

Expressions of Interest Response Form

Victorian Collaborative Centre for Mental
Health and Wellbeing

Adult and Older Adult Best Practice
Consortium



4. INVITEE’S RESPONSE

Invitation Title	Collaborative Centre Adult and Older Adult Best Practice Consortium
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4.1. Instructions to applicants

- Applicants are asked to provide an electronic copy of the EOI in “.doc” or “.docx” format, not PDF.
- Applicants are requested not to alter the numbering or structure of the EOI Form.
- Please include the name of the consortium in the footer of this form.
- All electronic documents must be virus checked before lodgement.

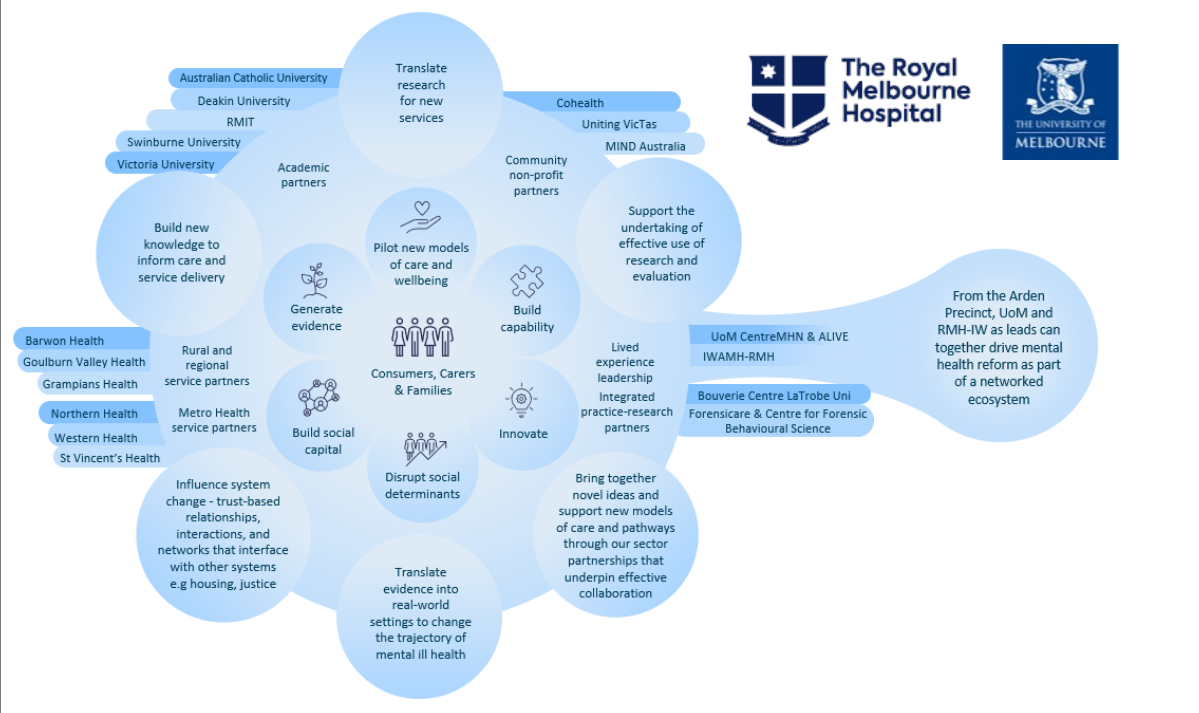
4.2. Executive summary

Please provide a succinct summary of the EOI in no more than 1,000 words

The Victorian Collaborative Centre for Mental Health and Wellbeing (VCCMHW) is a once in a generation opportunity to achieve life-changing outcomes for people living with mental ill-health or psychological distress, their carers and families.

The VCCMHW is at the heart of transforming Victoria’s mental health and wellbeing system towards the vision articulated by the Royal Commission into Victoria’s Mental Health System (RCVMHS). It requires academic and designated mental health service partners who grasp the complexity of the task ahead, have the talent and tools to create enduring change and are energised to achieve it.

The University of Melbourne (UoM) with the Royal Melbourne Hospital-Inner West Area Mental Health Service (RMH-IW) and lived experience leadership will bring this to the table. We will lead a comprehensive and networked Consortium of local universities, regional and metropolitan area mental health services (AMHS) and community-based organisations (see infographic). Each partner brings unique expertise in specialised areas of mental health research, workforce development and mental health and wellbeing service delivery in different geographies at different levels of the system. Critically, our Consortium includes those operating at the intersection of mental health, social service and justice as well as those who can challenge our ways of thinking and knowing (see Criterion 5).



Our Record and Capabilities to Drive Real and Lasting Change

As a comprehensive University and health service consortium, we bring a sophisticated understanding of Victoria’s mental health and wellbeing system. Our Faculty of Medicine, Dentistry and Health Sciences and affiliates at Orygen are world leaders for translational research and together with our service providers are pioneering innovative and best practice models of care. We also understand that treatment for mental health ill-health and improving wellbeing is often at the convergence of social and familial, identity, economic and legal determinants and will work with colleagues across Law, Victorian College of the Arts, Education, Health Sciences, Melbourne Disability Institute and the Melbourne Social Equity Institute (MSEI).

