes Victoria, *Mental Health Supported Housing Codesign Project Final Report*, February 2022, <https://www.vic.gov.au/sites/default/files/2022-05/Mental%20Health%20Supported%20Housing%20Codesign%20Project%2C%20Final%20Report.pdf>

¹³⁶ Department of Health, *Statewide Mental Health and Wellbeing Service and Capital Plan 2024-2037*, Viewed 25 September 2025, <https://www.health.vic.gov.au/publications/statewide-mental-health-and-wellbeing-service-and-capital-plan>

Rec 26: Governance arrangements for suicide prevention and response efforts

Recommendation status reported by Department of Health: Delivered

Linked initiatives: Suicide prevention and response strategy 2024-34

Key related recommendations: Suicide prevention initiatives (Interim Rec 3 and Rec 27) and crisis response (Recs 8, 9 and 10)

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
26.1	Establish in the Mental Health and Wellbeing Division, a Suicide Prevention and Response Office, led by a State Suicide Prevention and Response Adviser who reports to the Chief Officer for Mental Health and Wellbeing (refer to recommendation 45(1)).	Pre 2022 - End 2022	In place
26.2	Enable the Suicide Prevention and Response Office to: a. establish a system-based approach to suicide prevention and response efforts; b. work with people with lived experience of suicidal behaviour, family members and carers, and people with lived experience of bereavement by suicide to co-produce, implement and monitor a new suicide prevention and response strategy for Victoria; c. work closely with the Commonwealth Government to ensure suicide prevention and response efforts in Victoria are coordinated with, and complement, national approaches; d. facilitate a community-wide and government-wide approach to suicide prevention and response efforts; e. work within governance structures that encompass all government departments and relevant agencies, with Deputy Secretary and Secretary level membership; and f. employ people with lived experience of suicidal behaviour, family members and carers, and people with lived experience of bereavement by suicide	End 2022 - End 2031	In place

Findings

The Suicide Prevention and Response Office has been established. The Commission suggests a review of the functions, funding and performance of the office at a later stage.

Discussion

26.1: The Suicide Prevention and Response Office (SPARO) was established in the Department of Health in 2022.

26.2: In relation to functions recommended for the office, SPARO has released a Suicide Prevention and Response Strategy¹³⁷, which the Commission understands is intended to reflect the system-based approach to suicide prevention and response. The strategy is accompanied with the first implementation plan for 2024-26, as well as an accountability framework.

The strategy and related materials indicate that the functions outlined by the Royal Commission have been incorporated in the approach, for example with a community-wide and government-wide approach to suicide prevention, and engagement of people with lived experience. However, more detailed consideration of the achievement of outcomes related to the functions of the Suicide Prevention and Response Office outlined in the recommendations will be important to review in future evaluations, as indicated in the Royal Commission's timelines, to assess whether these have been successfully implemented and are having their impact.

¹³⁷ Department of Health, *Suicide prevention and response in Victoria*, Viewed 5 May 2026, <https://www.health.vic.gov.au/prevention-and-promotion/suicide-prevention-response-strategy>

Rec 27: Facilitating suicide prevention and response initiatives

Recommendation status reported by Department of Health: Partially delivered and in progress

Linked initiatives: Distress Brief Support, Gatekeeper training, LGBTIQ+ Aftercare Service, Postvention bereavement support

Key related recommendations: Suicide prevention initiatives and governance (Interim Rec 3 and Rec 26) and crisis response (Recs 8, 9 and 10)

Related sub-recommendations

	Sub-recommendation	Royal Commission Timing	Status summary
27.1	Build on the interim report's recommendation 3 on suicide prevention and response and develop initiatives to support people experiencing suicidal behaviour including: a. providing training in appropriate responses for members of workforces likely to come into contact with people experiencing suicidal behaviour; b. providing free, online evidence-informed 'community gatekeeper training' for Victorians to develop suicide awareness and prevention skills; c. enabling Aboriginal people to design culturally safe 'community gatekeeper training' for Aboriginal people; and d. facilitating Victorian industries and businesses to invest in evidence-informed workplace suicide prevention and response programs, with an initial focus on forming partnerships with high-risk industries.	Pre 2022 - Pre 2026	Partial progress
27.2a	Develop initiatives to support people at risk of experiencing suicidal behaviour, by: co-producing an aftercare service for lesbian, gay, bisexual, trans and gender diverse, intersex, queer and questioning people following a suicide attempt; and	Pre 2022 - Pre 2026	Partial progress
27.2b	Develop initiatives to support people at risk of experiencing suicidal behaviour, by: in partnership with the Commonwealth Government, implementing statewide postvention bereavement support, so that every person bereaved by suicide is automatically referred to a postvention bereavement provider.	Pre 2022 - Pre 2026	In place
27.3	Develop an intensive 14-day support program for adults who are experiencing psychological distress, modelled on Scotland's Distress Brief Intervention program.	Pre 2022 - End 2022	In place

Findings

Work progressing recommendations aimed at better supporting people at risk of suicide has been reported publicly including commencement of trials of a Distress Support Service in two areas. Preliminary work on the co-production of an aftercare service for lesbian, gay, bisexual, trans and gender diverse, intersex, queer and questioning people following a suicide attempt has been undertaken.

Discussion

27.1: The *Next Phase of Reform document* states an intention to deliver several programs facilitating suicide prevention and response from 2024-2027, including gatekeeper and workforce training programs. This indicates that implementation of several of the recommended initiatives has commenced. The Department's 2026 *Reform Progress Report* indicates that Safer Care Victoria has worked with 18 mental health services to review and strengthen their alignment with the Zero Suicide Framework, with the intention of "supporting safer, more consistent suicide prevention practices across the system".¹³⁸ In relation to part d) of this sub-recommendation, the Commission did not find information on current or planned industry-based initiatives to invest in evidence-informed workplace suicide prevention and response programs. Further information on a range of suicide prevention initiatives is also outlined in the Chief Office for Mental Health and Wellbeing annual report 2024-25.¹³⁹ The Victorian 2026-27 budget has committed to an investment of \$6.5 million towards suicide prevention including a component towards aftercare services (\$5.4 million in FY2027 and \$1.1 in FY2028), however details on the specific initiative allocations are not clear to the Commission at the time of writing.¹⁴⁰

27.2a: The Department of Health's recommendation webpage reports that Impact Co has completed work to design the aftercare service for LGBTQI+ consumers.¹⁴¹ Funding has been provided to Mind Australia to deliver aftercare services in the interim.

27.2b: The *Next Phase of Reform document*, the *Suicide Prevention and Response Strategy Implementation Plan 2024–2026*,¹⁴² as well as the Department's 2026 *Reform Progress Report*, outline several programs facilitating suicide prevention and response to be delivered in 2024-2027, including postvention bereavement, and StandBy Support After Suicide, delivered in partnership with the Commonwealth Government.¹⁴³ The *Bilateral Schedule on Mental Health and Suicide Prevention: Victoria* includes reference to universal aftercare services and the responsibilities of the Commonwealth and Victorian governments for funding and delivery.¹⁴⁴ The Victorian 2026-27 budget commitment towards suicide prevention includes a component towards aftercare services which confirms funding has been provided, however the specific allocation or deliverables are unknown at the time of writing.¹⁴⁵

¹³⁸ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026, <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

¹³⁹ Department of Health, *Chief Office for Mental Health and Wellbeing annual report 2024-25*, <https://www.health.vic.gov.au/publications/chief-officer-mental-health-wellbeing-annual-report>

¹⁴⁰ Victorian Budget 2026-27, *Service Delivery BUDGET PAPER NO. 3*, p47, <https://s3.ap-southeast-2.amazonaws.com/vicbudgetfiles2026.27vicbudget/2026-27+State+Budget+-+Service+Delivery.pdf>

¹⁴¹ Department of Health, *Recommendation 27*, Viewed 25 September 2025 <https://www.health.vic.gov.au/mental-health-reform/recommendation-27>

¹⁴² Department of Health, *Victorian suicide prevention and response strategy 2024–2034 First implementation plan 2024–2026*, Viewed 29 May 2026, available at: <https://www.health.vic.gov.au/prevention-and-promotion/suicide-prevention-response-strategy>

¹⁴³ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

¹⁴⁴ The *Bilateral Schedule on Mental Health and Suicide Prevention: Victoria* (signed in April 2022), https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2022-04/nmh_sp_bilateral_agreement_vic.pdf

¹⁴⁵ Victorian Budget 2026-27, *Service Delivery BUDGET PAPER NO. 3*, p47, <https://s3.ap-southeast-2.amazonaws.com/vicbudgetfiles2026.27vicbudget/2026-27+State+Budget+-+Service+Delivery.pdf>

27.3: The *Reform Progress Report 2026* outlines that trials of the Distress Support Service have commenced in Greater Shepparton (operated by Mind Australia) and Darebin (operated by ermha365) in September 2025. Publicly available information from Tandem indicates that work was undertaken by Tandem, VMIAC, Impact Co and SHARC to test the design of the trial. Further information about the services and trial, which will run for a three-year period, is available on the Department of Health's website.¹⁴⁶

¹⁴⁶ Distress Support Service, Department of Health, Viewed 12 November 2025, <https://www.health.vic.gov.au/suicide-prevention/distress-support-service>

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

Recommendation status reported by Department of Health: Partially delivered and in progress
Linked initiatives: Lived and Living Experience Leadership Framework, The Mental Health and Wellbeing Commission
Key related recommendations: Mental Health and Wellbeing Commission (Rec 44)

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
28.1	In addition to the nominated roles specified in other recommendations, develop key roles across the mental health and wellbeing system for people with lived experience of mental illness or psychological distress.	Pre 2022 - End 2031	Partial progress
28.2	Enable the Mental Health and Wellbeing Commission (refer to recommendation 44) to: a. elevate the leadership and support the full and effective participation of people with lived experience of mental illness or psychological distress in decision-making about policies and programs, including those directly affecting them; b. develop and support the leadership capabilities of people with lived experience of mental illness or psychological distress through learning and development opportunities; c. design and deliver initiatives to prevent and address stigma towards people living with mental illness or psychological distress; and d. design and deliver initiatives to develop awareness and understanding of the experiences and perspectives of people with lived experience of mental illness or psychological distress.	Pre 2026 - End 2031	Partial progress

Findings

Steps have been taken to implement key roles across the mental health and wellbeing system for people with lived experience of mental illness and psychological distress. The Mental Health and Wellbeing’s *Lived and Living Experience Leadership Framework* is in development, with expected finalisation in 2026.

Discussion

28.1: The Department of Health's recommendation summary page outlines a range of lived experience roles against this recommendation.¹⁴⁷ Several of these relate to nominated roles in other recommendations, but there is reference to a strategic partnership group, designated roles to advise and lead in design and implementation of the reform agenda and embedding lived experience leadership within Area Mental Health and Wellbeing services. The Department's *Reform Progress Report* references a "significant increase in dedicated positions" across the mental health and wellbeing system and outlines a number of examples of senior lived experience roles across government and agencies.¹⁴⁸ Further detailed reporting on the increase in roles across the system where available would assist in reporting outcomes against this recommendation over time. The Report also notes that it is developing a 10-year Lived and Living Experience Leadership Framework in partnership with LLE organisations that will "set out the Victorian Government's longterm vision for lived experience leadership, workforce development, and partnerships across public mental health and AOD services", which is expected to be finalised in 2026.¹⁴⁹

28.2: In relation to functions recommended for the MHWC, the Commission notes that it has released its Lived Experience Plan, which includes its approach to supporting these recommendations. Delivery against the various components outlined in this recommendation is dependent on necessary resourcing and is currently under review by the Commission.

¹⁴⁷ Department of Health, Recommendation 28, Viewed 25 September 2025 <https://www.health.vic.gov.au/mental-health-wellbeing-reform/recommendation-28>

¹⁴⁸ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

¹⁴⁹ Ibid.

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

Recommendation status reported by Department of Health: In progress

Linked initiatives: Lived Experience Agency

Key related recommendations: Building on Interim Rec 5

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
29.1	Build on the interim report's recommendation 5 and establish a new non-government agency, overseen by a skills-based board chaired by and consisting of a majority of people with lived experience of mental illness or psychological distress, to:	Pre 2022 - Pre 2026	Partial progress
29.1a	Build on the interim report's recommendation 5 and establish a new non-government agency, overseen by a skills-based board chaired by and consisting of a majority of people with lived experience of mental illness or psychological distress, to: a. deliver accredited training and resources to aid the development of organisations led by people with lived experience of mental illness or psychological distress;	End 2022 - Pre 2026	Partial progress
29.1b	Build on the interim report's recommendation 5 and establish a new non-government agency, overseen by a skills-based board chaired by and consisting of a majority of people with lived experience of mental illness or psychological distress, to: b. develop and deliver mental health and wellbeing services led by people with lived experience of mental illness or psychological distress; and	End 2022 - Pre 2026	Partial progress
29.1c	Build on the interim report's recommendation 5 and establish a new non-government agency, overseen by a skills-based board chaired by and consisting of a majority of people with lived experience of mental illness or psychological distress, to: c. facilitate co-location, shared resourcing, learning opportunities and the creation of new partnerships and networks between people with lived experience of mental illness or psychological distress and the organisations they lead.	End 2022 - Pre 2026	Partial progress

Findings

Preliminary work regarding the design of the agency has been conducted but it has not yet been established.

Discussion

29.1: The Department of Health's recommendation webpage reports that funding has been provided and early development work underway to support design of the agency with VMIAC and SHARC. This has helped to define the purpose and functions of the agency. To date no funding for the implementation of this recommendation has been publicly announced.¹⁵⁰ The *Next Phase of Reform document* indicates that work with partners to establish the agency is expected to continue through 2025-26.

29.1a, 29.1b, 29.1c: The agency has not yet been established to deliver against these outlined functions and role, however the Department's *Reform Progress Report* states that the "purpose and core functions of the new agency have been defined to ensure it will be grounded in lived experience and well placed to support future mental health reforms", indicating that work has commenced.¹⁵¹

The Commission will continue to seek clarification and report updates on the status of this recommendation as further information becomes available, as outlined in the 'Approach to the review' section above.

¹⁵⁰ Department of Health, *Recommendation 29*, Viewed 7 June 2026, <https://www.health.vic.gov.au/mental-health-reform/recommendation-29>

¹⁵¹ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

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

Recommendation status reported by Department of Health: Partially delivered and in progress

Linked initiatives: Information sharing, Lived and Living Experience Leadership, The Mental Health and Wellbeing Commission

Related sub-recommendations

	Sub-recommendation	Royal Commission Timing	Status summary
30.1	In addition to the nominated roles specified in other recommendations, develop key roles across the mental health and wellbeing system for people with lived experience as family members and carers.	Pre 2022 - End 2031	Partial progress
30.2	Enable the Mental Health and Wellbeing Commission (refer to recommendation 44) to: a. elevate the leadership and promote the valued role of family members and carers of people living with mental illness or psychological distress throughout the mental health and wellbeing system; and b. develop and support the leadership and governance capabilities of families and carers of people living with mental illness or psychological distress through learning and development opportunities.	End 2022 - Pre 2031	Partial progress
30.3	Ensure that: a. in commissioning mental health and wellbeing services, expectations are set for working with families, carers and supporters; b. families, carers and supporters are included in a range of therapeutic interventions in each Area Mental Health and Wellbeing Service; and c. working with families, carers and supporters is part of system-wide workforce training.	End 2022 - Pre 2026	In place
30.4	In addition to reforms to improve information sharing outlined in other recommendations, develop standards for services and practitioners to guide the sharing of appropriate information with families, carers and supporters.	Pre 2022 - End 2022	Partial progress

Findings

There are a range of initiatives, governance structures and evidence to demonstrate progress against these recommendations in embedding family members and carers in leadership and other roles across the system. Continuing the work of developing guidance and standards, as well as sharing information publicly on the progress of these roles will assist in elevating their importance across the system over time.

Discussion

30.1: The Department of Health reports on its website a range of lived experience roles against this recommendation.¹⁵² Several of these roles relate to nominated roles in other recommendations, but there is reference to a strategic partnership group, designated roles to advise and lead in the design and implementation of the reform agenda. The *Next Phase of Reform document* outlines other investments in the lived experience workforce, and the Department has further confirmed to the Commission that progress has been made in strengthening the lived and living experience workforce across the system, which supports system-wide capability to work effectively with families, carers and supporters. This includes the establishment of eight Mental Health and Wellbeing Connect centres across Victoria, designed to support families and carers and delivered through a predominantly lived and living experience workforce using a peer-led service model. Designated lived experience roles have also been created to advise on and lead reform implementation, with ongoing efforts to embed lived experience in the leadership, design and delivery of Area Mental Health and Wellbeing Services.¹⁵³

Public reporting on the growth and diversification of lived experience roles over time, across various parts of the system, and evaluation of their impact, would strengthen evidence of outcomes over time in fully delivering this recommendation.

30.2: The Commission released its *Lived Experience Plan* which includes its approach to supporting these recommendations.

Separately to the role of the Commission in addressing the intent of this recommendation, the Department has indicated to the Commission that other initiatives and resourcing are being implemented to support the delivery of this recommendation's intent. It references, for example, the *Victorian Mental Health and Wellbeing Workforce Capability Framework*, which embeds carer responsive practice throughout, and includes 'Working effectively with families, carers and supporters' as one of the 15 core capabilities for the mental health and wellbeing workforce. The Victorian Collaborative Centre for Mental Health and Wellbeing (VCCMHW) also has related functions, including workforce capability and development, and the VCCMHW has committed to develop a system-wide *Workforce Education and Development Strategy* to guide training and capacity building for the mental health sector. Their action plan also includes work to develop and disseminate evidence-based and lived-experience informed practice guides and resources to improve outcomes for consumers, carers, families, supporters and kin.¹⁵⁴

30.3: The Department has provided information to the Commission outlining its approach to commissioning mental health and wellbeing services, which includes setting expectations regarding engagement with families, carers and supporters through embedded governance practices. These expectations include the use of lived experience

¹⁵² Department of Health, *Recommendation 30*, Viewed 8 June 2026 <https://www.health.vic.gov.au/mental-health-reform/recommendation-30>

¹⁵³ Authorised information provided by the Victorian Department of Health to the Commission on 28 April 2026.

