



Budget Priority Statement 2011-12

Recommendations for the Victorian State Budget 2011-12

VICSERV welcomes the balanced approach to mental health proposed by the Coalition government during the 2010 election. Now is the time to make a difference to those affected by mental illness by making the following priorities for the 2011-12 budget year:

1	Increase investment in community managed mental health	<ul style="list-style-type: none">• Immediate 5 million dollar outlay in enhancing community-based support services• Funding of a community managed mental health sector mapping project• Complete survey of the mental health sector workforce	➔	Increase capacity to meet demand for services Better designed service system that caters for identified need Sustainable workforce development
2	Innovative housing alternatives	<ul style="list-style-type: none">• \$3.2 million investment in a new housing framework including private rental initiatives.• Further investments in supported housing	➔	Framework for reduction in public housing list Platform for recovery and increased stable housing stock
3	Invest in alternative treatment settings	<ul style="list-style-type: none">• Tendering process and capital works planning for 3 new PARCs• Investment in other sub-acute models	➔	Re-balance crises driven mental health system, keeping people out of hospital
4	Transition from hospital into community	<ul style="list-style-type: none">• \$1.8 million dollar investment in piloting dedicated housing, education and employment officers	➔	Reduce hospital readmission Seamless integration back into community
5	Ongoing mental health reform	<ul style="list-style-type: none">• Continued investment in systemic mental health reform• Allocation of funding for flow-on effects of a new Mental Health Act	➔	A sustainable service system that honours human rights

1. Increase investment in community managed mental health

The potential of the community-managed mental health sector in terms of return on investment has been overlooked for too long. Victoria once led the way by investing substantially in the community mental health sector. Sadly, this is no longer the case.

This was evident in 2010-11 where only 9.8% of the State total mental health budget was allocated to psychiatric disability and recovery support services. This was a decrease of 1.5% in real terms compared to the previous budget year, when inflation and population growth are taken into account. This is despite international best practice and literature which indicates that 30% of mental health funding should be allocated to community-managed mental health in order to be truly effective.

VICSERV welcomes the Coalition government's pledge to invest \$19.3 million over four years in enhanced community-based support services. However in order to shape-up the service system to truly maximise individuals' chances of recovery, an immediate \$5 million dollar outlay is needed to build the capacity of existing services. This relatively small investment will give maximum returns, relieving pressures on overburdened hospitals and enabling better provision of treatment out in the community. It will also increase capacity to provide more flexible and scalable home-based outreach services.

VICSERV also calls on the government to fund a community-managed mental health sector mapping project. The mapping of the sector will provide information regarding:

- Service gaps
- Length of waiting lists
- Service demand and how they are provided
- Location of services
- Types of services provided and clientele

Investment in the mapping project will inform government where the greatest demands for services are and areas where future investment can make the most difference.

Further, VICSERV heeds the government to invest in a complete survey of the community mental health sector workforce. This will go hand-in-hand with the mapping project in informing investments and building a more sustainable workforce.

2. Innovative housing alternatives

Stable and secure housing for people with a mental illness provides a solid base from which recovery can begin. This is evident from a range of innovative social housing models that currently exist in Victoria as well as interstate with the Housing and Accommodation Support Initiative (HASI) and the Housing and Support Program (HASP). Stable accommodation allows a person to confidently re-enter the workforce, further education and influences good physical and mental health.

It is clear however that housing must be linked with support services in order to be effective for those with a psychiatric disability. While VICSERV supports a \$3.2 million dollar investment in a new housing framework, including private rental initiatives, such a framework must incorporate fully integrated support services to ensure viability of the scheme.

The 2009 Family and Community Development Committee Inquiry into Supported Accommodation for Victorians with a Disability and/or Mental Illness highlighted that there is no 'one size fits all' solution to the housing crisis and that a multi-pronged approach is required. It also recognised that funding of long-term supported accommodation options is a key priority.

3. Invest in alternative treatment settings

The establishment of 3 new PARCs including a female only PARC will provide more appropriate treatment settings for people on the cusp of or recovering from an acute episode of illness. In the 2011-12 budget, VICSERV would like to see part of the \$9.7 million dollars allocation to go towards beginning the process of building the PARCs, particularly capital works planning and the tendering process.

The establishment of more PARCs will go some way in re-calibrating the current crisis driven service delivery model however it is not the only appropriate sub-acute model. Over-reliance on PARCs could result in people being placed there due to a lack of hospital beds or suitable accommodation. Investment in alternatives to PARCs such as treatment in the community through home-based psychosocial outreach must be explored. These alternatives will provide a greater range of suitable treatment options. Keeping people out of hospital means that recovery can begin sooner through reintegration into community over time.

4. Transition from hospital into community

The promised \$1.8 million dollar investment in piloting dedicated housing, education and employment officers is not only welcomed but encouraged. Inadequate hospital discharge planning can lead to readmission after a short while or even fatalities – both causing stress on an already overburdened service system. Having a workable plan post-discharge not only reduces the chances of these events occurring, it also makes economic sense.

Additionally, housing, education and employment have long been recognised as the key tenets of social inclusion. Social inclusion, or rather the decrease in social exclusion, not only assists in the recovery process, but engenders self-reliance. VICSERV hopes that the pilot will be extended to a more localised level rather than just at area mental health services.

5. Ongoing mental health reform

Victoria is currently in the second year of a 10 year reform plan. This reform is both needed and long overdue. VICSERV urges the Coalition to continue and build upon the strategies proposed in the 2009-2019 plan.

In doing so, VICSERV seeks a commitment from the new government that it will continue to fund the initiatives detailed in the plan. Without a solid base, many of the Coalition's pre-election promises cannot work. This solid base is needed in order to build a sustainable service system for the long-term.

A key reform is the overhaul of the *Mental Health Act 1986*. VICSERV calls on the government to continue this fundamental reform to strengthen the human rights of all people who interact with the service system.

That said, the \$37 million dollars earmarked by the previous government to introduce the new legislation was inadequate. The allocation did not take into account the flow-on affects of the Act particularly for community managed mental health services such as:

- Discharging their responsibilities as proposed under the draft
- Assisting consumers to employ advance statements, make use of the nominated persons scheme and to fully realise their human rights
- Provide staff training in relation to the Act once made
- Complying with added regulatory burdens and systems changes
- Providing variety and choice of services for consumers
- Resources to meet added demands on services

Investment will need to be fully costed and funded to meet these minimum requirements.

VICSERV welcomes the opportunity to discuss these budget recommendations further and work with the government in establishing clear priorities in mental health.

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