Our innovation pipeline is strong. As partners, we have a demonstrated history of growth, and a commitment to learning, innovation and research translation (see Criterion 2, 3 & 4). Recent innovative centres include the ALIVE National Centre for Mental Health Research Translation and the Centre for the Digital Transformation of Health.

We believe that empowerment and choice must be at the heart of each person’s experience with the mental health and wellbeing system. Consequently, lived experience and peer workforces are crucial to the VCCMHW’s functions, and lived experience experts must have leadership roles at all levels. We have the culture, history, institutional knowledge and capability to enable genuine lived experience leadership and co-design for the VCCMHW (see Criterion 1).

As one of Australia’s leading public, teaching and clinical research hospitals, RMH-IW provides comprehensive community, residential and acute hospital-based specialist mental health services to adults and older adults. Services are delivered through six programs across six sites. UoM and university partners account for over 25% of all mental health research funding in Australia and have a proven track record for translational research excellence, co-production and co-design expertise. UoM faculties and affiliated institutes are part of Victoria’s densest mental health and wellbeing ecosystem in Parkville.

Our mental health and wellbeing partners work directly with diverse communities across inner and outer metro-Melbourne, and regional and rural Victoria. Each has deep engagement with people with lived experience of mental ill-health and developing ‘non-traditional’ treatments and therapies, making them excellent partners to co-design, pilot and evaluate new models of care.

Our community non-profit partners have extensive experience and understanding of community models of care, what works for whom and why as well as networks that interface with other systems e.g., family violence and housing. Our integrated practice research partners bring extensive expertise across the criminal justice, mental health and welfare systems.

Vision for Partnerships at VCCMHW

We acknowledge and respect the overall vision for the VCCMHW is the responsibility of the Board. Meaningful change will require genuine collaboration between Consortium partners based on shared values. Our Consortium is committed to:

<p><i>being purpose-led</i> We always remember why we exist. Our purpose is deeply connected to improving the lives of people and communities we serve. We are committed to delivering on what brought us together.</p>	<p><i>expressing vulnerability</i> We have rebalanced relationships of power. We respect each other and our relationship is built on equity and trust. We have created a space to have courageous conversations in plain language.</p>	<p><i>embracing a respectful contest of ideas</i> We influence each other to generate new knowledge and unlock innovation to drive systems change. By elevating diverse perspectives, we can have a respectful contest of ideas.</p>	<p><i>inspiring hope</i> We show that systems transformation is not just aspirational, it is possible. Our partnership continues to set an example and foster hope for consumers, families, carers, supporters and kin, and those working in the system.</p>
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4.3. EOI Details

Details of consortium leads	
Area mental health service	Royal Melbourne Hospital-Inner West Area Mental Health Service
Academic Institution	University of Melbourne
Consortium primary contact person	Name: Malar Thiagarajan Email: malar.thiagarajan@unimelb.edu.au Phone: 0481 462 740
Area mental health service indicative nomination of Board member for the purposes of section 11(7) and 10(1) of the Act.	Name: Dr David Fenn Position: Medical Director, North Western Mental Health Name: Mr Gregory Tweedly Position: Board member, Royal Melbourne Hospital
Academic Institution indicative nomination of Board member for the purposes of section 11(8) and 10(2) of the Act.	Name: Prof Chris Davey Position: Director of Research, North Western Mental Health; Head, Department of Psychiatry, The University of Melbourne Name: Prof Sarah Wilson Position: Pro Vice-Chancellor Student Life
Other consortium members	Australian Catholic University, Barwon Health, cohealth, Deakin University, Forensicare (in partnership with the Centre for Behavioural Science, Swinburne University), Goulburn Valley Health, Grampians Health Service, La Trobe University, MIND Australia, Northern Health, Royal Melbourne Institute of Technology, St Vincent’s Hospital Melbourne, Swinburne University, The ALIVE National Centre for Mental Health Research Translation, Uniting Vic.Tas, Victoria University, Western Health.

Consortium authorisation	
Please attach letters from each consortium member indicating agreement to participate, signed by each Consortium member’s senior responsible officer.	
Name of consortium member	Name and position of signatory
The Royal Melbourne Hospital	Professor Christine Kilpatrick AO Chief Executive
University of Melbourne	Professor Jane Gunn Dean Faculty of Medicine, Dentistry and Health Sciences
Barwon Health	Ms Frances Diver Chief Executive
Deakin University	Professor Rachel Huxley Executive Dean Faculty of Health

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Northern Health	Ms Belinda Scott Executive Director, Mental Health
The Bouverie Centre, La Trobe University	Professor Jeff Young Director
Western Health	Adj. Prof Russell Harrison Chief Executive
Victoria University	Professor Andy Hill Deputy Vice-Chancellor Research & Impact
Forensicare (in partnership with the Centre for Behavioural Science, Swinburne University)	Dr Margaret Grigg Chief Executive
Swinburne University	Professor Karen Hapgood Deputy Vice-Chancellor, Research
St Vincent’s Hospital Melbourne	Ms Nicole Twedde Chief Executive
Australian Catholic University	Professor Meg Stuart Provost and Deputy Vice-Chancellor (Academic)
Grampians Health Service	Mr Dale Fraser Chief Executive
Royal Melbourne Institute of Technology	Professor Calum Drummond Deputy Vice-Chancellor Research and Innovation
Goulburn Valley Health	Associate Professor Ravi Bhat Adult Mental Health Service Divisional Clinical Director
The ALIVE National Centre for Mental Health Research Translation	Professor Victoria Palmer Co-Director
cohealth	Ms Nicole Bartholomeusz Chief Executive
MIND Australia	Ms Nicola Ballenden Executive Director Research Advocacy and Policy Development
Uniting Vic.Tas	Hon Bronwyn Pike AM Chief Executive

Conflict of Interest

Provide details of any actual or perceived interests, relationships or clients which may cause a conflict of interest, and actions to prevent or strategies to manage the conflicts of interest.