¹⁵⁴ Authorised information provided by the Victorian Department of Health to the Commission on 28 April 2026.

advisory mechanisms, consultation with lived and living experience stakeholders when service changes are proposed, and the inclusion of lived and living experience roles within governance structures supporting Area Mental Health and Wellbeing Services.¹⁵⁵

The Department has also provided funding for the Family and Carer Research Advocacy Network report, *Changing Lives: The Mental Health and Wellbeing Connect centre family carer lived experience workforce story*, to inform best practice in recognising, supporting and embedding family and carer lived experience across community and clinical settings. The Department reports that further work is underway to strengthen and systematise these approaches, including the development of an inaugural Lived and Living Experience Leadership Framework and continued reforms to workforce capability and commissioning practices.¹⁵⁶

30.4: The Commission did not identify public evidence of progress towards these sub-recommendations, such as policies, confirmation of training curriculum changes, or standards for information sharing. Consultations, however, do indicate stronger involvement of families and carers in many aspects of the mental health and wellbeing system. The Department reports to the Commission that it monitors lived and living experience engagement through standard performance monitoring requirements as part of its Performance and Monitoring Framework. This includes quarterly performance discussions in which the Lived and Living Experience Unit actively participates. This provides oversight of how services are progressing reforms to strengthen family and carer inclusion. The Department further reports that it is exploring opportunities to further strengthen family carer inclusion, including through relevant guidelines.¹⁵⁷

¹⁵⁵ Authorised information provided by the Victorian Department of Health to the Commission on 28 April 2026.

¹⁵⁶ Ibid.

¹⁵⁷ Ibid.

Rec 31: Supporting families, carers and supporters

Recommendation status reported by Department of Health: Partially delivered and in progress

Linked initiatives: Statewide peer call-back service

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
31.1	By the end of 2022, commission non-government organisations to use consistent branding and deliver one family and carer-led centre in each of the eight regions (refer to recommendation 3(3)) to: a. provide tailored information and supports for families, carers and supporters in the region; b. work with families, carers and supporters to help identify their needs and connect them to the supports that will best respond to those needs; c. provide access to increased funds for immediate practical needs including short-term respite (brokerage); and d. deliver support for family and carer peer support groups in the region.	Pre 2022 - End 2022	In place
31.2	Establish a statewide peer call-back service for families, carers and supporters caring for people experiencing suicidal behaviour.	Pre 2022 - End 2022	Partial progress
31.3	Ensure there is tailored information for families, carers and supporters, such as on the new statewide mental health website (refer to recommendation 6(4)).	End 2022 - Pre 2026	Partial progress

Findings

Eight Carer Connect Centres have been established and are operating. Further work is being conducted to progress the other sub-recommendations that provide information and support to families, carers, supporters and kin.

Measure	Target	Current status
NGO Family and Carer-led Centres exist	8	8

Discussion

31.1: Eight Mental Health and Wellbeing Connect centres are in operation across metropolitan and regional Victoria, covering each region.

Review of Connect Centre websites indicates that the centres provide a range of tailored supports including information, resources, advocacy, counselling, family therapy, individual and group-based support, emotional, social, cultural and financial support, plus educational sessions and therapeutic programs. The exact mix varies by provider - for example, Mind Australia, Gateway Health, Better Health Network, AccessHC and Jesuit Social Services each list specific services.¹⁵⁸

Similar reviews of online information indicate that at least some Carer Connect centres deliver each of the subsequent functions outlined in this sub-recommendation. The *Next Phase of Reform document* indicates that an evaluation of the service model, system integration, and benefits of the Connect centres will be undertaken in 2025-27.

31.2: The Department of Health reports that co-design of the statewide peer call-back service for families, carers and supporters caring for people experiencing suicidal behaviour was facilitated by Impact Co and Tandem and finalised in 2024, and that Roses in the Ocean is being funded until a final service is fully funded and delivered.¹⁵⁹

31.3: As per recommendation 6.4 the website is not yet available, although the website concept co-design work has been progressed

¹⁵⁸ Tandem Carers, *Mental Health and Wellbeing Connect*, viewed 8 June 2026, <https://tandemcarers.org.au/p/p/Contents/Find-Support/CCVs.aspx?hkey=b04bd0d6-9201-4c25-9f8e-83260bdc2741>

¹⁵⁹ Department of Health, *Recommendation 31*, Viewed 25 September 2025, <https://www.health.vic.gov.au/mental-health-reform/recommendation-31>

Rec 32: Supporting young carers

Recommendation status reported by Department of Health: Partially delivered and in progress

Linked initiatives: Supports for Young Carers

Key related recommendations: Supporting families, carers and supporters (Rec 31)

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
32.1	By the end of 2022, fund a non-government organisation such as the Satellite Foundation to co-design and expand the range of supports across Victoria for young carers and children and young people who have a family member living with mental illness or psychological distress.	Pre 2022 - End 2022	In place
32.2a	By the end of 2022, broaden the scope and reach of the Families where a Parent has a Mental Illness program, including by: a. enabling each Area Mental Health and Wellbeing Service to employ new workers to support young carers in their local environment; and	Pre 2022 - End 2022	In place
32.2b	By the end of 2022, broaden the scope and reach of the Families where a Parent has a Mental Illness program, including by: b. increasing the funding available to young carers to help with practical needs (brokerage).	Pre 2022 - End 2022	In place
32.3	Strengthen identification and referral pathways for young carers through the mental health and education systems.	Pre 2022 - End 2022	Partial progress

Findings

A range of initiatives are progressing to better support young carers and children and young people who have a family member living with a mental illness or psychological distress. This includes increased funding for the Satellite Foundation, expansion of the Families where a Parent has a Mental Illness program and for research to understand where further supports and improvements are required.

Measure	Target	Current status
Area MHW services employing new workers for FAPMI	18	Not identified

Discussion

32.1: The Department of Health's recommendation 32 webpage reports that funding has been provided to the Satellite Foundation as recommended.¹⁶⁰ The 2025-26 budget included funding for Support for people with lived experience, which included continued funding for this program.

32.2a, 32.2b: The Department of Health's recommendation 32 webpage reports that the Families where a Parent has a Mental Illness program (FAPMI) has been expanded including new community workers and funding for brokerage. This supports the delivery of the sub-recommendations, however further reporting would assist to clarify whether new workers are available across each Area Mental Health and Wellbeing service, and whether the funding for brokerage is sufficient.

32.3: The Department's *Reform Progress Report 2026* indicates that "work to strengthen identification and referral pathways for young carers through the education system has been delivered by the Department of Education".¹⁶¹ The Department of Health's recommendation 32 webpage also reflects that research has been commissioned to understand gaps and opportunities for improvement in relation to this recommendation. Further information on the strengthening of referral pathways, including within the mental health and wellbeing system would assist in confirming the delivery of this recommendation.

¹⁶⁰ Department of Health, *Recommendation 32*, Viewed 25 September 2025, <https://www.health.vic.gov.au/mental-health-reform/recommendation-32>

¹⁶¹ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

Rec 33: Supporting Aboriginal social and emotional wellbeing

Recommendation status reported by Department of Health: Partially delivered and in progress

Linked initiatives: Co-design of two Aboriginal Healing Centres and the co-design of the NEST Framework model, Infant, Child and Youth Aboriginal services, Partnering with VACCHO; and establishment and expansion of social and emotional wellbeing teams

Key related recommendations: Building on Interim Rec 4

Related sub-recommendations

	Sub-recommendation	Royal Commission Timing	Status summary
33.1	Build on the interim report's recommendation 4 to support Aboriginal social and emotional wellbeing, and resource the Social and Emotional Wellbeing Centre to establish two co-designed healing centres.	Pre 2022 - End 2022	Partial progress
33.2	Resource Infant, Child and Youth Area Mental Health and Wellbeing Services to support Aboriginal community-controlled health organisations by providing primary consultation, secondary consultation and shared care.	Pre 2022 - End 2022	In place
33.3	Resource Aboriginal community-controlled health organisations to commission the delivery of culturally appropriate, family-oriented, social and emotional wellbeing services for children and young people.	Pre 2022 - End 2022	In place
33.4	Resource the Victorian Aboriginal Community Controlled Health Organisation, in partnership with an Infant, Child and Youth Area Mental Health and Wellbeing Service, to design and establish a culturally appropriate, family-oriented service for infants and children who require intensive social and emotional wellbeing supports.	Pre 2022 - Pre 2026	In place

Findings

Funding has been provided to progress the work required to better support the social and emotional wellbeing of Aboriginal people, including recurrent funding for ten Mental Health Koori Liaison Officers, and for co-design processes of a service model for the two Aboriginal Health Centres and a culturally appropriate, family-oriented service for infants and children who require intensive social and emotional wellbeing supports.

Discussion

33.1: The Balit Durn Durn Centre has led the co-design process for a service model for the two Aboriginal Healing Centres supported by an investment of \$1.2 million. The centres were expected to be established by 2026 but the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) reports that funding for this

recommendation was not continued in the 2025-26 budget.¹⁶² VACCHO also noted that the 2026-27 Victorian Government budget did not provide funding for the two Healing Centres.¹⁶³

33.2: Recurrent funding for 10 Koori Mental Health Liaison Officer (KMHLO) positions has been provided to address this recommendation in adult Area services, as well as 10 further KMHLOs positions within selected infant, child and youth area mental health and wellbeing services.¹⁶⁴

33.3: The Department of Health's recommendation summary webpage reports that funding is being provided to Aboriginal community-controlled health organisations (ACCHOs) to commission services, and the Department's *Reform Progress Report 2026* confirms this includes funding to "access specialist primary and secondary mental health consultations, enabling specialists to work alongside local Aboriginal social and emotional wellbeing teams".¹⁶⁵ Further information about whether this resourcing adequately addresses the needs outlined by the Royal Commission and evaluation reporting would strengthen the evidence of outcomes over time against this recommendation.

33.4: The Balit Durn Durn Centre has undertaken codesign for this service, referred to as 'the Nest'. An Aboriginal Wellbeing Service Model Framework has been developed. While VACCHO reported that funding for this recommendation was not continued in the 2025-26 Budget,¹⁶⁶ the Victorian 2026-27 Budget indicates funding of \$13.2m for the Nest to "improve mental health and wellbeing for Aboriginal children and families".¹⁶⁷

¹⁶² VACCHO, *Victorian 2025-26 Budget Summary*, <https://cdn.intelligencebank.com/au/share/NJA211/Ezoy3/BE1nV/original/2025-26+Victoria+Budget+Summary>

¹⁶³ VACCHO, media statement *Aboriginal Communities welcome some key health wins in State Budget*, <https://www.vaccho.org.au/2026/05/05/aboriginal-communities-welcome-some-key-health-wins-in-state-budget/>

¹⁶⁴ Department of Health, *Recommendation 33*, Viewed 8 June, 2026, <https://www.health.vic.gov.au/mental-health-reform/recommendation-33>

¹⁶⁵ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

¹⁶⁶ VACCHO, *Victorian 2025-26 Budget Summary*, <https://cdn.intelligencebank.com/au/share/NJA211/Ezoy3/BE1nV/original/2025-26+Victoria+Budget+Summary>

¹⁶⁷ Presentation by Minister for Mental Health to Public Accounts and Estimates Committee, 2026-27 Victorian State Budget, available at: <https://www.parliament.vic.gov.au/49bd71/contentassets/e0e35d782db14a34a7dd8b860e492323/mental-health.pdf>

Rec 34: Working in partnership with and improving accessibility for diverse communities

Recommendation status reported by Department of Health: Partially delivered and in progress

Linked initiatives: Delivering the Diverse Communities Grants Program, Diverse Communities Blueprint and Framework, Mental Health and Wellbeing Act Implementation, Rainbow Door

Related sub-recommendations

	Sub-recommendation	Royal Commission Timing	Status summary
34.1	Ensure the active engagement of Victoria's diverse communities throughout the process of planning, implementing and managing the reformed mental health and wellbeing system.	Pre 2022 - End 2031	Partial progress
34.2	Legislatively provide that the Secretary of the Department of Health is responsible for the delivery of a mental health and wellbeing system that responds to the needs of Victoria's diverse communities and promotes access and equity of outcomes, with this function able to be delegated to the Chief Officer for Mental Health and Wellbeing (refer to recommendation 45(1)).	Pre 2022 - End 2022	In place
34.3a	Ensure that the Mental Health and Wellbeing Division: a. collects, analyses and reports on data on the mental health and wellbeing of Victoria's diverse communities for planning and funding purposes and to improve transparency in mental health and wellbeing outcomes for diverse communities;	Pre 2022 - End 2031	Not yet commenced
34.3b	Ensure that the Mental Health and Wellbeing Division: b. ensures that Victorians, regardless of first or preferred language, hearing, literacy or neurocognitive ability, have access to appropriate mental health and wellbeing information and means of communication throughout the mental health and wellbeing system;	Pre 2022 - Pre 2026	In place
34.3c	Ensure that the Mental Health and Wellbeing Division: c. enables Victoria's diverse communities and community-led organisations to: • design and deliver mental health and wellbeing information and awareness campaigns; and • assist their communities to navigate the mental health and wellbeing system.	Pre 2022 - Pre 2026	In place

	Sub-recommendation	Royal Commission Timing	Status summary
34.4	By the end of 2021, provide recurrent funding to Switchboard Victoria to deliver its Rainbow Door program, at scale, to support people who identify as lesbian, gay, bisexual, trans and gender diverse, intersex, queer and questioning to navigate and access the mental health and wellbeing system.	Pre 2022 - Pre 2022	In place
34.5	Enable the development of digital technologies to support the delivery of language services that assist access to and engagement with mental health and wellbeing services.	Pre 2022 - Pre 2026	Partial progress

Findings

Government has demonstrated a number of mechanisms for working in partnership with diverse communities to improve the accessibility of services for them. The Diverse Communities Mental Health and Wellbeing 10-year Framework initially focuses on working with LGBTIQ+ Victorians, Multicultural Victorians and Victorians with disability. The Commission looks forward to reporting on the impact of the Framework and the associated 2025-28 Blueprint as well as various grants and initiatives over time.

Discussion

34.1: The Department of Health reports on its recommendation webpage several actions that indicate progress towards this recommendation, including:

- development of a Diverse Communities' Working Group
- development of a Diverse Communities Mental Health and Wellbeing 10 Year Framework and Blueprint for 2025-28
- partnering with community organisations.¹⁶⁸

Reporting of these initiatives demonstrates efforts towards engagement. Further reporting on whether diverse communities feel sufficiently engaged would help strengthen evaluation against this recommendation over time. The *Diverse Communities Mental Health and Wellbeing 10 Year Framework 2025 and Blueprint for 2025-28* was launched in 2025.¹⁶⁹ The Framework's vision is for Victorians to access a safe and inclusive mental health and wellbeing system that reflects, embraces and responds to diversity and was developed to improve the mental health and wellbeing of diverse communities, with a focus on LGBTIQ+ Victorians, Multicultural Victorians and Victorians with disabilities.

34.2: The Commission's review of the legislation confirms that the functions assigned to the Secretary enable the Secretary to take responsibility for the system being responsive to the needs of diverse communities and promoting equity of access and outcomes.

¹⁶⁸ Department of Health, Recommendation 34, Viewed 25 September 2025 <https://www.health.vic.gov.au/mental-health-reform/recommendation-34>

¹⁶⁹ Department of Health, *Diverse Communities Mental Health and Wellbeing Framework and Blueprint*, Viewed 14 October 2025 <https://www.health.vic.gov.au/diverse-communities-mental-health-wellbeing-framework-blueprint>

34.3a: The Commission did not identify any public information on whether the Mental Health and Wellbeing Division is collecting, analysing or reporting on data on diverse communities for planning and funding purposes. Future reporting aligned to the OPF may be one way that is intended to support this.

34.3b and 34.3c: A number of frameworks, funding streams and initiatives have been identified in addressing these recommendations, including the 10-year Framework as outlined above.

The *Diverse Communities Grants Program* is one key initiative, and the relevant website indicates that \$4.2 million was provided in 2023-24 for projects helping to build a more diverse and inclusive mental health and wellbeing system, and that this builds on previous grant rounds.¹⁷⁰ Phase 1 of the grants (2021-2023) included several projects that align with the objectives of increasing engagement in reform, and the recipients of the Phase 2 grants are outlined on the grants program website. The Department reports in its *Reform Progress Report 2026* that over 40 grants were provided to community-led organisations over the four years from 2022-25.¹⁷¹

The Victorian Government 2026-27 budget also notes funding of \$0.7 million towards mental health support for diverse and marginalised communities, which includes funding to “continue the Q*Space program to deliver comprehensive, trauma-informed and affirming support to LGBTIQ+ individuals in regional and rural Victoria. Funding will also support continued delivery of the Auslan workforce project, in partnership with Monash University and Deaf-led organisations”.¹⁷²

Further reporting on outcomes, including whether these initiatives sufficiently address information and awareness and navigation of the system would assist in demonstrating their impact over time.

34.4: The Department of Health’s recommendation webpage reports that funding has been provided to the Rainbow Door service, and Switchboard’s Annual Report confirms continued funding of the service.

34.5: The Department’s *Policy and Funding Guidelines for health services* in section 16.5 includes a number of guidelines and expectations regarding service accessibility, including for example access to language services.¹⁷³ The Department of Health’s recommendation webpage also reports that they are improving data systems to better record and understand the experiences of diverse communities, but scope and outputs of this work are not specified.

