Victoria's mental health and wellbeing services annual report 2022–23

VICTORIA State Government | Department of Health

Acknowledgement of country

The Victorian Government proudly acknowledges Victoria's Aboriginal communities and their rich culture and pays respect to their Elders past and present.

We acknowledge Aboriginal peoples as Australia's first peoples and as the Traditional Owners and custodians of the land and water on which we live, work and play.

We recognise and value the ongoing contribution of Aboriginal people and communities to Victorian life and how this enriches our society more broadly.

We embrace self-determination and reconciliation, working towards equality of outcomes and ensuring an equitable voice.

Acknowledgement of lived and living experience

We would like to recognise all people with lived and living experience of mental illness and psychological distress, substance use, and their carers, families and supporters. This recognition extends to the clinical and non-clinical workforces that support people with lived and living experience. Thank you for working in partnership to transform the system.

To receive this document in another format email the Deputy Secretary's Office – Mental Health and Wellbeing Division <DSO.MentalHealthWellbeingDivision@health.vic.gov.au>.

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In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people.

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Responsible body's declaration

Minister for Mental Health

To: Minister for Mental Health

Dear Minister

In accordance with section 118(2) of the *Mental Health Act 2014*, I am pleased to submit to you *Victoria's mental health and wellbeing services annual report* for the period 1 July 2022 to 30 June 2023.

Professor Euan M Wallace AM
Secretary
Department of Health

Secretary's foreword

I am pleased to present *Victoria's mental health and wellbeing services annual report 2022–23* to the Victorian Parliament and community. This report focuses on Victoria's state-funded mental health and wellbeing services and the people who accessed these services for treatment, care and support in 2022–23.

For the past seven years the department has presented the *Mental health services annual report*. This year we are including 'wellbeing' in the title to represent the shift in the role and structure of the system as the Royal Commission into Victoria's Mental Health System intended. Mental health and wellbeing does not refer simply to the absence of mental illness but to creating the conditions in which people are supported to achieve their potential. Our vision is that Victorians are the healthiest people in the world as highlighted in the *Department of Health strategic plan 2023–27*. Prioritising mental health and wellbeing is essential to achieving this bold and ambitious goal, because Victorians deserve nothing less.

This report highlights progress over the past year in implementing the 74 recommendations from the Royal Commission's interim and final reports. A significant milestone in reform was achieved when the new *Mental Health and Wellbeing Act 2022* passed Victorian Parliament in September 2022 for commencement from 1 September 2023. The legislation contains new rights-based objectives and principles to drive the highest possible standard of mental health and wellbeing for Victorians.

The legislation also supports establishing new entities including the Victorian Collaborative Centre for Mental Health and Wellbeing and the Mental Health and Wellbeing Commission, which will help drive system transformation.

Victoria's mental health and wellbeing system responded swiftly to support the mental health and wellbeing of individuals and communities devastated by the flooding events in northern Victoria in late 2022. Events such as these have significant and ongoing impacts on the livelihoods and wellbeing of affected communities. For this reason, the Victorian Government immediately directed $4.4 million to a range of targeted local and statewide supports and has funded the development of a *Five-year framework for mental health and wellbeing disaster recovery and resilience in Victoria*.

My deep thanks to everyone who has worked with and supported the mental health and wellbeing of Victorians in 2022–23. This includes our workforce and people with lived and living experience – consumers, carers, family members and supporters – who are central to all our work. A sincere thanks also to clinicians, care professionals and health services for their ongoing commitment to reforming Victoria's mental health and wellbeing system.

Professor Euan M Wallace AM
Secretary
Department of Health

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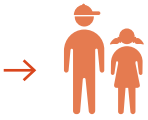
A year at a glance

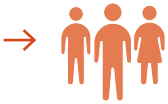
87,513
registered consumers



14,937
child and adolescent consumers

69,717
adult consumers

9,033
older person consumers



1,672
forensic consumers

4,356
specialist consumers

53.1%
women or girls

34.6%
live in rural areas

$2.52 billion
clinical services

Reforming Victoria's mental health and wellbeing system

Delivering and improving mental health and wellbeing treatment, care and support

Reform journey 2022–23

The release of the Royal Commission into Victoria's Mental Health System's final report in March 2021 was a major milestone on the path to transforming Victoria's mental health system. It provided a set of 65 comprehensive reform recommendations, in addition to the nine provided in the interim report (released in November 2019). The Victorian Government has committed to implementing all 74 recommendations.

Transformation will not happen overnight – it's a 10-year reform agenda. Working in partnership with the workforce and with people with lived experience of mental health and/or psychological distress and their families, carers and supporters is at the heart of this reform and is central to achieving better outcomes for Victorians.

Significant progress has been made towards implementing the Royal Commission's recommendations, with more than 90% of recommendations now in progress or completed.

These reforms aim to rebalance the system. More services will be delivered over time in community settings and extend beyond a health response to a more holistic approach to good mental health and wellbeing.

Transformation is being delivered over three phases. We are now in the second phase, with phase one concluding at the end of 2022. Phase one saw the establishment of and progress towards enablers of reform such as essential workforce reforms and enacting the new *Mental Health and Wellbeing Act 2022*. Phase two will focus on delivering and scaling mental health and wellbeing services, including Victoria's new Local Mental Health and Wellbeing Services. The third and final phase to 2031 will see the service system learn and mature.

The reform program aims to create a health and wellbeing system that provides people with dependable access to services when and where they will make the most difference. It will be a system where people receive the care they need early, and close to home. The Department of Health's approach to reform also centres on the need to build adaptive mental health and alcohol and other drugs (AOD) systems that continue to evolve and learn over time.

The Royal Commission's final report identified three capabilities that underpin the mindset shift that is central to reform:

- **Lived and living experience** is at the heart of structures, processes, capabilities and workforces inside government and across the sector.
- **Aboriginal self-determination** is promoted through visibly transferring decision-making power, authority and control to Aboriginal communities, fostering an environment of cultural safety and inclusivity for all Aboriginal people.
- **Inclusive and participatory approaches** are used to engage meaningfully with partners and communities. They recognise the skills and experience of people, experts and local communities in knowing how to design and implement programs that involve them.

The reform journey and implementation are sequenced and staged so the reforms consider:

- a balance of pace and scale of reform to deal with a range of limitations in the existing mental health system
- the time required to build enough capacity and readiness for reform while also allowing for the evaluation and learning needed to adapt and scale up successful approaches
- taking a systemic approach to understanding how recommendations work in parallel and how all components of the redesigned system will fit together.

This approach is the starting point for planning and staging of reform activity. It has informed the department's approach over the past two years, during which substantial inroads have been made into reforming the state's mental health and wellbeing services.

In 2022–23, the department made significant progress against foundational Royal Commission recommendations including:

- introducing and preparing for the new Mental Health and Wellbeing Act, which passed in the Victorian Parliament in September 2022 and took effect from 1 September 2023 (recommendation 42)
- appointing the inaugural Chair Commissioner and three Commissioners, including a consumer and a carer lived experience Commissioner, to lead the new Mental Health and Wellbeing Commission from 1 April 2023 (recommendation 44)
- launching the Aboriginal Social and Emotional Wellbeing Scholarship Program to upskill and grow the social and emotional wellbeing workforce (recommendation 33 and interim recommendation 4)
- appointing board members for the Victorian Collaborative Centre for Mental Health and Wellbeing (interim recommendation 1)
- appointing members to all eight Interim Regional Bodies in October 2022, following the Chair appointments in 2022 (recommendation 4)
- appointing the State Suicide Prevention and Response Adviser and establishing the Suicide Prevention and Response Office in July 2022 (recommendation 26)
- further progressing *Victoria's mental health and wellbeing workforce strategy 2021–2024* (recommendation 57) to grow a skilled mental health and wellbeing workforce, including the Rural and Regional Workforce Incentive Scheme (recommendations 39, 40) to attract and retain more mental health professionals in rural and regional communities
- launched the new Lived and Living Experience Workforce Leadership Development Grants in October 2022, supporting current lived and living experience to develop their leadership skills and capabilities (interim recommendation 6).

Alongside these foundational reforms, the department has progressed work to deliver new and expanded mental health services including:

- launching the first six Local Adult and Older Adult Mental Health and Wellbeing Services (Local Services) in October 2022 in Benalla/Wangaratta/Mansfield, Latrobe City, Frankston, Geelong/Queenscliff, Brimbank and Whittlesea (recommendation 15)
- further progressing Victoria's $801 million Mental Health Beds Expansion Program to deliver new mental health inpatient beds across Victoria by:
  - constructing a state-of-the-art mental health facility at Northern Hospital, including 30 new mental health beds (February 2023) (interim recommendation 2)
  - adding new mental health facilities at the McKellar Centre, North Geelong, delivering 16 new mental health beds for adults over the age of 50 (September 2022) (recommendation 11)
  - opening the first five of 35 new acute mental health beds for women as part of the $100 million Australia-first Specialist Women's Mental Health Service – the first five new acute women's beds in Shepparton include two inpatient beds at Ramsay Health Care's Shepparton Private Hospital and three Hospital in the Home beds managed through Goulburn Valley Health (the remaining 30 beds are set to open in late 2023)

- opening emergency department hubs to provide specialist and integrated assessment, treatment and post-discharge support for people aged 16 years or older who are experiencing co-occurring mental health and AOD issues (recommendation 8), Emergency Department hubs were opened at St Vincent Hospital Melbourne, Barwon Health's University Hospital Geelong, Western Health's Sunshine Hospital and Monash Medical Centre's emergency department (more hubs are planned for the Royal Melbourne Hospital and Peninsula Health's Frankston Hospital)
- launching flagship Social Inclusion Action Groups to support good mental health and wellbeing in local communities, with coordinators employed in the first five local government areas of Benalla, Frankston, Latrobe, Mansfield and Wangaratta (recommendation 15).

Mental health and wellbeing outcomes and performance framework

This year saw the *Mental health and wellbeing outcomes and performance framework* developed in response to recommendations 1 and 49 of the Royal Commission. Stakeholders and the department co-designed an integrated approach to measuring 'outcomes' and 'performance' to ensure a holistic view of the performance of the mental health and wellbeing system in one place. This framework will help us to understand how the system is working and performing to improve mental health and wellbeing outcomes for all Victorians.

A range of consultations were held across the financial year to ensure the framework was developed in partnership with people with lived and living experience, diverse communities, other key stakeholders across the mental health and wellbeing system. For example, with workforce and service providers and a public consultation process via Engage Victoria. This in-depth collaboration resulted in a unique framework that reflects the breadth of mental health and wellbeing in Victoria. The framework includes four key domains of outcomes, outlined below.

Outcomes

1. People and communities are enabled to experience the mental health and wellbeing they want

This domain presents a bird's-eye view of mental health and wellbeing in Victoria. It provides a comprehensive view of the factors that contribute to mental health and wellbeing for individuals and communities.

Performance

2. People are supported by mental health and wellbeing services to live the life they want

This domain centres on mental health and wellbeing services. As outlined by the Royal Commission, and as described by people with lived and living experiences, this domain focuses on the experience and impact of service as felt by consumers and families, carers and supporters.

3. People in the mental health and wellbeing workforce are adaptive and collaborative and bring together diverse knowledge, skill sets and experiences

As the Royal Commission outlined, the mental health and wellbeing workforces are an essential element of the system. Without them, no service can be delivered. The framework recognises this importance by having an entire domain dedicated to the skills, distribution and wellbeing of the workforce, including lived and living experience workforces.

4. System structures and leaders drive real change and accountability

This domain recognises that this is a framework for a system in active change and that ensuring the system changes as intended is a key enabler of the outcomes in the other three domains. This domain will support better collaboration and accountability across the system to ensure it is capable of delivering the mental health and wellbeing services that Victorians deserve.

This stakeholder-informed framework represents a new vision for the mental health and wellbeing system in Victoria. Planning is underway to release and implement the framework.

The implementation approach will ensure the framework drives the entire mental health and wellbeing system to stay focused on working towards a better mental health and wellbeing system for all Victorians.

Mental health and wellbeing workforce capability framework

The *Mental health and wellbeing workforce capability framework* was released in December 2021 and was developed in response to recommendation 58 of the Royal Commission. This framework outlines seven principles and 15 capabilities for the whole mental health workforce and was developed in consultation with the sector, consumers, carers, families and supporters.

Since its release, the department has engaged in further consultation with the mental health and wellbeing sector including the lived and living experience workforce, industry bodies and internal and external advisory groups to develop a more detailed document: *Our workforce, our future*. The document is a transdisciplinary framework upon which discipline-specific competencies can be layered. It articulates a shared understanding of expectations and standards and describes the ways of working identified by staff, consumers, carers, families and supporters as being safe, inclusive and recovery-oriented. It includes outcome statements, key knowledge and skills and reflective practice questions and is a practical tool to guide the workforce. Subject matter experts reviewed each capability area to ensure consistency with evidence-based practice.

Engaging with community, consumers, carers and the sector

Regular and meaningful engagement across the health system is essential to support informed decision making. The department's Mental Health and Wellbeing Division leads a variety of engagement activities to support the implementation of Royal Commission recommendations. Informed by the IAP2 Public Participation Spectrum, our engagement activities range from broad consultation with the sector and the Victorian public to understand their experiences and perspectives, to in-depth co-design workshops with clinical and lived experience experts to develop new and innovative services for Victorians.

Across more than 80 engagements in 2022–23, the division has consulted and co-designed numerous programs and policies with the generous support of clinical and community mental health services, consumers, families and supporters, and other experts.

Mental Health Ministerial Advisory Committee

The Mental Health Ministerial Advisory Committee provides strategic guidance to the Victorian Government on the mental health transformation agenda and advocates for system transformation, service improvement and better consumer outcomes.

The committee includes representatives from the Victorian Aboriginal Community Controlled Health Organisation, Transgender Victoria, Foundation House, Turning Point, VMIAC, Tandem, Thorne Harbour Health, the Victorian Multicultural Commission, Orygen and other peak bodies.

In 2022–23 the committee provided advice to the Victorian Government on the *Mental health and wellbeing outcomes and performance framework* and phase two reform priorities.

Two subcommittees support the Mental Health Ministerial Advisory Committee: the Interdisciplinary Clinical Advisory Group and the Lived Experience Strategic Partnership.

Interdisciplinary Clinical Advisory Group

The Interdisciplinary Clinical Advisory Group offers strategic guidance to the Victorian Government and to the Mental Health Ministerial Advisory Committee on the mental health reform agenda and provides leadership for system transformation, service improvement and better consumer outcomes.

In 2022–23 the group advised the Victorian Government on mental health and wellbeing prevention and promotion initiatives, the statewide service and capital plan, system navigation, partnerships with non-government organisations and phase two reform priorities.

Lived Experience Strategic Partnership

The Lived Experience Strategic Partnership is a newly established subcommittee of the Mental Health Ministerial Advisory Committee that provides strategic advice to the Victorian Government on the mental health reform agenda and advocates for system transformation, service improvement and better consumer, family and carer outcomes. The partnership ensures lived experience perspectives are reflected in the intent of the Royal Commission recommendations that lived experience is placed at the centre.

Priorities for the Lived Experience Strategic Partnership in 2022–23 were establishing ways of working, a forward agenda and what success would look like.

Sector forums

In addition to the many advisory committees, working groups and other engagement activities the department has established to inform mental health and wellbeing services and reform, a series of six sector discussion forums were held in May 2023.

The purpose of the forums was to seek broad feedback about future mental health and wellbeing reform priorities to embed a continuous improvement approach and strengthen the department's stewardship and partnerships into the future. In particular, the forums focussed on the challenges and opportunities of the reforms and understanding and capturing reform experiences to date.

More than 500 participants from across and beyond the mental health and wellbeing sector shared their feedback and perspectives on a number of possible priorities for the next stages of reform.

Several common themes emerged across the forums, including the importance of preparing and resourcing the sector to manage significant change, the need to keep driving collaboration across the sector, and for clear career pathways and development opportunities for new and existing workers.

Participants also gave feedback about their experiences of the reform journey so far. Several attendees noted that the rapid pace of reform to date presented challenges for implementation, but they also recognised that maintaining momentum was important to deliver these essential changes.

A feedback report outlining the findings from the forums was shared with the mental health and wellbeing sector. The feedback collected through the forums continues to inform and drive the next steps of the reform program, including planning for individual reform initiatives and the overarching reform program.

Human-centred design

Designing with people, not for people

In 2022–23 the Mental Health and Wellbeing Division's Human Centred Design Hub continued to support the department to use participatory approaches to design and deliver a new mental health and wellbeing and AOD system in partnership with people with lived and living experience.

