mind

Victorian Election Platform 2026

Acknowledgement of Country

Mind acknowledges that Aboriginal and Torres Strait Islander peoples are the Traditional Custodians of the lands on which we work and we pay our respects to Elders past and present.

We recognise the intergenerational impact of the history of invasion, dispossession and colonisation and are committed to the recognition, respect, inclusion and wellbeing of Australia's First Peoples.

Artwork by Luke Jampin Booth, Kurruwarl

Our call to action

Mind calls on all parties and candidates contesting the 2026 Victorian State Election to commit to urgent, sustained and diversified mental health investment to deliver improved outcomes for Victorians across the state.

Commitments in five priority areas can drive this change over the next four years:

1. **Expand and integrate Mental Health and Wellbeing Locals in priority areas ($161m)**
2. **Set people up for success with specialist support for mental health supported housing ($64m)**
3. **Increase youth mental health housing ($12m)***
4. **Improve outcomes through strengthening and empowering Lived Experience ($20m)**
5. **Increase the efficiency of government-commissioned mental health services (saving an estimated 2% across shorter-term contracts)**

Unlocking the well-resourced, compassionate and responsive mental health and wellbeing system Victorians need and deserve would require an additional investment of $257m over four years ($64.25m p.a.).

This is the equivalent of 0.8% of Victoria's current health budget, or 0.2% of Victoria's total budget to deliver transformational change across Victoria.[1]

This would significantly reduce pressures and subsequent spend across the service system, including emergency department presentations.

*Over three-year pilot period

[1] Australian Bureau of Statistics. (2020-2022). National Study of Mental Health and Wellbeing. ABS. https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release.

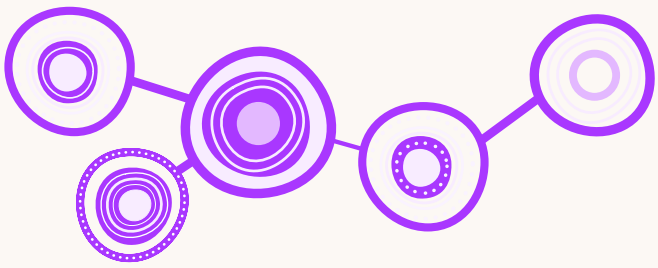
Who we are

Humanity and community must shape mental health, so Victorians can live the lives they choose.

Mind Australia is one of the nation's leading specialist community mental health providers.

For nearly 50 years, Mind has:

- Delivered specialist psychosocial and community-based mental health support, with Lived Experience at the heart of everything we do.
- Provided a broad suite of youth mental health services.
- Been a key partner of government in delivering on the transformational agenda of the Royal Commission into Victoria's Mental Health System.
- Led innovation in mental health supported housing through The Haven Foundation.
- Been defined by the diversity of our experience and our commitment to showing up for people where they are, in their community.



Across Victoria, we provide vital mental health and psychosocial supports to more than 12,000 Victorians every year.

Throughout the state, we have played a critical role in reshaping Victoria's mental health system in response to the Royal Commission.

Throughout regional, rural and metropolitan Victoria, Mind proudly delivers:

- Victoria's first Lived Experience residential service: The Peer Healing Space
- Five Mental Health and Wellbeing Locals
- Six of Victoria's eight Youth Prevention and Recovery Care (YPARC) services
- Distress Support Services
- Mental Health and Wellbeing Connect centres for family and carers
- headspace centres for young people
- NDIS services
- Supported housing through our Haven Foundation residences
- Peer-led support to people who are LGBTIQA+ and having thoughts or intentions of suicide, through Aftercare
- Residential and transitional housing services, including specialist services for young people

At Mind we value lived experience and lived expertise. We are proud to have designated Lived Experience roles across our organisation, including on our Board and Executive leadership team.

We know that mental health support works best when it is local, relational, co-designed, evidence-informed, and grounded in stable housing and community connection.

