

Slide 1



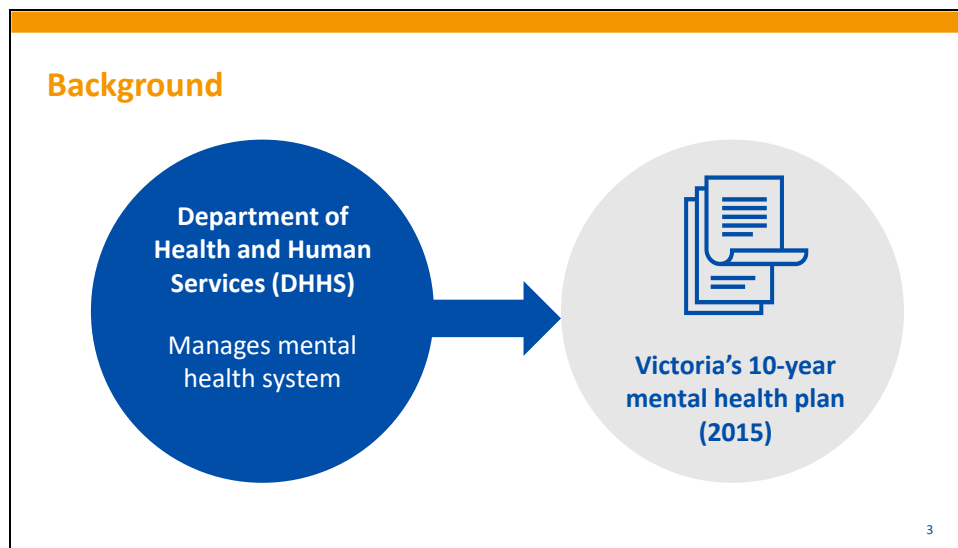
This presentation provides an overview of the Victorian Auditor-General's report Access to Mental Health Services.

Slide 2



Mental illness affects not only an individual's wellbeing and quality of life, but also their physical health and engagement in employment, education and community.

With 45 per cent of the Victorian population experiencing mental illness in their lifetime, ensuring access to mental health care is vital to supporting a healthy and productive Victorian population.



In 2015, the Department of Health and Human Services, or DHHS, the agency responsible for managing Victoria's public mental health system, published *Victoria's 10-year mental health plan*.

The 10-year plan was developed through extensive consultation and acknowledges that there is a significant gap between service supply and demand, creating increased pressure on mental health services.

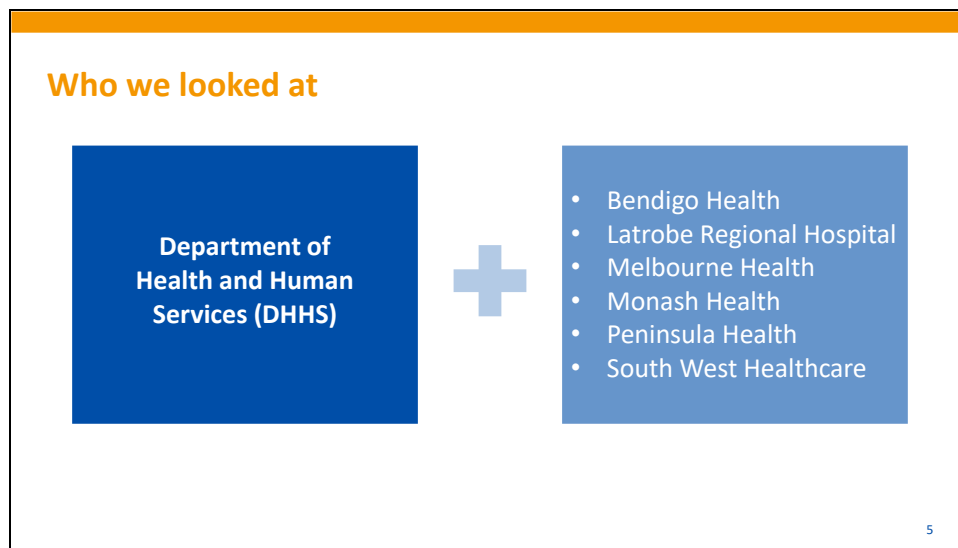
What we looked at

Objective:	Key area examined:
To determine if people with mental illness have timely access to appropriate treatment and support services.	Has <i>Victoria's 10-year mental health plan</i> (10-year plan), and supporting activities started to address the existing access problem?

4





Our audit objective was to determine if people with mental illness have timely access to appropriate treatment and support services.

DHHS and the broader mental health sector notes that Victorians with a mental illness do not have timely access to appropriate treatment and support services as expressed in the 10-year plan. For this reason, our audit focused on analysing whether the 10-year plan and supporting activities will start to address the existing access problem.



Alongside DHHS, we gathered evidence from six health services covering metropolitan and regional Victoria.

What we found

-  DHHS has done too little to address the imbalance between demand for, and supply of, mental health services in Victoria.
-  Victoria's mental health system lags significantly behind other jurisdictions.
-  Urgent attention required for:
 - Current shortfall in beds
 - Significant gap between health service costs and the price DHHS pays
 - Inequity in funding and service provision between geographic areas.
-  DHHS cannot expect to meaningfully improve clinical care models or the mental health of the Victorian population while the system operates in crisis mode.

