Submission to the Productivity Commission in response to the Mental Health draft report

Submitted by Moonee Valley City Council

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For any enquiries, please contact:
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Introduction

Moonee Valley City Council is pleased to have the opportunity to provide feedback to the Mental Health draft report released by the Productivity Commission.

We welcome the Inquiry as an important opportunity to look at how all tiers of government across Australia can improve mental health outcomes for Australians of all ages and cultural backgrounds.

However, we would like to express our concern that local government appears to be overlooked by the Productivity Commission’s Mental Health draft report, given the vast and impactful role local government plays in, and contributes to, Australia’s mental health sector.

Moonee Valley City Council is a provider of mental health prevention and early intervention programs and services for young people, via Council’s Youth Development team (Valley Youth). We are deeply invested in ensuring that every young person is able to reach their full potential in life, have purpose and meaning, contribute to the community and thrive.

Over the past 18 months, Valley Youth have delivered:
- teen Mental Health First Aid training to more than 770 Year 10 students at local secondary schools,
- Youth Mental Health First Aid training to almost 100 teachers, parents, carers and individuals who work with young people,
- High school transition support workshops to almost 900 Grade 6 students at local primary schools,
- More than 940 hours of one-on-one counselling and individual support to 180 young people, and
- More than 20 programs and events to provide peer support and social opportunities to more than 170 young LGBTIQA+ people.

We thank the Productivity Commission for the opportunity to provide a submission in response to the Mental Health draft report.
About the City of Moonee Valley

Moonee Valley is located in the inner middle north-western suburbs of Melbourne, between four and 13 kilometres from the CBD. Approximately 128,000 people call Moonee Valley home, forecasted to hit 177,000 by 2041.

The 2016 Census found approximately 18,000 young people aged 12-24 lived in Moonee Valley, 17% of our overall population. While our community is ageing, it is currently projected that by 2040 approximately 26,700 young people aged 12-24 will call Moonee Valley home, 15% of our overall population. Moonee Valley also currently has a large number of education institutions within the municipality: 25 primary schools, 11 secondary school campuses, two P-12 schools over four campuses and four specialist schools. As a result, the cohort of young people we serve is much larger than the residential base.

Mental health and poor access to public transport, are two of the four top concerns for young people in Moonee Valley. Currently, there are no youth-specific mental health support services in Moonee Valley apart from Valley Youth. The closest services are Headspace Centres in Glenroy (Moreland City Council) and Sunshine (Brimbank City Council), and Orygen Youth Health in Parkville (Melbourne City Council). For this reason, expanding access to youth specific mental health services is one of Council’s top priority asks in our current Advocacy Strategy 2018-21.

Almost one-third of our population was born overseas, and around 30% speak a language other than English at home. It is estimated that 10% of Moonee Valley residents identify as lesbian, gay, bisexual, transgender, intersex, queer, questioning or part of the broader LGBTIQA+ community.

While diversity is a major strength for Moonee Valley, health and wellbeing outcomes can be quite different for different groups. Moonee Valley can be described as a ‘tale of two cities’, with those who are relatively advantaged and disadvantaged living in close proximity. Our municipality has eight of the top 24 most disadvantaged small areas in Victoria in terms of socio-economic disadvantage. We also have the third-highest proportion of social housing dwellings in Victoria, with major housing estates in Flemington and Ascot Vale.

In 2018, Moonee Valley published our long-term plan, MV2040, which guides how we will make Moonee Valley a great place to live for current and future generations. Under this Strategy, we’re working toward a city which is Fair, Thriving, Connected, Green and Beautiful.

We define a Fair city as one that values diversity, where people are healthy and safe, and have access to services. This means promoting positive mental health, especially in youth, early years and education settings, and advocating for services for people of all ages with mental illness.
General submission

There are 79 local Councils across the state of Victoria, with the vast majority delivering specific services and programs for local young people through Youth Services teams (also known as Youth Development, Young Communities etc.)

These may include mental health and general support including one-on-one and group sessions, outreach, counselling and referral services; programs such as arts and music, education and skills training, mentoring and leadership; social and support groups; youth centres, spaces and drop-in services; youth advisory groups and committees, and more1.