The hub both **led and supported more than 80 initiatives** to ensure the meaningful participation of consumers, their families, carers and supporters in reform projects through human-centred design, co-design and co-production. The hub provided advice and expertise to the broader sector and other areas of government. The hub's significant areas of impact included:

- providing expertise to advise on, co-plan and co-deliver **more than 70 initiatives** that used participatory approaches to design a new system with the community; this has ensured the needs of people with lived and living experience remain central to the reform and has helped to improve services and create better outcomes
- improving capability by delivering training and development sessions to more than 300 people both inside and outside of the sector to build skills and mindsets in participatory approaches that are key for successfully delivering the reforms
- delivering significant efficiencies for the division through managing a strategic co-design partnership with Today Design, which delivered external design expertise, enabling nine significant reform projects to use co-design and human-centred design to meaningfully deliver reforms with the community
- working across the sector and other government departments to provide design leadership and advice, representing the transformation of government and establishing new ways of working.

Highlights from the Human Centred Design Hub in 2022–23 are described below.

Lived and Living Experience Design Open House 2023

Our goal is to promote a culture of bravery and openness to taking new approaches and collaborating in new and different ways. The Design Open House was an event to recognise and thank the many organisations and community partners, including lived experience leaders and people, who had contributed to design activities for reform initiatives in 2022.

The event modeled transparency by sharing design work that was underway or complete, and provided time for reflections and discussions. The Human Centred Design Hub curated large visual displays to share progress and ways of working and hosted a panel discussion and a Q&A session for attendees. The event enabled the Mental Health and Wellbeing Division to build on our relationships with sector partners and stakeholders and form new connections. We received feedback that attending the event gave people a 'bird's-eye view' of our work and helped others to strengthen connections with peers.

Working towards more inclusive and culturally safe spaces for design

Together with the Aboriginal Social and Emotional Wellbeing team, the Human Centred Design Hub designed a tool to help divisional staff to understand the key components of why cultural safety and self-determination is important to all of our work. This included a cultural safety checklist, general guidance and protocols for project delivery with Aboriginal communities and advice on how to work with the Aboriginal Social and Emotional Wellbeing team.

Aboriginal cultural safety & self-determination tool

Designing and launching the participatory approaches toolkit

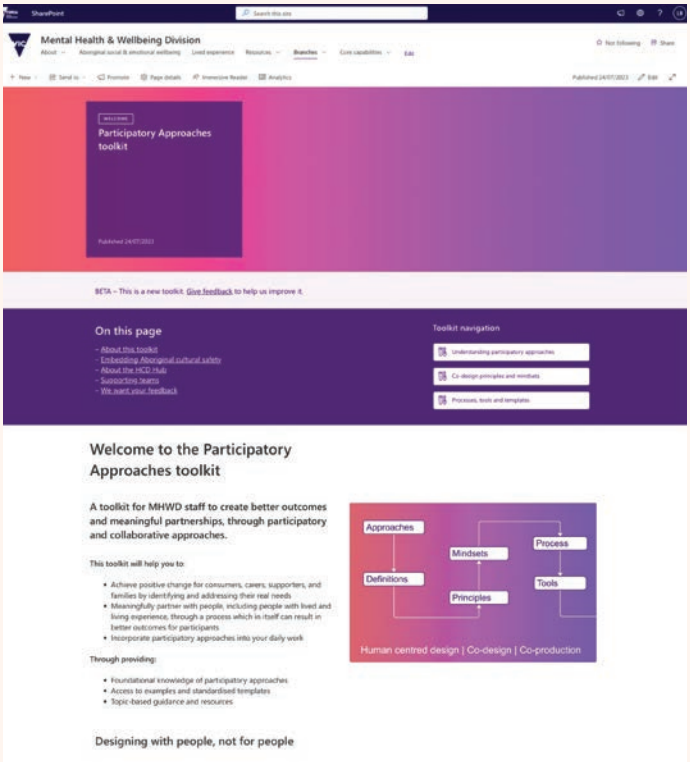
The *Participatory approaches toolkit* has been designed to support the division to create better outcomes and meaningful partnerships through participatory and collaborative approaches. This resource outlines best practice tools and is tailored specifically for the Mental Health and Wellbeing Division.

The toolkit was built in response to divisional staff identifying gaps.
To improve our human-centred design and co-design approach, staff told us we needed:

- definitions and real-life examples of human-centred design, co-design and co-production
- actionable tools and templates to use at any stage of a project
- advice and guidance that is relevant in mental health and AOD contexts.

The toolkit is a great first step early in our projects – it will help teams think through the different approaches and the ways in which one might engage or partner with people with lived and living experience, and other people in the sector or community. It has been designed as a living toolkit – our priority was to build something that could reflect and move alongside the rapid pace, growth and developments in the sector.

Cultural safety guidance for the Mental Health and Wellbeing Division



Mental Health and Wellbeing Division *Participatory approaches toolkit*

Investing in mental health and wellbeing

Victorian State Budget investment

The 2022–23 Victorian State Budget invested $1.3 billion to continue to support the work underway to create a mental health and wellbeing system that offers holistic treatment, care and support to all Victorians. This investment builds on the record $3.8 billion investment made in 2021–22 and the $869 million investment from the 2020–21 State Budget.

The 2022–23 State Budget focused on funding for mental health services to expand acute and emergency mental health care, expand the clinical and lived experience workforces, deliver a new Mental Health and Wellbeing Act and support Aboriginal social and emotional wellbeing. It continues the 10-year journey and the commitment to long-term mental health reform that will benefit Victorians for generations to come.

Highlights from the 2022–23 State Budget include:

- $196 million to deliver 15 more mental health acute beds in Shepparton and acquire land and plan for a further 49 beds in Ballarat and Wangaratta (recommendation 11)
- $143.4 million to open an extra 82 mental health beds across the Northern and Sunshine hospitals to provide inpatient care up to an additional 1,600 Victorians each year (interim recommendation 2)
- $62.2 million to deliver infrastructure upgrades to at least 33 mental health intensive care areas – this will increase the safety of at-risk patients and reduce rates of gender-based harm (recommendation 13)
- $10 million to deliver emergency department hubs for regional Victorians experiencing serious mental health and AOD issues, with a hub at Latrobe Regional Hospital and planning for three further hubs in Ballarat, Bendigo and Shepparton (recommendation 8)
- an investment of $372 million in workforce initiatives that will support more than 100 psychiatry registrars, more than 400 mental health nurses, more than 300 psychologists and more than 600 extra allied health clinicians in the mental health and wellbeing sector – this includes $41 million announced alongside the priorities and vision for workforce reform in *Victoria's mental health and wellbeing workforce strategy*, released in December 2021 (recommendation 57)
- $29.3 million to help implement the new Mental Health and Wellbeing Act, including training for the mental health sector to deliver new models of care, help for Victorians to understand their rights and an independent review of compulsory treatment criteria
- $20 million in dedicated, tailored support for people with eating disorders, including $15.6 million to enhance services to deliver 15 mental health beds specifically for eating disorders and $4.4 million to support Eating Disorders Victoria and the Centre for Excellence in Eating Disorders
- $4 million for working in close partnership with Aboriginal organisations to self-determine the best outcomes for their communities, including $3.5 million in partnership with Aboriginal Community Controlled Health Organisations to support self-determined suicide prevention and response initiatives, and $500,000 to support the co-design of two Aboriginal healing centres.

The Mental Health Services Levy

The Government has implemented the Royal Commission's recommendation to introduce a levy to provide a dedicated stream of mental health funding that will support a substantial increase in investment in Victoria's mental health system into the future.

On 1 January 2022, the new Mental Health and Wellbeing Payroll Surcharge began on wages paid in Victoria by businesses with national payrolls over $10 million a year.

The levy raised $874 million in 2022–23.

The Government has legislated that 100% of revenue from the levy must be spent on mental health services. The Victorian Government invested $2.7 billion in the mental health portfolio in 2022–23.

In 2022–23, the levy supported new investment of $1.3 billion in mental health and wellbeing, building on last year's record new investment of $3.8 billion.

Preparing for the new Mental Health and Wellbeing Act

The Royal Commission recommended replacing the *Mental Health Act 2014* with a new Mental Health and Wellbeing Act. Victoria's new Mental Health and Wellbeing Act began on 1 September 2023.

The new Act:

- promotes good mental health and wellbeing for all Victorians
- resets the legislative foundations for the mental health and wellbeing system
- supports the delivery of services that can respond to the needs and preferences of Victorians
- establishes new roles and entities recommended by the Royal Commission
- puts the views, preferences and values of people living with mental illness or psychological distress, and their families, carers and supporters, at the forefront of service design and delivery.

The Act supports establishing new roles and entities recommended by the Royal Commission. This includes a new Mental Health and Wellbeing Commission, Regional Mental Health and Wellbeing Boards, Youth Mental Health and Wellbeing Victoria and a new Chief Officer for Mental Health and Wellbeing.

The legislation contains new rights-based objectives and principles to drive the highest possible standard of mental health and wellbeing for Victorians.

Since the Act took effect, the department has developed and distributed supporting instruments required by the Act including:

- regulations that support the Act – the Mental Health and Wellbeing Regulations 2023
- new Chief Psychiatrist guidelines required by the Act
- new statements of rights (commonly used statements of rights will be translated into 20 community languages, with all other statements of rights available in five languages)
- updated forms and protocols required to support the new Act.

Implementing the new Mental Health and Wellbeing Act

The department has been working in partnership with stakeholders, including people with lived and living experience and the mental health and wellbeing sector, to ensure the Act is implemented effectively and achieves its objectives. Key implementation activities include:

- partnerships with peak bodies and legal advice services to support consumers, families, carers and supporters to understand and exercise their rights under the Act – organisations providing support in Victoria's mental health and wellbeing system include:
  - the Victorian Mental Illness Awareness Council
  - Tandem
  - Independent Mental Health Advocacy
  - Victoria Legal Aid
  - Mental Health Legal Centre
  - Victorian Aboriginal Legal Service
- Act implementation leads embedded within each designated mental health service to undertake implementation at the local level
- a partnership with Mental Health Victoria to support community and non-acute mental health and wellbeing service providers to understand their new obligations under the Act
- published guidance and education resources on the Act that are available on the department's website, including a quick-guide video series and an e-learning training package.

The new Act has now commenced operation and implementation activities will continue so that change is achieved at the service and system levels, and to support the Victorian community's awareness and understanding of what the new Act means for them.

Establishing new entities

Victorian Collaborative Centre for Mental Health and Wellbeing

Establishing the Victorian Collaborative Centre for Mental Health and Wellbeing was the first recommendation from the Royal Commission's interim report, reflecting its central role in driving system transformation. The Collaborative Centre will bring together people with lived experience, researchers and mental health service providers to:

- drive exemplary practice for the full and effective participation and inclusion of people with lived experience across the mental health system
- conduct interdisciplinary, translational research into new treatments and models of care and support to inform service delivery, policy and law making
- educate the mental health workforce through practice improvement, training and professional development programs
- provide multidisciplinary treatment, care and support to adults and older adults that respond to the needs of local populations.

The Collaborative Centre was established on 1 September 2022 under the *Victorian Collaborative Centre for Mental Health and Wellbeing Act 2021*, with its first statement of priorities in 2022–23 setting out an ambitious program of work.

The Collaborative Centre has made meaningful progress against these priorities laying strong foundations for effective governance, broad collaboration and impactful translational research. In 2022–23 the Collaborative Centre:

- established its inaugural board, led by a chair and deputy chair
- established the Lived Experience Advisory Panel, which provides strategic advice to the board on the Collaborative Centre's priorities

- began the process to select lead health and academic partners who will bring together people with lived experience, researchers and health professionals to lead key improvements in the mental health system
- held its inaugural system change forum, bringing together key community, sector and academic stakeholders to start a conversation about the Collaborative Centre's role in system transformation
- began the process to recruit two co-directors, one with a lived or living experience of mental illness and one who has worked in academia and clinical practice.

The department also announced a consortium of service providers, led by Phoenix Australia, to design and deliver the Mental Health Statewide Trauma Service, which will be located in the centre.

Mental Health and Wellbeing Commission

A Mental Health and Wellbeing Commission was established as an independent statutory authority on 1 September 2023 when the new Mental Health and Wellbeing Act took effect. This responds to recommendation 44 of the Royal Commission's final report.

The Mental Health and Wellbeing Commission will provide a system monitoring and oversight role, reporting on the performance and the quality and safety of the mental health and wellbeing system - including significant breaches of the Mental Health and Wellbeing Act and conduct investigations. It will also promote the rights and leadership of people with a lived experience, provide a complaints handling system and work towards reducing stigma surrounding mental illness.

Commissioners were appointed by the Governor in Council on 27 February 2023 and commenced in their roles on 1 April 2023. The Commissioners are Treasure Jennings (Chair), Annabel Brebner, Jacqui Gibson (designated carer lived experience role) and Kathleen Maggie Toko (designated consumer lived experience role).

The Commissioners powers under the new Act to carry out the Commission's functions commenced from 1 September 2023. Prior to 1 September 2023, the Commissioners undertook planning and preparatory work to establish key functions for the new Mental Health and Wellbeing Commission. This included planning for transitioning the complaints and investigations functions of the Mental Health Complaints Commissioner to the new Commission to ensure minimal disruptions to the public.

Designing new and enhanced community mental health and wellbeing services

The Royal Commission recommended establishing a responsive and integrated mental health and wellbeing system in which people can receive most services locally and in the community throughout Victoria, close to their families, carers, supporters and networks. Service offerings from Area Mental Health and Wellbeing Services were recommended to respond to crises 24 hours a day, seven days a week and be accessible and responsive to the diversity of local communities.

Key to this was the recommendation to establish between 50 and 60 new Adult and Older Adult Local Mental Health and Wellbeing Services over the coming years that operate with extended hours and are delivered in a variety of settings. Recommendation 19 included establishing three infant, child and family health and wellbeing multidisciplinary community-based hubs in partnership with the Commonwealth as part of the broader establishment of a new responsive and integrated system for newborns to 25-year-olds.

Mental Health and Wellbeing Locals

The first six Mental Health and Wellbeing Locals ('Local Services') opened in late 2022 in the local government areas of Benalla/Wangaratta/Mansfield, Brimbank, Frankston, Greater Geelong/Queenscliffe, Latrobe and Whittlesea. This new service stream is designed to be a 'broad front door' to Victoria's mental health system so more people can access services in their community and closer to home.

Local Services provide an easy way to receive treatment, care and support for people aged 26 years or older who are experiencing mental health concerns – including people with co-occurring AOD treatment and care needs.

Local Services deliver integrated mental health and wellbeing treatment, care and support for people who need more support than they can get from primary and secondary mental health and related services, such as general practitioners and private psychologists, but do not need the type and intensity of treatment, care and support delivered by Area Services.

Through co-design, Local Services providers are integrating the perspectives of people with lived experience of mental health concerns, families, carers and supporters in all aspects of governance and service delivery by designing the service offerings and policies in unison.

The next nine Local Services will be established across seven service zones in Dandenong, Shepparton, Melton, Mildura, Lilydale, Bendigo–Echuca and Orbost–Bairnsdale. It is anticipated that by the end of 2026, 50 Local Services will have been established.

The Victorian Government has committed $77 million in the 2023–24 State Budget to continue to deliver Local Services, as recommended by the Royal Commission. The delivery of the first 27 Local Services is underway, with this funding providing for the operation of the Northcote, Leongatha and Narre Warren Local Services, and supports planning for another 20 Local Services.

Children's Health and Wellbeing Locals

Three Children's Health and Wellbeing Locals ('Child Locals') have been established in Bendigo, Southern Melbourne and Brimbank–Melton. These services are delivered as a partnership between community health services, as the lead provider, together with Infant, Child and Youth Area Mental Health and Wellbeing Services and Family Services providers.

The Child Locals will provide multidisciplinary assessment, treatment and family supports for children aged 0–11 years who are experiencing developmental, emotional, relational and behavioural challenges. Each Child Local has begun co-designing local models of care, directly engaging service providers, the community and families with lived experience to develop services that respond to local needs.

Community care delivered by Area Mental Health Services

Enhanced community care provided by Area Mental Health Services in 2022–23 included the increased funding for Alfred Health, Austin Health, Eastern Health, Monash Health, Royal Children's Hospital and the Royal Melbourne Hospital to deliver the Enhanced Integrated Specialist Model (EISM) for treating eating disorders. It also included new funding for four regional health services (Grampians Health, Barwon Health, Bendigo Health and Latrobe Regional Health) to expand delivery of the EISM to respond to increased statewide demand.