¹⁷⁰ Department of Health, *Diverse Communities Grants Program*, Viewed 18 September 2025, <https://www.health.vic.gov.au/mental-health-wellbeing-reform/diverse-communities-grants-program>

¹⁷¹ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

¹⁷² Victorian Budget 2026-27, *Service Delivery BUDGET PAPER NO. 3*, p47 & 56, <https://s3.ap-southeast-2.amazonaws.com/vicbudgetfiles2026.27vicbudget/2026-27+State+Budget+-+Service+Delivery.pdf>

¹⁷³ Department of Health, *Policy and Funding Guidelines for health services* available at: <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>

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

Recommendation status reported by Department of Health: In progress

Linked initiatives: Mental Health and Alcohol and Other Drug integration

Key related recommendations: New statewide specialist service (Rec 36)

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
35.1a	By the end of 2022, in addition to ensuring there is at least one highest-level emergency department suitable for mental health and alcohol and other drug treatment in every region (refer to recommendations 3(3) and 8(3)(c)), ensure that all mental health and wellbeing services, across all age-based systems, including crisis services, community based services and bed-based services: a. provide integrated treatment, care and support to people living with mental illness and substance use or addiction; and	Pre 2022 - End 2022	In place
35.1b	By the end of 2022, in addition to ensuring there is at least one highest-level emergency department suitable for mental health and alcohol and other drug treatment in every region (refer to recommendations 3(3) and 8(3)(c)), ensure that all mental health and wellbeing services, across all age-based systems, including crisis services, community based services and bed-based services: b. do not exclude consumers living with substance use or addiction from accessing treatment, care and support.	Pre 2022 - End 2022	Partial progress

Findings

Guidance has been developed to support provision of services for mental health and alcohol and other drug treatment in every region and across all service types. The Commission looks forward to further reporting on the extent to which improved outcomes have been achieved over time to deliver more integrated, coordinated and person-centred care.

Discussion

35.1a, 35.1b: The Department of Health’s recommendation webpage shows that guidance has been provided to support this recommendation. The guidance includes illustrative stories to support the implementation of the work and references to not excluding consumers living with substance use or addiction from accessing treatment, care and support as well as the approach taken in the development of the guidance and a workplan to demonstrate how this work will inform the implementation of other recommendations.¹⁷⁴ The MHAOD ED Hubs (as outlined in Rec 8.3) are also expected to assist with access to care with co-occurring AOD needs. The *Victorian Alcohol and Other Drugs Strategy 2025-35* has also been published, which further supports the delivery of this recommendation, with a vision statement, for example, outlining its “holistic approach to reduce alcohol and other drug-related harms and stigma that maximises the health, mental health and wellbeing of Victorians”.¹⁷⁵

¹⁷⁴ Department of Health, *Recommendation 35*, Viewed 25 September 2025 <https://www.health.vic.gov.au/mental-health-reform/recommendation-35>

¹⁷⁵ Department of Health, *Victorian Alcohol and Other Drug Strategy 2025-35*, viewed 8 June 2026, <https://www.health.vic.gov.au/alcohol-other-drugs/victorian-aod-strategy>

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

Recommendation status reported by Department of Health: Partially delivered and in progress

Linked initiatives: Growing the workforce, Mental Health and Alcohol and Other Drug integration

Key related recommendations: Improving outcomes for people with mental health and AOD needs (Rec 35)

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
36.1	Establish a new statewide specialist service, built on the foundations established by the Victorian Dual Diagnosis Initiative, to: a. undertake dedicated research into mental illness and substance use or addiction; b. support education and training initiatives for a broad range of mental health and alcohol and other drug practitioners and clinicians; c. provide primary consultation to people living with mental illness and substance use or addiction who have complex support needs; and d. provide secondary consultation to mental health and wellbeing and alcohol and other drug practitioners and clinicians across both sectors.	Pre 2022 - Pre 2026	In place
36.2	As a matter of priority, increase the number of addiction specialists (addiction medicine physicians and addiction psychiatrists) in Victoria.	Pre 2022 - End 2026	Partial progress
36.3	Work with the Commonwealth Government to explore opportunities for funded addiction specialist trainee positions in Victoria.	Pre 2022 - End 2022	Not yet commenced

Findings

The Hamilton Centre was established in response to this recommendation and has been operating since its opening in April 2023, and funding has been allocated towards the development of addiction specialists.

Discussion

36.1: The Hamilton Centre, operated by Turning Point, opened in April 2023. The *Chief Mental Health and Wellbeing Officer Report 2023-24* indicates that the centre includes functions in line with the recommendation, and an initial focus on providing clinical advice and support to mental health and wellbeing clinicians who are delivering integrated care in Area services. The Hamilton Centre website indicates that services include general information and education, an advice and mentorship line, and consumer referral including both primary and secondary consultation. The centre also publishes a range of research papers and briefs. The Department's *Reform Progress Report 2026* indicates that more than 4,500 referrals have been received since opening.¹⁷⁶

36.2: The Department's *Reform Progress Report 2026* states that "investments continue to grow Victoria's addiction specialist workforce by funding training positions, including increasing addiction medicine trainee places through the *2026 Victorian Medical Specialist Training Program*."¹⁷⁷ Further details on the impact of these investments in trainee places as to whether they have increased the number of addiction specialists in practice in Victoria would enable assessment of completion of this recommendation.

36.3: The Department of Health's recommendation webpage also notes an intention to work with the Commonwealth to explore options for funded addiction specialist trainee positions, however no specific measures or progress are reported.

¹⁷⁶ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

¹⁷⁷ Ibid.

Rec 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

Recommendation status reported by Department of Health: Partially delivered and in progress

Linked initiatives: Healthcare Services Quality Framework for Victorian Prisons 2025

Key related recommendations: Thomas Embling hospital (Rec 38)

Related sub-recommendations

	Sub-recommendation	Royal Commission Timing	Status summary
37.1	Expand the Assessment and Referral Court to each of the 12 headquarter Magistrates' Courts to meet demand at both existing and new locations.	Pre 2022 - End 2026	Partial progress
37.2	Expand the existing forensic community model to: a. enable Adult and Older Adult Area Mental Health and Wellbeing Services and Infant, Child and Youth Area Mental and Wellbeing Services (refer to recommendation 3(2)(b) and (c)) to provide consistency in treatment, care and support to people in contact with, or at risk of coming into contact with, the criminal justice system; and b. establish the specialist behaviour response team described by the Royal Commission in its final report.	Pre 2022 - End 2022	Partial progress
37.3	Establish a program for people in prison living with mental illness who require ongoing intensive treatment, care and support to transition the delivery of supports from correctional settings to the mainstream mental health and wellbeing system upon their release.	Pre 2022 - End 2022	In place
37.4	Expand specialist youth forensic mental health programs to a statewide model, including across the 13 Infant, Child and Youth Area Mental Health and Wellbeing Services (refer to recommendation 3(2)(c)), to provide consistent and appropriately specialised treatment, care and support to children and young people in contact with, or at risk of coming into contact with, the youth justice system.	Pre 2022 - Pre 2026	In place

Findings

Work has commenced across numerous sub-recommendations to better support the mental health and wellbeing of people in contact with, or at risk of coming into contact with, the criminal and youth justice systems, with specific progress in the expansion of the Assessment and Referral Courts in headquarter locations, as well as forensic youth mental health supports.

Discussion

37.1: Work on expanding the Assessment and Referral Court to all headquarter locations is progressing, with reporting by the Magistrates Court of Victoria indicating that the ARC is available at 11 locations.¹⁷⁸ The Department's *Reform Progress Report 2026* indicates that there are plans to expand to two additional headquarter courts by 2027 which will exceed the recommended 12 locations.

37.2 The Victorian Government announced in January 2026 an investment of \$26.7 million to expand the Community Forensic Youth Mental Health Service. The service is delivered by Bayside Health and Parkville Youth Mental Health and Wellbeing Service, and the further investment was described as enabling "more clinical assessments, treatment and assertive outreach to young people at high risk of offending so they can get the targeted, early intervention mental health care they need".¹⁷⁹ Further details on the investment could not be confirmed at the time of writing, including whether the funding would deliver against the recommendations as described, such as establishing the specialist behaviour response team as outlined in the *Final Report*.

Several providers indicate on their websites that they have a Forensic Clinical Specialist Program, but it is unclear whether these programs pre-exist the Royal Commission, and by how much the program has expanded overall. The *Next Phase of Reform document* indicates that an initiative for 2024-2027 is the establishment of new regional forensic mental health teams, suggesting further work is planned in this area.

37.3: Forensicare's *Community Transition and Treatment Program (CTTP)* provides treatment, care and supervision for forensic consumers transitioning from Thomas Embling Hospital into the community.¹⁸⁰ The Department also reports that a new section for Secondary Mental Health Services (Part C) was added to the *Healthcare Services Quality Framework for Victorian Prisons*.¹⁸¹ These initiatives support the transition from custodial mental health services to the mainstream mental health and wellbeing system following release from custody.

37.4: The specialist youth forensic model is delivered at Parkville Youth Justice Precinct (Melbourne), Malmsbury Youth Justice Precinct (Regional), and North-West and West Melbourne (Community).¹⁸² The Department's *Reform Progress Report* also indicates that youth justice custodial mental health services are being expanded to improve support for young people with complex mental health needs in custody. This includes "strengthening Parkville Youth Mental Health and Wellbeing Service's

¹⁷⁸ Magistrates' Court of Victoria, *Assessment and Referral Court (ARC)*, viewed 8 June 2026, <https://www.mcv.vic.gov.au/find-support/assessment-and-referral-court-arc>

¹⁷⁹ Victorian Government media release, *Supporting Young Victorians Through Early Intervention*, viewed 8 June 2026, <https://www.premier.vic.gov.au/supporting-young-victorians-through-early-intervention>

¹⁸⁰ Forensicare, *Community Transition and Treatment Program (CTTP)*, viewed 8 June 2026, <https://www.forensicare.vic.gov.au/our-services/community-operations/statewide-services/>

¹⁸¹ Department of Justice and Community Safety – Department of Health, *Healthcare Services Quality Framework for Victorian Prisons*, viewed 1 June 2026, <https://www.corrections.vic.gov.au/being-in-prison/health-care/healthcare-services-quality-framework-for-victorian-prisons-2025>

¹⁸² Royal Melbourne Hospital, *Mental Health Clinician - Forensic Youth Mental Health Service (FYMHS) position description*, <https://www.orygen.org.au/getmedia/0ff53bc3-34fe-44d3-9330-7f6ae7a20d92/Mental-Health-Clinician-Custodial-FYMHS.pdf.aspx>

(PYMHWS) specialist youth forensic mental health service at the Parkville and Malmsbury Youth Justice Precincts” and further that “PYMHWS is also leading the development of a service plan to ensure young people receive safe, high quality, specialist mental health care while in custody”. Within the justice system, Forensicare also references information about its statewide *Youth Justice Mental Health Initiative*, which provides specialist youth mental health support to youth justice staff, indicating support for young people already in contact with the justice system.¹⁸³

¹⁸³ Forensicare, *Statewide services: Youth Justice Mental Health Initiative*, viewed 8 June 2026, <https://www.forensicare.vic.gov.au/our-services/community-operations/statewide-services/>

Rec 38: Providing safe and appropriate mental health treatment, care and support at Thomas Embling Hospital

Recommendation status reported by Department of Health: In progress

Linked initiatives: No initiatives reported

Key related recommendations: Supporting mental health of those in contact with justice systems (Rec 37)

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
38.1	In line with master planning for Thomas Embling Hospital and the proposal of the Victorian Health and Human Services Building Authority: a. refurbish the existing 136 beds; and b. by the end of 2026, provide an additional 107 beds, a small number of which should be allocated for people living with mental illness whose treatment, care and support requirements cannot be safely and appropriately met in acute inpatient settings or through the forensic community model (refer to recommendation 37(2)).	Pre 2022 - End 2026	Partial progress
38.2	Provide up to 20 beds, in addition to the 107 beds referred to in recommendation 38(1) (b) and the additional beds in recommendation 11(3), to support people living with mental illness whose treatment, care and support requirements cannot be, or are unlikely to be, safely and effectively met in other extended rehabilitation settings.	Pre 2022 - End 2031	Not yet commenced

Findings

Significant work has been undertaken to build new facilities that contribute towards the uplift in bed numbers at the Thomas Embling Hospital, and further budget commitments for the first 40 beds in the 2026-27 state budget.

Measure	Target	Current status
Beds refurbished	136	Not identified
Additional beds	107	0
Additional beds for high need consumers	20	0

Discussion

38.1: Public reporting indicates that stages 1 and 2 of the Thomas Embling Hospital master plan will deliver 82 additional beds. The Victorian Health Building Authority reports that stages 1 and 2 are on track for completion in 2025.¹⁸⁴ Stage 3 of the expansion is reported to include an additional 48 beds (for a total of 130 beds). The 2026-27 budget included funding for the first 40 beds.¹⁸⁵ Further details on the scope and timelines are outlined on the website of the Victorian Health Building Authority, who are managing the delivery of the project.¹⁸⁶

38.2: The Department of Health reports that it is continuing planning for the additional specialist beds.¹⁸⁷

¹⁸⁴ Victorian Health Building Authority, *Thomas Embling Hospital expansion*, Viewed 25 September 2025, <https://www.vhba.vic.gov.au/mental-health/hospital-based-care/thomas-embling-hospital-expansion>

¹⁸⁵ Presentation by Minister for Mental Health to Public Accounts and Estimates Committee, 2026-27 Victorian State Budget, available at: <https://www.parliament.vic.gov.au/49bd71/contentassets/e0e35d782db14a34a7dd8b860e492323/mental-health.pdf>

¹⁸⁶ Victorian Health Building Authority, *Thomas Embling Hospital expansion*, viewed 8 June 2026, <https://www.vhba.vic.gov.au/mental-health/hospital-based-care/thomas-embling-hospital-expansion>

¹⁸⁷ Department of Health, Recommendation 38, Viewed 25 September 2025 <https://www.health.vic.gov.au/mental-health-wellbeing-reform/recommendation-38>

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

Recommendation status reported by Department of Health: In progress

Linked initiatives: Addressing regional workforce needs

Key related initiatives: Rural workforces (in particular Rec 40)

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
39.1a	In addition to ensuring rural and regional communities receive the benefits of the Royal Commission’s recommended responsive and integrated mental health and wellbeing system: a. provide additional resources to enable mental health and wellbeing services operating in regional Victoria to deliver services to small or geographically isolated rural communities; and	Pre 2022 - Pre 2026	Partial progress
39.1b	In addition to ensuring rural and regional communities receive the benefits of the Royal Commission’s recommended responsive and integrated mental health and wellbeing system: b. by the end of 2022, trial two new digital service delivery initiatives in rural and regional areas that meet the needs of local communities.	Pre 2022 - End 2022	In place

Findings

Mental Health and Wellbeing Locals are operating in some regional and rural areas of Victoria, which aims to facilitate greater access to mental health and wellbeing services by people in small and geographically isolated communities. Two digital service trials have been implemented with some evaluation outcomes pending.

Measure	Target	Current status
Digital service delivery initiatives trialled	2	2

Discussion

39.1a: The Victorian Government has funded a range of initiatives to support delivery of improved mental health and wellbeing services in rural Victoria.¹⁸⁸ This includes establishment of Mental Health and Wellbeing Locals. Satellite sites attached to some Locals support delivery of services to people in small and geographically isolated communities. Mental Health and Wellbeing Locals are operating at the following locations: Bairnsdale and Orbost; Benalla, Wangaratta and Mansfield; Bendigo and Echuca; Greater Geelong and Queenscliff; Latrobe; Mildura; Shepparton; Whittlesea. The Commission did not identify information that shows the extent to which these services have resulted in more people from regional and rural communities in small and geographically isolated communities accessing mental health and wellbeing services.

39.1b: Two relevant digital service delivery trials have been reported in Albury Wodonga Health and LaTrobe Regional Hospital. These are outlined briefly in the Department's *Reform Progress Report* and further detailed on the recommendation website.¹⁸⁹ Evaluation outcomes from these trials are intended to inform broader initiatives.

¹⁸⁸ Victorian Government, media release: *Better Mental Health Care For Regional Victoria*, <https://www.premier.vic.gov.au/better-mental-health-care-regional-victoria>

¹⁸⁹ Department of Health, *Recommendation 39*, Viewed 8 June 2026, <https://www.health.vic.gov.au/mental-health-reform/recommendation-39>

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

Recommendation status reported by Department of Health: Delivered
Linked initiatives: Addressing regional workforce needs, Mental Health Workforce Incentives program, Victoria’s Mental Health and Wellbeing Workforce Strategy
Key related recommendations: Workforce strategy, planning and structural reforms (Rec 57)

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
40.1	Address mental health and wellbeing workforce supply needs in rural and regional areas and establish an incentive scheme to: a. attract mental health and wellbeing workers to rural and regional mental health and wellbeing services; and b. retain mental health and wellbeing workers in such services.	Pre 2022 - End 2031	In place

Findings

The Regional Mental Health Workforce Incentives Program has been established and operating since 2022, and along with other initiatives, this has assisted in growing the regional mental health and wellbeing workforce by 25% since 2021.

Discussion

40.1: The Regional Mental Health Workforce Incentives Program has been established in response to this recommendation. The program is being implemented through the Rural Workforce Agency Victoria (RWAV). Public information from initial announcements in 2022 indicated the scheme would support around 200 grants in Area services¹⁹⁰, and 80 grants in community management mental health services. RWAV’s Annual Report 2023-24 reports that over \$1.8 million has been provided to individuals and organisations through the Regional Mental Health Workforce Initiatives¹⁹¹ and earlier annual reports indicate more assistance may have been provided under this program. The Department reports that more than 300 workers have been supported through the program to move to regional Victoria to work in AMHWS,

¹⁹⁰ Department of Premier and Cabinet, *Building Our Rural And Regional Mental Health Workforce*, Viewed 25 September 2025, <https://www.premier.vic.gov.au/building-our-rural-and-regional-mental-health-workforce>

¹⁹¹ Rural Workforce Agency Victoria Annual Report 2023-24 <https://www.rwav.com.au/wp-content/uploads/2024/11/Annual-Report-2023-2024.pdf>, Viewed 13 October 2025

Locals and community organisations.¹⁹² The Department also reports in terms of outcomes that this initiative, alongside other initiatives, has grown the regional mental health workforce by 25% since 2021.