The Youth Affairs Council of Victoria (YACVic) describes local government as “the backbone of generalist youth service delivery in Victoria”, stating “few other stakeholders have the capacity to connect young people with a wide range of supports, connections and skill-building opportunities in an age-appropriate setting which is welcoming, non-clinical and accessible.”2

Specifically, Valley Youth identifies the crucial role we and other local government youth services play in providing universal, selective and indicated prevention and early intervention programs and activities (see diagram below) – a dimension that has been left unidentified in the Productivity Commission’s Mental Health Draft Report.

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YACVic notes any mental health strategies should recognise and strengthen the role played by generalist youth services in prevention, community education, early intervention and referral, such as:

- Providing a youth friendly, non-stigmatising and non-clinical entry into the mental health system, including those who are not in mainstream education
- Connecting young people to a range of special supports to navigate the complex mental health system, including youth friendly and specific online local service directories
- Partnership-building and brokerage, to support local services to work together on projects and advocate for improved mental health services and outcomes
- Engaging at-risk young people in projects and programs to build help-seeking behaviours, confidence, self-esteem, social connections, school engagement, skills and community contributions – all important protective factors for mental health.3

Those young people who are not in mainstream education, or at a high risk of disengagement, are a crucial cohort to engage. We note that young people in this space would find limited support available to them via the suggested interventions in the Mental Health Draft Report, which are solely pitched at schools and tertiary education providers.

We also note that while in-school strategies are important, schools very often refer to local government youth services to supplement their capacity, or direct their overflow. The majority of referrals Valley Youth have received over the past 18 months have been from current high school students (55.5%) – either referrals from schools/school wellbeing teams for individual support or counselling (45%), or self-referrals from high school students who elect not to engage with their school’s wellbeing teams for a variety of reasons (10.5%).

Additionally, in Victoria local government has a “key role in leading improvements in health and wellbeing for the local community.”4 In its initial submission to the Productivity Commission’s Mental Health inquiry, the Victorian Government noted:

“Victoria’s Public Health and Wellbeing Act 2008 requires councils to produce a Municipal Public Health and Wellbeing Plan every four years. A Municipal Public Health and Wellbeing Plan outlines the local opportunities to protect and promote health and must also give regard to

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3 YACVic, Submission to the Victorian Government’s 10 Year Mental Health Strategy, September 2015.
4 Submission 483 – Productivity Commission mental health inquiry, Whole of Victorian Government submission, 2019 pg 47.
Moonee Valley is one such Council, with dedicated strategies and actions to promote positive mental health for its citizens, especially young people, outlined in its Council Plan (integrating the Municipal Public Health and Wellbeing Plan)\(^5\), and its draft Fair Action Plan\(^7\). The draft Fair Action Plan is a six-year implementation plan that forms part of Council’s long-term MV2040 strategy, delivering greater social justice, better community services and providing Council’s roadmap to creating a fairer city. It was endorsed by Council for consultation on 25 November 2019, and is anticipated that the final Fair Action Plan will be adopted by Council in February 2020.

In direct contrast to this, funding for youth mental health support service provision is very limited. Currently, the Victorian Government offers the following funding for youth mental health support:

- **Empower youth grants** – $6m over four years to just 13 targeted Councils and organisations\(^8\), and
- **HEY (Healthy Equal Youth) grants** – approximately $120K annually to up to a dozen Councils and community organisations to support the mental health of young LGBTIQA+ people.\(^9\)

In comparison, overall funding for youth participation/events-based programs is almost triple this, and more widespread:

- **Engage youth grants** – $12.3m over three years to Councils and community organisations\(^10\),
- **FReeZA** – $5.5m over three years to 77 Councils and community organisations\(^11\).

It cannot be denied that funding for participation and events-based youth programs is crucial in order to increase protective factors for young people.
Opportunities for place-based youth-led programs, projects and events contribute to young people’s belonging, social connectedness, self-esteem, skills and capacity building and more.

However, the lack of specific funding for youth mental health support available to local government, combined with the rate capping environment in Victoria, means delivery of youth counselling and individual support work within local government youth services is at risk. Councils are increasingly restricted in their ability to self-fund this work in its entirety, and as a result this kind of work is slowly being discontinued by many regional and metro LGAs.

The Valley Youth team currently operates on staffing levels of 9.5 FTE, which is reducing to 8 FTE from 1 February 2020. At this time, counselling services to young people will cease to be offered, in favour of other forms of service provision. Some youth services teams in Greater Melbourne either do not provide any mental health support, apart from referral support, for young people as part of their youth service offering (such as Darebin City Council), or they partner with Headspaces or other local community health organisations to provide a reduced level of service on a contracted or partnership basis (such as Yarra Ranges Council).