The EISM enhances existing eating disorder care provided by specialist public health services across the continuum of care and the lifespan. Ranging from intermediate and intensive-level programs to hospital services and recovery support, the EISM increases links to and from acute care, with an emphasis on follow-up and community-based care.

Enhanced community care provided by Area Mental Health services in 2022–23 also included planning for expanding the number of forensic clinical specialists in Areas Mental Health Services and service model design and initial commissioning of the lead demonstration site, Barwon Health, for the new Regional Forensic Mental Health Teams (recommendation 37.2). Forensicare is leading the new Regional Forensic Mental Health Teams and is working closely with Area Mental Health Services on delivering this new specialised community service.

This intervention focuses on people with serious mental health needs who are at risk of carrying out acts of violence and/or having contact with the justice system. The aim of this intervention is to provide better care through more mental health clinicians with specialist skills and more options for community-based care.

Opening new beds

In 2022–23, new mental health beds were delivered to improve access to treatment for women and young people.

The new $8.4 million North West Women's Prevention and Recovery Care centre opened in September 2022, providing community-based mental health services to women in Melbourne's western suburbs. It is the first purpose-built Women's Prevention and Recovery Care where women can stay with up to three dependent children. The women's centre provides short-term supported residential mental health care and will help up to 150 women each year receive treatment in a safe and welcoming environment.

The North West centre offers 24-hour support and treatment. The 12-bed centre includes:

- private bedrooms with ensuite bathrooms
- communal kitchen, dining and living areas
- breakout spaces
- outdoor garden for recreational activities and family visits.

A new Youth Prevention and Recovery Care service was also opened by Orygen in July 2022 and was designed with and for young people aged between 16 and 25 years. The youth service provides, recovery-focused treatment and around-the-clock clinical care and fills an important gap between community services and acute inpatient mental health services, with a young person able to stay for up to 28 days depending on their needs.

Youth Prevention and Recovery Care's environmentally conscious facilities were designed with a young person's recovery in mind. The accessible and homelike environment offers:

- private bedrooms with a desk, mini-fridge, storage, linen and charging ports and an ensuite bathroom with a shower and toilet
- a communal kitchen, art room and visitors' lounge, laundry rooms, breakout spaces and dining and living areas
- access to boardgames, books, art supplies, musical instruments and sensory items
- clinical consulting, staff and support areas
- an outdoor garden for leisure, recreational activities and visits.

These new Prevention and Recovery Care services will help reduce pressure on hospital beds by providing early intervention care for people who are becoming unwell or step-down care for those who may no longer need hospital treatment.

Five new acute mental health beds were opened in Shepparton as part of the $100 million Australia-first Specialist Women's Mental Health Service. These first five beds included two inpatient beds at Ramsay Health Care's Shepparton Private Hospital and three Hospital in the Home beds managed through Goulburn Valley Health. This unique Hospital in the Home program allows women to receive hospital-quality care while remaining safe at home. A direct response to Royal Commission recommendations, the Specialist Women's Mental Health Service model was co-designed in consultation with women with lived experience and will help ease pressure on the public system by delivering supports for public patients in a private setting. When fully operational, the 35-bed Specialist Women's Mental Health Service will support more than 750 Victorian women each year with a range of complex conditions including those who have experienced trauma and sexual abuse, eating disorders and women experiencing perinatal mental health issues.

Partnering with lived and living experience

The Royal Commission was clear that consumers, families, carers and supporters are best placed to design a system that promotes and protects their rights and preferences. A transformed mental health and wellbeing system will enable all Victorians the opportunity to experience recovery and healing to live the life they want. The division's Lived Experience Branch brings together diverse lived experience perspectives, in partnership with government and the sector, to drive the collective reimagining of a service system that supports self-determination and relational healing.

Establishing the conditions for a lived experience partnership

The Lived Experience Branch commissioned a range of lived experience–led projects in 2022–23 to establish the foundational conditions for safe and effective partnership with consumers, families, carers and supporters in reform and beyond. Strategic projects were commissioned to address systemic barriers and enablers through culture change and organisational readiness and a framework for moving from engagement to partnership. This work builds on existing wisdom and work of the lived experience sector to translate the Royal Commission's vision into practicable, lived experience–led approaches for the department and sector.

Supporting expansion of the lived and living experience workforce

The development of the lived experience sector is a key enabler to expanding and elevating the influence of lived experience across all aspects of the mental health and wellbeing system. In 2022 the Victorian Government partnered with nine agencies, including lived experience peak bodies, to deliver more than 60 projects (the LLEW Development Program). These projects aim to ensure all lived and living experience workforces have enhanced career development supports and are valued and authorised in their workplaces.

The LLEW Development Program offers training, supervision, practice supports, organisational supports, education and career pathways for lived and living experience workers in public mental health, community services and AOD and harm reduction services. In 2022–23 partner agencies delivered a range of discipline-specific training to 310 participants and 70 people received perspective-specific supervision through the Access to Supervision Program.

Partner agencies have modelled effective collaboration to maximise their collective impact to deliver the best outcomes for lived and living experience workers and to ensure strong lived experience leadership throughout the program.

Modelling partnership approaches in design and implementation

The Lived Experience Branch led implementation of Royal Commission recommendation 31 to establish eight family and carer-led centres across Victoria. The Mental Health and Wellbeing Connect Centres began service delivery in May 2023, providing tailored information and support, resources and peer connection to families, carers and supporters of Victorians experiencing mental health challenges and/or substance use and addiction. Connect Centres will be led and delivered by majority designated family/carer lived and living experience workforce roles.

The department partnered with Tandem on the design, commissioning and implementation of the Connect Centres. In collaboration, the base service model was co-produced with families and carers and translated into a service specification in commissioning of the Connect Centres. Family/carer leadership was integral throughout this process and was evidenced with eight out of nine evaluators working from a family/carer lived experience perspective, from both Tandem and the department.

This partnership enabled shared decision making to progress key elements of service design and implementation and to move from traditional engagement interactions to model novel partnership processes in reform. Challenges were transparently canvassed in real time, allowing timeframes and resource requirements to be openly discussed, while conventional department practices were questioned, and innovative practices were implemented successfully.

Building lived experience partnership capability through best practice

The Lived Experience Branch continues to build Mental Health and Wellbeing Division capability to embed lived experience and support best practice across a wide range of initiatives. Lived experience advisors partner with divisional staff to:

- provide strategic and technical advice on key aspects of planning, engagement and design to deliver initiative outcomes with fidelity to the intention of the Royal Commission and lived experience sector priorities
- influence governmental processes and decision making to create opportunities that centre lived experience in reform
- develop training and resources to improve co-design capability, including partnering with the Human Centred Design Hub on the *Participatory approaches toolkit*
- strengthen divisional understanding of lived experience perspectives through collaborative work.

Early engagement with the Lived Experience Branch in co-planning creates opportunities that lead to greater outcomes.

Spotlight

Partnering with lived experience on the *Victorian eating disorder strategy*

The division sought lived experience expertise at the project outset to partner on the co-planning and co-design of broad and diverse lived experience community engagement to inform the *Victorian eating disorder strategy* in 2022–23. As part of this process, lived experience advisors helped to shape the composition content, structure and delivery of the workshops and co-design a best practice approach to recruitment. In addition to embedding lived experience advisors in the project, the division engaged with the internal Lived Experience Consultancy Group to test and refine approaches.

The division collaborated with five sector partners to co-design an expression of interest and selection process and engaged with 50 people with lived and living experience across 20 roundtable consultations and interviews. Lived experience advisors co-designed and co-facilitated the workshops and provided in-session support to participants. The division credited the lived experience advisors with creating authentic and safe workshop environments and supporting participants to contribute their lived expertise on the day.

Feedback from lived experience participants, and the peak bodies and organisations representing them, provided positive feedback on the engagement process and experience.

The involvement of lived experience advisors in developing the draft strategy ensured lived experience perspectives were integrated with fidelity to and integrity of participants' contributions. The lived experience advisors who were part of this project felt that their lived experience expertise, time and efforts were valued and influential in shaping a positive process and outcome.

Hospital Outreach Post-suicidal Engagement

The Hospital Outreach Post-suicidal Engagement (HOPE) program delivers tailored, holistic and responsive aftercare support to people and their personal networks (family, carers and supporters) for up to three months following a suicide attempt, planning or intent.

Aftercare services are designed to help people who have attempted suicide to engage with a range of supports, increase protective and coping strategies and reduce the risk of a subsequent suicide attempt. Evidence throughout the world highlights that follow-up care from a multidisciplinary prevention team for people who have attempted suicide will reduce the likelihood of suicide attempts in the future.

In response to an interim report recommendation from the Royal Commission (recommendation 3), the adult HOPE program has been expanded to all 22 Area Mental Health Services across Victoria with outreach from regional HOPE teams to nine subregional locations, broader referrals into the program and extended service hours.

Expanded referral pathways into HOPE

HOPE programs across the state now accept referrals from outside of hospital, including from general practitioners, private psychologists and community-based specialist services. Broadening the referral pathways allows earlier and more flexible access to the HOPE service than before, when support was only available as a referral from an emergency department following a suicide attempt.

Extended hours

To further increase the accessibility of HOPE, services now offer support outside of standard business hours. Some services have established dedicated after-hours times from Monday and Friday and on weekends (for example, 5:00 pm to 8:30 pm on a weekday and 10:00 am to 6:30 pm on Saturdays), while others offer flexible after-hours appointments on an 'as needs' basis. This allows participants to balance their other priorities and commitments – such as work or study – with receiving the support they need through HOPE.

In 2022 the department engaged ACIL Allen to evaluate the HOPE program with a focus on the program's statewide expansion, service enhancements and benefit to the Victorian community.

The evaluation found that people valued HOPE as an important part of their recovery journeys.

> *'I believe if it wasn't for the HOPE team I would have been admitted [into an inpatient unit]. I am home and remain home, which was my wish. I don't know if I would be here without the HOPE team; they have done so much for me.'*
> *– HOPE service user*

> *'The design, the scaffolding of supports, was great. I went in, I saw a peer worker. She knew the language; she could speak to me and we could have a discussion that mattered. The interventionalist nature of it, being quite up front and intensive, is helpful and useful.'*
> *– HOPE service user*

> *'I would only say good things about HOPE. It was the breadth of the help. It might look like you're dealing with just one problem to some people, but it's a whole lot of things. So you need to fix lots of things to get better and that's where [the wellbeing support] was amazing.' – HOPE service user*

Partnership with the Commonwealth Government for universal aftercare

In April 2022 the Commonwealth and Victorian governments signed the *National Mental Health and Suicide Prevention Agreement* and associated bilateral schedule. This included a joint commitment to deliver universal aftercare using the HOPE model of care across Victoria. Across 2022 and early 2023, the department worked with the Commonwealth Government, Beyond Blue, Primary Health Networks and health services to transition eight Commonwealth-funded aftercare sites that were using the Beyond Blue Way Back Support Service model to the HOPE model of care. This ensures a consistent approach to aftercare support for Victorians across the state.

Promoting mental health and wellbeing

The newly established Wellbeing Promotion Office (within the department) will strengthen the government's focus on mental health promotion, highlighting the value of a public health approach in reducing the prevalence of mental illness. The Wellbeing Promotion Office is led by Victoria's first State Wellbeing Promotion Adviser.

The Wellbeing Promotion Office is developing Victoria's first ever wellbeing strategy to promote good mental health for all Victorians wherever we live, work, learn and play. Communities and stakeholders in multiple sectors, state and local government were consulted to better understand the needs of Victorian communities and to reflect shared priorities.

Social Inclusion Action Groups

In recognition that communities are best placed to support social inclusion and connection, the Royal Commission recommended establishing and funding community collectives in each of the state's 79 local government areas. Recommendations 15.1, 15.2 and 15.3 of the Royal Commission refer to establishing these community collectives, which have been renamed Social Inclusion Action Groups.

The 2022–23 State Budget allocated $9.1 million to deliver the first five Social Inclusion Action Groups from 2022–23 and the next five from 2024–25. In 2022–23 the first five Social Inclusion Action Groups were announced for the local government areas of Benalla, Frankston, Latrobe, Mansfield and Wangaratta.

In 2022–23, the Wellbeing Promotion Office worked collaboratively with the first five councils to design and begin implementing the Social Inclusion Action Groups. Local governments recruited coordinators who began planning for recruiting community members and leaders who will make up the Social Inclusion Action Group. Members that form the groups will lead the management of each Local Social Inclusion Investment Fund to prevent social exclusion and support social inclusion and connection in their communities.

Local Connections – a social prescribing initiative

The Royal Commission also recommended that the Victorian Government establishes social prescribing trials in the new Local Services (recommendation 15.4). Local Connections – a social prescribing initiative – is being trialled in the first six Local Services.

Local Connections was co-designed by people with lived and living experience of psychological distress, mental illness and/or substance use and addiction, as well as families, carers and supporters. This co-design process has supported lived experiences to be kept at the heart of Local Connections in both design and implementation. Following the opening of the Local Services from December 2022, they started to recruit 'Link Workers' to lead Local Connections. Link Workers were co-designed as designated lived experience roles and will work to support people to engage in their community to reduce social isolation and loneliness.

Diverse Communities Mental Health and Wellbeing Grants Program

The 2021–22 State Budget committed $9.6 million over four years to deliver a flexible funding pool for diverse community organisations and peak bodies to deliver services that respond to the mental health and wellbeing needs of their communities. This is in recognition of the important role they play in improving mental health for diverse communities. Organisations funded via the first two rounds are currently delivering initiatives. More information is available from the department's website <https://www.health.vic.gov.au/mental-health-wellbeing-reform/diverse-communities-grants-program>.

Advancing Aboriginal self-determination to improve mental health and wellbeing outcomes

Balit Durn Durn Centre

The establishment and operation of the Balit Durn Durn Centre – Centre for Excellence in Aboriginal Social and Emotional Wellbeing. The centre is providing sector leadership and supporting excellence in Aboriginal social and emotional wellbeing practice.

Aboriginal social and emotional wellbeing – Aboriginal healing centres

The Balit Durn Durn Centre is developing a service model for two healing centres, drawing on relevant data and the best available evidence. The centre has commissioned ABSTARR Consulting to continue the co-design process, refine the service model and help identify sites for the healing centres.

Aboriginal Social and Emotional Wellbeing Scholarships

The Department of Health and the Victorian Aboriginal Community Controlled Health Organisation have partnered with Deakin, La Trobe and RMIT universities to deliver the Aboriginal Social and Emotional Wellbeing Scholarship program. As of semester 1 2023, 16 scholarships have been awarded with another six to be awarded in semester 2, 2023.

Koori mental health liaison officers – infant, child and youth

The department has begun the recruitment of 10 Koori mental health liaison officers in Infant, Child and Youth Area Mental Health and Wellbeing Services. The recruitment will be phased over three years, with 10 providers across Victoria.

Aboriginal social and emotional wellbeing – culturally appropriate, family-oriented service for infants and children

The Victorian Aboriginal Community Controlled Health Organisation is leading the co-design of a hub-and-spoke model in collaboration with Infant, Child and Youth Area Mental Health Services. Aboriginal Community Controlled Health Organisations are joining 'design jams' with the sector to design and develop a potential model of care and service.

Aboriginal Social and Emotional Wellbeing team's expansion

The department has begun expanding multidisciplinary social and emotional wellbeing teams across the Aboriginal community-controlled sector in Victoria with $70 million being allocated between 2021 and 2025. An extra $10.5 million has been funded to Aboriginal Community Controlled Health Organisations to commission infant, child and youth Aboriginal social and emotional wellbeing services.

Towards regional governance

The Royal Commission recommended a new regionalised approach to the way decisions about mental health and wellbeing services are made, moving away from centralised decision making towards more localised approaches with the aim of ensuring service responses are tailored to local needs (recommendation 4). To realise this vision, the Royal Commission recommended a staged approach to implementation, with eight Interim Regional Bodies (IRBs) established as a first step. The IRBs will advise the department on regional mental health and wellbeing needs and help build foundations for establishing legislated Regional Mental Health and Wellbeing Boards, which will be established by the end of 2024.

The IRBs were fully established in October 2022 following the appointment of members to each of the five regional (Loddon Mallee, Barwon South West, Grampians, Hume and Gippsland) and three metropolitan (South East Metro, North East Metro and Western Metro) IRBs. Members were selected through an open and competitive expression of interest process and reflect the rich diversity of each region, bringing a range of expertise and experience. Each IRB includes members who identify with a personal lived and living experience of mental illness or psychological distress and/or a lived and living experience as a family member or carer.