The state of mental health in Victoria

42.4% of Victorians will experience a mental health condition in their lifetime[1]

21.3% of Victorians experience a mental health condition in any given year[1]

35% of Victorians report high or very high psychological distress – markedly higher than pre-pandemic levels[2]

$14.2 billion per year is the estimated economic cost of poor mental health to Victoria[3]

The 2021 Royal Commission into Victoria's Mental Health System (Royal Commission) offered a clear direction for mental health system reform.

While there has been positive progress in increasing options for where and how people can get support for their mental health, there remains much more to do.

Throughout our work across the state, we hear the real-world impacts for Victorians of systemic issues, including:

- Inadequate mental health supports for people with complex needs.
- Insufficient mental health supported housing.
- Inconsistent investment in youth housing and mental health services.
- Short-term, fragmented program funding that undermines the confidence of service users, workforce and service continuity.

The 2026/27 State Budget included approximately **$350m for mental health** over the four-year forward estimate period.

That equates to **~1.1% of the health budget** and **~0.31% of the total budget**.

That works out to spending **less than $50 per Victorian** on mental health over the next four years[4].

Only through further, intentional and sustainable investment in mental health services will Victorians receive the support they deserve.

[1] Australian Bureau of Statistics. (2020-2022). National Study of Mental Health and Wellbeing. ABS. https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release.

[2] Mental Health Victoria. (2025). State of the Sector: Mental Health in Victoria. *Key Insights Summary*.

[3] Royal Commission into Victoria's Mental Health System. (2021). *Final report* (Parliament Paper No. 202, Session 2018–21). State of Victoria.

[4] Victoria State Government. (2026) Budget Paper No.3: Service Delivery. State of Victoria, Melbourne.

1: Expand and integrate Mental Health and Wellbeing Locals in priority areas

Continue rolling out Mental Health and Wellbeing Locals to reach more Victorians, particularly across rural and regional areas.

Mind recommendations

1.1 Invest $161m in seven new Mental Health and Wellbeing Locals, prioritising service gaps across areas of Victoria with the worst mental health outcomes, while transitioning Head to Health clinics into Mental Health and Wellbeing Locals

1.2 Work with the Federal Government to build clarity and unity across supports and services provided by Mental Health and Wellbeing Locals and Medicare Mental Health Centres in Victoria

1.3 Continue to fund the seven existing 'Tranche 3 Locals'

Royal Commission recommendation

3 - "Establish service delivery across Victoria at local, area-based and statewide levels comprising: a. between 50 to 60 new Adult and Older Adult Local Mental Health and Wellbeing Services that operate with extended hours and are delivered in a variety of settings"

Why action is needed

Victoria's Mental Health and Wellbeing Locals were established as a key recommendation of the Royal Commission and now provide free treatment, care and support for people aged 26 years and over who are experiencing mental health or wellbeing concerns – including people with co-occurring alcohol and drug treatment and care needs.

Locals are effective in engaging diverse, local communities as a front-door to a more responsive, community-based system and to reduce travel distances.

These are easily accessible services providing a broad range of supports, including access to specialists. Locals operate on the principle of 'no wrong door' for Victorians seeking support. They help people who may previously have had nowhere to go, to understand and navigate their options, and, ultimately, find what works best for them.

Often, the people who access support are those experiencing higher levels of distress, meaning Locals are able to provide more appropriate supports. In turn, this relieves pressures on the wider health system.

Funding for the Locals announced within the third rollout, often referred to as 'Tranche 3 Locals', is due to end at the end of FY2026-27. The continued operation of these supports is vital for communities across Melbourne's inner north, inner west, bayside, outer south-east and outer west growth corridors, along with the Mount Alexander/Central Goldfields/Macedon Ranges region.

To resolve what was described as a 'postcode lottery' in mental health access across Victoria, **the Royal Commission recommended 50 to 60 Locals across the state.**

There are **currently 22 Locals operating across Victoria** (including several 'satellites'), providing integrated, place-based supports within communities.

Without the establishment of further Locals, rural and remote communities are particularly at risk, with higher psychological distress and suicide rates, but lower and less consistent access to mental health services.