Local government needs identified, targeted funding for mental health programming and services, especially for young people. In the absence of any future funding security, there is a great risk this vital cog in the mental health system will cease to exist. This would create large geographical and service gaps in communities such as ours, further weakening the mental health system at the local entry level. For example, advice from meetings Valley Youth have held with Orygen Youth Health in Parkville and Headspace centres in Glenroy and Sunshine throughout 2019 has indicated that apart from Valley Youth, no one else in the mental health services sector provides one-on-one youth psychosocial support in the pre-/sub-clinical space for young people in Moonee Valley. It is our observation that this kind of service gap would be replicated in many areas across Victoria.

Therefore, we ask the Productivity Commission to:

- Recommend increased funding to local government mental health support services, especially in the youth services space, to continue and strengthen existing mental health support work. We assert youth services use place-based approaches that are widely recognised as one of the best ways meet the needs of young people before they develop a

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12 It is worth noting, none of these services are located in Moonee Valley, but are the closest youth mental health support services for young people in our municipality.
serious mental illness, thereby promoting a more efficient use of taxpayer funds.

- Consider the role and place of local government, and include it as part of the “Rebuild” model for the architecture of the future mental health system.
- Address service gaps inherent in the current distribution of Headspace clinics. Young people face unique challenges around transport and safety when they are forced to access services outside of their own community. We have reports of young people in Moonee Valley who travel over an hour on public transport to attend Headspace appointments.

Response to Information Requests

In this section, we respond to the questions posed in the Draft Report.

**INFORMATION REQUEST 3.1 — EDUCATION ACTIVITIES THAT SUPPORT MENTAL HEALTH AND WELLBEING.**

We are seeking information or methodologies that would help us to estimate the cost of activities undertaken by educational institutions in supporting mental health and wellbeing of students.

We are pleased to provide information on three activities Valley Youth undertake, both in educational institutions and to support educational institutions to support the mental health and wellbeing of their students.

**Activity 1: Thriving Minds (Mental Health First Aid in secondary schools)**

Since 2018, Valley Youth has delivered its ‘Thriving Minds’ program, a series of teen Mental Health First Aid (tMHFA) and Youth Mental Health First Aid (YMHFA) workshops delivered to holistically support the mental health of young people in Moonee Valley. In its pilot years, Year 10 students from Government high schools in the municipality were trained in tMHFA, with at least 10% of teachers and school staff from those schools trained in YMHFA. YMHFA sessions were also run with parents, carers and local government staff who work with young people. Valley Youth also built relationships with all participants, so young people could be referred to our Counselling and Youth Support team for further support, where required.

The program’s aims were to:
- Respond to the increase in mental health needs for young people in Moonee Valley,
- Promote help-seeking behaviours in local young people,
- Build the capacity of local high schools to respond holistically to the mental health needs of their students, and
- Improve partnerships between Valley Youth, schools and wellbeing organisations and services.

Valley Youth identified Mental Health First Aid training as its preferred program to pilot, as YMHFA and tMHFA utilises an evidence-based Delphi informed early intervention model, working at building capacity in participants to identify and act on early warning signs and ensure that there is a base level of skill and knowledge to support the mental needs of young people.

tMHFA is a three-workshop course, where teenagers can develop skills to identify and support a friend experiencing a mental health crisis or developing a mental health problem, and refer them on to an appropriate trusted adult. The course is specifically framed in this way, as self-stigmatisation is a significant barrier to young people in seeking help.

YMHFA is a two-day course, specifically to develop skills to support young people aged 12-25 who may be experiencing a mental health crisis or developing a mental health problem, including how and where to seek professional assistance where required.

During the two-year pilot, the Valley Youth team delivered:
- 84 tMHFA workshops (28 courses) to 613 Year 10 students from four local high schools:
  - 30 workshops to 211 students from Essendon Keilor College, Essendon in 2018 and 2019,
  - 9 workshops to 63 students from Mount Alexander College, Flemington in 2018,
  - 24 workshops to 185 students from Rosehill Secondary College, Niddrie in 2018,
  - 21 workshops to 154 students from Buckley Park College, Essendon in 2019.
- Eight YMHFA workshops to 101 participants:
  - Three workshops to 27 local high school staff,
  - Three workshops to 52 local parents and carers,
  - Two workshops 22 to local government staff.