Throughout 2022–23, IRBs have made progress towards regional governance by:

- engaging with sector stakeholders, including peak non-government organisations, service providers, Primary Health Networks and Health Service Partnerships
- developing regional stakeholder engagement plans and starting engagement activities to build local knowledge to inform advice to the department
- working with the department to develop a work plan and identify regional priorities.

The 2023–24 Victorian State Budget allocated $3.594 million over two financial years to support the continued work of the IRBs and build foundations for the Regional Mental Health and Wellbeing Boards. This builds on the $5.2 million allocated in the 2021–22 State Budget to implement this new approach to regional governance.

Strengthening national partnerships

National Agreement

In early 2022, Victoria endorsed the newly established *National Mental Health and Suicide Prevention Agreement*. The National Agreement sets out the shared intention of the Commonwealth and state and territory governments to work in partnership to deliver comprehensive, coordinated, consumer-focused and compassionate mental health and suicide prevention systems for all Australians.

The Mental Health and Suicide Prevention Senior Officials Group was created in June 2022 to supervise the implementation of the National Agreement. This forum has provided a valuable opportunity to bring representatives from all Australian jurisdictions, including Commonwealth officials, to discuss joint strategic priorities, share relevant insights and lessons and identify opportunities for strengthening national partnerships. The Senior Officials Group will continue for the duration of the National Agreement, which is due to expire on 30 June 2026.

The Senior Officials Group has a series of working groups, established to progress cross-portfolio priorities focusing on a range of joint strategic initiatives including:

- improving mental health and preventing suicide across systems
- implementing a nationally consistent approach to data collection and data sharing
- scoping and analysing the need for psychosocial support services outside of the National Disability Insurance Scheme
- developing a national evaluation framework and evaluation sharing guidelines
- overseeing safety and quality matters relating to national mental health and suicide prevention reforms and services.

Bilateral Agreement

The associated *Bilateral Mental Health and Suicide Prevention Agreement 2022–2026* was finalised in early 2022. The Bilateral Agreement sets out initiatives that Victoria and the Commonwealth have agreed to deliver in partnership. It will ensure Victoria can work with the Commonwealth in an enduring and unified way to deliver landmark reforms and address key workforce shortages through focusing on the following objectives:

- reducing system fragmentation through improved integration between Commonwealth and state-funded services
- addressing gaps in the system by ensuring community-based mental health and suicide prevention services, and in particular ambulatory services, are effective, accessible and affordable
- prioritising further investment in prevention, early intervention and effective management of severe and enduring mental health conditions.

To support this partnership, the Commonwealth and Victoria Bilateral Quarterly Meeting Group began in September 2022, strengthening the Commonwealth and Victoria's collaboration on the Bilateral Agreement initiatives and guiding joint implementation. The group is responsible for the *Joint Commonwealth–Victoria Implementation Plan for the Bilateral Agreement*, which was endorsed by senior officials from Victoria and the Commonwealth in March 2023.

The implementation plan details the key deliverables, implementation approach, milestones, timeframes, funding arrangements and risk mitigation strategies for the initiatives under the Bilateral Agreement. It will also inform annual updates to support implementation across the life of the bilateral schedule and, where applicable, monitor progress against the National Agreement.

Supporting flood-affected communities

The Victorian flooding events of October and November 2022 had a significant impact on the livelihoods and mental health and wellbeing of many communities across Victoria. The Victorian Government responded immediately to support the mental health and wellbeing of individuals and communities by directing $4.4 million to increase access to necessary support for community connections and targeted mental health care. Investments made in 2022–23 include:

- $2 million to the Mental Health and Wellbeing Hubs in flood-impacted communities, which provided free support to people experiencing mental health challenges, or any distress, including life stressors such as homelessness, financial difficulties and social isolation. The investment provided 20 extra mental health clinicians (full-time equivalent) and more than 17,000 hours of mental health and wellbeing support.
- $500,000 to the National Centre for Farmer Health, which delivered the #BuildingFarmSpirit social media campaign and webinar series to promote mental health and wellbeing among farming communities, free access to online psychology delivered by psychologists trained in farmer health, and financial support for more than 50 community events, providing social connection and mental health opportunities for farmers and farming communities.
- $400,000 to Neighbourhood Houses Victoria, which provided grants of up to $12,000 to 31 neighbourhood houses and community centres in flood-impacted communities. Grants supported community connection and resilience-building events such as the upcoming 'Rochella' community music festival in Rochester to commemorate the one-year anniversary of the flooding events.

- $250,000 to Rural Health Connect to deliver free and subsidised telepsychology. Rural Health Connect engaged more than 600 new clients and delivered more than 3,500 telepsychology sessions in 2022–23.
- $250,000 to Kids Helpline to support access to free mental health and wellbeing and crisis support for Victorian children and young people via digital and telehealth options.
- $250,000 to Lifeline Australia to assist Lifeline centres in Victoria to meet increased demand for crisis support following the 2022 floods.
- $100,000 to LivingWorks Australia, which delivered suicide prevention and intervention training to 280 community leaders across Shepparton and Rochester.
- $250,000 to Beyond Blue, which delivered 376 sessions of the NewAccess mental health coaching program to help teach practical strategies to manage anxiety, depression, life changes, natural disasters and financial concerns.
- $150,000 to Phoenix Australia, which delivered 11 Psychological First Aid training sessions to 264 community leaders in flood-impacted areas, both online and in person. In-person training sessions were held in Rochester, Kerang, Moroopna, Seymour and Shepparton. In addition, Phoenix Australia established a self-sustaining community of practice for SOLAR (Skills for Life Adjustment and Resilience) coaches across Victoria and revised the online SOLAR coach training platform for future training dissemination.
- Funding for Phoenix Australia to help the Victorian Government develop the Five-Year Framework for Mental Health and Wellbeing Disaster Recovery and Resilience in Victoria. Once finalised, the framework will inform the government's future responses to the mental health and wellbeing needs of communities affected by disasters over a five-year horizon.

Public mental health services 2022–23

Key statistics for 2022–23:

1,688,510
total service hours

96,900
Emergency department presentations

Overview

The data in this section of the report and in Appendix 2 helps us to understand:

- who accesses public mental health services (and how)
- the service settings
- the circumstances in which treatment is provided.

It also tells us about demand for, and use of, services. Key aspects of this data are included in the current outcomes framework (refer to Appendix 1), including data about the use of compulsory treatment and restrictive interventions.

The Victorian healthcare system faced periods of pressure from COVID-19 impacts as people returned to workplaces and schools resumed on-campus classroom learning. The previous two years of service activity illustrates the impact of the COVID-19 pandemic on the way in which people access mental health services.

This financial year has seen service activity stabilise following the peaks and troughs of the pandemic periods, with some measures still reflecting high demand and areas of acute need. The total number of mental health emergency department (ED) presentations was higher than it had been the previous year, increasing slightly by 0.8%. The proportion of total ED presentations that were mental health–related declined slightly (Table 1).

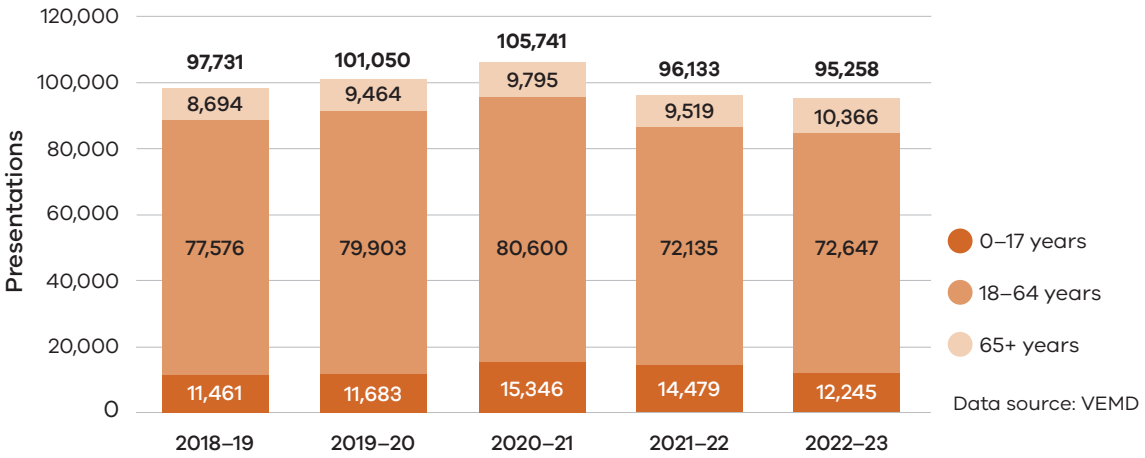
Table 1: Mental health–related ED presentations as a proportion of all ED presentations

Service setting	2018–19	2019–20	2020–21	2021–22	2022–23
18–64	7.73%	8.15%	8.28%	7.08%	7.09%
65+	2.18%	2.40%	2.52%	2.44%	2.45%
0–17	2.72%	3.11%	4.10%	3.54%	2.60%
Total	**5.36%**	**5.78%**	**6.09%**	**5.29%**	**4.95%**

The number of mental health–related ED presentations among children and young people has slowly decreased in recent years, with 2022–23 presentation rates 20.2% lower than the peak seen in 2020–21. While the height of the pandemic disruptions has passed, it is yet unclear what the long-term impacts are on the mental health of young people. This year saw young people's mental health improve compared with the past few years, but overall levels of psychological distress are still higher than pre-pandemic levels.[1] Presentations by adults and older people rose slightly but were similar to the levels of the previous year (Figure 1).

1 Biddle, N et al. 2022, *Wellbeing outcomes in Australia as lockdowns ease and cases increase – August 2022*, Australian National University, Canberra.

Figure 1: Emergency department presentations, by age, 2018–19 to 2022–23



Hospital admissions for mental health have also dropped this year, with a 5.4% decrease in separations from acute inpatient units (Table 2) and a corresponding 1.5% decrease in the number of occupied bed days. This could represent reduced demand for bed-based care as the needs of Victorians become less acute and can be effectively managed in the community.

Table 2: Mental health acute separations (excluding same day), 2018–19 to 2022–23

Setting	2018–19	2019–20	2020–21	2021–22	2022–23
Admitted – acute	26,693	26,660	26,913	25,812	24,174
Admitted – non-acute	274	245	263	259	248
Non-admitted – subacute (CCU)	205	229	182	181	132
Non-admitted – subacute (CCU)	545	565	622	556	505
Non-admitted – subacute (PARC)	3,547	3,374	3,675	3,792	3,903
Total	**31,264**	**31,073**	**31,655**	**30,600**	**28,962**

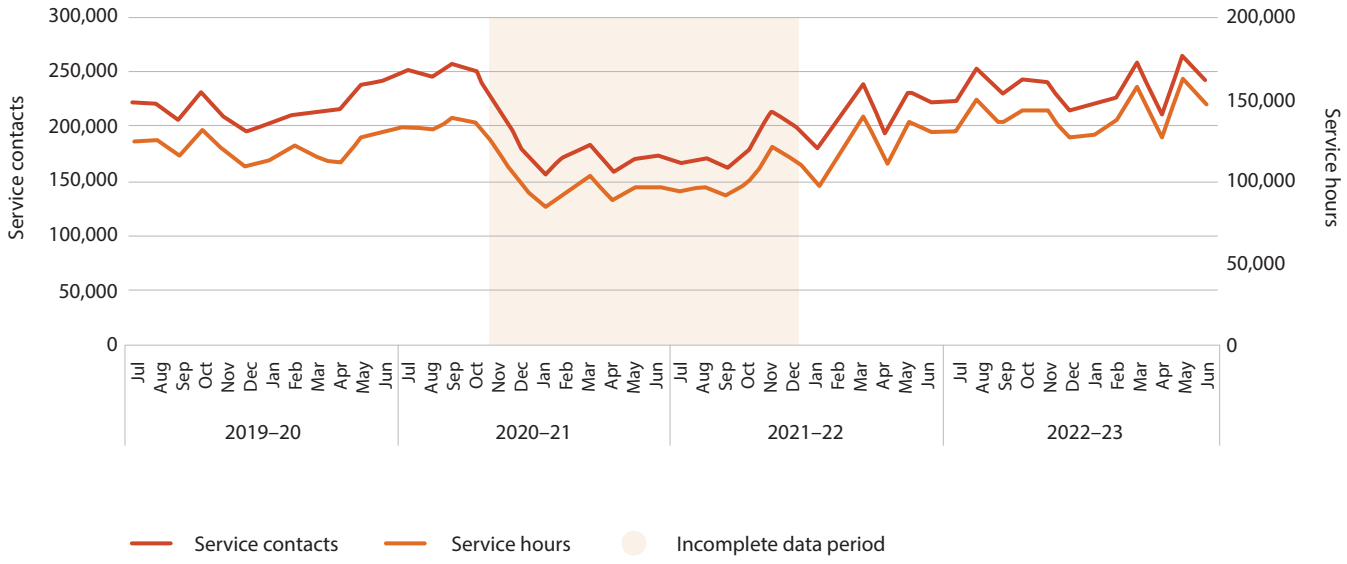
Bed occupancy continued to decrease in 2021–22, as shown in Table 3. Occupancy levels of below 85% are considered desirable and support an environment where optimal care can be provided to each person.

Table 3: Percentage of bed occupancy (excluding same day), 2018–19 to 2022–23

Setting	2018–19	2019–20	2020–21	2021–22	2022–23
Admitted – acute	88.8%	86.1%	82.1%	76.6%	77.2%
Admitted – non-acute	86.9%	89.9%	89.4%	86.2%	87.8%
Non-admitted – residential	86.2%	83.7%	84.7%	81.9%	73.9%
Non-admitted – subacute (CCU)	80.9%	80.3%	79.9%	79.5%	76.6%
Non-admitted – subacute (PARC)	79.0%	71.3%	69.0%	66.7%	68.0%
Total	**86.1%**	**83.8%**	**81.7%**	**77.9%**	**76.5%**

Community contact data for 2022–23 shows an increase in the number of contacts provided (Figure 2). However, at the same time, the number of service hours increased, suggesting the amount of time service providers engage with consumers is not affected by the increase in number of contacts.

Figure 2: Community service contacts and hours, 2019–20 to 2022–23 (metro and rural - all client groups)



Data source: CMI/ODS. Date extracted: 11 August 2023

The overall number of consumers in 2022–23 increased by 7.4% to 87,513 clients accessing clinical mental health services. There was a 12.1% decrease in forensic consumers. Consumers of child and adolescent/youth (CAMHS/CYMHS), adult, specialist services and aged clinical mental health services also increased by between 6.8% for aged and 13.6% for specialist services.

The number of contacts increased across all sectors. Contacts provided within CAMHS/CYMHS rose by 24.7% and in adult by 18.9%. Increases were also significant for aged (9.8%), forensic (38.9%) and specialist (21.8%) services.

Total service hours increased by 25.3% overall. The largest increase was reported by forensic services, providing 41.8% more hours in 2022–23 compared with the previous year, and a 17.4% increase in aged and 25.1% increase in adult services. Increases were also seen in the service hours provided through specialist services (26.6%) and CAMHS/CYMHS (28.8%).

Data shows a reduction in CAMHS inpatient activity during 2022–23, following a peak in demand experienced in 2020–21. Occupancy for this cohort have decreased while the average length of stay has increased (Table 4). Average length of stay increase have been reported across all service types in 2022–23.

Table 4: Trimmed average length of stay (≤ 35 days), 2018–19 to 2022–23

Population	2018–19	2019–20	2020–21	2021–22	2022–23
Adult	9.2	9.5	9.4	9.5	10.2
Aged	15.1	15.4	15.7	15.1	15.1
CYMHS	6.4	6.2	5.8	5.6	6.0
Forensic	24.0	21.8	19.1	18.5	20.5
Specialist	16.0	15.6	14.9	14.6	15.4
Total	**9.6**	**9.8**	**9.7**	**9.8**	**10.4**

Public mental health services access in 2022–23

Key statistic for 2022–23:

87,513
consumers accessed mental health services,
slightly higher than last year

There was a slight increase in the number of children and young people, and adult consumers, accessing public mental health services in 2022–23. The total number of people accessing services was 87,513, slightly higher than the previous year, with the majority being adult and specialist consumers. Child and adolescent consumer numbers were also higher (13.6%) than the previous year. Specialist services saw a slight increase, though are a relatively small part of the service system.

About two-thirds of adult and older consumers, and almost half of specialist, children and young people, previously had contact with mental health services during the past five years. Just over half of registered consumers (53.1%) were women or girls and a third (33.6%) lived in rural areas.