Critically, appropriate mental health supports are missing across Western Victoria and in the Murray Plains.

Other areas are only serviced by Head to Health Clinics, offering fewer and less locally responsive supports.

Ballarat is a clear outlier and priority area for a Mental Health and Wellbeing Local. Despite having a population of over 110,000, the city and wider community is served only by a small Head to Health clinic.

What is needed

To continue Victoria's progress in responding to the Royal Commission, a strengthened, consistent, state-wide model is needed. This should be delivered through more Mental Health and Wellbeing Locals, targeted at communities with greatest levels of need, with appropriate funding and integration with existing supports.

New Locals should be built in areas of greatest need and where there are the largest service gaps based on location and population.

Initially, this should include a further investment of $161m over four years to establish and operate seven Mental Health and Wellbeing Locals, including transitioning existing Head to Health clinics into Locals.

The continuation of funding for vital 'Tranche 3 Locals' should also be confirmed beyond 2027.

Priority areas

Where supports are lacking, without a Local, Head to Health or Medicare Mental Health Centre nearby:

- Swan Hill
- Warrnambool

Where Head to Health Clinics are not funded to deliver at a suitable scale to meet community need:

- Ballarat
- Warragul
- Wodonga
- Hawthorn
- Berwick and Officer (split site)

Note: The Head to Health Clinic in Fitzroy could be integrated into other existing service infrastructure in the area.

Where Locals have funding due to end next year:

- Cardinia
- Darebin
- Maribyrnong
- Maroondah
- Port Phillip
- Wyndham
- Mount Alexander (serving Central Goldfields and Macedon Ranges)

2: Set people up for success with specialist support for mental health supported housing

Follow through on reforms with the establishment of a specialist support program for new and at-risk tenancies within the existing Big Housing Build mental health supported housing.

Mind recommendation

2.1 Invest $64m into a statewide specialist support program for people living in homes commissioned as mental health supported housing within the Big Housing Build

Royal Commission recommendation

25.3 - "Ensure that the 2,000 dwellings assigned to Victorians living with mental illness in the Big Housing Build are delivered as supported housing and are prioritised for people living with mental illness who require ongoing intensive treatment, care and support, with Area Mental Health and Wellbeing Services assisting with the selection process."

Why action is needed

Secure homes with integrated supports are the underlying foundations for individual recovery and economic, educational and social participation. By improving health, mental health and wellbeing outcomes, interventions across the health, justice and welfare systems are also likely to reduce.

The Royal Commission recommended **2,000 Big Housing Build homes with support** for people living with mental illness.

Based on data from similar programs in New South Wales, we would expect 2,000 people living in supported homes to free up $2 billion of resources in the health system over 12 years.[5]

To date, **509 of these homes have been commissioned**.

We support the next phase of commissioning the remaining 1,491 homes and we look forward to receiving further details about their development and support arrangements.

In the meantime, without integrated supports, there is a real risk that many residents in the 509 homes commissioned to-date won't get the support they need, putting their wellbeing and their tenancies at risk. The Government's welcome investment in new supported homes will be wasted.

There is a need for specialist responses to:

- Episodic distress and mental health challenges.
- Drivers of tenancy failure.
- Improve community integration and cohesion.

The 2026-27 budget announcement of an investment of $860 million into the social housing growth fund is a welcome step in the right direction. A mental health target within this fund, similar to the Big Housing Build, would ensure funding is unlocked for supported housing for people on the lowest incomes and with mental health challenges.

[5] Source: Purcal, C., O'Shea, P. Giuntoli, G., Zmudzki, F., Fisher, K.R. (2022). Evaluation of NSW Community-based Mental Health Programs: Community Living Supports and Housing and Accommodation Support Initiative. CLS-HASI Evaluation Report. Sydney: UNSW Social Policy Research Centre.

What is needed

A statewide specialist support program for people living in already commissioned Big Housing Build's mental health supported housing, including a scalable model of:

- Up to 100 hours of community-based psychosocial support per person per year.
- Up to 50 hours of specialist tenancy sustainment support per person per year.
- Rapid-response packages available immediately when needs escalate.