1. Prof Steven Moylan is a member of the Victorian Collaborative Centre for Mental Health and Wellbeing (VCCMHW) Board. Prof Moylan is the Clinical Director, Mental Health Drugs and Alcohol Services at Barwon Health and has an Affiliate Professorial appointment at Deakin University in the School of Medicine. He has potential perceived Conflicts of Interest through his direct line management of staff associated with this Consortium bid, including Prof Michael Berk and Ms Renae Carolin, and accountabilities to the CEO of Barwon Health, Ms Frances Diver and the Executive Dean of the Faculty of Health, Deakin University, Prof Rachel Huxley, both of whom are signatories for their respective organisations in the Consortium bid.

Actions undertaken to manage this perceived COI include:

- Prof Moylan has removed himself from all discussions and correspondence in regards the Consortium bid, and will continue to do so during further stages of the tender process;

- Prof Moylan will declare any real or perceived Conflicts of Interest to the VCCMHW Board in relation to this tender and will remove himself from any VCCMHW Board discussions or correspondence in the consideration or assessment of the Consortium bid;
 - Staff in Deakin University and Barwon Health associated with this Consortium bid have maintained confidentiality in regards discussing this Consortium bid or any other activities associated with the tender with Prof Moylan and will undertake to continue do so during further stages of the tender process;
 - Documentation related to this Consortium bid that may be accessible to Prof Moylan through shared-drives or share-points will be password protected;
 - Prof Moylan will notify the Chair of the VCCMHW Board of any inadvertent access or exposure to correspondence, documentation or discussions in relation to this Consortium bid.
2. It is noted that MIND Australia is Consortium member and whilst Ms Gill Callister PSM is the CEO of MIND Australia and a member of the Board of the VCCMHW, she has not had any involvement in the development of the EOI or Consortium. Gill has not had access to any documents in the preparation of this EOI. All communication and correspondence with MIND Australia in respect of the preparation of this EOI and development of this Consortium have strictly been through Ms Nicola Ballenden, Executive Director, Research, Advocacy & Policy Development.
3. Whilst not a conflict of interest per se, rather a duality of interest, it is prudent to note that Melbourne Health (RMH) is affiliated with UoM pursuant to section 21 (4) of the *University of Melbourne Act 2009* (Victoria). UoM and Melbourne Health (RMH) have for many years by separate and varied agreements or arrangements cooperated in the provision of clinical education and practice for prescribed UoM courses in certain disciplines and in other areas of mutual benefit, including research. Melbourne Health and the University of Melbourne have a current Relationship Agreement (2019-2023), which sets out the principles of the relationship between the two organisations. In addition, the Dean of the Faculty of Medicine, Dentistry and Health Sciences at UoM, Professor Jane Gunn, sits on the Melbourne Health Board.

4.4. Response to the evaluation criteria

Please respond to the following evaluation criteria indicating relevant experience and capability, with particular reference to the roles of each of the two key partners. Please refer to Section 3.4 of the *Invitation for Expressions of Interest* document for a description and weighting of the evaluation criteria.

4.4.1. Evaluation Criterion 1: Lived experience expertise and leadership

Describe what it means to have lived experience expertise and leadership at the centre of all aspects of the Consortium’s work. Give examples of how you have embedded (or are working towards embedding) lived experience as part of the ethos, operations, management, and knowledge sharing in your consortium’s activity.

Lived experiences is part of our ethos, operations, management and knowledge sharing

In working towards the preparation of this EOI, the UoM and RMH-IW Consortium undertook to co-design a shared vision and outcomes statement for the consortium and a set of principles for working together. A series of collaborative workshops with lived experiences workers, consumer and non-consumer academics, and clinical staff was held. The vision, outcomes and guiding principles have received sign-off from all parties.

As a further demonstration of the Consortium’s commitment to enshrining lived experience in its Collaborative Centre activities, the response to this criterion has been prepared by lived experiences academics and workers, and the examples cited were proposed by this group as exemplars of the ways in which consortium members presently embed lived experiences expertise and leadership.

The Consortium leads, with our identified partners, acknowledge the importance of understanding and implementing the values and principles of lived experiences leadership. These values and principles will guide the decision-making processes the Consortium uses to deliver its functions and maintain accountability

to the community. The lived experiences leaders in the Centre will have equal position and authority to other leaders.

The Consortium commits to a process of developing and implementing a strong and sustainable lived experiences leadership framework that will positively impact the development of new and innovative services, supported by strong research and evaluation methods. It will establish links with international lived experiences networks, further growing expertise across the disciplines.