Valley Youth delivered some of the TMHFA workshops as part of a cluster randomised control research trial by the University of Melbourne, in partnership with Mental health First Aid Australia, to evaluate the tMHFA program.

Our tMHFA evaluation focussed on students at Essendon Keilor College in 2018 and 2019, and Mount Alexander College in 2019. This is because our
involvement in the University of Melbourne trial precluded us from gathering further evaluation data in order to ensure the integrity of the research trial.

Our post-course evaluation showed:

- 87% of tMHFA participants felt more confident to help a friend who was going through a mental health crisis after completing the course.
- 78.5% of tMHFA participants felt more confident to help a friend who they were worried might be developing a mental health problem after completing the course.
- 15.3% of tMHFA participants stated before commencing the course that they did not have at least five appropriate trusted adults or supports that they could turn to if they or a friend needed help. Of these students, approximately half were able to list five trusted supported people after completing the course.

Our YMHFA evaluation comes largely from our 2018 courses, as in early 2019 Mental Health First Aid Australia changed their feedback requirements for participations. Where previously it was a requirement to give feedback before sitting a test to be accredited, the process became optional, resulting in a significant reduction in participant feedback.

Our post-course evaluation showed:

- YMHFA participants rated an average of 4.23 out of 5 when asked if they felt confident to “Recognise the signs that someone may be developing a mental health problem or experiencing a mental health crisis”
- YMHFA participants rated an average of 4.18 out of 5 when asked if they felt confident to “Approach someone who may be developing a mental health problem or experiencing a mental health crisis”
- YMHFA participants rated an average of 4.15 out of 5 when asked if they felt confident to “Ask a person whether they are having thoughts of suicide”
- YMHFA participants rated an average of 4.46 out of 5 when asked if they felt confident to “Listen to, communicate and interact with a person without expressing judgement about their situation”
- YMHFA participants rated an average of 4.46 out of 5 when asked if they felt confident to “Offer a person support and information about mental health problems”
- YMHFA participants rated an average of 4.57 out of 5 when asked if they felt confident to “Encourage a person to seek appropriate professional help”
- YMHFA participants rated an average of 4.52 out of 5 when asked if they felt confident to “Encourage a person to access other support”
- YMHFA participants rated an average of 4.42 out of 5 when asked if they felt confident to “Recognise and correct other people’s misconceptions about mental health problems”.

Valley Youth also conducted additional evaluation during a YMHFA workshop for parents and carers in 2018. Using pre- and post-workshop surveys, the group self-reported demonstrable increases in knowledge and confidence after completing the workshop, with some responses higher than the overall group average.

<table>
<thead>
<tr>
<th>Question: “How confident do you feel to...?”</th>
<th>Av. score pre-course (out of 5)</th>
<th>Av. score post-course (out of 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise the signs that someone may be developing a mental health problem or experiencing a mental health crisis</td>
<td>2.71</td>
<td>4.13</td>
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<tr>
<td>Approach someone who may be developing a mental health problem or experiencing a mental health crisis</td>
<td>2.76</td>
<td>4.13</td>
</tr>
<tr>
<td>Ask a person whether they are having thoughts of suicide</td>
<td>2.48</td>
<td>3.88</td>
</tr>
<tr>
<td>Listen to, communicate and interact with a person without expressing judgement about their situation</td>
<td>3.52</td>
<td>4.44</td>
</tr>
<tr>
<td>Offer a person support and information about mental health problems</td>
<td>3.10</td>
<td>4.56</td>
</tr>
<tr>
<td>Encourage a person to seek appropriate professional help</td>
<td>3.71</td>
<td>4.50</td>
</tr>
<tr>
<td>Encourage a person to access other support</td>
<td>3.57</td>
<td>4.50</td>
</tr>
<tr>
<td>Recognise and correct other people's misconceptions about mental health problems</td>
<td>3.10</td>
<td>4.38</td>
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Quotes from participants:

- “I think the content is vitally important and ALL educators should be exposed to the material.” – Teacher, 2018.
- “Very informative and practical with regards to working with young people.” – Teacher, 2018.
- “More staff should attend. Really positive, it was good to have confirmation that I was on the right track with these issues, and develop my skill set further.” – Teacher, 2019.
- “I highly appreciate the knowledge and skill that the course brings to me [and] am grateful for the way it has been organised. Being more aware about the different types of mental health problems as well as how to perform ALGEE is very important, practical and useful for me.” – Parent, 2018.
• “My overall response to the course is extremely positive. I came out feeling more confident with helping someone young with a mental health problem.” – Parent, 2019.