¹⁹² Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

Rec 41: Addressing stigma and discrimination

Recommendation status reported by Department of Health: In progress

Linked initiatives: Diverse Communities Mental Health and Wellbeing Framework, Diverse Communities Grants Program

Key related recommendations: Mental Health and Wellbeing Commission (Rec 44), Working in partnership with diverse communities (Rec 34)

Related sub-recommendations

Sub-recommendation	Royal Commission Timing	Status summary
41.1 Fund and support the Mental Health and Wellbeing Commission (refer to recommendation 44) to work with a network of partners, including research organisations, to lead the design and delivery of anti-stigma programs that: a. continue on a long-term basis; and b. aim to reduce the impact of stigma in a range of settings including, but not limited to, healthcare settings, workplaces and schools.	Pre 2022 - End 2031	Not yet commenced
41.2 Design and deliver an anti-stigma grants program to: a. support community-led organisations and community members to deliver projects that challenge stigma in Victorian settings and communities; and b. focus, as an immediate priority, on communities and social groups at increased risk of stigma.	Pre 2022 - Pre 2026	Partial progress
41.3 Conduct a comprehensive evaluation of anti-stigma efforts to: a. develop evidence about effective ways to address mental health stigma across Victoria; and b. inform the design and delivery of anti-stigma programs.	End 2022 - End 2031	Not yet commenced
41.4 Support and establish mechanisms to: a. address systemic issues of mental health discrimination; b. enhance individual access to legal protection from mental health discrimination; and c. enable one or two independent legal services with a demonstrated connection or ability to connect with people with lived experience of mental illness or psychological distress to initiate legal claims, including test cases relating to systemic mental health discrimination	Pre 2022 - End 2031	Partial progress

Findings

The Mental Health and Wellbeing Commission has not yet been funded, nor has it delivered the activities to reduce stigma and discrimination described in the sub-recommendations. Some indirect initiatives that may assist in addressing these recommendations have been identified, but further work and resourcing is required to deliver on them.

Discussion

41.1: The *Mental Health and Wellbeing Act 2022* sets out the MHWC's objectives and functions. One of these objectives is to reduce stigma related to mental illness, which is enabled by a function to lead and support initiatives to prevent and address stigma related to mental illness. To date the Commission has not led the design or delivery of such programs as the strategic focus has been on establishing the Commission, nor has the Commission been funded to deliver such initiatives. It is noted that the design of programs that continue on a long-term basis would require a level of stability in focus and funding that is not currently evident.

41.2: The Department references its *Diverse Communities Mental Health and Wellbeing Framework*, as well as a supporting Blueprint 2025-28 and a Framework for Action (as outlined in Rec 34), indicating they are designed to improve inclusive and supportive approaches for marginalised communities and assist in the delivery of this recommendation. In its *Reform Progress Report 2026*, the Department also references the school-based initiatives (see Rec 17), where early findings indicate they help to reduce stigma among staff and families over time.¹⁹³

41.3: The Commission has not identified from public information evidence of an anti-stigma grants program, nor evidence of evaluation of anti-stigma efforts, or other mechanisms as outlined in the recommendation

41.4: The Department in its 2026 *Reform Progress Report* referenced the 2025 changes to Victoria's anti-vilification laws to provide strengthened protections for individuals based on protected attributes, including disability. It also referenced the Victorian Equal Opportunity and Human Rights Commission's role in addressing unlawful discrimination and supporting individuals experiencing discrimination related to mental illness. The Commission is not clear whether specific funding has been provided to the various legal services to connect with people with lived experience of mental illness or psychological distress to initiate legal claims, including test cases relating to systemic mental health discrimination.

¹⁹³ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

Rec 42: A new Mental Health and Wellbeing Act

Recommendation status reported by Department of Health: Delivered

Linked initiatives: Mental Health and Wellbeing Act Implementation

Key related recommendations: Future review of mental health laws (Rec 43)

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
42.1	Repeal the Mental Health Act 2014 (Vic) and enact a new Mental Health and Wellbeing Act, preferably by the end of 2021 and no later than mid-2022, to: a. promote good mental health and wellbeing; b. reset the legislative foundations underpinning the mental health and wellbeing system; and c. support the delivery of services that are responsive to the needs and preferences of Victorians.	Pre 2022 - End 2022	In place
42.2	Ensure the Mental Health and Wellbeing Act: a. includes new objectives and mental health principles, with its primary objective to achieve the highest attainable standard of mental health and wellbeing for the people of Victoria by: • promoting conditions in which people can experience good mental health and wellbeing; • reducing inequities in access to, and the delivery of, mental health and wellbeing services; and • providing a diverse range of comprehensive, safe and high-quality mental health and wellbeing services. b. clarifies the roles, responsibilities and governance arrangements of the new mental health and wellbeing system; c. establishes the bodies and roles referred to in other recommendations, including the Mental Health and Wellbeing Commission (refer to recommendation 44), the Chief Officer for Mental Health and Wellbeing (refer to recommendation 45(1)) and Regional Mental Health and Wellbeing Boards (refer to recommendation 4(2)); d. strengthens accountability mechanisms and monitoring arrangements for service delivery; e. specifies measures to reduce rates and negative impacts of compulsory assessment and treatment, seclusion and restraint;	Pre 2022 - End 2022	In place

Sub-recommendation	Royal Commission Timing	Status summary
f. simplifies and clarifies the statutory provisions relating to compulsory assessment and treatment such that they are no longer the defining feature of Victoria’s mental health laws; and g. specifies the ways in which information about mental health and wellbeing may be collected and used.		

Findings

The *Mental Health Act 2014* (Vic) has been repealed, and the *Mental Health and Wellbeing Act 2022* (Vic) has been enacted.

Discussion

42.1: Victoria’s *Mental Health and Wellbeing Act 2022* commenced on 1 September 2023. Elements of the Act reflect the intent outlined in parts a, b, and c of the sub-recommendation. The success of the Act in achieving these goals is best assessed through the scheduled review of the legislation.

42.2: The Commission understands that the drafting and enactment of the new Act was completed in a relatively short timeframe for a substantially reformed and complex Act. As outlined in recommendation 43, it will be important to ensure the Act undergoes further review and refinement to ensure each of the areas identified in sub-recommendation 42.2 are functioning as intended.

Rec 43: Future review of mental health laws

Recommendation status reported by Department of Health: Planned for phase three from 2028

Linked initiatives: Review of compulsory treatment criteria and alignment of decision-making laws

Key related recommendations: Rec 42 in relation to the functions of the revised Act

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
43.1	Commission an independent review of Victoria’s mental health laws five to seven years after the enactment of the Mental Health and Wellbeing Act.	Pre 2031 - End 2031	Not yet commenced
43.2	Co-design terms of reference for the review that focus on ensuring mental health laws remain contemporary, effective and responsive to the needs and preferences of consumers, families, carers and supporters.	Pre 2031 - End 2031	Not yet commenced
43.3	As part of this review, consider the role and functions of the Mental Health Tribunal and Chief Psychiatrist to ensure they remain appropriate.	Pre 2031 - End 2031	Not yet commenced

Findings

Amendments to the *Mental Health and Wellbeing Act 2022* were made in 2026 with a focus on the governance structures of the mental health and wellbeing entities, including both the Victorian Collaborative Centre for Mental Health and Wellbeing and the Commission. In terms of the broader legislative review outlined in recommendation 43, the Department’s *Reform Progress Report* indicates this recommendation will commence from 2028.

Discussion

43.1: Section 758 of the *Mental Health and Wellbeing Act 2022* outlines the requirement for a review. This includes two clauses:

- (1) The Minister must cause a review of the operation of this Act to be commenced within one year after the fifth anniversary of the day this Act came into operation.
- (2) The Minister must cause a copy of the report of the review to be laid before each House of the Parliament no later than 7 years after this Act came into operation

As outlined by sub-recommendation 43.2, this review should have terms of reference that are co-designed to ensure the legislation is contemporary, effective and responsive to the needs of consumers, families, carers, and supporters.

Recent amendments to the *Mental Health and Wellbeing Act 2022*,¹⁹⁴ came into effect in April 2026. These amendments focused specifically on changes to the governance structures of the mental health and wellbeing entities including both the Victorian Collaborative Centre for Mental Health and Wellbeing and the Commission. In terms of the broader legislative review outlined in recommendation 43, the Department's *Reform Progress Report* indicates this recommendation will commence from 2028.¹⁹⁵ The Department's reform progress website also indicates that the terms of reference will be co-designed.¹⁹⁶

¹⁹⁴ *Entities Legislation Amendment (Consolidation and Other Matters) Act 2026*.

¹⁹⁵ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

¹⁹⁶ Department of Health, *Recommendation 43*, Viewed 29 May 2026, <https://www.health.vic.gov.au/mental-health-wellbeing-reform/recommendation-43>

Rec 44: A new Mental Health and Wellbeing Commission

Recommendation status reported by Department of Health: Delivered

Linked initiatives: The Mental Health and Wellbeing Commission

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
44.1	Establish an independent statutory authority, the Mental Health and Wellbeing Commission, to: a. hold government to account for the performance and quality and safety of the mental health and wellbeing system; b. support people living with mental illness or psychological distress, families, carers and supporters to lead and partner in the improvement of the system; c. monitor the Victorian Government's progress in implementing the Royal Commission's recommendations; and d. address stigma related to mental health.	Pre 2022 - End 2022	In place
44.2	Ensure the Mental Health and Wellbeing Commission: a. is led by a Chair Commissioner and who is supported by a small group of Commissioners, all of whom are appointed by the Governor-in-Council; and b. includes at least one Commissioner with lived experience of mental illness or psychological distress and one Commissioner with lived experience as a family member or carer.	Pre 2022 - End 2022	In place
44.3	Enable the Mental Health and Wellbeing Commission to: a. obtain data and information about mental health and wellbeing service delivery, system performance and outcomes, and other relevant information, from all government agencies; b. work with and share data and information with the Department of Health and other relevant entities (for example, the Collaborative Centre for Mental Health and Wellbeing and Safer Care Victoria); c. initiate its own inquiries into matters that support its objectives; d. handle and investigate complaints about mental health and wellbeing service delivery; e. make recommendations to the Premier, any minister and the heads of public service bodies; and f. publish reports on the performance and quality and safety of the mental health and wellbeing system	Pre 2022 - End 2031	In place

Findings

The Mental Health and Wellbeing Commission is in place as an independent statutory authority. The Act establishes the Commission as described in the recommendation. Recent amendments to the *Mental Health and Wellbeing Act 2022*, came into effect in April 2026. These amendments focused specifically on the governance structures of the mental health and wellbeing entities including the Commission.¹⁹⁷

Discussion

44.1: The Mental Health and Wellbeing Commission was established as an independent statutory authority on 1 September 2023 under the *Mental Health and Wellbeing Act 2022*.

The Commission's objectives are outlined in the Act and reflect the recommendation and are therefore assessed as being in place. The achievement of the Commission's objectives outlined in the recommendations should continue to be evaluated into the future to reflect on whether these have been successfully implemented, sustained and are impactful over time.

44.2: In relation to the structure of the Commission, the *Mental Health and Wellbeing Act 2022* commenced in 2023 with provisions that the Commission is led by a Chair Commissioner, supported by a small group of Commissioners appointed by the Governor-in-Council, and that at least one commissioner has lived experience of mental illness or psychological distress, and one with lived experience as a carer or family member of someone with lived experience of mental illness or psychological distress. These appointments were made, and Commissioners commenced their roles on 1 September 2023 when the Act came into effect. Recent amendments to the *Mental Health and Wellbeing Act 2022*, came into effect in April 2026. These amendments focused on the governance structures of the mental health and wellbeing entities including the Commission.¹⁹⁸ The amended Act provides for a Commissioner and Deputy Commissioner, rather than a Chair Commissioner and a 'small group' of Commissioners. The Act still provides for the requirements of lived experience as outlined in the recommendation.

44.3: The Act provides the Commission with the functions set out in this recommendation. The Commission's annual reports evidence what has been achieved in relation to these functions and powers under the legislation. As with the Commission's objectives, the achievement of these functions should be evaluated to reflect whether these are successfully implemented, sustained and impactful over time.

¹⁹⁷ *Entities Legislation Amendment (Consolidation and Other Matters) Act 2026*.

¹⁹⁸ Ibid

Rec 45: Effective leadership of and accountability for the mental health and wellbeing system

Recommendation status reported by Department of Health: Delivered

Linked initiatives: No initiatives reported

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
45.1	Establish in legislation the role of Chief Officer for Mental Health and Wellbeing to lead the Mental Health and Wellbeing Division in the Department of Health, and set out in that legislation that this Chief Officer is: a. delegated the functions and powers conferred on the Secretary of the Department of Health under the new Mental Health and Wellbeing Act (refer to recommendation 42); b. appointed by and reports to the Secretary; and c. at the level of a Deputy Secretary.	Pre 2022 - End 2022	In place
45.2	Empower the Chief Officer to take responsibility for the implementation of the Royal Commission's recommendations, unless otherwise stated in these recommendations.	Pre 2022 - End 2031	In place
45.3	Transfer the functions of Mental Health Reform Victoria (which was established pursuant to the interim report's recommendation 9) to the division by mid-2021.	Pre 2022 – Pre 2022	In place
45.4	Ensure that the division employs people with lived experience of mental illness or psychological distress and people with lived experience of caring for someone living with mental illness in multiple, substantive positions, including leadership positions.	Pre 2022 - End 2031	In place

Findings

The Chief Officer for Mental Health and Wellbeing is in place with responsibility for implementing the relevant recommendations of the Royal Commission. Functions of Mental Health Reform Victoria have been transferred to the Mental Health and Wellbeing Division, and the Division employs people with lived experience of mental illness or psychological distress, as well as people with experience of caring for someone living with mental health conditions.

Discussion

45.1: The *Mental Health and Wellbeing Act 2022* establishes the role of the Chief Officer for Mental Health and Wellbeing. Functions of the Chief Officer are delegated by statute (i.e. functions of the Secretary are duplicated under the Chief Officer). The position is specified as being subject to the direction and control of the Secretary, which is broader than simply reporting to the Secretary. The Act does not specify the level of appointment of the Chief Officer, but in practice they have been appointed at the Deputy Secretary level.

45.2: The *Mental Health and Wellbeing Act 2022* sets out the functions of the Chief Officer for Mental Health and Wellbeing. The sufficiency of these powers, budget allocation and other aspects that contribute to the Chief Officer being appropriately empowered to take responsibility for the implementation of the Royal Commission's recommendations, unless otherwise stated in the recommendations, should be explored as part of the legislated independent review of Victoria's mental health laws five to seven years after the enactment of the Act.

45.3: Public information confirms that the functions of the Mental Health Reform Victoria have been transferred to the division.¹⁹⁹

45.4: The Department of Health reports that multiple roles have been created for people with lived experience, including in leadership positions.

¹⁹⁹ Department of Health, *Recommendation 45*, Viewed 25 September 2025 <https://www.health.vic.gov.au/mental-health-wellbeing-reform/recommendation-45>

Rec 46: Facilitating government-wide efforts

Recommendation status reported by Department of Health: Delivered

Linked initiatives: No initiatives reported

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
46.1	Establish governance structures to: a. facilitate government-wide and community-wide approaches to improving mental health and wellbeing; and b. oversee the implementation of the Royal Commission's recommendations.	Pre 2022 - End 2022	In place
46.2	Ensure these governance structures comprise: a. a Mental Health and Wellbeing Cabinet Subcommittee, chaired by the Premier for at least two years; b. a Mental Health and Wellbeing Secretaries' Board, chaired by the Department of Premier and Cabinet and comprising: the Secretaries of the Department of Health, the Department of Families, Fairness and Housing, the Department of Education and Training, the Department of Justice and Community Safety and the Department of Treasury and Finance, as well as the Chief Officer for Mental Health and Wellbeing; c. a Suicide Prevention and Response Secretaries' Board Subcommittee, co-chaired by the Department of Premier and Cabinet and the Department of Health, attended and supported by the State Suicide Prevention and Response Adviser (refer to recommendation 26(1)) and comprising all state government departments and relevant agencies, with Deputy Secretary and Secretary-level membership; and d. an Interdepartmental Committee on Mental Health and Wellbeing Promotion, cochaired by the Department of Premier and Cabinet and the Department of Health, attended and supported by the Mental Health and Wellbeing Promotion Adviser (refer to recommendation 2(1)) and comprising all state government departments and relevant agencies, with Deputy Secretary level membership	Pre 2022 - End 2022	In place

Findings

Government-wide efforts were established in Phase 1 of reform in line with the recommendations and have transitioned to initiative-based governance in Phase 2, with some continued government-wide structures in place.