Other examples of important future developments include: the leadership of Consortium partner, MIND Australia, in co-designing processes to establish the Peer Led bed-based service and partnering with the consumer led agency once it is established. We see the learning and knowledge exchange between such entities as vital Consortium activities.

Published strategies or frameworks that articulate commitment to lived experience leadership

Both the UoM and RMH-IW have lived experience leadership at the centre of strategic and policy documents, in addition to documents such as the North Western Mental Health (NWMH) Lived Experience Framework. In 1996, RMH-IW was the first AMHS in Victoria to employ consumer consultants, and to establish consumer and carer roles at an executive level. Since then, RMH-IW has been strengthening its consumer and carer workforce, identifying specialist expertise in lived experience and recruiting to that need. It now consists of:

- 15.63 EFT Consumer staff
- 7.25 EFT Carer staff

The Lived Experiences leadership team is rapidly growing, currently including Consumer and Family/Carer Lived Experience Managers, Consultants, Project Officers, and Program Coordinators. The UoM Centre for Mental Health Nursing (CentreMHN) pioneered Australia's first consumer academic role in 2000, and this position now leads a substantial program engaging in co-produced research and training. The CentreMHN has lived experiences members on its executive committee, course monitoring committees and consumer leadership is embedded in its strategic plan. The Consumer Academic Program (CAP) within the CentreMHN has strong links with the broader lived experiences community and workforces. The stated vision of the CentreMHN is to coproduce all its research, training and evaluation activities with consumers.

Embedding lived experiences as part of operations, management, leadership and knowledge testing

Lived experiences leadership roles at RMH-IW and CentreMHN are integral to operations, management, leadership, co-design and knowledge testing. RMH-IW has identified consumer and family/carer manager roles, who sit on operational and clinical governance, quality and safety, learning and development, research, and diversity committees within the service. This leadership is underpinned by consumer and family/carer advisory groups. Consumer and family/carer workers are a part of the RMH-IW transformation teams, responsible for implementing the RCVMS's recommendations.

At the CentreMHN, people with lived experiences hold senior academic roles within an internationally regarded research collaboration that is sustained by mutual respect, the recognition of the consumer perspective as a discipline, and a commitment to power sharing. This is also reflected in the Department of Health's funded work, undertaken by CAP, that is developing the consumer discipline framework, exploring support and education opportunities for the Lived Experiences workforce. CAP received a gold TheMHS Award for the achievement of excellence, innovation and best practice in consumer workforce development and training.

In addition to supporting the careers of consumer academics, CentreMHN has developed and delivered a consumer-led subject into the health professions curriculum at UoM (in place since 2000). CAP members are involved in the higher degree by research program as advisory group chairs and supervisory panel members.

The CentreMHN inaugural consumer academic was appointed Consumer Advisor to the CEO of the RCVMS.

Members of CAP, together with academics in the School of Health Sciences have frequently employed co-production as a methodology. [Leading the Change](#) and Rising Together are two examples of this work examining the experiences of consumer and family/carer workers in Victorian Mental Health Services.

A human rights-based approach to research and/or the delivery of treatment, care and support

CentreMHN’s research is strongly human rights focused, including involvement in a substantial national research project investigating people’s experiences of restrictive interventions and United Nations Special Rapporteur on the Rights of Persons with Disabilities sponsored research on alternatives to coercion in mental health services. CentreMHN also led the consumer perspective Organisational Capability Framework for the Victorian Department of Health, comprising a human rights informed conceptual model exploring what organisations pay most and least attention to in mental health service provision.

The RMH-IW Lived Experiences workforce has been involved in the development and delivery of lived experiences led, rights-based groups in inpatient units. They are currently being revised for re-introduction, given recent changes to the Mental Health Act.

Co-design to support service improvement

CentreMHN has a strong history of co-design stemming from its rights-based philosophy and consumer perspective, and RMH-IW has further embedded co-design into its existing practices, e.g. professional development training is co-produced. RMH-IW has experience in co-design with the redesign of the John Cade Inpatient Unit, the development of the NWMH Peer Handbook and a [Carer Peer Support Program model](#). Recently RMH-IW has established a co-design community of practice, which is currently exploring opportunities for service-wide co-design training and implementation strategies.

4.4.2. Evaluation Criterion 2: Best practice treatment, care and support

Outline how you are working towards delivering the Royal Commission’s vision of best practice treatment, care and support at an Area Mental Health and Wellbeing Service level, including wellbeing/psychosocial supports.

RMH-IW, UoM and its partners are collectively working towards providing integrated treatment, support and care fundamentally aligned with the RCMHS’s vision.

Delivering best practice that is responsive, tailored and provides treatment care and support for people with complex and specialised support needs

2013, RMH-IW has reformed and refined its approach to incorporate a more holistic approach to recovery and the consistent use of evidence-based, trauma-informed psychosocial therapies. Six practice domains (Figure 1) were identified and a program commenced to embed evidence-based, person-centred psychosocial services, lived experience and wellbeing supports into routine care. It is delivered by a multidisciplinary workforce with all consumers receiving core interventions (coloured items) and specific therapies (no colour). This was provided to the RCMHS as an example of best practice.