6

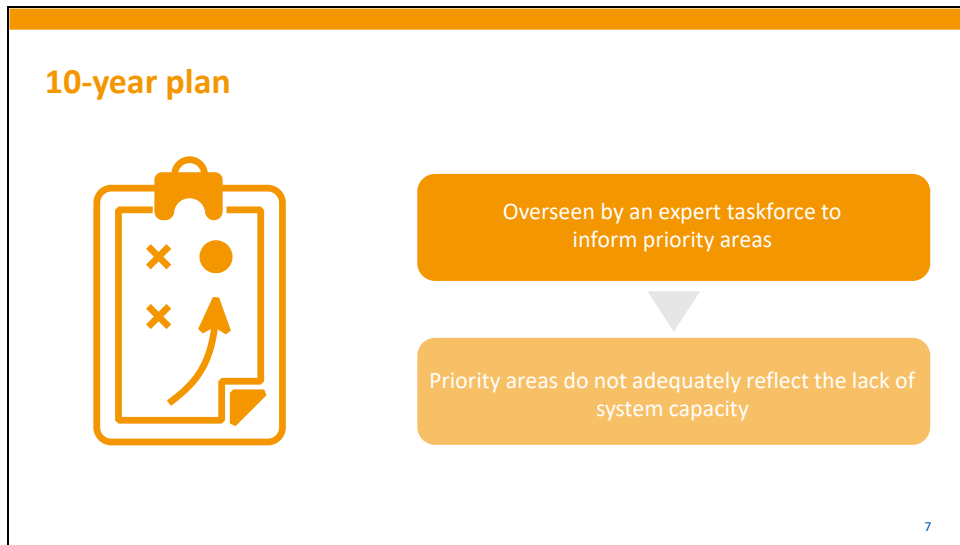
We found that DHHS has done too little to address the imbalance between demand for, and supply of, mental health services in Victoria.

The lack of sufficient and appropriate system-level planning, investment and monitoring over many years means the mental health system in Victoria lags significantly behind other jurisdictions.

The current shortfall in beds, the significant gap between health service costs and the price DHHS pays, and the long-standing issue of inequity in funding and service provision between geographic areas across the state require urgent attention.

DHHS cannot expect to meaningfully improve clinical care models or the mental health of the Victorian population while the system operates in crisis mode and waiting for the outcomes of the Royal Commission into Mental Health to act, will only increase the problems the commission seeks to address.

Slide 7



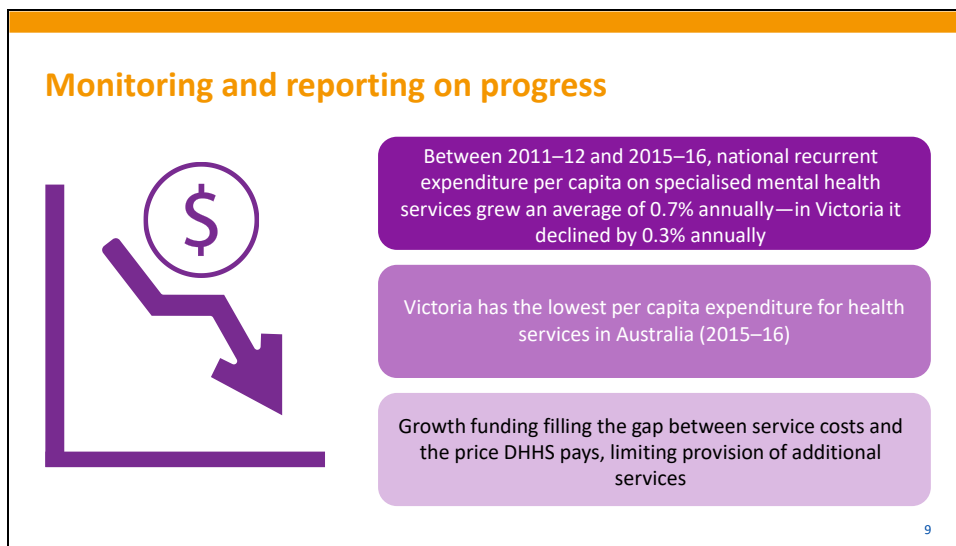
Implementation of the 10-year plan was overseen by an expert taskforce whose role was to inform priority areas for reform. These priority areas do not adequately reflect the underlying issue of lack of system capacity.



Other functions of the expert taskforce were to develop a work program and advise the Minister for Mental Health on performance measures and targets.

However, the taskforce did not develop a clear work program of actions with time frames. Consequently, neither the taskforce nor DHHS have monitored the plan's progress against any agreed deliverables.