• “I’m delighted to have attended. I have found greater confidence in considering matters associated with Mental Health.” – Parent, 2019.

• “Amazing! The more people with access to this, the better.” – Parent, 2019.

Cost:

To deliver the Thriving Minds Project at all 10 secondary schools (15 campuses) in Moonee Valley we estimate we would require **$475k per year** for further training, program costs and the following additional staffing resources:

- Thriving Minds Project Coordinator (1.0 FTE Band 7)
- Thriving Minds Facilitators (3.0 FTE Band 5)
- Youth Case Managers (1.4 FTE Band 5)

Activity 2: Grade 6 High School Transition workshops

In 2019, Valley Youth updated its Grade 6 high school transition workshops, following feedback from primary school teachers and principals, high school wellbeing teams and observations by Valley Youth staff. In response, an in-house team of qualified youth workers created an interactive one-hour workshop and accompanying 8-page workbook with a clear focus on supporting student mental health as they transition to high school.

Transition periods are especially stressful times for young people, with research showing students transitioning to high school are at increased risk of losing confidence, concentration problems, feeling unhappy, worthless and depressed, and loss of sleep.\(^\text{13}\)

The workshop used evidence-based exercises and recommendations to deliver a targeted intervention, aiming to build resilience and influence positive attitudes to support mental wellbeing in children.

Content and activities included:

- Identifying what students were excited, nervous and unsure about in relation to starting high school, normalising concerns and demonstrating students were not alone in their feelings
- Exploring definitions of good mental health and signs and symptoms of developing mental health problems
- Identifying personal “healthy habits” (positive mental health hygiene habits) to build positive practices and resilience

\(^{13}\) 2014 and 2015 Resilience Youth Australia surveys.
• Identifying trusted five people/places they can turn to if they are having a hard time, including at least three responsibly trusted adults, details of local and 24-hour youth support services and encouraging them to proactively seek out the wellbeing team/school counsellor at their new high school.

The team delivered 30 workshops to 611 Grade 6 students from 15 of the 28 schools with primary campuses in our municipality, over a six-week period from 19 November 2019. Topline results include:

• Prior to the workshop:
  o 83% of students reported knowing ‘some’ or ‘not much’ about mental health
  o 62% of students knew ‘some’ or ‘not much’ about ways to stay mentally healthy
  o 45% of students knew ‘some’ or ‘not many’ people they could talk to about things happening in their life.

• After participating in the workshop:
  o 46% of students knew ‘some’ and 31% knew ‘heaps’ more about mental health
  o 36% of students knew ‘some’ and 55% knew ‘heaps’ more about ways to stay mentally healthy
  o 77% of students could demonstrate they had five trusted people/places they could turn to if they are having a hard time.

• Two-thirds of students (68%) ‘liked’ or ‘loved’ the workshop.

Cost:

Estimated costs of the program include:

<table>
<thead>
<tr>
<th>Costs and description</th>
<th>Total</th>
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<tbody>
<tr>
<td>Workshop development and staff training (staff cost): 24 hrs x 3 staff x $45p/h</td>
<td>$3,240</td>
</tr>
<tr>
<td>Workshop booking time (staff cost): 0.5 hrs x 15 schools x $40 p/h</td>
<td>$300</td>
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<tr>
<td>Workshop delivery and administration (staff cost): 2.5 hrs x 30 workshops x $50p/h</td>
<td>$3,750</td>
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<tr>
<td>Workbook design (material cost):</td>
<td>$1,200</td>
</tr>
<tr>
<td>Printing (material cost): 750 booklets</td>
<td>$758</td>
</tr>
<tr>
<td>Workshop materials (material cost): 3 x workshop kits</td>
<td>$600</td>
</tr>
<tr>
<td>Travel cost (excluding fleet car rental costs): Av. 5km round trip x 1.70c/L x 15 schools</td>
<td>$127.50</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$9,975.50</strong></td>
</tr>
</tbody>
</table>
Delivery of the program in future years is predicted to be at a lower cost, as the workshop content and workbook design has already been created with only minor edits likely to be required, if any. However, if the program grows to enable delivery in additional schools, workshop booking, delivery and administration time costs will increase accordingly.