Community Core and Specific Evidence-Based Interventions

Psychological Interventions	Family, Carers and Supporters	Health & Wellbeing	Activity, Participation & Employment	Lived Experiences	Overcoming Hurdles
Early Warning Signs	Initial Conversation	Physical health screening	Initial Conversation about participation and vocation	Initial Conversation about peer support	LSI-R:SV
CBT Fundamentals*	Family/Carer Fundamentals	Physical health conversations	APQ6	Intentional Peer Support	SUBA
	Family Violence Screen	Physical health assessment	Driving Screen		AOD Harm Minimisation
		Metabolic monitoring	Sensory Approaches		AOD Relapse Prevention
CBT for Psychosis		Medication safety, education & advocacy		PeerZone	Specialist Supportive Clinical Management
Acceptance & Commitment Therapy (ACT)	Single Session Family Consultation		Activity Engagement	Consumer led inpatient groups	
	Multiple Family Group	Equally Well Physical Health Program	Therapeutic Activity Groups	Consumer-led Community Groups	Forensic Risk Management Planning
Therapies for Borderline Personality Disorder	Family Therapy		Vocation and Employment Support	Individual LE's Peer Support	Forensic Risk Reduction Treatment
CBT for co-morbid Anxiety & Depression	FaPMI Programs	Medication Alliance	Sensory Assessment & Interventions	Family Peer Support-led Groups	AOD Motivational interviewing
					Autism Consultation and Evaluation Services (ACES)

At the forefront of new models of treatment care and support, such as peer-led support services.

RMH-IW is the only service in the state to deliver PeerZone. Our consumer lived experience leaders are currently in discussions with [BrookRED](#) to become the PeerZone training providers for Victoria.

[SafeHaven](#) is a peer-led program delivered by peer support workers (PSW) that provides an alternative to the Emergency Department (ED) as a safe place for consumers. It provides a warm and supportive environment and there is cross-program engagement (e.g., with PeerZone).

Integrating treatment care and support for consumers with co-occurring substance use or addiction challenges

RMH-IW has recruited 6 specialist AoD clinicians and an AoD PSW to community teams (including homeless), HOPE, RMH-ED and the inpatient unit. These clinicians provide consultation for staff and comprehensive services for consumers. Formal partnerships with Odyssey House Victoria and cohealth are in place to provide AOD and mental health treatment (e.g., through the outreach Street Health program). The Substance Use and Mental Illness Treatment Team (SUMITT) will also integrate with the RMH-IW program.

Reducing the use of restrictive interventions and leading better practice

The [Safewards](#) clinical model was implemented at the RMH inpatient unit in 2015. The Mental Health Intensive Care Area Response (MHICAR) specialist care response is an additional development where consumers identified as requiring increased support co-develop an individualised care plan which considers trauma history, the use of all-female response teams for females and replacing restrictive interventions with consumer distress redirection, often with highly effective outcomes (see [report](#)).

A leader in culturally safe, inclusive and responsive services for diverse populations

Since 2018 RMH-IW has grown six Aboriginal identified roles to support consumers and carers and embed the [Social and Emotional Wellbeing \(SEWB\) model](#) into our service. Strong relationships have been developed with:

- VACCHO

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- VACCA
- First Peoples' Health service
- Victorian Aboriginal Health Service (VAHS)

Cultural healing processes are incorporated into treatment e.g., Return to Country program. The new acute mental health inpatient unit RMH includes Koori beds and cultural emblems for cultural safety.

RMH-IW is committed to delivering inclusive services that are trauma informed LGBTIQ+ affirming. This includes a LGBTIQ+ Working Group, employment of an LGBTIQ+ consumer consultant, PSW (Safe Haven), and a LGBTIQ+ Patient Navigator to support service users.

RMH-IW provides tailored services for culturally and linguistically diverse (CALD) communities including a network of referral pathways into local agencies e.g Foundation House. Consortium partner, North West AMHS, has improved mental health and wellbeing literacy in CALD communities, as demonstrated by the [Five Ways to Wellbeing Campaign](#).

UoM is working with cohealth to establish the Centre of Excellence in Culturally and Linguistically Diverse Mental Health as part of establishment of the adult mental health and wellbeing service in Brimbank.

Accessible, responsive and tailored care, treatment and support for older people, people living with disability and neurodiverse individuals.

A specialist older adult stream will be integrated within the RMH-IW service using existing expertise based within the NWMH Aged Persons Mental Health Program (undergoing disaggregation). This will deliver a recovery-focussed model. A significant number of older people present with comorbid mental ill-health and dementia. The RMH-IW Statewide [Specialist Neuropsychiatry Program](#) provides comprehensive services and referrals in partnership with Dementia Australia.

RMH-IW has co-designed The Autism Comprehensive Evaluation Service (ACES) program for consumers with co-existing mental health conditions and Autism including post-diagnostic support, connection and referral.

Family, carer and supporter inclusive care, support and treatment and increasing access to inclusive therapy models, information and supports

RMH-IW prioritises the inclusion of families, carers and supporters and introduced early contact with family/supporters as a key performance indicator in 2013. Programs include single session family consultation (with group supervision provided by the [Bouverie Centre](#)), and the Multiple Family Group (MFG) Program. Families where a Parent has a Mental Illness (FaPMI) programs have been delivered with lived experiences workers, and support carer information packs have been developed and provided to all new families.