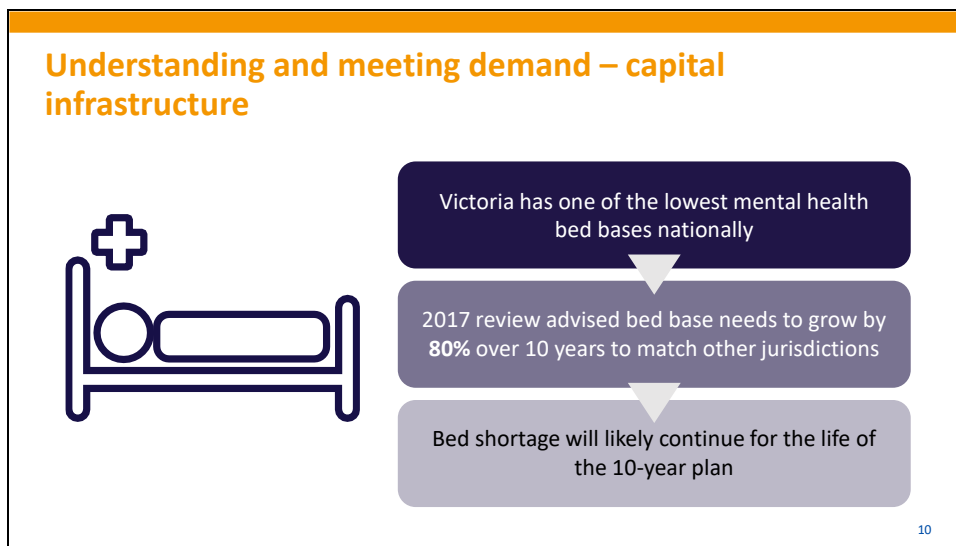
This lack of timely internal progress reporting significantly reduces accountability for achievement against the plan.



As system manager, DHHS has a responsibility to ensure service access by supporting the foundations of the system that include funding, capital infrastructure and service distribution.

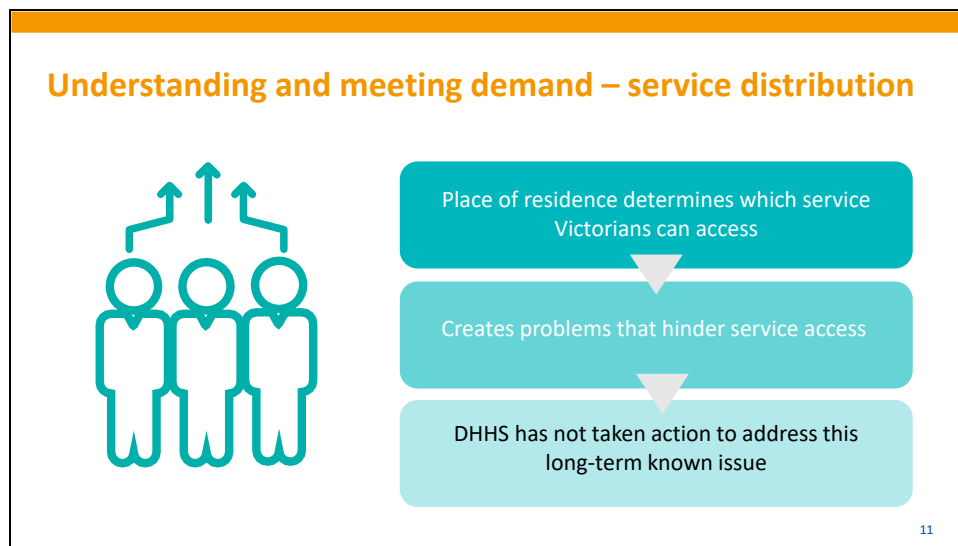
Between 2011–12 and 2015–16 national recurrent expenditure per capita on specialised mental health services grew an average of 0.7 per cent annually. Over that time in Victoria it declined by 0.3 per cent annually. In 2015–16, Victoria's per capita recurrent expenditure was the lowest in Australia.

Funding for the mental health system since the 10-year plan was issued has increased. However, services advise that this funding has been partially directed to closing the existing gap between their service costs and the price DHHS pays, therefore not fully providing additional services.



Victoria has one of the lowest mental health bed bases nationally. A 2017 review commissioned by DHHS advised that Victoria's bed base needs to grow by 80 per cent over the next decade to reach levels of service provision of other Australian jurisdictions.



There were 53 new beds funded in 2018–19. However, there are no further new beds in the capital pipeline, and while DHHS aims to complete an infrastructure plan, it will likely take DHHS some time to complete it; secure and allocate funding; and then plan and build infrastructure, meaning the bed shortage will likely continue for the life of the 10-year plan.



The consumer's place of residence determines which services they can access. This creates practical problems that hinder service access, particularly as the boundaries for mental health service areas don't align with local government or other service area boundaries.

Despite understanding these issues for many years, and commissioning work to examine them and make recommendations, DHHS has taken no action to address them.

Recommendations



DHHS accepted all recommendations
(Two accepted in-principle pending outcomes of the Royal Commission into Mental Health)

12

We made six recommendations for DHHS.

The department accepted all recommendations, with two accepted in-principle pending the outcomes of the Royal Commission into Mental Health.

For further information, please view the full report on our website:
www.audit.vic.gov.au

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