Discussion

46.1, 46.2: The Commission has received confirmation from the Department that Whole-of-Victorian-Government (WOVG) governance arrangements outlined in this recommendation were established in Phase 1 of reform and operated to support coordinated government-wide approaches to improving mental health and wellbeing and to oversee implementation of the Royal Commission into Victoria's Mental Health System. These dedicated governance structures included a Mental Health and Wellbeing Cabinet Committee; a Mental Health and Wellbeing Secretaries' Board Subcommittee; a Suicide Prevention and Response Secretaries' Board Subcommittee; and an Interdepartmental Committee on Mental Health and Wellbeing Promotion.²⁰⁰

The Department has also confirmed to the Commission that implementation oversight in Phase 2 has transitioned to initiative-based governance aligned to specific reform programs and delivery responsibilities. This reflects a shift from centralised oversight to program-level accountability as reforms moved from establishment to delivery. Examples of governance and advisory mechanisms in place during Phase 2 to inform and support mental health and wellbeing reform include:

- Mental Health Ministerial Advisory Committee (MHMAC)
- Victorian Mental Health Medical Workforce Advisory Group
- Community Redesign Expert Advisory Group
- Lived Experience Workforce Advisory Group
- Crisis Reform Reference Group (interdepartmental committee)
- Suicide Prevention and Response Victorian Secretaries' Board Subcommittee (retained from phase 1)
- Expert advisory committees supporting wellbeing promotion and suicide prevention and response.²⁰¹

The Department indicated that these governance structures provide expert advice, coordination and stakeholder perspectives throughout reform implementation, and support the intent of the whole-of-government coordination and oversight of mental health and wellbeing reform as outlined in sub-recommendations 46.1 and 46.2.

The Commission notes that the recommendation indicated the Cabinet Subcommittee should operate for at least two years, suggesting these governance arrangements were intended to evolve over time. As such, the Commission has assessed these recommendations as being in place and will continue to monitor future arrangements to ensure a sustained oversight of reform delivery with a government-wide focus.

²⁰⁰ Authorised information provided by the Victorian Department of Health to the Commission on 28 April 2026.

²⁰¹ Ibid.

Rec 47: Planning the new mental health and wellbeing system

Recommendation status reported by Department of Health: Partially delivered and in progress

Linked initiatives: Regional service and capital plans, Statewide service and capital plan

Key related recommendations: Regional governance (Rec 4)

Related sub-recommendations

	Sub-recommendation	Royal Commission Timing	Status summary
47.1	Establish a process for assessing the Victorian population's need for mental health and wellbeing services by initially using a substantially adjusted version of the National Mental Health Service Planning Framework.	Pre 2022 - End 2022	In place
47.2	Develop and publish a statewide mental health and wellbeing service and capital plan and eight regional mental health and wellbeing service and capital plans, with the first plans to be endorsed by the Mental Health and Wellbeing Secretaries' Board (refer to recommendation 46(2)(b)) by the end of 2022, with the remainder approved by the end of 2023.	Pre 2022 - End 2023	In place
47.3	Update the statewide mental health and wellbeing service and capital plan every three years.	Pre 2026 - End 2031	Not yet commenced
47.4	By no later than the end of 2026, empower Regional Mental Health and Wellbeing Boards (refer to recommendation 4(2)) to update regional mental health and wellbeing service and capital plans every three years.	Pre 2026 - End 2026	Not yet commenced

Findings

Some progress has been made towards improving the planning for a new mental health and wellbeing system. It is unclear whether Government intends to progress with the sub-recommendations that empower Regional Mental Health and Wellbeing Boards to update regional mental health and wellbeing service and capital plans given the pausing of progress on these boards.

Discussion

47.1, 47.2: The Statewide Mental Health and Wellbeing Service and Capital Plan 2024-2037 has been published and is available.²⁰² This includes modelling of demand under current Government policy, an adjusted National Mental Health Service Planning Framework (reformed system) model, and the National Mental Health Service Planning Framework model.

The Department's *Reform Progress Report 2026* indicates that "[w]ork on Regional Plans has recently commenced, leveraging the process for Local Health Service Network Clinical Service Plans". The *Next Phase of Reform document* indicates that the development of regional service and capital plans are scheduled for 2025-2027.

47.3: The statewide plan was released in 2024 and, consistent with this recommendation, is scheduled to be updated in 2027 which is three years following the release of the plan.

47.4: As the Regional Mental Health and Wellbeing Boards are not yet implemented and regional plans have not yet developed, this recommendation has not commenced.

²⁰² Department of Health, *Statewide Mental Health and Wellbeing Service and Capital Plan 2024–2037*, Viewed 25 September 2025, <https://www.health.vic.gov.au/publications/statewide-mental-health-and-wellbeing-service-and-capital-plan>

Rec 48: Selecting providers and resourcing services

Recommendation status reported by Department of Health: In progress

Linked initiatives: Funding reform

Key related recommendations: Improving service provision (Rec 49), National partnerships (Rec 50), Commissioning (Rec 51), Regional Boards (Rec 4)

Related sub-recommendations

	Sub-recommendation	Royal Commission Timing	Status summary
48.1	Build on the interim report's recommendation 8 regarding a new approach to mental health investment and use, and empower Regional Mental Health and Wellbeing Boards (refer to recommendation 4(2)) to use, new service standards developed by the Royal Commission to select providers of mental health and wellbeing services, including new providers and provider partnerships.	Pre 2022 - End 2031	Not yet commenced
48.2	Support the further development of new and existing providers to meet the long-term ambition of the service standards.	Pre 2022 - End 2031	Not yet commenced
48.3a	Develop new ways of funding providers that encourage the provision of mental health and wellbeing services that consumers, families, carers and supporters value and result in an equitable allocation of resources through: a. trialling then implementing an activity-based funding model for both bed-based and community-based mental health and wellbeing services;	Pre 2022 - End 2022	In place
48.3b	Develop new ways of funding providers that encourage the provision of mental health and wellbeing services that consumers, families, carers and supporters value and result in an equitable allocation of resources through: b. working with the Collaborative Centre for Mental Health and Wellbeing to develop and implement an approach to bundling funding into one price for an evidence informed pathway that is linked to improving outcomes; and	Pre 2026 - End 2026	Not yet commenced
48.3c	Develop new ways of funding providers that encourage the provision of mental health and wellbeing services that consumers, families, carers and supporters value and result in an equitable allocation of resources through: c. developing and trialling a capitation funding model that provides a tailored package for consumers, families, carers and supporters.	End 2022 - Pre 2026	Not yet commenced

Findings

Progress is evident in the implementation of activity-based funding for bed-based services, and the Department has provided updates regarding implementation for community-based services. Progress in relation to other sub-recommendations related to funding reform is not yet evident.

Discussion

48.1: As outlined in other recommendations, Regional Mental Health and Wellbeing Boards have not been implemented, so this recommendation has not yet commenced.

48.2: The Commission did not find evidence of specific initiatives or processes to support new and existing providers to meet the standards outlined in relation to this recommendation.

48.3a: In relation to new funding models related to activity-based funding, the *Next Phase of Reform document* outlines that activity-based funding has been introduced for bed-based services. The Department's *Reform Progress Report 2026* further outlines in relation to bed-based services that "[a]dmitted mental health services are now funded under the National Activity-Based Funding model". In relation to community-based services, the report adds that "[m]ost non-admitted mental health services transitioned to Activity-Based Funding on 1 July 2025".²⁰³ Publicly available Policy and Funding Guidelines for health services provide further information on these arrangements.²⁰⁴

48.3b, 48.3c: The funding guidelines for admitted mental health services do not outline the application of new funding models such as bundled funding or capitation funding models. The *Reform Progress Report 2026* notes that the Department will "continue to progress work to ensure funding models appropriately reflect service complexity and workforce requirements".²⁰⁵ The Commission will provide further updates regarding these funding models as information is provided by the Department.

²⁰³ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

²⁰⁴ Department of Health, *Policy and Funding Guidelines for health services*, available at: <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>

²⁰⁵ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

Rec 49: Monitoring and improving mental health and wellbeing service provision

Recommendation status reported by Department of Health: In progress
Linked initiatives: Outcomes and Performance Framework (OPF)
Key related recommendations: Rec 1 in relation to the OPF, Rec 4 in relation to Regional Mental Health and Wellbeing Boards

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
49.1	Establish a new performance monitoring and accountability framework to: a. hold, and empower Regional Mental Health and Wellbeing Boards (refer to recommendation 4(2)) to hold, mental health and wellbeing service providers to account and improve performance over time; b. improve the outcomes and experiences of consumers, families, carers and supporters; and c. measure the effectiveness of mental health and wellbeing services from the perspectives of consumers, families, carers and supporters.	Pre 2022 - End 2022	Partial progress

Findings

As outlined in recommendation 1, the OPF has been released publicly, however work remains underway to refine the measures and data sources required for the framework to be used effectively to drive accountability and improve outcomes. Regional Mental Health and Wellbeing Boards are not in place and consequently cannot be held accountable or empowered to perform the stated functions. Alternative central and regional governance structures may be used in the interim to deliver on these functions.

Discussion

49.1: The Outcomes and Performance Framework (OPF) was published in December 2024.²⁰⁶ The measures, data sources and data collection methods that enable implementation of the OPF have not yet been specified publicly, and public reporting against the framework has not yet commenced. The Department has advised the

²⁰⁶ Department of Health, *Outcomes and Performance Framework, Mental Health and Wellbeing*, Viewed 7 August 2025, <https://www.health.vic.gov.au/mental-health/research-and-reporting/mental-health-and-wellbeing-outcomes-and-performance-framework>

Commission that updates to the framework released in 2024 are underway, including activities to further develop and refine indicators and measures, strengthen underlying data quality, and the establishment of baseline information to support future reporting.²⁰⁷

Domain 2 of the Framework most closely aligns with the framework as envisaged by the Royal Commission. As outlined in the Royal Commission report, it was recommended that the framework align with domains in the National Mental Health Performance Framework 2020, which the Royal Commission adapted to include Appropriate, Effective, Connected, Safe, Accessible and Value.²⁰⁸

The outcomes under Domain 2 of the OPF broadly align to most of these areas. The exception to this is Value, which does not appear to be included as part of Domain 2. Within Domain 4 of the OPF, outcome 2 (titled the Mental Health system is transparent and accountable) includes an indicator of increased financial sustainability of the mental health and wellbeing system. Without defined measures being available it is difficult to confirm what this means in practice. It is also unclear why there is a lack of value indicators in a framework intended to support the Regional Bodies with commissioning services.

The Royal Commission also outlined that the Framework should include a performance improvement process that identifies performance concerns and supports implementation of a performance improvement plan. While relevant improvement processes could foreseeably be constructed from the indicator-level architecture provided to date, these are not evident in the publicly available materials. As noted in the discussion of the OPF progress under recommendation 1, the Department's *Reform Progress Report 2026* also indicates that "an accompanying implementation plan is guiding the first phase of action for Government and oversight entities".²⁰⁹

²⁰⁷ Authorised information provided by the Victorian Department of Health to the Commission on 28 April 2026.

²⁰⁸ State of Victoria, *Royal Commission into Victoria's Mental Health System, Final Report, Volume 4: The fundamentals for enduring reform*, Parl Paper No. 202, Session 2018–21 (document 5 of 6). Page 147

²⁰⁹ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

Rec 50: Encouraging national partnerships

Recommendation status reported by Department of Health: Delivered

Linked initiatives: No initiatives reported

Key related recommendations: Funding arrangements (Rec 48), Improving service provision (Rec 49), Commissioning (Rec 51), Regional Boards (Rec 4)

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
50.1	Work with the Commonwealth Government and the National Cabinet Reform Committee to: a. delineate the responsibilities of governments in providing a structured, coordinated, long-term approach to planning, investment and reform through the new National Mental Health and Suicide Prevention Agreement; b. raise the profile of: • mental health and wellbeing, and suicide prevention and response services; • associated supports such as housing and homelessness services; and • lived experience leadership. c. ensure a strong focus on the implementation of mental health and wellbeing strategies.	Pre 2022 - End 2022	In place

Findings

The Victorian Government has agreements in place with the Commonwealth Government and is currently working on a new five-year agreement.

Discussion

Much of the Victorian Government’s intergovernmental work is not routinely reported publicly, however some evidence of this work is available. The Department’s *Reform Progress Report 2026* references Victoria’s current agreement with the Commonwealth Government, and a new five-year National Agreement that is currently being negotiated, guided by the recommendations of the Productivity Commission’s 2025 review.²¹⁰ Alongside this there is also a National Mental Health and Suicide Prevention Agreement which Victoria is a party to with the Commonwealth and other State and Territory Governments. The Productivity Commission reviewed the current National Mental Health and Suicide Prevent Agreement, which is due to expire in June 2026.

²¹⁰ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

The Victorian Government and many Victorian-based service providers, peak bodies and stakeholders actively participated in the review including through written submissions.

The Victorian Government's submission identifies areas that are working well and recommends key areas for improvement. Suggested improvement include more specific delineation of responsibilities between the Commonwealth and State governments.²¹¹ The Productivity Commission has recommended extending the current agreement while a new agreement is developed. The *Next Phase of Reform document* outlines that \$247.9 million has been committed by the Commonwealth to help improve mental health and suicide prevention support and services through to 2027.

²¹¹ Productivity Commission, *Review of the National Mental Health and Suicide Prevention Agreement, Victorian Government submission*, viewed 19 September 2025, <https://www.pc.gov.au/inquiries/current/mental-health-review/submissions>

Rec 51: Commissioning for integration

Recommendation status reported by Department of Health: In progress

Linked initiatives: National Health Reform Agreement

Key related recommendations: Funding arrangements (Rec 48), Improving service provision (Rec 49), National partnerships (Rec 50), Regional Boards (Rec 4)

Related sub-recommendations

Sub-recommendation	Royal Commission Timing	Status summary
51.1a Build on new ways of resourcing and monitoring mental health and wellbeing services (refer to recommendations 48 and 49) and empower Regional Mental Health and Wellbeing Boards (refer to recommendation 4(2)) to: a. commission one demonstration project in each region (refer to recommendation 3(3)) in which a provider or providers deliver multiple services to people living with mental illness who require ongoing intensive treatment, care and support;	Pre 2026 - End 2031	Not yet commenced
51.1b Build on new ways of resourcing and monitoring mental health and wellbeing services (refer to recommendations 48 and 49) and empower Regional Mental Health and Wellbeing Boards (refer to recommendation 4(2)) to: b. commission demonstration projects in each region in which a provider or providers deliver multiple services to people living with mental illness who require short-term treatment, care or support and who are in the 'missing middle';	Pre 2026 - End 2031	Not yet commenced
51.1c Build on new ways of resourcing and monitoring mental health and wellbeing services (refer to recommendations 48 and 49) and empower Regional Mental Health and Wellbeing Boards (refer to recommendation 4(2)) to: c. evaluate demonstration projects to inform decisions on scaling approaches and expanding to new providers or provider partnerships that are tailored to the needs of communities and span the full age spectrum; and	Pre 2026 - End 2031	Not yet commenced
51.1d Build on new ways of resourcing and monitoring mental health and wellbeing services (refer to recommendations 48 and 49) and empower Regional Mental Health and Wellbeing Boards (refer to recommendation 4(2)) to: d. monitor provider partnerships using a common set of indicators with an emphasis on improving mental health and wellbeing outcomes.	Pre 2026 - End 2031	Not yet commenced

Sub-recommendation	Royal Commission Timing	Status summary
51.2 In collaboration with Regional Mental Health and Wellbeing Boards (refer to recommendation 4(2)), work with the Commonwealth and Primary Health Networks to establish a co-commissioning approach for Commonwealth and state-funded mental health and wellbeing services that: a. builds on joint Commonwealth–state planning approaches to mental health and wellbeing service delivery; and b. leverages existing commitments including in the Addendum to the National Health Reform Agreement 2020–2025.	Pre 2026 - End 2031	Partial progress

Findings

No progress against these sub-recommendations was identified.

Measure	Target	Current status
Demonstration projects commissioned - ongoing support	8	0
Demonstration projects commissioned - missing middle	8	0
Demonstration projects evaluated	16	0

Discussion

51.1a, 51.1b, 51.1c, 51.1d: This recommendation relates to commissioning approaches being trialled in regions, led by the Regional Mental Health and Wellbeing Boards which, as per recommendation 4, have not been implemented to date. It is unclear to the Commission at the time of writing whether centrally managed trials of this nature have been implemented, or by the Interim Regional Bodies prior to their final reports. This recommendation will be reviewed once the approach to regional governance is clear.

51.2: While the Regional Boards have not been established, progress towards establishing co-commissioning approaches has occurred through the development of the *National Health Reform Agreement*, which includes work to update commissioning models for mental health and wellbeing services.²¹²

²¹² Commonwealth Government, *National Health Reform Agreement*, viewed 2 June 2026, <https://www.health.gov.au/our-work/national-health-reform-agreement-nhra?language=en>

Rec 52: Improving the quality and safety of mental health and wellbeing services

Recommendation status reported by Department of Health: Partially delivered and in progress

Linked initiatives: A focus on system safety, Quality and safety system architecture; Establishing a learning health network across the state (known as the MHIP Community).

Related sub-recommendations

	Sub-recommendation	Royal Commission Timing	Status summary
52.1	By no later than the end of 2021, establish a Mental Health Improvement Unit within Safer Care Victoria to provide a multidisciplinary approach to improving the quality and safety of mental health and wellbeing services.	Pre 2022 – Pre 2022	In place
52.2	Enable the Mental Health Improvement Unit to work with mental health and wellbeing services to: a. provide system leadership on quality and safety improvement; b. provide professional, clinical and practice leadership for mental health and wellbeing services; c. promote awareness and understanding of high-quality service delivery across the mental health and wellbeing system; d. co-design quality and safety improvement programs with people with lived experience; and e. issue practice guidelines and frameworks.	End 2022 - End 2031	Partial progress

Findings

The Mental Health Improvement Unit within Safer Care Victoria has been established and is working with mental health and wellbeing services to improve service delivery. A number of initiatives are being implemented, with assessment of progress against all functions still underway.

Discussion

52.1: This recommendation has been implemented as the Mental Health Improvement Program (MHIP), established within Safer Care Victoria in 2021, to strengthen safety and quality of mental health and wellbeing care across services.