Partnerships with NGOs and primary health care networks for psycho-social/ wellbeing supports

RMH-IW has a strong track record of partnerships over two decades. Outcomes have included conjoint program delivery including the Homeless Outreach Mental Health Support Service (cohealth), Travencore Prevention and Recovery Centre (Wellways), PATHS (Ozanam House and Flagstaff), a co-designed Wellness and Recovery Plan across all agencies, shared education and orientation programs, and co-location at Waratah IWAMHS.

4.4.3. Evaluation Criterion 3: Translational research with tangible outcomes and impact

Provide evidence of inclusive, service-level interdisciplinary translational research in the field of mental health and wellbeing with tangible outcomes and impact, and any examples of what you see as priority areas for future research.

The Consortium regularly develops large-scale research projects into impactful programs, policy and practice. Its key translational projects to date have been characterised by:

- the core involvement of people with lived experiences
- iteratively designing and trialling new models of care and support
- using implementation science to successfully establish programs in real-world settings
- and measuring impacts defined by people with lived experiences.

The Consortium’s flagship translational projects (below) demonstrate that we have the requisite translational capability and established partnerships to drive reform of services and models of care.

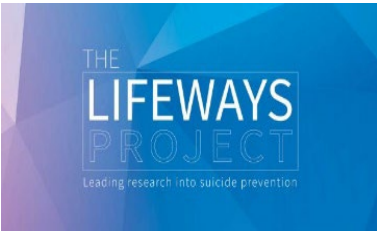



Consortium Leads’ translational track record

The Consortium Leads (RMH-IW and UoM) enjoy an ongoing partnership focussed on trialling novel therapies and supports for mental health and wellbeing in adults and older adults. For example:

- Professor Christopher Davey, with RMH-IW, is establishing a new clinic to trial low-dose ketamine infusion in people with severe depression.
 - The goal is to provide people with rapid relief from depressive symptoms, reduce reliance on ineffective anti-depressants and enable people to rekindle other aspects of their life: relationships, work, housing and education.
 - A multi-disciplinary care team will work with people receiving treatment over 3-4 weeks following infusion to gauge psychosocial outcomes and understand subjective benefits.
- Professor Nicola Lautenschlager, with the Aged Mental Health Program at RMH, is implementing a novel online program integrating mental and physical healthcare for older adults with mental ill-health.
 - The program is highly effective in helping middle- and older-aged adults maintain or increase their physical activity levels, which has positive synergistic effects on mental health.
 - The RMH Aged Person Psychiatric Assessment Team are set to incorporate this approach into their holistic model of care and the work has underpinned national guidelines for supporting older adults to maintain physical and mental health.
 - We see a great need for more co-produced translational research into the mental health of older adults and have identified this as a key research priority.

UoM achieves research impact through influencing policy and practice and co-producing products, research and services for the public good. Four exemplary initiatives are showcased below.

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<p>LIFEWAYS: Translating suicide prevention research into policy and practice</p>  <p>Lead: Professor Jane Pirkis, of the Melbourne School of Population and Global Health.</p> <p><u>LIFEWAYS</u> has:</p> <ul style="list-style-type: none"> ○ heavily involved people with lived experiences from different backgrounds in all projects - e.g., co-design of safe communication about suicide resources. ○ implemented change at a policy level, writing major policy documents, sitting on key advisory groups, and providing advice to Ministers, Inquiries and Royal Commissions. ○ implemented change ‘on the ground’ - e.g., advising Primary Health Networks (PHNs) on implementing the Lifespan approach in the National Suicide Prevention Trial. ○ strengthened the capacity of PHNs to evaluate their mental health services and advised PHNs on implementing a systems approach to suicide prevention. 	<p>MumSpace: Perinatal Mental Health Support and Treatment</p>  <p>Lead: Professor Jeannette Milgrom, of the Melbourne School of Psychological Sciences. MumSpace hosts MumMood Booster. This is:</p> <ul style="list-style-type: none"> ○ a suite of digital, interactive cognitive behavioural therapy treatment programs. ○ co-designed over 10 years with pregnant women and new mothers. ○ as effective in the real world as it is in clinical trial settings. ○ extremely well accepted amongst consumers - e.g., 1200 women per annum use the service (8000+ in total) and 30,000 women use other MumSpace resources. ○ part of 19 PHNs’ offerings, listed on Head to Health and the national e-directory of perinatal mental health services (e-COPE).
<p>Moderated Online Social Therapy (MOST)</p>  <p>Lead: Professor Mario Alvarez-Jimenez, Centre for Youth Mental Health, UoM and Chair of Orygen Digital. The MOST platform:</p> <ul style="list-style-type: none"> ○ has been co-designed with young people with lived experiences, clinicians, PHNs and relevant Victorian agencies including over 1000 consultations and codesign sessions over 13 years. ○ is a multi-award winning clinical service and research translation program. ○ has been shown to be safe, engaging and effective via 23 trials across 3 continents – an RCT conducted in psychosis services showed a MOST-inspired intervention improved educational/vocational attainment and reduced usage of ED services. ○ has been rolled out across more than 200 public mental health services and 4 states and territories, with more than 4300 young people using it after 18 months of roll-out. 	<p>ALIVE</p>  <p>Lead: Professor Victoria Palmer, Department of General Practice.</p> <p>ALIVE is a newly formed Translation Centre aimed at implementing co-designed mental health care in primary care and community settings around Australia. Three flagship projects are under development, all of which are priority areas for future research:</p> <ol style="list-style-type: none"> 1. Translating research outcomes in Primary Health Initiative (with RACGP) 2. The Long Conversation Flagship: the <i>who, what, where and how</i> of lived experience research nationally 3. Co-designed Roadmap for First Nations <p>ALIVE’s close proximity to the Consortium will enable the Consortium to understand ‘what worked’ in ALIVE’s national translation journey. The Consortium will be uniquely placed to leverage these insights to efficiently and cost-effectively trial new models of care and discover what works in local regions.</p>