How people were referred to clinical services in 2022–23

Most people were referred to clinical mental health services by hospitals, as shown in Table 5. About a quarter of referrals were from EDs (23.5%), and Table 6 shows that the proportion of referrals from EDs has stabilised over the past three years following increases in 2018–19 (27.2%). Another 27.4% of referrals came from acute health, a 0.7% increase on 2021–22 results. The latter group may include people who were admitted with a physical illness or injury and were subsequently referred for mental health treatment. General practitioners continued to be a key source of referrals (8.8%), as were families (6.7%).

There were 96,900 mental health–related ED presentations in 2022–23, a 0.8% increase from the previous year, spread across all age groups (Table 7). Across the age spectrum, there were 28,962 separations in mental health acute inpatient units in 2022–23, which was similar and slightly lower than 2021–22. There has been an increase in the proportion of compulsory admissions this year (2.6%), with fluctuation in a narrow range over the past five years. In 2022–23, 50.5% of admissions were compulsory.

Table 5: Source of mental health referrals, 2022–23

Referral source	2022–23
Acute health	27.4%
Emergency department	23.5%
General practitioner	8.8%
Family	6.7%
Client/self	5.2%
Community health services	3.6%
Police	3.4%
Others and unknown	21.3%

Table 6: Source of referrals (newly referred consumers only), 2018–19 to 2022–23

Setting	2018–19	2019–20	2020–21	2021–22	2022–23
Acute health	21.8%	22.2%	23.3%	26.7%	27.4%
Emergency department	27.2%	25.9%	24.3%	23.3%	23.5%
General practitioner	10.3%	9.8%	9.7%	9.0%	8.8%
Family	6.4%	6.6%	6.8%	6.4%	6.7%
Client/self	4.3%	4.8%	4.8%	4.9%	5.2%
Community health services	4.1%	4.3%	4.2%	3.3%	3.6%
Police	3.6%	3.8%	3.9%	3.8%	3.4%
Others and unknown	22.2%	22.4%	22.7%	23.1%	21.3%

Table 7: Mental health–related emergency department presentations, 2018–19 to 2022–23

Population	2018–19	2019–20	2020–21	2021–22	2022–23
Adult	77,576	79,903	80,600	72,135	73,633
Aged	8,694	9,464	9,795	9,519	10,885
CYMHS	11,461	11,683	15,346	14,479	12,352
Total	**97,731**	**101,050**	**105,741**	**96,133**	**96,900**

How people experienced our services

Information about people's experience of our services, and about their outcomes, is captured in different ways. The 'Your Experience of Service' (YES) survey helps us understand how people experience mental health treatment and care, including whether they feel they were respected, and the impact of the service on their overall wellbeing. The department has also implemented the 'Carer Experience Survey' (CES) to measure how carers, family members and supporters experienced mental health services in their capacity as a carer. Questions contained in the CES relate to opportunities to be involved in care and decision making, support and relevant information provided to the carer and the overall impact the service had.

Results for the YES survey this year show approximately one-third of consumers rated their experience of care with a service in the preceding three months as excellent (37.1%), with another 25.6% responding that their experience was very good. While most consumers – a 62.7% combined of excellent and very good responses – considered their experience with the service as positive, there is clear room for improvement for some consumers.

We saw a similar trend in results for the CES, with an increase in the proportion of carers reporting positive experiences compared with the previous year. In 2022–23, 23.1% of respondents considered their experience as a carer with the service in the past three months to be excellent, while 18.9% stated it was very good and another 17.8% reporting that it was good. Together, 59.8% of carers reported having a positive experience, less than the proportion of consumers reporting a positive experience. These results suggest there is significant opportunity for services to improve their approach to engaging with the carers, family members and supporters of consumers.

More information about CES is in the Carer Experience Survey section, and results for the YES survey outcome indicators are in Appendix 1.

Child and adolescent mental health services

Key statistic for 2022–23:

14,937
CAMHS/CHYMS consumers
an increase of 13.6%

1,787
separations

There was an increase in the number of children and adolescents accessing community clinical mental health services in 2022–23. However, inpatient separations in this cohort decreased from a high in the previous year. Most children and young people receive clinical treatment in the community.

In 2022–23, there were 14,937 registered CAMHS/CHYMS consumers, a substantial increase of 13.6%. Some children and young people in Victoria require inpatient treatment for mental illness. During the year, there were 1,787 separations of children and young people for mental illness, a decrease of 25.3% from the previous year. Compulsory admissions were at 22.2%, and this remains substantially lower than the level of compulsory treatment for other age groups. The average duration of a period of compulsory treatment was 19.7 days in 2022–23, a decrease of 11.2% from the previous year. However, lower than average durations were reported in 2019–20 and 2018–19.

The proportion of children and young people receiving treatment in the community on a community treatment order remained low and stable at 1.2%.

The trimmed average length of stay (< 35 days) for CYMHS is experiencing a slight increase and was 6.0 days in 2022–23 (Table 4, earlier). The average length of stay is much shorter compared with adult, aged and other inpatient services. The bed occupancy rate decreased from the previous year to 46.1% (Table 8). The readmission rate for CAMHS decreased slightly this year, but it is high in comparison with other age groups, at 18.9% in 2022–23. This can reflect models of care that may involve a relatively short length of stay (reflecting concern about disconnecting children and young people from their family, friends and networks longer than necessary) but capacity to readmit the child or young person as required.

Community contacts are the largest part of CAMHS work. They may involve activities such as assessment and treatment, adolescent day programs or intensive outreach for young people. CAMHS teams often involve parents and siblings, as well as schools, in supporting a young person. In 2022–23, there were 407,747 reported contacts, a substantial increase of 24.7%, reflecting similar increases seen for other cohorts in community contacts.

Activity for unregistered consumers include contacts where a child or young person was referred to community mental health and assessed but it was found that their needs would be best met by a different type of service.

In this instance they may have been referred to a service, such as school-based mental health services, private psychiatry or psychology services, and would not be registered as a public mental health consumer. In 2022–23, a higher proportionof service hours (12.0%) were delivered to CAMHS/CHYMS unregistered consumers than for unregistered adults and older consumers.

Table 8: CYMHS bed occupancy rate (including leave, excluding same day), 2018–19 to 2022–23

Setting	2018–19	2019–20	2020–21	2021–22	2022–23
Admitted – acute	60.4%	60.9%	66.4%	52.0%	46.1%

Adult mental health services

Key statistics for 2022–23:

69,717
adult consumers[2]

23,816
separations

Inpatient services

In 2022–23, there were 23,816 separations of adults for mental illness, very similar to but slightly lower than last year (3.4%). The most common diagnoses were schizophrenia and mood disorders such as depression and bipolar disorder. Stress and adjustment disorders were the third most common diagnoses. The proportion of compulsory admissions was slightly higher at 55.1%.

Bed occupancy for adult inpatient services was high at 76.5% (Table 9) but continued a downward trend seen since 2019–20. The trimmed length of stay for adults slightly increased at 10.2 days.

Of the adults who were admitted as inpatients, 72.7% had contact with a community service before admission. The post-discharge follow-up rate was 90.8%. In 2022–23, 13.2% of people were readmitted to hospital within 28 days of discharge compared with 15.3% in 2021–22.

Table 9: Adult bed occupancy rates (including leave, excluding same day), 2018–19 to 2022–23

Service setting	2018–19	2019–20	2020–21	2021–22	2022–23
Admitted – acute	94.4%	92.2%	86.3%	80.5%	77.2%
Admitted – non-acute	83.4%	87.6%	86.4%	85.5%	87.8%
Non-admitted – subacute (CCU)	80.9%	80.3%	79.9%	79.5%	76.6%
Non-admitted – subacute (PARC)	79.0%	71.3%	69.0%	66.7%	68.0%
Total	**87.5%**	**85.6%**	**82.1%**	**78.6%**	**76.5%**

2 This number refers to consumers accessing adult services. Each service is classified based on the service or funded program type and not the age of the consumer.

Clinical mental health services delivered in the community

Key statistics for 2022–23:

2,078,280
contacts

1,200,919
service hours

The number of recorded community contacts for adults in 2022–23 was 2,078,280, an increase of 18.7% over the previous year, with service hours showing an increase of 25.1%. The mode of service delivery has changed substantially since the pandemic, with a greater mix of contacts through phone and videoconference taking place than before the pandemic.
Just over 15% of adult consumers receiving treatment in the community were on community treatment orders, a slight increase of 0.3% on 2021–22 figures.

Prevention and recovery care

Key statistics for 2022–23:

3,903
separations

68%
bed occupancy

Prevention and recovery care (PARC) services offer short-term support in residential settings, generally providing care for up to 28 days when a person is either becoming unwell or is in the early stages of recovery from an acute admission. Most are for adults, but there are four Youth PARC services for young people aged 16 to 25 years in Bendigo, Frankston, Dandenong and Parkville. Young people may also attend an adult PARC, but it is rare for 16- to 18-year-olds to do so.

Service activity in PARCs fluctuated during the COVID-19 pandemic as admissions for some PARCs were limited to step-down care from inpatient units to ensure greater infection control and to meet workplace physical distancing requirements. Separations increased by 2.9% to 3,903. Occupied bed days increased this year by 13.3%, and bed occupancy was at 68.0%, following declines seen over the past few years.

Aged mental health services

Key statistics for 2022–23:

9,033
aged consumers[3]

240,032
community contacts

The number of aged consumers using public mental health services increased by 6.8% in 2022–23 to 9,033. Most of this group had previous contact with mental health services with 39.4% being new consumers. During the year, there were 2,351 separations of Victorians aged 65 years or older. Bed occupancy decreased this year (Table 10).

The trimmed average length of stay remained steady at 15.1 days. This is much longer than the adult length of stay. The longer length of stay partly reflects the time that is sometimes required to find safe, appropriate accommodation, or to put in place appropriate discharge supports for unwell elderly people. Sometimes a consumer cannot be discharged to return home, or a nursing home may decline to have them return to that service. It may be necessary to find other accommodation and undertake processes such as applications to VCAT for guardianship and administration orders.

The preadmission contact rate was 73.2%, up 7.6% from the previous year. This reflects better continuity of care provided by services. Almost half of all admissions were compulsory (46.0%), and this has been fairly stable over the past four years. The post-discharge follow-up rate was 93.5%, an increase from the previous year. Readmissions within 28 days were low at 6.3%, continuing to drop from previous years.

Mental health bed-based aged care services (hostels and nursing homes) are provided for people with high levels of persistent cognitive, emotional or behavioural disturbance who cannot live safely in general bed-based aged care services. They are designed to have a homelike atmosphere, and residents are encouraged to take part in a range of activities. Where possible, opportunities are sought to discharge consumers to less restrictive environments such as general aged care facilities. The number of these beds has reduced over the past 10 years.

For mental health bed-based aged care services, there were 129 separations in 2022–23, similar to the figure reported in the previous year. The bed occupancy rate decreased to 75.4%. They provided 142,537 occupied bed days, 2.7% lower than last year.

There were 240,032 community contacts in 2022–23, 9.9% higher than the previous year. With this increase in contacts, the number of service hours delivered also increased by 17.4% to 132,581 hours, suggesting providers were spending longer with clients when they received a service contact.

Table 10: Aged bed occupancy rates (including leave, excluding same day), 2018–19 to 2022–23

Setting	2018–19	2019–20	2020–21	2021–22	2022–23
Admitted – acute	87.7%	80.9%	79.8%	74.6%	81.3%
Non-admitted – bed-base	86.9%	83.9%	85.0%	82.9%	75.4%
Total	**87.2%**	**82.9%**	**83.3%**	**79.4%**	**75.1%**

3 This number refers to consumers accessing aged services. Each service is classified based on the service or funded program type and not the age of the consumer.

Forensic mental health services

Key statistics for 2022–23:

1,672
consumers

205
separations

30,547
community contacts

Forensic mental health services provide assessment and treatment for people with mental illness or disorders and involvement with the criminal justice system. Depending on clinical need, treatment may occur within prison, in the community or in a secure inpatient setting at the Thomas Embling Hospital in Fairfield.

The number of consumers treated in forensic mental health services decreased by 12.1% in 2022–23, which followed an increase in 2020–21. Overall, there were 205 separations of people from acute forensic mental health inpatient units during the year, an increase of 186 from 2021–22. Forensic mental health service provision has increased in recent years. Pressure on forensic inpatient beds remains high, with a bed occupancy rate of 98.0% (Table 11).

Forensic consumers had an average duration of compulsory treatment, at 83.7 days. This part of the service system had the lowest proportion of new consumers at 28.0% but the highest proportion of consumer engagement with services in the preceding five years, at 29.1%.

Table 11: Forensic bed occupancy rates (including leave, excluding same day), 2018–19 to 2022–23

Service setting	2018–19	2019–20	2020–21	2021–22	2022–23
Admitted – acute	95.5%	95.0%	96.9%	93.8%	98.1%
Admitted – non-acute	94.5%	96.4%	95.7%	96.1%	97.9%
Total	**94.8%**	**95.9%**	**96.2%**	**95.2%**	**98.0%**

Specialist mental health services

Key statistics for 2022–23:

4,356
consumers

909
separations

69,131
community contacts

A range of specialist mental health services provide highly specialised treatment and care to Victorians with severe and complex illnesses. These services include perinatal mental health services, personality disorder services (Spectrum), eating disorder services and a dual disability service (for people with both mental illness and an intellectual disability or autism).

There was a 20.4% increase in service contacts in 2022–23. An increase was also seen in the number of consumers accessing specialist mental health services, a 6.9% increase from the previous year. This increased service activity is likely due to more investment in eating disorder and perinatal mental health services.

There were 909 separations from specialist services, 10.6% less than last year. The trimmed average length of stay (≤ 35 days) was a slight increase compared with the past three years at 15.4 days and was substantially longer than the comparable figure for adults not receiving specialist services. The preadmission contact rate continues to improve, along with the post-discharge follow-up rate increased by 9.6%. Both rates have remained relatively low compared with other cohorts at 58.2% and 76.5% respectively. Readmissions within 28 days are unusual, with a rate of 2.8% in 2022–23.

Admitted acute occupied bed days rose slightly to 22,880, and the bed occupancy rate, which is variable, was 51.8%. There are a small number of residential bed-based services, and bed occupancy for these services dropped substantially to 39.8% from 58.4%.

Compulsory treatment

The new Mental Health and Wellbeing Act promotes voluntary treatment in preference to compulsory treatment wherever possible. The Act seeks to minimise the use and duration of compulsory assessment and treatment to ensure the assessment and treatment is provided in the least restrictive way possible. An objective of the Act is to enable a reduction in the use of compulsory assessment and treatment. This is supported by the mental health and wellbeing principles, which include requirements that mental health and wellbeing services be provided with the least possible restriction on a person's rights, dignity and autonomy. The Royal Commission recommendation includes targets to reduce the use and duration of compulsory treatment on a year-by-year basis and gathering and publishing service-level and system-wide data in this regard.[4]

4 Recommendation 55

The proportion of consumers on a community treatment order has been steady over time, with an average of 15.0% of adults over the past five years on such an order. Very few CAMHS consumers are on community treatment orders, with an average rate of 1.1% over the same period. Community orders are also relatively unusual for older people and specialist services clients, with rates in 2022–23 of 4.2 and 2.4% respectively.

The average duration of compulsory treatment in the service system has been trending slightly upwards over time, as shown in Table 12. However, for forensic consumers, the average rate declined this year compared with 2021–22.

Table 12: Average duration (days) of a period of compulsory treatment by cohort, 2018–19 to 2022–23

Population	2018–19	2019–20	2020–21	2021–22	2022–23
Adult	75.7	83.1	77.4	85.9	86.4
Aged	66.1	70.3	75.4	69.9	83.3
CAMHS/ CYMHS	24.6	24.4	18.8	22.2	19.7
Forensic	91.5	100.6	106.0	112.0	83.7
Specialist	52.8	67.8	44.3	45.3	52.7
Total	**75.6**	**82.9**	**78.2**	**86.9**	**88.5**

Seclusion and restraint

Key statistics for 2022–23:

Seclusion rate

8.0 per 1,000

occupied bed days (adults)

Average inpatient seclusion duration

7.3 hours

(adults)

Seclusion and restraint are intrusive practices that should only be used after all possible less restrictive options have been tried or considered and have been found to be unsuitable. The Royal Commission recommended that the government acts immediately to reduce the use of seclusion and restraint, with the aim to eliminate these practices within 10 years.[5]

Data on seclusion is well established, but data on restraint is continuing to develop. Every piece of data reflects a person's experience of seclusion and restraint, which can be a traumatic event for them. Public reporting enables services to review their individual results against state and national rates and those for like services. This reporting, and regular discussion between services and the Office of the Chief Psychiatrist and the Office of the Chief Mental Health Nurse about their results, supports service reform, quality improvement and better experiences of mental health services.