52.2: The Department of Health's recommendation webpage reports that the sub-recommendations relating to the work of the MHIP are a key focus of the program.²¹³ The Department's *Reform Progress Report 2026* indicates that statewide initiatives have been implemented to "reduce restrictive practices, improve sexual safety, reduce compulsory treatment, embed evidence informed guidelines and build capability in co-design, quality improvement and system leadership".²¹⁴ The *Chief Mental Health and Wellbeing Officer report 2024-25* outlines a range of Mental Health Improvement Program initiatives focused on quality and safety.²¹⁵ Further information about the specific programs undertaken is available on Safer Care Victoria's website.²¹⁶ Assessment of the delivery against each of the elements outlined in 52.2 will continue as further information becomes available.

²¹³ Department of Health, *Recommendation 52*, Viewed 25 September 2025 <https://www.health.vic.gov.au/mental-health-wellbeing-reform/recommendation-52>

²¹⁴ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

²¹⁵ Department of Health, *Chief Officer for Mental Health and Wellbeing Annual Report 2024-25*, p82, <https://www.health.vic.gov.au/publications/chief-officer-mental-health-wellbeing-annual-report>

²¹⁶ Safer Care Victoria, *About the Mental Health Improvement Program*, Viewed 18 September 2025, <https://www.safercare.vic.gov.au/best-practice-improvement/mental-health-improvement-program/about>

Rec 53: Strong oversight of the quality and safety of mental health and wellbeing services

Recommendation status reported by Department of Health: Partially delivered and in progress

Linked initiatives: Quality and safety system architecture, The Mental Health and Wellbeing Commission

Key related recommendations: Rec 44 in relation to the establishment and functions of the Commission

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
53.1	Enable the Mental Health and Wellbeing Commission (refer to recommendation 44) to use its full suite of complaints and oversight functions (refer to recommendation 44(3)) to monitor, inquire into and report on system-wide quality and safety.	End 2022 - End 2031	In place
53.2	Facilitate the Mental Health and Wellbeing Commission to monitor, as matters of priority, the: a. use of seclusion and restraint; b. use of compulsory treatment; c. incidence of gender-based violence in mental health facilities; and d. incidence of suicides in healthcare settings.	End 2022 - End 2031	In place
53.3	Enable the Mental Health and Wellbeing Commission to: a. work with the Department of Health and relevant regulators to build a comprehensive understanding of quality and safety issues in mental health and wellbeing services; b. ensure on an ongoing basis that complaints-handling and investigation approaches: • meet the needs of consumers, families, carers, and supporters and • support services to resolve concerns; c. advise government on issues of concern and areas for improvement; and d. record, report and publish service-level complaints and other relevant data and information.	End 2022 - End 2031	Partial progress

Findings

The Mental Health and Wellbeing Commission was established under the *Mental Health and Wellbeing Act 2022*, with functions that are consistent with the Royal Commission's recommendations.

Discussion

53.1: The *Mental Health and Wellbeing Act 2022* sets out a range of monitoring and reporting functions for the Mental Health and Wellbeing Commission. The Commission has published how it will identify and assess systemic issues that warrant further examination through inquiries and systemic reviews,²¹⁷ including monitoring issues arising in complaints, and outlined its intended approach to monitoring via its Monitoring and Reporting Plan.²¹⁸ Recent amendments to the *Mental Health and Wellbeing Act 2022* in April 2026, established a more explicit mechanism for the Commission to obtain information from the Department of Health.²¹⁹ Finalisation of an information sharing agreement between the Commission and the Department of Health will further enable the Commission to access data to understand and monitor safety and quality issues using administrative data, and support identification of systemic issues from a broad range of sources which would strengthen the delivery of this recommendation.

53.2: The Commission regularly seeks data and information from the Department of Health to inform its Annual Report and other specialised reports, including in relation to the priority areas of focus identified in this recommendation. Continuous improvements in approaches to information sharing and data access and quality will enhance oversight and reporting over time.

53.3: The Commission has commenced its role in delivering on the elements of this recommendation, however the outcomes and impact in undertaking these functions will require further assessment, for example to ensure “that complaints-handling and investigation approaches meet the needs of consumers, families, carers, and supporters and support services to resolve concerns” on an ongoing basis as outlined in 53.3b.

²¹⁷ Mental Health and Wellbeing Commission, *Exploring Issues through Inquiries and Systemic Reviews*, <https://www.mhwc.vic.gov.au/exploring-issues-through-inquiries-and-systemic-reviews>

²¹⁸ Mental Health and Wellbeing Commission, *Monitoring and Reporting Plan*, Viewed 25 September 2025, <https://www.mhwc.vic.gov.au/monitoring-and-performance-plan>

²¹⁹ *Entities Legislation Amendment (Consolidation and Other Matters) Act 2026*.

Rec 54: Towards the elimination of seclusion and restraint

Recommendation status reported by Department of Health: Partially delivered and in progress

Linked initiatives: Towards Elimination of Restrictive Practices initiative

Key relevant recommendations: Improving quality and safety of services (Rec 52)

Related sub-recommendations

	Sub-recommendation	Royal Commission Timing	Status summary
54.1	Act immediately to reduce the use of seclusion and restraint in mental health and wellbeing service delivery, with the aim to eliminate these practices within 10 years.	Pre 2022 - End 2031	Partial progress
54.2	Regulate the use of chemical restraint through legislative provisions in the new Mental Health and Wellbeing Act (refer to recommendation 42(2)(e)).	Pre 2022 - End 2022	In place
54.3	Ensure the Chief Officer for Mental Health and Wellbeing (refer to recommendation 45(1)) develops and leads a strategy to reduce the use of seclusion and restraint.	Pre 2022 - End 2031	Partial progress
54.4	Enable the Mental Health Improvement Unit within Safer Care Victoria (refer to recommendation 52(1)) to co-design with mental health and wellbeing services and people with lived experience a range of programs and supports aligned with the strategy that focus on: a. working with each mental health and wellbeing service to investigate local data and practices in order to identify priority areas for change; b. making workforce training available for services; and c. continuing to support services to embed Safewards.	Pre 2022 - End 2031	In place

Findings

The *Mental Health and Wellbeing Act 2022* includes provisions to regulate chemical restraint, and there has been further guidance provided, including by the Chief Psychiatrist. Steps are being taken to reduce the use of restrictive practices in mental health and wellbeing services. These steps include new documentation and reporting requirements on the use of restrictive practices in emergency departments and work by the Office of the Chief Psychiatrist in relation to the use of chemical restraint. The Mental Health Improvement Unit has been established within Safer Care Victoria. One of the early streams of work of the Mental Health Improvement Program has been to work with participating services towards the elimination of restrictive practices in inpatient settings.

Discussion

54.1: ‘Working towards the elimination of restrictive practices in inpatient services’ is one of the key initiatives undertaken by Safer Care Victoria as part of the Mental Health Improvement Program (see sub-recommendation 52.2). This work has achieved significant results within the participating services.²²⁰

New documentation and reporting requirements on the use of restrictive interventions in emergency departments and urgent care centres of designated mental health services came into effect on 1 April 2024. This regulation requires that the use of all these restrictive interventions be reported to the Chief Psychiatrist. The Chief Psychiatrist’s clinical guideline for restrictive interventions was updated to support services to understand and implement these requirements.²²¹

In November 2025, the *Seclusion and Restraint Report* provided details of restrictive intervention use in Victoria, with the intention of promoting transparency and providing a basis for clinical accountability from health services. The report provides a broad overview of seclusion and restraint data, documenting a steady reduction in seclusion and restraint in Victoria from 2020-21 to 2024-25.²²² The Commission looks forward to seeing further reporting on the impacts over time as outlined in the recommendation.

54.2: The *Mental Health and Wellbeing Act 2022* includes provisions to regulate chemical restraint, and there has been further guidance provided, including by the Chief Psychiatrist, on how restrictive interventions are defined and may be used. In relation to implementation, the *Chief Mental Health and Wellbeing Officer Report 2023-24* indicates that in 2023 a Chemical Restraint Expert Advisory Group was set up to inform the regulation, oversight and reporting requirements related to chemical restraint. According to the *Reform Progress Report 2026*, in order to develop workforce capability, “the Office of the Chief Psychiatrist has also issued clinical guidelines and factsheets, held quality and safety forums and carried out site visits to all designated mental health services”.²²³ The Department has also confirmed that the Office of the Chief Psychiatrist conducts site visits to all designated mental health services in Victoria, to support compliance with the Act and quality and safety improvements, which includes reducing restrictive interventions.

54.3: The *Next Phase of Reform document* reports that a seclusion and restraint strategy will be finalised for implementation in 2024-2027. This strategy would set targets for the reduction and elimination of restrictive interventions led by the Chief Officer for Mental Health and Wellbeing. The *Chief Mental Health and Wellbeing Officer report 2024-25* provides an update on initiatives and indicates that a strategy for the elimination of seclusion and restraint, in partnership with people with lived experience, service providers, and the workforce, is underway.²²⁴

54.4: Reporting by Safer Care Victoria indicates that training, provider-based work and implementation of Safewards (a model of care to reduce conflict, address behaviours, and improve culture within services) are important components of the work being undertaken, and reporting of programs online is consistent with this.²²⁵

²²⁰ Safer Care Victoria website, *Working towards the elimination of restrictive practices in inpatient services* Viewed 13 October 2025, <https://www.safercare.vic.gov.au/best-practice-improvement/mental-health-improvement-program/initiatives/elimination-of-restrictive-practices>

²²¹ Department of Health, *Restrictive interventions Chief Psychiatrist’s guideline and reporting directive on Restrictive interventions under the Mental Health and Wellbeing Act 2022*, Viewed 19 September 2025, <https://www.health.vic.gov.au/chief-psychiatrist/chief-psychiatrists-restrictive-interventions>

²²² Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

²²³ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

²²⁴ Department of Health, *Chief Officer for Mental Health and Wellbeing Annual Report 2024-25*, p83, <https://www.health.vic.gov.au/publications/chief-officer-mental-health-wellbeing-annual-report>

²²⁵ Department of Health, *Recommendation 54*, Viewed 25 September 2025 <https://www.health.vic.gov.au/mental-health-reform/recommendation-54>

Rec 55: Ensuring compulsory treatment is only used as a last resort

Recommendation status reported by Department of Health: In progress

Linked initiatives: Reducing compulsory treatment

Key relevant recommendations: Improving quality and safety of services (Rec 52)

Related sub-recommendations

	Sub-recommendation	Royal Commission Timing	Status summary
55.1	Act immediately to ensure that the use of compulsory treatment is only used as a last resort.	Pre 2022 - End 2031	Partial progress
55.2	Set targets to reduce the use and duration of compulsory treatment on a year-by-year basis and gather and publish service-level and system-wide data in this regard.	Pre 2022 - End 2022	Not yet commenced
55.3	When commissioning mental health and wellbeing services, set expectations they will provide non-coercive options for people living with mental illness or psychological distress, including those at risk of compulsory treatment, in both Local Mental Health and Wellbeing Services and Area Mental Health and Wellbeing Services.	Pre 2022 - End 2031	Partial progress
55.4	Ensure the Mental Health Improvement Unit within Safer Care Victoria (refer to recommendation 52(1)) works with mental health and wellbeing services to: a. increase consumer leadership and participation in all activities to reduce compulsory treatment; b. support the design and implementation of local programs, informed by data, to reduce compulsory treatment; and c. make available workforce training on non-coercive options for treatment that is underpinned by human rights and supported decision-making principles.	Pre 2022 - End 2031	Partial progress

Findings

A range of initiatives have commenced to reduce the use and duration of compulsory treatment and ensure that it is only used as a last resort. These initiatives include legislative changes such as the mental health and wellbeing principle that requires mental health and wellbeing services to be provided with the least possible restriction of a person's rights, dignity and autonomy. The Commission looks forward to the release of the Government's strategy to reduce the use of compulsory treatment and reporting against the strategy.

Discussion

55.1: The *Mental Health and Wellbeing Act 2022* requires that mental health and wellbeing services are delivered with the least possible restriction of a person's rights, dignity and autonomy. The *Chief Mental Health and Wellbeing Officer report 2023-24* outlines a range of legislative provisions within the *Mental Health and Wellbeing Act 2022* that support the objective to reduce restrictive practices.²²⁶ This includes objectives to provide a broad range of voluntary, accessible healthcare options to enable a reduction in the use of compulsory assessment and treatment, and an enhanced focus on supported decision-making.

An independent panel commenced a review of the compulsory treatment criteria and alignment of decision-making laws in October 2022 and undertook consultation via Engage Victoria in April 2023.²²⁷ The *Next Phase of Reform document* outlines that in 2024-2025 a response to this consultation process and a final report will be developed. The *Next Phase of Reform document* indicates that there are further reforms to reduce compulsory treatment planned for 2025-2027, including guidance, guidelines, training and culture change. As outlined in the *Chief Mental Health and Wellbeing Officer report 2024-25*, the *Reducing Compulsory Treatment* initiatives focus on point of care-based interventions to reduce the use and duration of compulsory treatment, however, it states that "there is little evidence for 'what works' to lower rates and duration of compulsory treatment in any jurisdiction".²²⁸ The Reducing Compulsory Treatment initiative is testing interventions that may reduce compulsory treatment, to develop broader interventions that can be implemented across all Victorian mental health services.²²⁹

55.2: The Commission did not identify any publicly available information on targets to reduce the use of compulsory treatment. To 2023-24 there was a small decrease in compulsory treatment across either open community cases (11.5% of cases on a CTO in 2020-21, down to 11.2% in 2023-24), or inpatient admissions (50.2% down to 47.5%).²³⁰ In 2024-25 there was a slight increase (1.4%) in the proportion of compulsory admissions. In 2024-25, 48.9% of inpatient admissions were for compulsory treatment.²³¹

55.3: The Department's *Reform Progress Report 2026* indicates that "in the first phase of implementation, health services achieved a significant increase in completed advance statement of preference for consumers on compulsory treatment, strengthening supported decision-making capability".²³² The Local Services Capability Framework sets expectations about the use of compulsory treatments in section 6.2 of the document and appendix D.²³³ The Commission did not identify public information on how the Department of Health sets expectations with other service providers about the use of compulsory treatment when commissioning services, however as outlined above, the Reducing Compulsory Treatment initiative is testing models for wider implementation, indicating partial progress.

²²⁶ Department of Health, *Chief Officer for Mental Health and Wellbeing Annual Report 2024-25*, p84, <https://www.health.vic.gov.au/publications/chief-officer-mental-health-wellbeing-annual-report>

²²⁷ Engage Victoria, *Independent Review of Compulsory Treatment and Decision-Making Laws*, viewed 25 September 2025, <https://engage.vic.gov.au/independent-review-of-compulsory-treatment-and-decision-making-laws>

²²⁸ Department of Health, *Chief Officer for Mental Health and Wellbeing Annual Report 2024-25*, p84, <https://www.health.vic.gov.au/publications/chief-officer-mental-health-wellbeing-annual-report>

²²⁹ Ibid.

²³⁰ Both changes may be within a margin of error, though the Commission does not have access to the data required to validate this.

²³¹ Department of Health, *Chief Officer for Mental Health and Wellbeing Annual Report 2024-25*, p93, <https://www.health.vic.gov.au/publications/chief-officer-mental-health-wellbeing-annual-report>

²³² Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

²³³ Department of Health, *Mental Health and Wellbeing, Locals Service Framework*, (1st edition published May 2022, 2nd edition published Jan 2026) <https://www.health.vic.gov.au/publications/mental-health-wellbeing-locals-service-framework>

55.4: The Department of Health's recommendation 55 webpage indicates that the areas outlined by this recommendation for the Mental Health Improvement Unit are priorities for Safer Care Victoria.²³⁴ The *Next Phase of Reform document* reports this as an initiative for 2024-2027, noting that the Mental Health Improvement Program will work to reduce the use and duration of compulsory treatment by collaborating with clinical and non-clinical community teams, incorporating consumer voices, and enhancing the application of safeguards in the *Mental Health and Wellbeing Act 2022*. The Department's *Reform Progress Report 2026* indicates that Safer Care Victoria's Reducing Compulsory Treatment initiative has established a co-designed, evidence-informed approach, including a 'what works' package, to support community mental health services to reduce compulsory treatment.²³⁵ This suggests partial progress towards this recommendation.

²³⁴ Department of Health, *Recommendation 55*, Viewed 25 September 2025 <https://www.health.vic.gov.au/mental-health-reform/recommendation-55>

²³⁵ *Ibid.*

Rec 56: Supporting consumers to exercise their rights

Recommendation status reported by Department of Health: Partially delivered and in progress

Linked initiatives: Legal and non-legal advocacy, Review of compulsory treatment criteria and alignment of decision-making laws, Supporting consumer rights and advocacy

Key relevant recommendations: Rec 55 in relation to compulsory treatment; Recs 52 and 53 in relation to quality and safety

Related sub-recommendations

	Sub-recommendation	Royal Commission Timing	Status summary
56.1	Promote, protect and ensure the right of people living with mental illness or psychological distress to the enjoyment of the highest attainable standard of mental health and wellbeing without discrimination.	Pre 2022 - End 2031	Partial progress
56.2	Include a legislative provision in the new Mental Health and Wellbeing Act (refer to recommendation 42) enabling an opt-out model of access to non-legal advocacy services for consumers who are subject to or at risk of compulsory treatment.	Pre 2022 - End 2022	In place
56.3	Increase access to legal representation for consumers who appear before the Mental Health Tribunal, particularly when consecutive compulsory treatment orders in the community are being sought.	End 2022 - Pre 2026	In place
56.4	Align mental health laws over time with other decision-making laws with a view to promoting supported decision-making principles and practices.	Pre 2031 - End 2031	Partial progress

Findings

Considerable work has been undertaken to support consumers of mental health and wellbeing services to exercise their rights. An important component of this work is provision of an opt-out model of non-legal advocacy services for consumers who are subject to or at risk of compulsory treatment. The Mental Health Tribunal reports significant increases in legal representation for consumers appearing before the Tribunal.