Consortium Partners’ translational activities

Two initiatives below further demonstrate our collective translational capability and awareness of the importance of system interfaces.

Change to Improve Mental Health Centre of Excellence (CHIME)

Lead: Renae Carolin, Director. CHIME is:



- a newly formed translational research partnership between Consortium members Barwon Health and Deakin University.
- takes an evidence-informed, consumer-centred and co-designed approach to mental health service improvement.
- set to provide unique insights into what works in the Barwon region, particularly into effective deployment of digitally-delivered treatments and services – a clear priority area for future research.

Family Therapy Services in Women’s Prisons

Leads: Professors Jennifer McIntosh and Jeff Young, the Bouverie Centre, La Trobe University. The program is:



- aimed at reducing recidivism for women in Victoria’s prisons.
- conducted in collaboration with the Department of Justice and Community safety.
- co-designed and co-produced with former and current prisoners, families, prison staff, prison stakeholders and therapists; also includes a co-designed model of care for First Nations women prisoners, led by a First Nations therapist.
- scalable and could generate a multi-level family centred education and therapeutic service model for women prisoners and their families.

4.4.4. Evaluation Criterion 4: System transformation and improving outcomes

Provide evidence of your understanding of and commitment to driving system transformation and improving outcomes for people who use mental health and wellbeing services in Victoria.

Since 2020, the Consortium Leads have convened workshops with 17 dedicated mental health and wellbeing specialist institutes and organisations. We have deep commitment to cross-sector collaboration and consumer-focussed projects; disseminating and embedding knowledge; and system transformation to improving mental health and wellbeing outcomes across the community. The Consortium understands that co-design of research, interventions and outcome measurement underpins any adaptive, learning mental healthcare system.¹

The building blocks for transformation are there. The three case studies below demonstrate our Consortium’s capability in line with criterion 4.

National Stigma Report Card

Lead: Dr. Chris Groot, Melbourne School of Psychological Sciences

- The National Stigma Report Card examines how stigma and discrimination affect people living with complex mental health issues.




¹ McGinnis, J.M., Stuckhardt, L., Saunders, R., et al., Best care at lower cost: The path to continuously learning health care in America. Washington, DC: National Academies Press, 2013.

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- Co-developed with national mental health charity SANE, it has prompted system improvement by helping shift individual and organisational attitudes and informing the National Stigmas and Discrimination Strategy developed by the National Mental Health Commission.
- The team have replicated their work in Scotland to inform mental health and housing legislation reform there.
- It is set to grow further in partnership with community mental health service Flourish.


Beyond Disasters
 Lead: Professor Lisa Gibbs, Melbourne School of Population and Global Health



- Beyond Disasters is research program stemming from the [Beyond Bushfires](#) study into community recovery for 10 years following Victoria’s 2009 Black Saturday bushfires.
- Beyond Bushfires is an impactful project defined by collaboration across sectors and contributions to system improvement in regional and rural Victoria:
 - The Victorian community, government (DHHS, Emergency Management Victoria, Centrelink), non-profits (Australian Rotary Health), charities (Red Cross) and six Victorian rural primary care partnerships.
- It has informed Victorian Government emergency recovery plans, services and workforce training within Bushfire Recovery Victoria, the Department of Health, the Department of Education and Emergency Management Victoria.
- Wider knowledge dissemination and translation of findings have informed the:
 - National Recovery and Resilience Agency, the National Mental Health Commission, Australian and International Red Cross for community support services and workforce training and the United Nations Office for Disaster Risk Reduction to create awareness.
- Beyond Bushfires also provided evidence of increased risks of domestic violence post-disaster – a phenomenon previously under-recognised.

Promoting the autonomy of people with disability: Regulating restraint

Lead: Prof Bernadette McSherry, Melbourne Social Equity Institute (MSEI)




- In line with the vision for a transformed mental health system, [Regulating the use of restraint](#) addressed the lack of a common legal framework for the use of restraint on persons with disabilities in mental health, disability, and aged care sectors.
- MSEI, in collaboration with other international universities, clinicians, regulators, mental health consumers and carers assessed multiple international models regulating the use of restrictive practices. They identified options for regulation with a view to eliminate the various forms of restraint being used.
- This research has transformed the use of restrictive practices amongst people with disability and informed [the Disability Ministers’ National Framework for Reducing and Eliminating the Use of Restrictive Practices](#) and [the National Mental Health Commission’s work](#).