$64m over four years could support at least 800 people each year ($16m p.a.).

Delivering supports through existing Early Intervention Psychosocial Support Response (EIPSR) services could reduce commissioning costs and serve as a template for scaling delivery to the remaining 1,491 homes, as they are commissioned.

[6] Proposed hours of support are calculated per annum with support delivered at an hourly rate of $121.07.

3: Increase youth mental health housing

Increase medium-term housing with appropriate support for young people at risk of homelessness.

Mind recommendation

3.1 Invest $12m in a three-year pilot of mental health supported housing, specifically for young people

Royal Commission recommendation

25 -"Supported housing for adults and young people living with mental illness."

Why action is needed

The Royal Commission recognised the link between stable housing and good mental health, recommending that the Government should invest in a further 500 new medium-term (up to two years) supported housing places for young people aged between 18 to 25 who are living with mental illness and experiencing unstable housing or homelessness.

A model of supported housing for young people experiencing mental health challenges and at risk of homelessness is badly needed.

- Education First Youth Foyers demonstrate strong outcomes for young people at risk of homelessness but are not sufficiently flexible and tailored to the needs of young people with mental health challenges.
- The Youth Residential Rehabilitation model, while providing vital support for many young people, has not been formally updated for many years and is a short-term solution for more medium-term recovery and housing challenges.

More than half of young people accessing specialist homelessness services reported a current mental health issue, yet homelessness is underreported by young people accessing mental health services, indicating a mental health service gap for this cohort.[7]

The current lack of support availability also risks creating a trajectory towards the Disability Support Pension for young people, who may be seeking a short-term solution to unaffordable housing but, in the long-term, could be better supported through integrated youth mental health and housing supports.

[7] Source: Morgan, R., Dobson, D., Moore S., Browne, V., Simondson, K et al. (2025) *Home in Mind: Improving mental health support for young people experiencing homelessness*. Orygen and Melbourne City Mission, Melbourne.

What is needed

A pilot model offering integrated, multidisciplinary and individually tailored mental health and wellbeing treatment, care and support in residential, community environments.

This model would support young people aged 16-24 to develop skills and independence for the future, whilst drawing upon the support of specialist mental health practitioners, and the peer support of other residents at the site.

The pilot initiative would be accessed through:

- Transition from existing mental health Youth Residential Rehabilitation services.
- An alternative pathway for young people who apply for Youth Foyers but require more specific mental health-focused support to prepare for the structure of that model.
- Direct referrals from local services providing support to young people experiencing homelessness where mental health challenges are identified as a primary issue.

With rental contributions from young people, four 12-person sites could be delivered at $4m p.a. and **$12m for a three-year pilot**.

4: Improve outcomes through strengthening and empowering Lived Experience

Preserving and empowering Lived Experience roles is integral to building a system that better supports Victorians with mental health challenges.

Mind recommendations

4.1 Mandate proportionate investment for state-commissioned services to develop Lived Experience leadership

4.2 Develop a separate government funding stream of $20m for meaningful, Lived Experience led service innovation of mental health distress and crisis services

4.3 Direct the Mental Health Commission to report to Parliament on the Victorian mental health sector's approach to Lived Experience (including approaches from the Victorian Government and state-commissioned services)

Royal Commission recommendations

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

28.1 - "In addition to the nominated roles specified in other recommendations, develop key roles across the mental health and wellbeing system for people with lived experience of mental illness or psychological distress."

30.1 - "In addition to the nominated roles specified in other recommendations, develop key roles across the mental health and wellbeing system for people with lived experience as family members and carers."

50.1.b - "Work with the Commonwealth Government and the National Cabinet Reform Committee to [...] raise the profile of [...] lived experience leadership."

Why action is needed

The Royal Commission identified Lived Experience leadership as critical to safe, effective system transformation that is grounded in human rights and social justice. The role of Lived Experience leadership is to bring a unique and critical perspective to drive system reform and transformation. This perspective is shaped by human rights, social justice and the views and experiences of people most impacted.