Discussion

56.1: The Department of Health reports funding has been provided to Independent Mental Health Advocacy to offer advocacy, information and support to consumers to be involved in decision-making about their care and to exercise their rights. The Commission’s Lived Experience Plan describes the Commission’s work to provide guidance to mental health and wellbeing services on implementing the mental health and wellbeing principles, which aims to promote, protect and ensure the rights of people living with mental illness or psychological distress while receiving mental health and wellbeing treatment, care and support.

56.2: Delivery of this recommendation has been enabled through the Mental Health and Wellbeing Act (2022), requirements for mental health and wellbeing service providers to notify the advocacy service when certain events occur, and through funding provided to the Independent Mental Health Advocacy (IMHA), which is delivered by Victoria Legal Aid, providing an opt-out non-legal advocacy service.²³⁶

56.3: A model for increasing access to legal representation has been developed and is being implemented. The Mental Health Tribunal reports in its 2023-24 Annual Report that legal representatives attending hearings increased from 1,167 in 2021-22 to 1,902 in 2023-24 (a 60 per cent increase), while the number of hearings increased by 19 per cent over the same period.²³⁷ The Department of Health also reports in the *Chief Mental Health and Wellbeing Officer report 2023-24* that each of the legal service partners has seen an increase in legal services delivered to consumers appearing at the Tribunal. In 2024-25, according to the *Chief Mental Health and Wellbeing Officer report 2024-25*, “IMHA provided 52,070 high-intensity occasions of service (advocacy and coaching for self-advocacy) and 68,174 low-intensity occasions of service (information and referral)”.²³⁸ It was also reported that “IMHA has seen increased access to the service by groups that were previously harder to reach, including children, young people under 17, older people and people with dual diagnoses, particularly those with intellectual disability and dementia.”²³⁹ A triage line for accessing legal representation for people seeking representation at Mental Health Tribunal Hearings has also been established.²⁴⁰

56.4: The independent review of compulsory treatment (see recommendation 55) includes a component on alignment with other laws, indicating that work considering this recommendation has commenced. The Royal Commission’s *Final Report* refers, in particular, to alignment with human rights frameworks such as the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in relation to supported decision-making.²⁴¹ In terms of alignment with Victorian legislation and frameworks, the Victorian Guardianship and Administration Act (2019) was amended to align more directly with the principles of supported decision-making,²⁴² and the Office of the Public Advocate released guidance in 2020 on supported decision-making in Victoria.²⁴³ To achieve this recommendation, the Royal Commission outlined in its commentary a stepped approach to “first, increase uptake of safeguards, supported decision-making practices and monitoring in the short term; second, reduce the circumstances in which substituted decision making can occur in the medium term; and third, increase legislative alignment with other laws related to personal treatment decision making, such as Guardianship and Administration Act and Medical Treatment Planning and Decisions Act, in the long term”.²⁴⁴ Given the steps and progress outlined above, this sub-recommendation is therefore assessed as being in progress, however the further alignment of mental health laws to promote supported decision-making principles and practices over time will require further assessment.

²³⁶ Legal Aid website, *Independent Mental Health Advocacy*, viewed 5 June 2026, <https://www.legalaid.vic.gov.au/independent-mental-health-advocacy>

²³⁷ Mental Health Tribunal, *Annual Report 2023-24*, <https://www.mht.vic.gov.au/sites/default/files/documents/202411/MHT%202024%20ANNUAL%20REPORT%20-%20Web%20Copy.pdf>

²³⁸ Department of Health, *Chief Officer for Mental Health and Wellbeing Annual Report 2024-25*, p60, <https://www.health.vic.gov.au/publications/chief-officer-mental-health-wellbeing-annual-report>

²³⁹ *Ibid.*

²⁴⁰ Mental Health Tribunal website, available at: <https://www.mht.vic.gov.au/>

²⁴¹ *UN Convention on the Rights of Persons with Disabilities*, opened for signature 30 March 2007, (entered into force 3 May 2008).

²⁴² *Guardianship and Administration Act 2019* (Vic), secs. 8(1)(a) and 41(1)(c).

²⁴³ Office of the Public Advocate, *Supported Decision-Making in Victoria*, October 2020, https://www.publicadvocate.vic.gov.au/joomlatools-files/docman-files/general/Supported_Decision_Making_in_Victoria.pdf

²⁴⁴ State of Victoria, *Royal Commission into Victoria’s Mental Health System, Final Report, Volume 4: The fundamentals for enduring reform*. p428

Rec 57: Workforce strategy, planning and structural reform

Recommendation status reported by Department of Health: Delivered

Linked initiatives: Growing the workforce, Workforce strategy, various workforce incentives initiatives

Key related recommendations: Related workforce recommendations (Rec 58 and 59) and regional workforce incentives (Rec 40)

Related sub-recommendations

	Sub-recommendation	Royal Commission Timing	Status summary
57.1	Ensure that the range of expanded mental health and wellbeing services is delivered by a diverse, multidisciplinary mental health and wellbeing workforce of the necessary size and composition across Victoria.	Pre 2022 - End 2031	Partial progress
57.2	By the end of 2023, implement and support structural workforce reforms to: a. attract, train and transition staff to deliver the core functions of services across Local, Area and Statewide Mental Health and Wellbeing Services (refer to recommendation 5); and b. develop new and enhanced workforce roles as described by the Royal Commission in its final report.	Pre 2022 - End 2026	Partial progress
57.3	Develop, implement and maintain a Workforce Strategy and Implementation Plan and, by the end of 2021, enable the Department of Health to: a. conduct ongoing workforce data collection, analysis and planning; b. establish a dedicated workforce planning and strategy function; and c. encourage collaborative engagement and partnerships with relevant workforce stakeholders in implementing recommendations.	Pre 2022 - Pre 2022	Partial progress

Findings

A variety of initiatives have been implemented to support the development of the workforce required for the reformed mental health and wellbeing system, as envisaged by the Royal Commission. More detailed and regular public reporting of the mental health and wellbeing workforce's size, composition by profession and diversity would enable better understanding of progress and outcomes against this recommendation over time. While many of the components of these recommendations had been initially delivered by the indicated timeframes, such as the development of the initial Workforce Strategy 2021-24, these have since lapsed or reporting on outcomes has been limited. As such, at the time of writing, the status of these recommendations has been reported as 'Partial progress'.

Discussion

57.1: This recommendation specifically highlights the need for the workforce to be diverse, multidisciplinary and of adequate size and composition to deliver the reformed treatment, care and support services as outlined by the Royal Commission. The Mental Health and Alcohol and Other Drugs (AOD) Workforce Census and Personnel Survey were launched in 2021 and have been administered annually since.²⁴⁵ These provide information regarding the size, composition, distribution and employee experience of the workforce, however the information is not reported publicly. The Department's *Reform Progress Report 2026* provides high level information indicating that workforce programs (such as early career and graduate programs) have supported a 33 percent growth in the Victorian public mental health workforce between 2021 and 2025, equating to 2800 FTE.²⁴⁶ It is also indicated in the *Progress Report* that the investment in the Lived and Living experience workforces has resulted in a growth of 125 percent since 2021. While the overarching workforce strategy (noting the timeframes of the publicly available strategy have since lapsed), and a range of initiatives and workforce incentives have been implemented, as well as very high level information included in the Department's recent *Progress Report*, the delivery of this recommendation cannot be fully assessed without relevant data on the workforce size, composition, distribution and capabilities. The Department has also provided additional updates to the Commission in relation to more detailed workforce initiatives and related growth outcomes across disciplines.²⁴⁷ More detailed public reporting on workforce composition as outlined in the recommendation would also assist in evaluating progress on outcomes of this sub-recommendation, to ensure the continued growth and diversification of the workforce aligned with the continued reforms and rollout of the model of care are also delivered over time.

57.2: In terms of structural workforce reforms, the Department of Health's recommendation 57 webpage reports a range of initiatives and programs including the Mental Health and Wellbeing Workforce Strategy, regional mental health incentives, positions for nurses, allied health, and psychiatry, prequalification employment program, earn and learn, allied health and AOD postgraduate scholarships, and student placement support.²⁴⁸ Further information on various workforce incentives and pathways are included on the Department's mental health workforce website,²⁴⁹ as well as in the Department's recent *Reform Progress Report*.²⁵⁰ The Department has also provided additional updates to the Commission in relation to more detailed workforce initiatives and related outcomes across workforce roles.²⁵¹ These are wide-ranging programs, and many relate to workforce supply and distribution across the state. While some initiatives are focused on incentives and pathways to support greater role diversity and a more multidisciplinary workforce, further public reporting on how this is being addressed through a renewed workforce strategy, information on workforce supply, diversity and distribution, as well as outcomes assessment would strengthen the evidence for this sub-recommendation in terms of its sustained delivery, and outcomes over time.

The Commission will continue to seek clarification and report updates on the status of this recommendation as further information becomes available, as outlined in the 'Approach to the review' section above.

²⁴⁵ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

²⁴⁶ Ibid

²⁴⁷ Authorised information provided by the Victorian Department of Health to the Commission on 28 April 2026.

²⁴⁸ Department of Health, *Recommendation 57*, viewed 20 May 2026, <https://www.health.vic.gov.au/mental-health-reform/recommendation-57>

²⁴⁹ Department of Health, *Mental health workforce*, viewed 20 May 2026, <https://www.health.vic.gov.au/health-workforce/mental-health-workforce>

²⁵⁰ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

²⁵¹ Authorised information provided by the Victorian Department of Health to the Commission on 28 April 2026.

57.3: The Mental Health and Wellbeing Workforce Strategy 2021-2024 was released in 2021.²⁵² This included consideration of the size, distribution and capabilities of the workforce. An update to the strategy has not been released publicly since 2024, though the initial strategy indicated that there would be subsequent strategies released for 2024-26, 2026-28, and 2028-30. The *Next Phase of Reform document* indicates an intent to develop a refreshed 12-month Strategic Action Plan for the strategy in 2025-26. The current Strategy indicates that the Outcomes and Performance Framework (see recommendations 1 and 49) will help to measure the impact of initiatives. Evidence from that framework may therefore help to provide evidence for progression against this recommendation, when such data becomes available.

The Department has provided further information to the Commission that an update to the Workforce Strategy and Implementation Plan 2021–2024 is pending and is being progressed through sector-wide consultation as part of the ongoing maintenance and refinement of workforce planning arrangements, to ensure continued alignment with evolving system needs. The Department has also confirmed to the Commission that ongoing workforce data collection, analysis and planning arrangements have been established and maintained through the annual Mental Health and Alcohol and Other Drugs Workforce Census and the Mental Health and Wellbeing Workforce Personnel Survey, providing system-wide insights into workforce size, composition, distribution and experience to inform workforce planning and the development of workforce initiatives. The Department has also indicated that a dedicated workforce planning and strategy capability has been established within the Department through the Mental Health Reform Design function, including responsibility for workforce strategy and planning. This is designed to provide enduring organisational capability to lead workforce analysis, planning and reform activity across the system. Collaborative engagement and partnerships with workforce stakeholders have also been embedded as an ongoing feature of workforce reform. Advisory structures, including the Allied Health Reference Group, Tertiary Education Reference Group and the Mental Health Workforce Safety and Wellbeing Committee, have been established to provide expert advice, facilitate sector engagement and inform workforce reform activity.²⁵³

²⁵² Department of Health, *Victoria's mental health and wellbeing workforce strategy 2021-2024*, available at: <https://www.health.vic.gov.au/publications/mental-health-workforce-strategy>

²⁵³ Authorised information provided by the Victorian Department of Health to the Commission on 28 April 2026.

Rec 58: Workforce capabilities and professional development

Recommendation status reported by Department of Health: Delivered

Linked initiatives: Growing the workforce, Workforce capability

Key related recommendations: Workforce strategy (Rec 57) and Collaborative Centre for Mental Health and Wellbeing (Interim Rec 1)

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
58.1	Through the Department of Health, by the end of 2021, define the knowledge, skills and attributes required of a diverse, multidisciplinary mental health and wellbeing workforce, starting with the priorities as described by the Royal Commission.	Pre 2022 - Pre 2022	In place
58.2	Develop a Victorian Mental Health and Wellbeing Workforce Capability Framework as a component of this.	Pre 2022 - End 2022	In place
58.3	Detail the approach to capability development across the mental health and wellbeing workforce as part of the workforce strategy and implementation plan.	Pre 2022 - End 2022	In place
58.4	Build on the interim report’s recommendation 1 and enable the Collaborative Centre for Mental Health and Wellbeing, in collaboration with training providers, mental health and wellbeing services and people with lived experience, to coordinate learning and professional development activities across the whole mental health and wellbeing workforce.	Pre 2022 - End 2031	In place

Findings

The Mental Health and Wellbeing Workforce Capability Framework ‘Our workforce, our future’ is in place. The Victorian Collaborative Centre was given responsibility for workforce development for Victoria’s mental health and wellbeing sector in July 2025.

Discussion

58.1 and 58.2: The Mental Health and Wellbeing Workforce Capability Framework ‘Our workforce, our future’ was released in December 2023 and contains information that reflects these recommendations.²⁵⁴ The *Next Phase of Reform document* indicates that upcoming work includes sector engagement activities to establish local

²⁵⁴ Department of Health, *Our workforce, our future*, viewed 25 September 2025, <https://www.health.vic.gov.au/our-workforce-our-future>

implementation teams for the Framework, continued implementation of the Framework, and the design and implementation of the workforce capability function of the Victorian Collaborative Centre. The Department's 2026 *Reform Progress Report* also references a range of practical resources and guidance to assist with implementation, and the metro and regional forums where over 300 mental health and wellbeing workers participated to focus on local implementation of the Framework.²⁵⁵

58.3: The Workforce Strategy includes sections related to supporting and building workforce capabilities. Ongoing evaluation and reporting on whether longer-term initiatives have been implemented as intended and their impact on developing a workforce with the required capabilities would strengthen the evidence of sustained outcomes against this sub-recommendation over time.

58.4: From 1 July 2025, the Victorian Collaborative Centre was given responsibility for workforce development for Victoria's mental health and wellbeing sector, taking over from the Centre for Mental Health Learning and other related functions and initiatives supported or delivered directly by the Department. The Collaborative Centre's website provides further information on the range of initiatives it is delivering.²⁵⁶

²⁵⁵ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

²⁵⁶ The Collaborative Centre for Mental Health and Wellbeing, *Workforce: Building a capable, connected and supported mental health workforce*, viewed 28 May 2026, <https://vccmhw.vic.gov.au/Workforce>

Rec 59: Workforce safety and wellbeing

Recommendation status reported by Department of Health: Partially delivered and in progress

Linked initiatives: Workforce safety and wellbeing committee and related initiatives

Key related recommendations: Workforce strategy (Rec 57)

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
59.1	By the end of 2021, establish an ongoing Mental Health Workforce Wellbeing Committee to address occupational health and safety needs, co-chaired by the Department of Health and WorkSafe Victoria that will: a. identify, monitor and address existing physical safety and wellbeing risks as well as those that may emerge throughout the reform process; and b. develop tailored monitoring approaches for the psychological health and safety of staff in the mental health and wellbeing workforce.	Pre 2022 – Pre 2022	In place
59.2	Work with service providers, workers (including lived experience workers), unions, representative and professional bodies to set clear expectations and implement a range of measures to support the professional wellbeing of the mental health and wellbeing workforce, as described by the Royal Commission in its final report.	Pre 2022 - End 2026	Partial progress
59.3	Beginning in 2021, work with the Mental Health Workforce Wellbeing Committee to monitor workforce wellbeing outcomes at least once a year.	Pre 2022 - End 2031	In place

Findings

Steps are being taken to improve the safety and wellbeing of the mental health and wellbeing workforce, including through the establishment of the Mental Health Workforce Safety and Wellbeing Committee. Reporting of staff safety incident trends would enable demonstration of improvements in outcomes over time.

Discussion

59.1 and 59.3: The Department of Health reports that the Committee was established in early 2022 and is legislated under the *Mental Health and Wellbeing Act 2022*. The Department's *Reform Progress Report* in 2026 confirms that the Committee "works to identify and address safety and wellbeing risks and monitor the health and wellbeing of the mental health workforce".²⁵⁷

The Department has also provided confirmation to the Commission that the Mental Health Workforce Safety and Wellbeing Committee is ongoing, and is jointly chaired by the Department of Health and WorkSafe Victoria and provides a formal, system-level mechanism to identify, monitor and address physical safety, wellbeing and emerging workforce risks across the reform program. The range of activities undertaken by the Committee indicate that it has been established, embedded and operates as intended as an ongoing governance mechanism to address occupational health, safety and wellbeing risks across the mental health and wellbeing workforce, consistent with the requirements of recommendation 59.1.²⁵⁸

The *Next Phase of Reform* document indicates that the intention is for ongoing monitoring of workforce safety and wellbeing, as this is outlined as a key initiative for 2024 to 2027. Public reporting of trends in workplace safety of staff of mental health and wellbeing services would be helpful to understand progress of outcomes in this important area over time.

59.2: The Department of Health reports administration of the workforce wellbeing survey. Reporting of programs or decisions resulting from this survey, or other activities being undertaken to set expectations around workforce wellbeing would help to strengthen the evidence for progression against this recommendation. The Commission was unable to access data reporting staff safety incidents at mental health and wellbeing services. The Department's *Reform Progress Report* in 2026 provides an example initiative of training in clinical supervision for allied health professionals and mental health nurses to support safe and supportive work environments.²⁵⁹

²⁵⁷ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

²⁵⁸ Authorised information provided by the Victorian Department of Health to the Commission on 28 April 2026.