5 Recommendation 54

The rate of seclusion fell to 8.3 episodes per 1,000 occupied bed days in 2022–23, from a rate of 9.8 in 2021–22 (Table 13). This rate was across all services, which masks the frequency of the intervention with different consumer groups. It is rare for an older person or a person admitted to a specialist service such as a parent and infant unit to be secluded. Consumers with a forensic background are secluded at a higher rate, and for this group the rate was 31.8 per 1,000 occupied bed days. This year the rate for children and young people increased to 20.4.

Table 13: Seclusion episodes per 1,000 occupied bed days, 2018–19 to 2022–23

Population	2018–19	2019–20	2020–21	2021–22	2022–23
Adult	9.5	10.0	9.5	8.5	8.0
Aged	0.7	0.6	0.6	0.2	0.4
CAMHS	12.0	14.4	10.7	7.7	20.4
Forensic	26.8	33.0	58.7	65.8	31.8
Specialist	0.4	0.5	3.2	10.6	11.6
Total	**8.6**	**9.7**	**10.0**	**9.8**	**8.3**

Work is underway with all services to reduce the use of restrictive interventions, including work with CAMHS. For 2022–23, differentiated service targets have been set that reflect the differences between different groups. For example, the target rate for seclusion among older people is lower than the target for adults and children/adolescents, reflecting what we know occurs in services, but seeking a reduction in seclusion in all services. Over the past 10 years the overall trend for adults, older people and specialist consumers is a decreasing seclusion rate. Results for CAMHS were trending down but have shown a substantial increase over the past year. Forensic services are trending downwards.

Some consumers with a forensic background present with behaviours of concern. Thomas Embling Hospital has continued a substantial effort to reduce the use of restrictive interventions, developing tailored behavioural programs and intensifying staffing efforts.

The average duration of seclusion has decreased from 18.6 hours in 2021–22 to 17.2 hours (Table 14). This figure includes consumers with a forensic background for whom the average duration of seclusion was 60.2 hours.

Table 14: Average inpatient seclusion duration (hours), 2018–19 to 2022–23

Population	2018–19	2019–20	2020–21	2021–22	2022–23
Adult	6.3	6.0	7.3	6.7	7.3
Aged	4.4	6.5	2.9	2.9	9.2
CAMHS	1.0	3.2	2.5	2.0	1.6
Forensic	81.4	40.5	34.5	41.1	60.2
Specialist	2.3	3.8	27.4	19.1	18.7
Total	**20.0**	**13.8**	**15.3**	**18.6**	**17.2**

The corresponding figure for adults was 7.3 hours, an increase from last year's figure of 6.7 hours. For children and young people, the average duration of seclusion decreased to 1.6 hours from 2.0 hours the previous year.

The bodily restraint rate has decreased slightly this year to 16.9 compared with 19.8 per 1,000 occupied bed days in 2021–22. The rate varied from 5.2 for older person consumers to 63.4 per 1,000 occupied bed days for CAMHS. Rates of bodily restraint within CAMHS inpatient settings have been increasing since 2017–18 and will require close monitoring to ensure reduction targets set out by the Royal Commission are achieved. The average duration of restraint decreased to 12 minutes in 2022–23, from 18 minutes the previous year.

Appendix 1: Mental health reporting based on the outcomes framework

The current outcomes framework, and its indicators, measure and monitor how our programs and services are contributing to improved outcomes for people with mental illness. The COVID-19 pandemic affected the delivery of some surveys, and the capacity of departments and services to undertake new developmental work on indicators has also been reduced.

The Royal Commission recommended developing a new mental health and wellbeing outcomes framework (recommendation 1) to drive collective responsibility and accountability for mental health and wellbeing outcomes across government portfolios. It also recommended developing a performance framework to ensure mental health and wellbeing services are delivering improved experiences and outcomes for consumers, families, carers and supporters (recommendation 49).

While the new *Mental health and wellbeing outcomes and performance framework* is being finalised, the current outcome indicators guide the department's activities for mental health service delivery and access.

Domain 1: Victorians have good mental health and wellbeing

Outcome 1: Victorians have good mental health and wellbeing at all ages and stages of life, and Outcome 2: The gap in mental health and wellbeing for at-risk groups is reduced

Data for outcomes 1 and 2 is drawn from the 2020 Victorian Population Health Survey and other sources. It reflects the wellbeing of Victorians during the COVID-19 pandemic.

The potential for the pandemic to affect mental health and wellbeing was recognised early. Apart from concerns about contracting the virus, some of the measures necessary to contain its spread were also likely to have a negative impact on mental health.[6]

There has been a sharp and statistically significant increase in psychological distress among adults in Victoria, and also among Aboriginal and LGBTIQ+ Victorians. Older people (65+ years of age) continued to report significantly lower levels (14.2%) of high or very high psychological distress compared with the proportion in all adults (23.4%). The proportion of adults with high or very high levels of psychological distress was not significantly different in people who spoke a language other than English at home (23.3%) or rural Victorians (22.0%). Psychological distress is a risk factor for a number of diseases and conditions, including cardiovascular disease, chronic obstructive pulmonary disease, injury, obesity and depression.

6 National Mental Health Commission 2020, *National mental health and wellbeing pandemic response plan*, Australian Government, Canberra.

The proportion of children at school entry at risk of clinically significant problems related to behaviour and emotional wellbeing has been trending slightly upwards since 2018. It is possible this may be related to impacts of the pandemic.

The *National mental health and wellbeing pandemic response plan* prioritises the mental health of Australians in line with physical health and sets out a direction for navigating through the pandemic. With states and territories working together with the Commonwealth, a core objective of the plan is to meet the mental health and wellbeing needs of all Australians to reduce the negative impacts of the pandemic in the short and long term.

Indicators for outcome 1	Reference year	Four years prior	Three years prior	Two years prior	One year prior	Most current data
Indicator						
1.1 Proportion of Victorian population with high or very high psychological distress (adults)[1]	2020	14.8%	15.4%	15.0%	18.1%	23.4%
1.2 Proportion of Victorian population receiving clinical mental health care	2022–23	1.13%	1.14%	1.12%	1.16%	1.23%
1.3 Proportion of Victorian young people with positive psychological development [3]	2018	68.8%	n/a	67.3%	n/a	67.3%
1.4 Proportion of Victorian aged (65 years or older) with high or very high psychological distress	2020	8.5%	10.0%	9.2%	11.9%	14.2%
1.5 Proportion of children at school entry at high risk of clinically significant problems related to behaviour and emotional wellbeing	2021	4.9%	5.6%	6.7%	7.4%	7.1%

7 The increase in the overall proportion of adults aged 18 years or older who had high or very high levels of psychological distress in 2020 compared with 2019 was influenced by an increase in the proportion of adults aged 18 to 64 years.

8 The Victorian Student Health and Wellbeing Survey is usually carried out every two years. It was not carried out in 2020 because of the pandemic.

Indicators for outcome 2	Reference year	Four years prior	Three years prior	Two years prior	One year prior	Most current data
Indicator						
2.1 Proportion of Victorian population who speak a language other than English at home with high or very high psychological distress (adults)	2020	17.2%	17.3%	13.8%	19.6%	23.3%
2.2 Proportion of Victorian rural population with high or very high psychological distress (adults)	2020	14.6%	16.3%	17.1%	17.1%	22.0%
2.3 Proportion of Victorian population who identify as LGBTIQ+ with high or very high psychological distress (adults)	2020	n/a	22.1%	n/a	n/a	36.6%

The year 2020 was the second year that data relating to LGBTIQ+ Victorians has been reported. This is possible when there is a larger sample size for the Victorian Population Health Survey, about every third year. Although most LGBTIQ+ Australians live healthy, happy lives, LGBTIQ+ people experience significant health inequalities.[9] Mental health and general physical health are poorer for LGBTIQ+ adults compared with non-LGBTIQ+ adults, and a higher proportion have two or more chronic illnesses.[10] Discrimination and exclusion are key contributors to elevated health risks, and this is sometimes referred to as minority stress.

As well as health disparities, a significantly higher proportion of LGBTIQ+ adults have a total annual household income of less than $40,000, could not raise $2,000 in two days in an emergency, and inexperience food insecurity.[11] The proportion of LGBTIQ+ adults with high or very high levels of psychological distress was significantly higher than the proportion in all adults, at 36.6% compared with 23.5%. Supporting the wellbeing of LGBTIQ+ Victorians requires ongoing, whole-of-government and community efforts towards social inclusion and equality, as well as targeted interventions.

9 Rosenstreich G 2013, *LGBTI people mental health and suicide*, revised 2nd edition. National LGBTI Health Alliance, Sydney.

10 Victorian Agency for Health Information 2020, *The health and wellbeing of the lesbian, gay, bisexual, transgender, intersex and queer population in Victoria: findings from the Victorian Population Health Survey 2017*, State of Victoria, Melbourne

11 Ibid., Table 4.

Outcome 3: The gap in mental health and wellbeing for Aboriginal Victorians is reduced

Outcome indicators relating to Aboriginal Victorians show they continue to be over-represented in clinical mental health services. Aboriginal people form about 1.0% of Victoria's population, yet the proportion of the Aboriginal population receiving clinical mental health care sits at 4.0% and has been trending upwards over the past five years.

More generally, data from the Victorian Population Health Survey shows that the proportion of adults with high or very high levels of psychological distress was significantly higher in the Aboriginal population compared with the proportion in all adults, at 31.8% compared with 23.5%. Psychological distress is a proxy measure of the overall mental health and wellbeing of the population. Very high levels of psychological distress may signify a need for professional help and provide an estimate of the need for mental health services. Levels for Aboriginal Victorians showed significant increases compared with the corresponding estimate for Victoria as a whole in both 2019 and 2020.

These results emphasise the need for ongoing, whole-of-government and community efforts towards social inclusion and equality, as well as sustained efforts to combat racism and tailored responses to support the mental health and wellbeing of disadvantaged population groups.

Indicators for outcome 3	Reference year	Four years prior	Three years prior	Two years prior	One year prior	Most current data
Indicator						
3.1 Proportion of Victorian Aboriginal population who are receiving clinical mental health care	2022–23	3.1%	3.3%	3.4%	3.5%	4.0%
3.2 Proportion of Victorian Aboriginal population with high or very high psychological distress	2020	27.9%	25.0%	30.3%	45.9%	31.8%
3.3 Proportion of Victorian Aboriginal children at school entry at high risk of clinically significant problems related to behaviour and emotional wellbeing	2020	15.6%	14.4%	19.0%	18.5%	19.7%

Outcome 4: The rate of suicide is reduced

There has been a slight decrease in the suicide rate for Victoria in 2021, with a rate of 10.1 deaths (per 100,000) compared with 10.2 in 2020. Victoria's age-standardised rate is the lowest of any state or territory in Australia and is lower than the national rate of 12.0. Victoria's rate has been fairly stable over the past several years, sitting in the range of 10.1–11.1 per 100,000 population. Data released by the State Coroner indicates that the year-to-date number of suicide deaths in Victoria at the end of June 2022 at 365 suicide deaths is similar to the same time in the previous four years (2019–2022).[12]

Supporting people's mental health is important, and for Victorians experiencing stress related to the ongoing impacts of the pandemic, extra support services set up to address these needs such as the Mental Health and Wellbeing Hubs continue to be available. Greater access to mental health supports may have contributed to the relatively stable suicide rate, despite the increased stress experienced by Victorians throughout the pandemic.

The deaths included in the Victorian Suicide Register are regularly reviewed as coroners' investigations progress and more is learned about the circumstances in which they occurred. Deaths may be removed from the register if an investigation establishes they are likely not to be suicides; likewise, deaths initially missed may be added to the register as new evidence consistent with suicide is gathered. This is why some data reported here may be different from what was reported in previous reports. However, data changes are usually minor: Victorian Suicide Register analyses have shown that, over time, there is consistently less than 5% difference between the number of suicides initially identified as suicides, and the number of deaths ultimately confirmed as suicides.

Indicators for outcome 4	Reference year	Four years prior	Three years prior	Two years prior	One year prior	Most current data
Indicator						
4.1 Victoria's rate of deaths from suicide per 100,000	2021	11.1	10.6	11.0	10.2	10.1

12 Coroners Court of Victoria (July 2023) 'Coroners Court monthly suicide data report, July 2023 update' available at <https://www.coronerscourt.vic.gov.au/sites/default/files/2023/08/Coroners%20Court%20Monthly%20Suicide%20Data%20Report%20-%20July%202023.pdf >.

Domain 2: Victorians promote mental health for all ages and stages of life

Outcome 5: Victorians with mental illness have good physical health and wellbeing

The data analysis required to update the proportion of unique admitted clients who were discharged and used tobacco and the proportion of registered mental health clients with a type 2 diabetes diagnosis was not undertaken during 2023, therefore the results are unchanged from 2021–22, and date back to 2017–18.

Current indicators for physical health are tobacco use (as a risk factor) and type 2 diabetes (as a preventable illness). Results this year have improved; however, the data for this indicator draws on inpatient admission information for physical or mental ill health in registered consumers and is therefore a limited subset of consumers accessing mental health services.

Nonetheless there is a reduction in tobacco use, which is trending down. Tobacco smoking is Australia's leading cause of preventable death and disease. Some disadvantaged groups, including people with mental illness, have substantially higher smoking prevalence than the general population. Although this indicator is trending down, there is substantial room for improvement. The latest data estimated that 11.6% of Australian adults smoked daily in 2019, a rate that has halved since 1991 (25%).[13]

The proportion of registered clients with a type 2 diabetes diagnosis is slightly reduced this year, but the level has been fairly stable over the past five years at or around 10%. This is almost double the prevalence in the general population, which is estimated at 5.3%. The complications of diabetes can be severe and include heart disease, stroke, blindness, kidney disease, nerve damage and amputations.

Outcome 6: Victorians with mental illness are supported to protect and promote health

Indicators yet to be developed.

Indicators for outcome 5	Reference year	Four years prior	Three years prior	Two years prior	One year prior	Most current data
Indicator						
5.1 Proportion of unique admitted clients who were discharged and used tobacco	2021–22	38.2%	37.1%	36.5%	36.5%	32.7%
5.2 Proportion of registered mental health clients with a type 2 diabetes diagnosis	2021–22	9.8%	9.9%	10.0%	10.1%	9.3%

13 Tobacco smoking snapshot <https://www.aihw.gov.au/reports/australias-health/tobacco-smoking>

Domain 3: Victorians with mental illness live fulfilling lives of their choosing, with or without symptoms of mental illness

Outcome 7: Victorians with mental illness participate in learning and education

The data analysis required to update the National Assessment Program – Literacy and Numeracy (NAPLAN)-related indicators was not undertaken during 2023, therefore the results relating to children and young people with mental illness and NAPLAN in the outcomes framework are unchanged from 2020, and date back to 2018. NAPLAN was not carried out in 2020 because of the pandemic.

The indicators report the proportion of children and young people with mental illness who are at or above national minimum reading and numeracy standards at Year 3 and Year 9.

When this analysis was done with 2018 results, it was not possible to obtain data that was directly comparable with national benchmarks. Mental illness at a young age can affect schooling and other factors that influence opportunities over a person's lifetime. Education can enable increased workforce participation and higher earnings, as well as other private and social benefits such as improved health. However, the age of onset of mental illness, often in adolescence and young adulthood, can disrupt education.

The 2018 data shows that the proportion of children and young people with mental illness who are at or above national minimum reading standards is below what might be expected and reduces from a Year 3 level of 59.5% to 49.1% at Year 9. Numeracy results are similar, varying from 64.8% at or above the national minimum standard for students in Year 3, to 50.3% for Year 9 students.

Indicators for outcome 7	Reference year	Four years prior	Three years prior	Two years prior	One year prior	Most current data
Indicator						
7.1 Proportion of Year 3 students receiving clinical mental health care at or above the national minimum standard for reading	2018	n/a	n/a	68.1%	64.3%	59.5%
7.2 Proportion of Year 3 students receiving clinical mental health care at or above the national minimum standard for numeracy	2018	n/a	n/a	67.9%	66.0%	64.8%
7.3 Proportion of Year 9 students receiving clinical mental health care at or above the national minimum standard for reading	2018	n/a	n/a	59.2%	52.5%	49.1%
7.4 Proportion of Year 9 students receiving clinical mental health care at or above the national minimum standard for numeracy	2018	n/a	n/a	60.1%	56.3%	50.3%

Outcome 8: Victorians with mental illness participate in and contribute to the economy

Indicators yet to be developed.

Outcome 9: Victorians with mental illness have financial security

Indicators yet to be developed.

Outcome 10: Victorians with mental illness are socially engaged and live in inclusive communities

Indicators yet to be developed.