Victoria has been recognised nationally and internationally for its commitment to Lived Experience leadership, particularly relating to the Lived Experience leadership positions within the Victorian Government.

International studies show service models led by people with lived experience have the potential to significantly reduce hospital admissions, in some cases by up to 70%[8,9]. They have been consistently demanded by people who use services in Australia.

Chapter 18 of the Royal Commission described the need for more leadership roles and made recommendations for these to be foundational to system reform and to building an improved mental health system for Victorians. This requires cultural change and both government and the sector to value, invest in and support Lived Experience leadership.

What is needed

The Royal Commission envisaged shared power and structural Lived Experience leadership at the highest levels of governance. This is critical to ensure that system design, implementation, and monitoring remain shaped by the perspectives of people directly affected by the system.

Lived and Living Experience leadership must be visible, influential, structurally embedded and invested in throughout the Victorian mental health system, including government agencies and the services they commission. Greater transparency will encourage proactive and meaningful approaches to Lived Experience leadership, with improved outcomes for service users.

There is continued need for alternatives to clinical, acute care (Emergency Departments) for people experiencing mental health distress and crisis. Recent investments in Lived Experience-led alternatives are promising and should be expanded upon, with clear criteria for success through evaluation.

A new $20m innovation fund, over four years, would encourage services to invest in alternative, Lived Experience-led approaches to distress and crisis services, while continuing to build the evidence base and demonstrate Victoria's world-leading approach.

This would provide funding to dedicated, innovative pilots for mental health distress and crisis services, with a focus on improving mental health outcomes for Victorians, as well as developing Lived Experience leadership and expertise.

[8] Source: Legislative Analysis and Public Policy Association. (2021). 'Peer Respites as an Alternative to Hospitalization'. Retrieved from: https://legislativeanalysis.org/wp-content/uploads/2021/02/Peer-Respites-as-an-Alternative-to-Hospitilzation-FINAL.pdf

[9] Source: Bouchery, E. E., Barna, M., Babalola, E., Friend, D., Brown, J. D., Blyler, C., & Ireys, H. T. (2018). The Effectiveness of a Peer-Staffed Crisis Respite Program as an Alternative to Hospitalization. *Psychiatric Services*, 69(10), 1069–1074.

5: Increase the efficiency of government-commissioned mental health services

An evidence-informed, strategic approach to funding cycles would deliver better outcomes for service users and government.

Mind recommendations

5.1 Publish a strategy which provides a pathway from pilots to longer-term funding for programs which meet or exceed targets

5.2 Introduce minimum funding periods of five years for programs which meet or exceed targets

Royal Commission recommendation

65.2 - "Develop and fund a strategy to ensure evaluation routinely informs the implementation of reforms and ongoing decision making about policies and investment."

Why action is needed

Uncertain funding cycles for well-evidenced and impactful programs create instability for service users and service providers alike: interrupting care and support, increasing administrative burden, and impacting workforce sustainability.

There is currently neither a consistent approach to defining success for programs and government investment, nor a clear pathway for how programs which are proven to be impactful can transition from pilot funding to longer-term funding.

Efficiencies and savings for the Government are a real possibility.

Government agencies waste resources repeatedly reviewing proven programs and use up provider resources through unnecessary close-down processes and advocacy to maintain services.

Examples of current Mind programs with regularly extended short-term funding

Aftercare is a service that supports LGBTQIA+ people having thoughts of suicide. Following initial pilot funding in 2019, the service's funding has been extended eight times for up to a year in each instance. This is despite:

- 100% of service users reporting that their mental health was better than when they started the program.
- The proportion of people considered at greater risk of suicide reducing by 40% between entry and exit.
- 90% of service users being likely to recommend the service.

Youth Outreach Recovery Support (YORS) services provide supports to young people with complex needs. Following initial pilot funding in 2022, the service's funding has been extended five times for a year in each instance.[10] This is despite:

- 70% of service users reporting improved overall wellbeing.
- 85% of service users moving from unstable to stable accommodation.
- 75% of service users engaging in vocational, education, or employment activities after exit.
- 80% of service users being likely to recommend the service.