²⁵⁹ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

Rec 60: Building a contemporary system through digital technology

Recommendation status reported by Department of Health: In progress

Linked initiatives: Contemporary Information and Communication Technology

Key related recommendations: Contemporary information architecture (Rec 62)

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
60.1	Develop new statewide digital service requirements for all publicly funded mental health and wellbeing service providers that outline the consistent minimum digital functionality every provider should offer to consumers, families, carers and supporters.	Pre 2022 - End 2022	Not yet commenced
60.2	Support mental health and wellbeing service providers to adopt digital technologies, where safe and appropriate to do so, through: a. developing regulatory arrangements; b. providing funding; and c. building the ability of mental health and wellbeing service providers to integrate digital technologies.	Pre 2022 - End 2026	Not yet commenced
60.3	Enable mental health and wellbeing services to offer people living with mental illness or psychological distress access to devices, data and digital literacy support, where it is their preference to use digital services but they are otherwise unable to do so	Pre 2022 - Pre 2026	Not yet commenced

Findings

It is not evident from available information that work has commenced directly on these recommendations.

Discussion

60.1, 60.2, 60.3: The Department reports that a new system is being developed to replace the current Client Management Interface/Operational Data Store (CMI/ODS), which is over 30 years old, to support better digital services and modern ways of working, and that the system will be rolled out in stages, with an anticipated completion date of mid-2028.²⁶⁰

Current Policy and Funding Guidelines for health services more broadly, reference a number of guiding strategies and plans that should inform the delivery of digital services, including the Australian Government Digital Health Blueprint and Action Plan 2023–2033, the Australian Digital Health Agency’s National Digital Health Strategy 2023–2028 and the Connecting Australian Healthcare: National Healthcare Interoperability Plan 2023–2028.²⁶¹ The Department notes in the policy guide that these will inform the development of Victoria’s 10-year vision for a digitally-enabled health system and the future direction of Victoria’s digital health roadmap.²⁶² The Department’s current Digital Health Roadmap (published as the 2021–2025 roadmap), includes reference to delivering on the Royal Commission’s recommendations including in relation to creating more options for people to use home-based and virtual care, and care closer to home.

Given the focus of this recommendation is on improving access to digital service delivery options, while the delivery of a revised CMI/ODS (as indicated by the Department) may assist in enabling mechanisms for enhanced digital service provision options, it is unclear to the Commission whether the Department intends to progress options for enhanced digital service provision through additional services requirements and capability development, alongside this platform transformation and other broader digital health initiatives outlined above, in order to deliver on recommendation 60.

²⁶⁰ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

²⁶¹ Department of Health, *Policy and Funding Guidelines for health services 2025–26*, p. 57, available at: <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>

²⁶² Department of Health, *Victoria’s Digital Health Roadmap*, available at: <https://www.health.vic.gov.au/publications/victorias-digital-health-roadmap>

Rec 61: Sharing mental health and wellbeing information

Recommendation status reported by Department of Health: In progress

Linked initiatives: Information capture and sharing

Key related recommendations: Contemporary information architecture (Rec 62)

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
61.1	Develop policies, standards and protocols to enable the effective, safe and efficient collection and sharing of mental health and wellbeing information.	Pre 2022 - End 2022	Partial progress
61.2	Set expectations that mental health and wellbeing services will provide opportunities for consumers to contribute to the information held about them and gain easy access to it.	Pre 2022 - End 2022	Not yet commenced
61.3	Collaborate with consumers to introduce a consent-driven approach to information sharing with mental health and wellbeing services and individuals outside of the mental health and wellbeing system.	Pre 2022 - End 2022	Partial progress

Findings

The Mental Health Legislation Amendment Act 2025 includes amendments intended to improve information sharing arrangements that may provide the basis for further progression of these sub-recommendations. Work is in progress towards the development of a new Mental Health and Wellbeing Client Management System to enable delivery of these recommendations.

Discussion

61.1, 61.2, 61.3: As outlined in recommendation 60, the Department has confirmed that a new Mental Health and Wellbeing Client Management System is being developed to replace the current Client Management Interface and Operational Data Store, which is over 30 years old. The Department reports that a workplan is being established in 2026 for how information sharing will be integrated into the Mental Health and Wellbeing Client Management System (MHWCMS) implementation project, with the aim “to ensure that the new system enables the policy and legislative intent of information sharing reforms”.²⁶³ The Department’s recommendation website update further states that delivery of the MHWCMS is underway, with vendor selected, implementation pathway complete and technical base platform built, with an

²⁶³ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

anticipated completion date for the project is June 2028.²⁶⁴ The Department's current Digital Health Roadmap (published as the 2021-2025 roadmap), also includes reference to delivering on the Royal Commission's recommendations including "giving consumers access to their own healthcare information".²⁶⁵

²⁶⁴ Department of Health, *Recommendation 61*, viewed 5 June 2026, <https://www.health.vic.gov.au/mental-health-reform/recommendation-61>

²⁶⁵ Department of Health, *Victoria's Digital Health Roadmap*, available at: Victoria's digital health roadmap | [health.vic.gov.au](https://www.health.vic.gov.au)

Rec 62: Contemporary information architecture

Recommendation status reported by Department of Health: In progress

Linked initiatives: Contemporary Information and Communication Technology

Key related recommendations: Digital service provision (Rec 60) and information sharing (Rec 61)

Related sub-recommendations

	Sub-recommendation	Royal Commission Timing	Status summary
62.1a	Develop, fund and implement modern infrastructure for Information and Communications Technology (ICT) systems, including: a. a new statewide electronic Mental Health and Wellbeing Record for mental health and wellbeing services to replace the current Client Management Interface/ Operational Data Store (CMI/ODS) system;	Pre 2022 - Pre 2026	Partial progress
62.1b	Develop, fund and implement modern infrastructure for Information and Communications Technology (ICT) systems, including: b. a review of data items currently required for service delivery and system administration, the removal of unused items and the addition of new items that accurately reflect mental health service activity and consumer outcomes;	Pre 2022 - Pre 2022	Partial progress
62.1c	Develop, fund and implement modern infrastructure for Information and Communications Technology (ICT) systems, including: c. a new Mental Health Information and Data Exchange that allows interoperability between the proposed Mental Health and Wellbeing Record and other services' major ICT systems to support information sharing in real-time within and across services and sectors;	End 2022 - End 2031	Partial progress
62.1d	Develop, fund and implement modern infrastructure for Information and Communications Technology (ICT) systems, including: d. a new user-friendly online consumer portal (web and mobile) connected to the Mental Health Information and Data Exchange that allows consumers to view key information about themselves and authorise sharing of information with members of their care team, including families, carers and supporters; and	Pre 2026 - End 2026	Partial progress
62.1e	Develop, fund and implement modern infrastructure for Information and Communications Technology (ICT) systems, including:	Pre 2026 - End 2026	Partial progress

Sub-recommendation	Royal Commission Timing	Status summary
e. a comprehensive data repository and associated clinical registries for mental health (within the recommended Mental Health Information and Data Exchange) that will support outcome measurement, future service planning, continuous improvement and mental health research.		

Findings

Significant funding has been provided to develop the technical solutions indicated in this recommendation and work has progressed.

Discussion

62.1a, 62.1b: The *Next Phase of Reform document* indicates that work on several of these recommendations has commenced. For example, there is work to improve the technology architecture for the mental health and wellbeing system, ensuring information can be shared between service providers, scheduled for 2024-2027. There was initial investment of \$64.7 million to support this work.²⁶⁶ The Department’s Reform Progress Update 2026 confirms that a new system is being developed to replace the current Client Management Interface/Operational Data Store (CMI/ODS), to support better digital services and modern ways of working, and that the system will be rolled out in stages, with an anticipated completion date of mid-2028.²⁶⁷

The Policy and Funding Guidelines for Health Services recognises these recommendations in section 24.3.3. The progress reported indicates that work was undertaken from December 2023 to replace CMI/ODS.

62.1c: According to statements made in parliament in relation to the Mental Health Legislation Amendment Bill 2025, CareSync Exchange is currently being rolled out across the health sector, to enable interoperability between IT systems.²⁶⁸

62.1d, 62.1e: Statements made in parliament, described above, indicate that information collected from the new system will support the future establishment of the comprehensive data repository and associated clinical registries, and a new user-friendly consumer portal.

²⁶⁶ Parliament of Victoria. Legislative Assembly. 11 September 2025. Parliamentary debates (Hansard), <https://hansard.parliament.vic.gov.au/isysquery/879c638f-e260-43fb-8033-eb44c46a49b9/1/doc/>

²⁶⁷ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

²⁶⁸ Parliament of Victoria. Legislative Assembly. 11 September 2025. Parliamentary debates (Hansard), <https://www.parliament.vic.gov.au/parliamentary-activity/hansard/hansard-details/HANSARD-2145855009-32449>

Rec 63: Facilitating translational research and its dissemination

Recommendation status reported by Department of Health: Partially delivered and in progress

Linked initiatives: Victorian Collaborative Centre

Key related recommendations: Collaborative Centre for Mental Health and Wellbeing (Interim Rec 1)

Related sub-recommendations

	Sub-recommendation	Royal Commission Timing	Status summary
63.1	Building on the interim report's recommendation 1, by the end of 2023, enable the Collaborative Centre for Mental Health and Wellbeing, to: a. facilitate translational research throughout the mental health and wellbeing system, including in collaboration with other research centres and institutes; b. ensure new research aligns with initial reform priorities identified by the Royal Commission; c. strengthen and support a formal network of academic service leaders responsible for sharing and applying research in service settings; d. ensure that evidence informs workforce education and training, and promotes cultures of inquiry, innovation and learning; e. provide a 'clearing house' to collect, combine and share information from research, innovation projects and evaluations; and f. provide authoritative advice on evidence-informed approaches to treatment, care and support to inform policy development, planning and investment.	Pre 2022 - Pre 2026	In place
63.2	Identify and promote opportunities to increase collaboration in translational research on the mental health and wellbeing of infants, children and young people.	Pre 2022 - Pre 2026	Not yet commenced

Findings

The Victorian Collaborative Centre for Mental Health and Wellbeing is undertaking translational research with its approach for the coming years outlined in its Translational Research Strategy 2024-2027.

Discussion

63.1: Public information from the Department of Health and Victorian Collaborative Centre for Mental Health and Wellbeing indicate that several of these functions are being undertaken with the centre's approach outlined in its Translational Research Strategy 2024-2027.²⁶⁹ The achievement of functions of the Victorian Collaborative Centre for Mental Health and Wellbeing outlined in the recommendations and delivery of the strategy will continue to be reviewed as part of ongoing outcomes evaluation over time.

63.2: Public information on translational research projects being undertaken by the Victorian Collaborative Centre for Mental Health and Wellbeing does not yet specifically include projects related specifically to infants, children, and young people. The Translational Research Strategy 2024-2027 also indicates that the first 3 years will be focused on adult models of care.

²⁶⁹ Victorian Collaborative Centre for Mental Health and Wellbeing *Translational Research Strategy 2024-2027*, Viewed 5 June 2026 <https://vccmhw.vic.gov.au/translational-research>

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

Recommendation status reported by Department of Health: In progress

Linked initiatives: No initiatives reported

Key related recommendations: Collaborative Centre for Mental Health and Wellbeing (Interim Rec 1) and Translational Research (Rec 63)

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
64.1	Commission an existing entity to provide dedicated support and resources for innovation in mental health treatment, care and support.	End 2022 - End 2031	In place
64.2	Fund this entity to: a. administer a dedicated mental health innovation fund for projects selected by an expert panel; b. establish and promote collaborative networks to drive and facilitate innovation in mental health treatment, care and support; and c. provide practical support to services to implement and test new approaches to mental health treatment, care and support.	End 2022 - End 2031	Partial progress

Findings

The Victorian Collaborative Centre for Mental Health and Wellbeing is the entity commissioned to provide dedicated support and resources for innovation in mental health treatment, care and support, and some of the functions outlined have been commenced.

Discussion

64.1: The Department of Health indicates that the Victorian Collaborative Centre for Mental Health and Wellbeing is the entity commissioned to deliver this recommendation.²⁷⁰

64.2: The Commission could not identify information indicating a dedicated innovation fund has been established. The intention of this fund by the Royal Commission was to invest in innovation across the system, including at a local or service level, to be administered by the commissioned entity (the Collaborative Centre).

The Commission has identified, however, that the Collaborative Centre has established several initiatives, projects and partnerships that relate to the elements of this recommendation. These include, for example:

- the Open Dialogue Research Project, which focuses on “identifying opportunities and barriers to implementing an Open Dialogue approach into an Area Mental Health Service”.²⁷¹
- the Knowledge Sharing Platform, providing access to information, toolkits, and research evidence.²⁷²
- the Collaborative Centre’s Translating Research into Practice Action Plan which identifies success factors including that “evidence-based models of care are widely implemented in services”.²⁷³
- the Collaborative Centre’s partnerships with research and service delivery partners (including the Royal Melbourne Hospital, the University of Melbourne, and a network of mental health and research collaborators), which as indicated in the Royal Commission’s *Final Report* was intended to support the translation of “research into world-leading practice in all services”.²⁷⁴

These initiatives can contribute to the delivery of this recommendation, including to connect services with translational research activities to enable local innovation and put research into practice, as well as to build “innovation capability that, across the entire mental health and wellbeing system”, and to “assists testing, monitoring and refinement of new approaches and innovations”, as well as creating “feedback loops from service-level activities to share learning from implementation experiences, and promote promising innovations for evaluation and potential scaling” as intended by the Royal Commission.²⁷⁵

²⁷⁰ Department of Health, *Recommendation 64*, Viewed 25 September 2025 <https://www.health.vic.gov.au/mental-health-wellbeing-reform/recommendation-64>

²⁷¹ Collaborative Centre for Mental Health and Wellbeing, *Open Dialogue Research Project*, viewed 6 June 2026, <https://vccmhw.vic.gov.au/vccmhw/projects/the-open-dialogue-research-project>

²⁷² Collaborative Centre for Mental Health and Wellbeing, *Knowledge Sharing Platform*, viewed 6 June 2026, <https://vccmhw.vic.gov.au/resources>

²⁷³ Collaborative Centre for Mental Health and Wellbeing, *Our Roadmap at a glance*, viewed 6 June 2026, <https://vccmhw.vic.gov.au/about-us/our-roadmap-at-a-glance>

²⁷⁴ State of Victoria, *Royal Commission into Victoria’s Mental Health System, Final Report, Volume 4: The fundamentals for enduring reform*, p4

²⁷⁵ State of Victoria, *Royal Commission into Victoria’s Mental Health System, Final Report, Volume 5: Transforming the system: innovation and implementation*, p131.

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

Recommendation status reported by Department of Health: Partially delivered and in progress

Linked initiatives: Outcomes and Performance Framework (OPF)

Key related recommendations: OPF (Rec 1), Monitoring and improving service provision (Rec 49)

Related sub-recommendations

Sub-recommendation		Royal Commission Timing	Status summary
65.1	Set an expectation that adequate evaluation is a condition of funding for all new mental health and wellbeing programs, initiatives and innovations.	Pre 2022 - End 2022	Partial progress
65.2	Develop and fund a strategy to ensure evaluation routinely informs the implementation of reforms and ongoing decision making about policies and investment.	Pre 2022 - Pre 2026	Partial progress
65.3	Promote and improve evaluation practices throughout the mental health and wellbeing system by issuing guidance and facilitating access to evaluation expertise.	Pre 2022 - End 2031	Partial progress

Findings

Work towards embedding evaluation at a system, programs, initiatives and service level has commenced.

Discussion

In relation to these recommendations, the Royal Commission outlined a range of ways in which evaluation could be implemented into the mental health and wellbeing system (to complement related recommendations related to the Outcomes and Performance Framework), including conducting system-wide evaluation of outcomes and new programs or initiatives, building evaluation into funding and commissioning, building evaluation capability across the workforce and services, and sharing evaluation findings for continuous improvement.²⁷⁶

²⁷⁶ State of Victoria, *Royal Commission into Victoria’s Mental Health System, Final Report, Volume 5: Transforming the system: innovation and implementation*, p177.

65.1: The Department's *Reform Progress Report* confirms compliance with the Department of Treasury and Finance's Performance Management Framework, which requires programs seeking State Budget funding to consider evaluation from the design phase.²⁷⁷ The Department of Health reports on its website that "evaluations of several programs are currently underway and others are in planning stages".²⁷⁸ This indicates that evaluation is being set as an expectation for funding of all new programs, initiatives or programs. The *Local Services Framework* also specifically includes reference to evaluation, including statements that the Department of Health has a role in evaluating the Locals.²⁷⁹

65.2: In addition to the development of the Mental Health and Wellbeing Outcomes and Performance Framework, as referenced in recommendations one and 49 above, the Department of Health reports on its website that an evaluation strategy to promote consistent approaches to evaluation is being developed. And importantly, that the Department will continue to work with people with lived experience for all stages of evaluation.²⁸⁰

65.3: The Department's recommendation website also indicates that the evaluation strategy will include processes and tools to support evaluation, and that evaluation findings will be shared and used to support implementing the recommendations, new programs and improvements.²⁸¹ The *Next Phase of Reform document* indicates that the Victorian Collaborative Centre for Mental Health and Wellbeing intends to promote and improve evaluation practices throughout the mental health and wellbeing system by issuing guidance and facilitating access to evaluation expertise, scheduled for 2024-2027.

²⁷⁷ Department of Health, *Mental Health and Wellbeing Reform Progress Report 2026*, May 2026. See <https://www.health.vic.gov.au/mental-health-wellbeing-reform/our-next-phase>

²⁷⁸ Department of Health, *Recommendation 65*, Viewed 6 June 2026 <https://www.health.vic.gov.au/mental-health-wellbeing-reform/recommendation-65>

²⁷⁹ Department of Health, *Mental Health and Wellbeing, Locals Service Framework*, (1st edition published May 2022, 2nd edition published Jan 2026) <https://www.health.vic.gov.au/publications/mental-health-wellbeing-locals-service-framework>

²⁸⁰ Department of Health, *Recommendation 65*, Viewed 6 June 2026 <https://www.health.vic.gov.au/mental-health-wellbeing-reform/recommendation-65>

²⁸¹ Ibid.



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