Outcome 11: Victorians with mental illness live free from abuse or violence, and have reduced contact with the criminal justice system

The data analysis required to update the percentage of prisoners receiving a psychiatric risk rating (P-rating) on entry to prison indicator was not undertaken during 2023, therefore the results are unchanged from 2020, and date back to 2016.

The data shows a significant increase in people allocated a P-rating. These ratings range from a stable psychiatric condition requiring continuing treatment or monitoring, through to a serious psychiatric condition requiring intensive and/or immediate care. Data also captures people with a suspected psychiatric condition requiring assessment. The increase may be partly attributable to the impact of COVID-19 restrictions on Victorians in the community, consistent with other data in this report. Measures required to reduce the risk of transmitting COVID-19 in prisons (including protective quarantine and suspension of face-to-face visits) may also play a role, though these are less likely to have an impact on reception. Additional distress intervention services are in place for people in protective quarantine. When compared with P-rating data on reception day and the day after (43.2%), it can be deduced that most of the impact would have occurred before incarceration.

Indicators for outcome 11	Reference year	Four years prior	Three years prior	Two years prior	One year prior	Most current data
Indicator						
11.1 Proportion of Victorian prison entrants who, at prison reception assessment, are allocated a psychiatric risk rating	2020–21	36.9%	37.2%	36.2%	30.6%	44.6%

Outcome 12: Victorians with mental illness have suitable and stable housing

This indicator draws on data from the Health of the Nation Outcome Scales, a clinician rated instrument comprising 12 scales measuring behaviour, impairment, symptoms and social functioning for those in the 18 - 64 years age group.

It reflects the percentage of public mental health service consumers who are considered, at baseline rating, to have no significant problems with their accommodation as rated on scale 11 (problems with living conditions). The data suggests that although most clients are in stable housing, the proportion with unstable housing is large in comparison with the general population.

Indicators for outcome 12	Reference year	Four years prior	Three years prior	Two years prior	One year prior	Most current data
Indicator						
12.1 Proportion of registered clients living in stable housing[14]	2022–23	79.4%	78.9%	79.4%	77.7%	76.7%

14 2020–21 and 2021–22 data were affected by industrial activity, impacting the collection of non-clinical and administrative data and recording of ambulatory mental health service activity and consumer outcome measures. Industrial activity in 2020–21 and 2021–22 began in November 2020 and was resolved by November 2021. Affected data reported during this period should be interpreted with caution.

Domain 4: The service system is accessible, flexible and responsive to people of all ages, their families and carers, and the workforce is supported to deliver this

Outcome 13: The treatment and support that Victorians with mental illness, their families and carers need is available in the right place at the right time

See explanation under outcome 16.

Outcome 14: Services are recovery-oriented, trauma-informed and family-inclusive

See explanation under outcome 16.

Outcome 15: Victorians with mental illness, their families and carers are treated with respect by services

See explanation under outcome 16.

Outcome 16: Services are safe, of high quality, offer choice and provide a positive service experience

Indicators for outcomes 13 to 16 draw on the public mental health service data reported in Appendix 2. Many of these indicators have remained stable or only fluctuated slightly. This includes rates of readmission within 28 days. The rate of post-discharge follow-up within seven days and rate of preadmission contact and has increased slightly this year to 90.1% and 71.6% respectively to their highest levels over the previous five years.

Follow-up soon after discharge enhances continuity of care at a time when consumers often need extra supports. The number of new registered clients has slightly decreased in the past year and at 39.1% is similar to last year's figure.

The proportion of consumers with a significant improvement in clinically reported outcomes decreased slightly for adult clients in 2022–23 compared with the previous year. Conversely, this proportion increased for child and adolescent, older person and specialist service clients.

The duration of compulsory treatment, proportion of community clients on a compulsory treatment and proportion of people receiving compulsory inpatient treatment order has increased when compared with last year. These points are discussed in detail in the 'Compulsory treatment' section of this report.

Six indicators in this domain draw on data from the YES survey, which gathers the views of consumers of Victoria's clinical mental health services. Results for many of the YES indicators have increased on the previous year. The strongest result was for the proportion of consumers reporting their individuality and values were usually (16.2%) or always (71.3%) respected.

This was followed by the proportion of consumers who reported their experience of the service developing a care plan, with them, that considered all their needs was 'excellent' (36.0%), 'very good' (25.4%) or 'good' (18.7%).

Results for the YES survey show that around one-third of consumers rated their experience of care with a service in the preceding three months as excellent (37.0%) and another quarter as very good (25.6%). Although a further substantial proportion rated their experience of care as good (20.8%), there is clear room for improvement for some consumers. Nationally reported data indicates that voluntary patients generally report a more positive experience than consumers with a compulsory legal status.

Indicators for outcome 13	Reference year	Four years prior	Three years prior	Two years prior	One year prior	Most current data
Indicator						
13.1 Rate of preadmission contact[15]	2022–23	58.7%	60.6%	58.7%	62.9%	71.6%
13.2 Rate of readmission within 28 days	2022–23	13.3%	14.2%	14.8%	14.9%	12.8%
13.3 Rate of post-discharge follow-up	2022–23	88.0%	89.4%	84.5%	84.9%	90.1%
13.4 New registered clients accessing public mental health services (no access in past five years)	2022–23	37.6%	35.3%	34.8%	39.4%	39.1%
13.5 Proportion of consumers reporting the effect the service had on their ability to manage their day-to-day life was good, very good or excellent	2023	81.0%	n/a	79.9%	82.7%	80.1%

Indicators for outcome 14	Reference year	Four years prior	Three years prior	Two years prior	One year prior	Most current data
Indicator						
14.1 Proportion of registered clients experiencing stable or improved clinical outcomes (adults)[16]	2022–23	91.2%	91.1%	91.5%	90.9%	90.5%
14.2 Proportion of registered clients experiencing stable or improved clinical outcomes (CAMHS)[17]	2022–23	93.6%	93.5%	93.7%	94.2%	91.4%
14.3 Proportion of registered clients experiencing stable or improved clinical outcomes (aged)[18]	2022–23	91%	91.2%	90.8%	91.0%	93.2%
14.4 Proportion of registered clients experiencing stable or improved clinical outcomes (forensic)[19]	2022–23	n/a	n/a	n/a	n/a	n/a
14.5 Proportion of registered clients experiencing stable or improved clinical outcomes (specialist)[20]	2022–23	n/a	n/a	n/a	n/a	n/a
14.6 Proportion of consumers who reported they usually or always had opportunities for family and carers to be involved in their treatment or care if they wanted	2022–23	82.4%	n/a[21]	80.6%	78.6%	81.3%

15, 16, 17, 18 Ibid.

19 Sample size for forensic and specialist clients is too low for the data to be considered reliable.

20 Ibid.

21 Because of the pandemic, the YES survey was not conducted in 2019–20.

Indicators for outcome 15	Reference year	Four years prior	Three years prior	Two years prior	One year prior	Most current data
Indicator						
15.1 Proportion of consumers reporting their individuality and values were usually or always respected	2023	90.1%	n/a	88.4%	88.6%	87.5%
15.2 Proportion of people with a mental illness reporting a care plan was developed with them that considered all their needs as good, very good or excellent	2023	82.4%	n/a	79.2%	83.1%	80.1%

Indicators for outcome 16	Reference year	Four years prior	Three years prior	Two years prior	One year prior	Most current data
Indicator						
16.1 Rate of seclusion episodes per 1,000 occupied bed days (inpatient)	2022–23	8.8	10.0	10.3	9.8	8.3
16.2 Rate of bodily restraint episodes per 1,000 occupied bed days (inpatient)	2022–23	25.8	20.7	20.9	19.8	16.9
16.3 Proportion of community cases with client on a treatment order	2022–23	11.1%	11.3%	11.4%	11.1%	11.3%
16.4 Proportion of inpatient admissions that are compulsory	2022–23	49.6%	51.0%	50.2%	47.9%	50.5%
16.5 Average duration of compulsory orders (days)	2022–23	75.6	82.9	78.2	86.9	88.5
16.6 Proportion of consumers who rated their experience of care with a service in the past three months as very good or excellent	2022–23	65.5%	n/a	61.1%	60.3%	62.6%
16.7 Proportion of consumers reporting the effect the service had on their overall wellbeing was very good or excellent)	2022–23	58.1%	n/a	54.7%	53.8%	57.3%

Appendix 2: Public mental health service data

Most of the data in this appendix is drawn from the mental health Client Management Interface (CMI) / Operational Data Store (ODS). The CMI/ODS is a real-time reporting system that mental health service providers regularly update. For this reason, there may be small differences in reported data between previous and future annual reports, as the system is not static.

Other collections from which this appendix draws include the Mental Health Establishments National Minimum Dataset, the Victorian Emergency Minimum Dataset and the Mental Health Community Support Services Collection. It should be noted that different data collections may use different definitions, varying inclusion and exclusion criteria, and may disaggregate data in different ways.

Data source: CMI/ODS, or as footnoted otherwise

Date extracted: 11 August 2023, or as footnoted otherwise

Date generated: 5 September 2023

Please note that the data in this report exclude Albury in New South Wales. Some data may not sum due to rounding.

Whole population

Measure	2018–19	2019–20	2020–21	2021–22	2022–23
Total estimated residential population in Victoria ('000)*	6,596	6,730	6,862	6,992	7,120

People accessing mental health services

Measure	2018–19	2019–20	2020–21	2021–22	2022–23
Mental health–related emergency department presentations	97,731	101,050	105,741	96,133	96,900
Emergency department presentations that were mental health–related	5.36%	5.78%	6.09%	5.29%	4.95%

People accessing clinical mental health services

Measure	2018–19	2019–20	2020–21	2021–22	2022–23
Consumers accessing clinical mental health services†‡§§	74,831	76,495	76,921	81,476	87,513
Proportion of population receiving clinical care*†‡§§	1.13%	1.14%	1.12%	1.17%	1.23%

Consumer location	Area	2018–19	2019–20	2020–21	2021–22	2022–23
Consumer residential location	Metro	63.8%	63.5%	63.5%	63.0%	61.4%
	Rural	32.8%	33.0%	33.2%	33.4%	34.6%
	Unknown/ other	3.4%	3.5%	3.3%	3.7%	4.0%
Consumer demographics	**Description**	**2018–19**	**2019–20**	**2020–21**	**2021–22**	**2022–23**
Gender	Female	50.3%	50.5%	52.0%	52.9%	53.1%
	Male	49.4%	49.3%	47.7%	46.7%	46.4%
	Other/ unknown	0.3%	0.3%	0.3%	0.4%	0.5%
Age group	0–4	0.8%	0.7%	0.6%	0.8%	0.7%
	5–14	8.5%	8.0%	8.6%	8.8%	9.5%
	15–24	19.6%	19.8%	20.2%	20.6%	19.7%
	25–34	18.0%	18.3%	18.6%	18.4%	18.4%
	35–44	17.3%	17.4%	16.8%	16.1%	16.1%
	45–54	15.1%	14.8%	14.6%	14.3%	14.2%
	55–64	8.8%	9.0%	9.0%	9.1%	9.2%
	65–74	6.1%	6.1%	6.0%	6.1%	6.3%
	75–84	4.0%	4.1%	3.9%	4.1%	4.4%
	85–94	1.7%	1.7%	1.6%	1.7%	1.6%
	95+	0.2%	0.1%	0.1%	0.1%	0.1%
Consumers from culturally diverse backgrounds	Culturally diverse	13.8%	14.0%	14.0%	13.7%	13.7%
Aboriginal or Torres Strait Islander status	Indigenous	3.1%	3.3%	3.4%	3.5%	4.0%

Consumer demographics	Description	2018–19	2019–20	2020–21	2021–22	2022–23
Country of birth (top 10 non-English speaking)	India	0.9%	1.0%	1.0%	1.0%	1.1%
	Vietnam	0.8%	0.8%	0.8%	0.8%	0.7%
	China (excludes SARs and Taiwan)	0.7%	0.7%	0.7%	0.8%	1.1%
	Italy	0.9%	0.8%	0.7%	0.7%	0.6%
	Greece	0.7%	0.7%	0.7%	0.7%	0.7%
	Sri Lanka	0.5%	0.5%	0.6%	0.5%	0.5%
	Philippines	0.4%	0.4%	0.5%	0.5%	0.5%
	Sudan	0.4%	0.4%	0.4%	0.4%	0.4%
	Iran	0.4%	0.4%	0.4%	0.4%	0.3%
	Turkey	0.4%	0.4%	0.4%	0.3%	0.3%
Preferred language other than English (top 10)	Vietnamese	0.5%	0.5%	0.5%	0.5%	0.4%
	Greek	0.4%	0.4%	0.4%	0.4%	0.3%
	Mandarin	0.4%	0.4%	0.4%	0.4%	0.4%
	Italian	0.4%	0.4%	0.3%	0.3%	0.2%
	Arabic	0.3%	0.4%	0.3%	0.3%	0.3%
	Persian (excluding Dari)	0.2%	0.2%	0.2%	0.2%	0.1%
	Turkish	0.2%	0.2%	0.2%	0.2%	0.1%
	Macedonian	0.2%	0.2%	0.1%	0.1%	0.1%
	Cantonese	0.1%	0.1%	0.1%	0.1%	0.1%
	Dari	0.1%	0.1%	0.1%	0.1%	0.1%

Treatment	Cohort	2018–19	2019–20	2020–21	2021–22	2022–23
Consumers accessing clinical mental health services[† ‡ §§]	Adult	59,454	61,038	61,736	64,708	69,717
	Aged	8,096	8,290	8,014	8,457	9,033
	CAMHS/CHYMS	11,585	11,516	12,329	13,145	14,937
	Forensic	988	1,237	1,178	1,902	1,672
	Specialist	2,988	2,927	2,849	3,953	4,356
Diagnosis	Schizophrenia, paranoia and acute psychotic disorders	22.9%	23.0%	22.7%	20.9%	20.1%
	Mood disorders	19.1%	18.8%	18.4%	17.6%	17.0%
	Stress and adjustment disorders	9.1%	8.8%	9.0%	10.2%	11.4%
	Personality disorders	6.6%	6.6%	6.6%	6.7%	7.2%
	Anxiety disorders	5.8%	6.1%	6.3%	6.6%	6.3%
	Substance abuse disorders	3.3%	3.3%	3.2%	3.8%	4.1%
	Organic disorders	2.2%	2.1%	2.1%	2.2%	2.8%
	Disorders of psychological development	2.1%	2.0%	2.1%	2.2%	2.5%
	Disorders of childhood and adolescence	1.6%	1.6%	2.0%	2.1%	2.1%
	Eating disorders	1.9%	1.9%	1.9%	2.0%	2.0%
	Other	0.9%	1.0%	1.0%	1.3%	1.9%
	Obsessive compulsive disorders	0.5%	0.6%	0.6%	0.7%	0.7%
	No mental health diagnosis recorded	23.9%	24.2%	24.1%	23.8%	21.8%
Referral source (newly referred consumers only)	Acute health	21.7%	21.7%	22.2%	23.3%	27.4%
	Emergency department	24.0%	27.2%	25.8%	24.3%	23.5%
	General practitioner	11.5%	10.3%	9.8%	9.6%	8.8%
	Family	7.2%	6.4%	6.6%	6.8%	6.7%
	Client/self	4.8%	4.3%	4.8%	4.8%	5.2%
	Community health services	4.9%	4.1%	4.3%	4.2%	3.6%
	Police	3.7%	3.6%	3.8%	3.9%	3.4%
	Other/unknown	22.2%	22.4%	22.7%	23.1%	21.3%

Treatment	Cohort	2018–19	2019–20	2020–21	2021–22	2022–23
New consumers accessing services (no access in the prior 5 years)‡ §§	Total	36.0%	35.3%	34.8%	39.4%	39.1%
Consumers accessing services during each of the previous 5 years‡ §§	Total	13.4%	13.5%	13.6%	13.0%	12.7%

Service activity – bed-based	Setting	2018–19	2019–20	2020–21	2021–22	2022–23
Total number of separations (excluding same day)	Admitted – acute	26,693	26,660	26,913	25,812	24,174
	Admitted – non-acute	274	245	263	259	248
	Non-admitted – bed-based	205	229	182	181	132
	Non-admitted – subacute (CCU)	545	565	622	556	505
	Non-admitted – subacute (PARC)	3,547	3,374	3,675	3,792	3,903
	Total	**31,264**	**31,073**	**31,655**	**30,600**	**28,962**
Occupied bed days (including leave, excluding same day)	Admitted – acute	387,988	384,825	380,231	366,791	372,640
	Admitted – non-acute	78,148	81,575	81,231	80,517	76,107
	Non-admitted – residential	154,823	150,705	151,835	146,800	123,777
	Non-admitted – subacute (CCU)	104,852	103,634	100,597	100,163	101,478
	Non-admitted – subacute (PARC)	70,063	63,397	64,538	62,535	71,495
	Total	**795,876**	**784,138**	**778,433**	**756,808**	**745,500**