Activity 3: Individual support to high school students

Valley Youth’s current Counselling and Youth Support team (2.2 FTE) have provided more than 940 hours of one-on-one counselling and individual support to 180 young people in the past 18 months. University undergraduate social work placement students, supervised and supported by the team, have also contributed to the achievement of these figures.

Free counselling and individual support work provided by the team addresses a range of areas, including:

- Goal setting
- Education and employment pathways
- Accessing mental health support
- Bullying
- School refusal
- Housing issues
- Self-care
- Life skill development
- Community connection and engagement
- Non-acute mental health issues (managing anxiety, depression, sleep issues, self – esteem, body image and eating disorders)
- Information and resourcing
- Minor drug and alcohol issues
- Issues with friends and family
- Conflict management and family relations breakdown
- Advocacy
- Coping skills and resilience building
- Sexuality, and
- Legal support.

Support is offered for up to 10 sessions per young person, and has historically been the core function of this team.

From 1 February 2020, Valley Youth will be changing its structure. The Counselling and Youth Support Team will change into the Mental Health and
Wellbeing team (2.8FTE). The team will no longer offer Counselling, but will continue to offer individual support work. The team is also expanding its workplans to oversee, coordinate and deliver all mental health prevention and early intervention-related youth programming, such as Thriving Minds, Grade 6 High School Transition workshops and outreach programming. In order to increase overall capacity, Youth Development Officers (3.0 FTE) from the Young Communities team will also be upskilled to deliver one-off individual support sessions (e.g. resume help, informal support conversations, service referrals) at least one day per week.

Cost:

Staffing costs for the current model of mental health support, ending on 31 Jan 2019 is $192,749.60 p.a. with an additional operational budget of $19,614 p.a..

Staffing costs for the new Mental Health and Wellbeing team’s model of mental health support and programming, commencing 1 Feb 2020, will be approximately $239,000 p.a., plus additional Youth Development Officer staffing costs of approximately $16,000 p.a..

INFORMATION REQUEST 23.1 — ARCHITECTURE OF THE FUTURE MENTAL HEALTH SYSTEM.
The Productivity Commission has proposed two distinct models for the architecture of the future mental health system:

• The Renovate model, which embraces current efforts at cooperation between Primary Health Networks (PHNs) and Local Hospital Networks (LHNs).

• The Rebuild model, under which State and Territory Governments would establish ‘Regional Commissioning Authorities’ that pool funds from all tiers of government and commission nearly all mental healthcare (Regional Commissioning Authorities would take over PHNs’ mental health commissioning responsibilities and also commission more acute mental healthcare) and psychosocial and carer supports (outside the NDIS) for people living within their catchment areas.

At this stage, the Rebuild model is the Commission’s preferred approach. How could the Rebuild model be improved on? Are the proposed governance arrangements appropriate? Should RCAs also hold funding for, and commission, alcohol and other drug services?
If you consider the Renovate model or another alternate approach is preferable, please describe why, and outline any variations you consider would be an improvement.

For all the reasons outlined in our submissions above, we propose one of the ways the Rebuild model be improved on is:

- By ensuring the legislated roles and practical operations of local government are included as a key part of the architecture of the future mental health system; and,
- By ensuring funding programs include Councils and teams within local government who deliver mental health support services, including youth services teams who work with young people.

Conclusion

Local Government plays a fundamentally important role in the delivery of youth mental health services within the community. As we have outlined in our submission, within our own municipality, Moonee Valley’s Youth Development team are filling critical gaps within the existing youth mental health system. With our strong networks and relationships amongst young people in our community, we are well-placed to deliver this service in a sustainable, effective way. But a lack of consistent funding avenues and the introduction of rate capping in Victorian local government means that, like many Councils, we are increasingly forced to confront the reality of cutting these vital services.

We ask that the Productivity Commission recognise the important role of local government in delivering youth mental health programmes and that funding is recommended to support Councils to continue to deliver mental health services to local young people.

We again thank the Productivity Commission for the opportunity to provide a submission in response to the Mental Health draft report.

Should you wish to discuss any of these matters further, please contact:

Ms Kate McCaughey
General Manager, Leisure and Community Development