[10] The LGBTIQA+ Aftercare program was originally funded by the local Primary Health Network (through short-term contracts) before transitioning to Department of Health funding from FY2023.

Shifting to longer minimum funding terms and away from year-by-year extensions would build stability and increase innovation in service delivery, and lead to better consumer outcomes.[11,12] It would also improve employment and training opportunities for staff, while providing greater job security through longer fixed-term contracts. For providers, this would improve service delivery and efficiency through staff retention and training, without repeated recruitment campaigns.

What is needed

Where programs are proven to be effective, through clear targets and thorough evaluation, minimum funding cycles of five years would increase the effectiveness of services.[13]

Pilot programs provide valuable investment in emerging or new programs and should continue to receive short-term funding, to encourage innovation.

Providing a clear pathway for successful pilots to move to longer-term implementation would:

- Provide clarity and confidence for service users, carers and workforce.
- Encourage investment in innovative pilots.
- Improve returns on investment for government and services alike.

Service users would have confidence and clarity in the supports available to them, without the unnecessary distress and complications caused by referrals/admissions being repeatedly paused or delayed.

For a $1m community managed mental health program currently receiving year-on-year extensions of funding, conservative estimates suggest that it would save at least $80,000 if moved to a five-year funding cycle.

This would represent an immediate financial efficiency gain of at least 2%, with significantly higher savings expected across larger programs.

- Savings for government would include public service costs of reviewing program agreements, briefings, data collection and review, and communication with other agencies.
- Requests from government, repeatedly recruiting staff on short term contracts, preemptively shutting down and then reopening waiting lists and service provision, and advocating to government for continued funding.

[11] The National Mental Health Commission, "Contributing Lives, Thriving Communities", 2014. Accessed via: https://www.mentalhealthcommission.gov.au/getmedia/6b8143f9-3841-47a9-8941-3a3cdf4d7c26/Monitoring/Contributing-Lives Thriving-Communities-Summary.PDF

[12] Productivity Commission (2017), "Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services". Accessed via: https://www.pc.gov.au/inquiries/completed/human-services/reforms/report/human-services-reforms overview.pdf

[13] Productivity Commission (2020), *Mental Health*, Report no. 95, Canberra.

List of recommendations

Priority area	Recommendation	Government investment over four years
1.1	Seven new Mental Health and Wellbeing Locals, prioritising service gaps across areas of Victoria with the worst mental health outcomes and transitioning Head to Health clinics into Mental Health and Wellbeing Locals	$161m
1.2	Work with the Federal Government to build clarity and unity across supports and services provided by Mental Health and Wellbeing Locals and Medicare Mental Health Centres in Victoria	$0
1.3	Continue funding the seven existing 'Tranche 3 Locals'	N/A*
2.1	Statewide specialist support program for people living in homes commissioned as mental health supported housing within the Big Housing Build	$64m
3.1	A three-year pilot of mental health supported housing, specifically for young people	$12m
4.1	Mandate proportionate investment for state-commissioned services to develop Lived Experience leadership	$0
4.2	Develop a separate government funding stream for meaningful, Lived Experience led service innovation of mental health distress and crisis services	$20m
4.3	Direct the Mental Health Commission to report to Parliament on the Victorian mental health sector's approach to Lived Experience (including approaches from the Victorian Government and state-commissioned services)	$0
5.1	Publish a strategy which provides a pathway from pilots to longer-term funding for programs which meet or exceed targets	Savings of 2% on all short-term contracts
5.2	Introduce minimum funding periods of five years for programs which meet or exceed targets	

*Continuation of existing spend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Mind values the experience and contribution of people from all cultures, genders, sexualities, bodies, abilities, spiritualities, ages and backgrounds.

Mind values the expertise and leadership of people with personal lived and living experience of mental health challenges and alcohol and other drug use, and families and carers as we work together to influence and transform the services and systems in which we work.

Mind thanks all those people and organisations who generously provided their experience and advice during the development of this platform.

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