Service activity – bed-based	Setting	2018–19	2019–20	2020–21	2021–22	2022–23
Bed occupancy rate (including leave, excluding same days)	Admitted – acute	88.8%	86.1%	82.1%	76.6%	77.2%
	Admitted – non-acute	86.9%	89.9%	89.4%	86.2%	87.8%
	Non-admitted – residential	86.2%	83.7%	84.7%	81.9%	73.9%
	Non-admitted – subacute (CCU)	80.9%	80.3%	79.9%	79.5%	76.6%
	Non-admitted – subacute (PARC)	79.0%	71.3%	69.0%	66.7%	68.0%
	Total	**86.1%**	**83.8%**	**81.7%**	**77.9%**	**76.5%**

Service activity – community	Population	2018–19	2019–20	2020–21	2021–22	2022–23
Total service contacts, by sector[‡]	Adult	1,851,856	1,936,772	1,769,897	1,746,893	2,078,280
	Aged	232,202	249,924	217,523	218,437	240,032
	CAMHS/CYMHS	330,938	344,181	354,777	327,001	407,747
	Forensic	23,797	23,772	20,881	21,980	30,547
	Specialist	41,195	53,020	52,743	56,751	69,131
	Total	**2,479,989**	**2,607,671**	**2,415,824**	**2,371,063**	**2,825,740**
Total service hours, by sector[‡]	Adult	972,427	1,031,434	925,731	959,656	1,200,919
	Aged	124,716	129,047	107,166	112,961	132,581
	CAMHS/CYMHS	221,594	223,956	229,764	218,136	281,006
	Forensic	16,403	15,278	14,238	14,845	20,539
	Specialist	34,359	38,849	36,087	42,231	53,463
	Total	**1,369,501**	**1,438,566**	**1,312,988**	**1,347,831**	**1,688,510**
Unregistered consumer service hours[‡ §§]	**Total**	**16.0%**	**15.5%**	**16.0%**	**12.0%**	**10.6%**

Service performance	Population	2018–19	2019–20	2020–21	2021–22	2022-23
Percentage of consumers readmitted within 28 days of separation – inpatient	Adult	13.7%	14.6%	15.1%	15.3%	13.2%
	Aged	7.6%	9.0%	7.1%	6.2%	6.3%
	CAMHS	20.1%	21.8%	23.4%	22.6%	18.9%
	Forensic	6.0%	7.5%	5.0%	17.4%	15.4%
	Specialist	1.9%	2.1%	1.8%	2.4%	2.8%
	Total	**13.3%**	**14.2%**	**14.8%**	**14.9%**	**12.8%**
Percentage of admissions with a preadmission contact – inpatient (all consumers)‡	Adult	59.7%	61.7%	59.0%	63.4%	72.7%
	Aged	65.7%	63.6%	60.9%	65.6%	73.2%
	CAMHS	56.7%	60.7%	64.2%	66.9%	73.4%
	Forensic	26.8%	16.0%	16.2%	18.9%	22.9%
	Specialist	30.9%	39.5%	43.5%	46.4%	58.2%
	Total	**58.6%**	**60.6%**	**58.5%**	**62.7%**	**71.6%**
Percentage of consumers followed up within 7 days of separation – inpatient‡	Adult	89.1%	90.9%	84.9%	85.4%	90.8%
	Aged	94.5%	94.9%	89.4%	88.7%	93.5%
	CAMHS	87.0%	86.6%	86.1%	86.9%	87.8%
	Forensic	28.4%	28.6%	37.6%	64.7%	100.0%
	Specialist	60.9%	65.5%	68.6%	66.8%	76.5%
	Total	**88.0%**	**89.4%**	**84.5%**	**84.9%**	**90.1%**
Trimmed average length of stay (≤ 35 days)	Adult	9.2	9.5	9.4	9.5	10.2
	Aged	15.1	15.4	15.7	15.1	15.1
	CAMHS	6.4	6.2	5.8	5.6	6.0
	Forensic	24.0	21.8	19.1	18.5	20.5
	Specialist	16.0	15.6	14.9	14.6	15.4
	Total	**9.6**	**9.8**	**9.7**	**9.8**	**10.4**

Compulsory treatment	Population	2018–19	2019–20	2020–21	2021–22	2022–23
Percentage of open community cases where the consumer was on a CTO	Adult	14.6%	15.1%	15.2%	15.1%	15.4%
	Aged	5.4%	5.0%	5.0%	4.2%	4.2%
	CAMHS	1.1%	1.0%	1.0%	1.3%	1.2%
	Forensic	13.8%	13.3%	13.8%	6.3%	6.8%
	Specialist	4.0%	3.4%	4.6%	3.6%	2.4%
	Total	**11.1%**	**11.3%**	**11.4%**	**11.1%**	**11.3%**
Percentage of admissions for compulsory treatment – inpatient	Adult	54.3%	56.0%	55.5%	53.3%	55.1%
	Aged	46.7%	50.1%	48.7%	44.6%	46.0%
	CAMHS	21.3%	20.3%	21.3%	18.5%	22.2%
	Forensic	100.0%	100.0%	100.0%	100.0%	99.5%
	Specialist	11.2%	9.5%	8.5%	8.8%	8.0%
	Total	**49.6%**	**51.0%**	**50.2%**	**47.9%**	**50.5%**
The average duration (days) of a period of compulsory treatment	All	75.6	82.9	78.2	86.9	88.5
Consumers on an order for more than 12 months	All	12.9%	13.1%	13.3%	14.9%	14.6%
Adult (18+) consumers who have an advance statement recorded	All	2.86%	2.96%	3.20%	3.02%	3.04%
Adult (18+) consumers who have a nominated person recorded	All	2.57%	2.51%	2.51%	2.36%	2.32%

Restrictive practice	Population	2018–19	2019–20	2020–21	2021–22	2022–23
Rate of seclusion episodes per 1,000 occupied bed days – inpatient	**Total**	8.8	10.0	10.3	9.8	8.3
Average duration (hours) of seclusion episodes – inpatient	**Total**	20.0	13.8	15.3	18.5	17.2
Rate of bodily restraint episodes per 1,000 occupied bed days – inpatient	**Total**	25.8	20.7	20.9	19.8	16.9
Average duration (hours) of bodily restraint episodes – inpatient	**Total**	0.2	0.3	0.2	0.3	0.2

Clinician-reported outcome	Population	2018–19	2019–20	2020–21	2021–22	2022–23
Percentage of closed community cases with significant improvement at case closure[‡]	Adult	52.0%	54.1%	55.5%	54.9%	54.6%
	Aged	58.9%	59.8%	60.6%	54.3%	54.5%
	CAMHS/CYMHS	44.2%	47.8%	45.8%	40.8%	44.6%
	Forensic	**	**	**	**	**
	Specialist	37.5%	41.9%	47.2%	51.0%	55.0%
	Total	**51.5%**	**53.7%**	**54.3%**	**52.0%**	**52.9%**
Percentage of community cases closed with no 'significant' change in HoNOS score at case start and end[‡]	Adult	39.2%	37.0%	37.5%	35.3%	35.8%
	Aged	34.6%	33.7%	37.0%	37.2%	38.6%
	CAMHS/CYMHS	46.8%	43.4%	48.2%	48.6%	46.7%
	Forensic	**	**	**	**	**
	Specialist	57.2%	45.5%	45.6%	42.6%	36.7%
	Total	**40.1%**	**37.7%**	**39.6%**	**38.4%**	**38.1%**
Percentage of community cases with 'significant deterioration' in HoNOS scales at case closure[‡]	Adult	8.8%	8.9%	8.5%	9.1%	9.4%
	Aged	6.4%	6.5%	6.3%	5.8%	6.5%
	CAMHS/CYMHS	9.0%	8.8%	9.2%	9.0%	8.1%
	Forensic	**	**	**	**	**
	Specialist	5.3%	12.6%	9.5%	3.7%	8.2%
	Total	**8.4%**	**8.6%**	**8.3%**	**8.5%**	**8.7%**

Funding		2018–19	2019–20	2020–21	2021–22	2022–23
Total output cost (Budget Paper No. 3) ($ million)[#] [††]	Clinical mental health	1,542.1	1,650.0	1,937.6	2,178.6	2,520.5
	Mental health community support services	118.5	111.0	121.8	173.7	164.3

Service Inputs		2018–19	2019–20	2020–21	2021–22	2022–23
Specialist mental health beds (from policy and funding guidelines)	Admitted – acute	1,205	1,211	1,212	1,212	1,317
	Admitted – non-acute	250	250	250	250	247
	Admitted total	1,455	1,461	1,462	1,462	1,564
	Non-admitted – bed-based	495	495	491	491	491
	Non-admitted – subacute (CCU)	348	348	338	338	336
	Non-admitted – subacute (PARC)	250	252	264	264	281
	Non-admitted total	1,093	1,095	1,093	1,093	1,108
	Total	**2,548**	**2,556**	**2,555**	**2,555**	**2,672**
Full-time equivalent staff by workforce type[§]	Administrative and clerical staff	451	711	n/a	n/a	n/a
	Allied health and diagnostic professionals	1,636	1,800	n/a	n/a	n/a
	Carer workers	31	34	n/a	n/a	n/a
	Consumer workers	39	40	n/a	n/a	n/a
	Domestic staff	118	151	n/a	n/a	n/a
	Medical officers	915	985	n/a	n/a	n/a
	Nurses	4,548	4,909	n/a	n/a	n/a
	Other personal care staff	248	190	n/a	n/a	n/a

People accessing mental health community support services

Consumers	2018–19	2019–20	2020–21	2021–22	2022–23
Total consumers accessing mental health community support services[#]	5,732	5,818	3,180	2,535	3,373

Consumer demographics[§§§]	Description	2018–19	2019–20	2020–21	2021–22	2022-23
Gender	Female	57.3%	54.3%	54.8%	n/a	n/a
	Male	41.8%	44.2%	43.7%	n/a	n/a
	Other/ unknown	0.8%	1.5%	1.6%	n/a	n/a
Age group	0–4	0.2%	0.3%	0.1%	n/a	n/a
	5–14	3.4%	6.2%	0.3%	n/a	n/a
	15–24	13.9%	19.2%	20.4%	n/a	n/a
	25–34	17.2%	14.9%	16.3%	n/a	n/a
	35–44	20.6%	17.7%	18.4%	n/a	n/a
	45–54	25.3%	20.9%	21.7%	n/a	n/a
	55–64	16.3%	15.4%	17.4%	n/a	n/a
	65–74	2.6%	4.5%	4.3%	n/a	n/a
	75–84	0.4%	0.8%	0.9%	n/a	n/a
	85–94	0.0%	0.0%	0.1%	n/a	n/a
	95+	0.0%	0.1%	0.1%	n/a	n/a
	Unknown	0.0%	0.0%	0.1%	n/a	n/a
Aboriginal or Torres Strait Islander	Indigenous	2.2%	2.8%	2.9%	n/a	n/a
Culturally diverse status	Yes	4.8%	5.4%	7.2%	n/a	n/a

Service activity	2018–19	2019–20	2020–21	2021–22	2022–23
Community service units	338,835	128,007	2,703	46,619	51,043
Bed-based rehabilitation bed days	62,417	51,029	46,542	48,997	52,509

Service Inputs	Population	2018–19	2019–20	2020–21	2021–22	2022–23
Residential rehabilitation beds	Other ***	102	22	0	13	13
	Youth	159	159	159	159	159
	Total	261	181	159	172	172

Notes and annotations

Data in this report exclude Albury New South Wales.

* Population estimate is based on *Victoria in Future 2019* estimated residential population at 30 June. Refer to the Department of Transport and Planning website <https://www.planning.vic.gov.au/land-use-and-population-research/victoria-in-future> for information on Victoria in Future projections.

† Sum of rows will not equal total as one consumer can access multiple services.

‡ 2020–21 and 2021–22 data were affected by industrial activity, impacting the collection of non-clinical and administrative data and recording of ambulatory mental health service activity and consumer outcome measures. Industrial activity in 2020–21 and 2021–22 began in November 2020 and was resolved by November 2021. Affected data reported during this period should be interpreted with caution.

§ Sourced from Mental Health Establishments National Minimum Dataset.

Impacted by the reduction in mental health community support services progressively transferring to the National Disability Insurance Scheme (NDIS).

** Further analysis of clinical outcomes data for forensic clients indicates that the sample size is too low for the data to be considered reliable.

*** Residential rehabilitation beds transitioned to the NDIS during 2018–19 and 2019–20.

§§ Impacted by changes to Victoria's consumer registration process that came into effect from 1 July 2021. Under the new registration process, consumers accessing community-based services are registered when they receive a face-to-face psychiatric examination.

§§§ Demographic data for consumers accessing mental health community support services were not collected from 2021–22.

†† 2022–23 data represent expected outcomes.

n/a: No data available for this period.

Note that some data may not sum due to rounding.

Appendix 3: Victoria's public mental health system

Area-based clinical services[22]

Child and adolescent services/child and youth services[23]

- Acute inpatient services
- Autism assessment
- Consultation and liaison psychiatry
- Continuing care
- Day programs
- Intensive mobile youth outreach services
- School-based early intervention programs

Adult services

- Acute community intervention services
- Acute inpatient services
- Psychiatric assessment and planning units
- Secure extended care and inpatient services
- Continuing care
- Consultation and liaison psychiatry
- Community care units
- Prevention and recovery care (PARC)
- Early psychosis (16–25 years)
- Youth PARC (16–25 years)

Aged services (65+ years)

- Acute inpatient services
- Aged mental health bed-based services
- Aged mental health community teams

Statewide specialist services

- Aboriginal services
- Brain disorder services
- Dual diagnosis services
- Dual disability services
- Eating disorder services
- Mother and baby services
- Neuropsychiatry
- Personality disorder services
- Torture and trauma counselling
- Victorian Institute of Forensic Mental Health (Forensicare)
- Victorian Transcultural Mental Health
- Transition support units

22 Delivery of activities varies between areas. Some services have separate teams for the various activities; others operate 'integrated teams' that perform a number of different functions.

23 Service models for children and young people vary across the state. Some areas have child and adolescent mental health services (0–18 years); some have child and youth mental health services (0–25 years); and others have specific services for adolescents (12–18 years) or youth (16–24 years).

Appendix 4: Raw data for Figures 1 and 2

Figure 1

Emergency department presentations, by age, 2018–19 to 2022–23

Age	2018–19	2019–20	2020–21	2021–22	2022–23
Total	97,731	101,050	105,741	96,133	95,258
0–17 years	11,461	11,683	15,346	14,479	12,245
18–64 years	77,576	79,903	80,600	72,135	72,647
65+ years	8,694	9,464	9,795	9,519	10,366

Figure 2

Community service contacts and hours, 2019–20 to 2022–23 (metro and rural - all client groups)

Raw data: 2019–20

Month	Service hours	Service contacts
July	124,194	223,142
August	124,772	220,675
September	115,742	206,233
October	130,983	230,941
November	117,966	206,652
December	109,331	194,640
January	112,859	203,901
February	121,041	210,966
March	114,364	212,760
April	110,237	215,703
May	126,389	238,277
June	130,688	243,783

Raw data: 2020–21

Month	Service hours	Service contacts
July	132,753	251,217
August	130,986	246,803
September	138,550	256,963
October	135,615	250,847
November	117,959	215,747
December	97,416	180,434
January	83,411	156,713
February	94,021	172,759
March	102,656	183,767
April	88,057	157,986
May	95,672	170,013
June	95,893	172,576

Raw data: 2021–22

Month	Service hours	Service contacts
July	93,221	166,721
August	95,969	170,294
September	90,675	161,771
October	99,922	179,787
November	120,216	213,828
December	112,328	199,344
January	98,170	180,565
February	120,457	210,658
March	139,762	239,738
April	111,226	194,364
May	135,789	231,838
June	130,097	222,157

Raw data: 2022–23

Month	Service hours	Service contacts
July	131,053	223,748
August	149,686	253,196
September	135,567	229,519
October	142,990	242,630
November	143,372	240,163
December	126,483	214,366
January	127,944	219,565
February	136,625	227,010
March	157,947	258,473
April	126,336	210,005
May	162,902	265,378
June	147,608	241,686

Data source: CMI/ODS. Date extracted: 11 August 2023