Towards transformation

Projects below are ongoing efforts by Consortium members geared at system improvement.

Leading the Change

Leads (alphabetical): A/Prof Susan Ainsworth, Susie Alvarez-Vasquez, Vrinda Edan, Brendan Johnson, Rory Randall, Cath Roper, Dr Kath Sellick, Krystyn Smale, Joanne Switzerloot (Consumer Worker Action Group).



Arising from a co-produced project that resulted in the development of the [Consumer Perspective Supervision Framework](#), this research investigated the experiences of consumer workers employed in Victorian mental health services with a focus on safety and discrimination. Findings were instrumental in the development of organisational readiness training for services across Victoria and further collaboration between UoM CAP, consumer academics, VMIAC and the Victorian Department of Health to grow consumer perspective supervision.

Co-producing safe, inclusive workplaces for consumer mental health workers

Adult and Older Adult Best Practice Consortium

Million Minds – Bringing family, community, culture and country to Indigenous youth mental health care

Lead: Professor Sandra Eades, Associate Dean (Indigenous) and Melbourne School of Population and Global Health

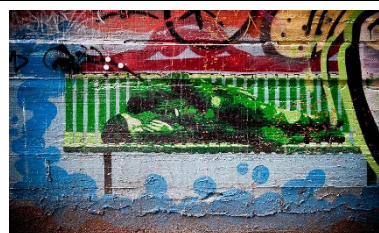
- UoM partnered with two Aboriginal Community Controlled Healthcare Services to embed cultural connection and incorporate Indigenous knowledge into managing adolescent mental health and wellbeing.
- The new intervention will pilot and trial a model of engagement with First Nations Young People to detect mental health and other needs and ensure they are being met.
- The approach will be co-designed with a Governance group of local young people, Elders and Aboriginal community leaders.
- Research findings will be used to effectively integrate care and coordinate access within and across sectors to address psychosocial health determinants.



Improving the health status and reducing the mortality gap for vulnerable young Australians

Lead: Dr Jess Heerde, Department of Paediatrics

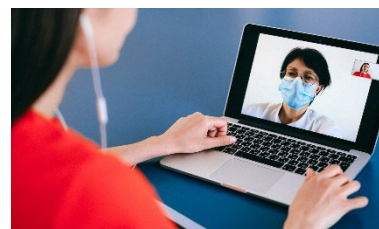
- Jess, a researcher with lived experience of homelessness and mental ill-health, leads a multi-jurisdictional data linkage study on the physical and mental health of young Australians following contact with the homelessness system.
- This research will significantly advance our understanding of the health of homeless persons and effective interventions to reduce preventable and premature death.
- It will also support the development of a more integrated system and multidisciplinary approach to the provision of health care to young people.



Enhanced Telehealth Capabilities (ETHC) for Improved Patient and Clinician Experiences – focusing on CALD populations

Lead: Associate Professor Mahesh Jayaram, Department of Psychiatry.

- Healthdirect Australia, Melbourne Health, Monash Health, Monash University, UoM and the Victorian Department of Health are improving the experience for mental health service users from Vietnam. This project involves:
 - An intervention to enhance telehealth capabilities has been co-designed with end-users including prototype testing, and evaluation.
 - Researchers applying this approach to real-world settings and develop tailored modules for mental health to promote accessibility and equity in accessing care.

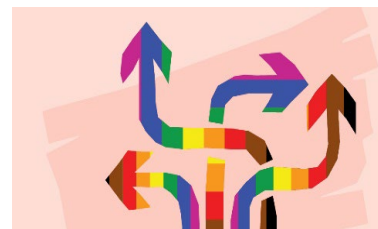


Learning from QTPOC voices

Lead: Dr Isabel Zbukvic, MSEI.

QTPOC:









- involves MSEI partnering with Orygen, Australian GLBTIQ Multicultural Council, Centre for Multicultural Youth, Drummond Street Services and Telethon Kids Institute.
- takes a co-design approach towards developing resources to support queer and trans multicultural young people to have positive experiences when engaging with mental health care.



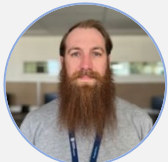

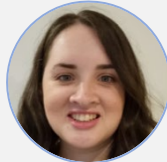












4.4.5. Evaluation criterion 5: Diverse and qualified lead collaborators and contributors

The VCCMHWB Consortium Steering Committee members have been involved in the development of our proposed Consortium since 2021. They have formed the core team leading this Expression of Interest. They will also lead the next stage of our submission along with inputs from our Consortium Partners described below.







VCCMHWB Steering Committee members

 <p><u>Dr David Fenn</u> Co-Chair Medical Director, NorthWestern Mental Health (NWMH) - RMH</p>	 <p><u>Ms Vrinda Edan</u> Co-Chair Consumer Academic, UoM</p>	
<p>David brings 30 years of public and private mental health sector experience.</p>	<p>Vrinda brings 20 years' worth of consumer leadership and engagement with universities.</p>	
 <p><u>Prof Rob Hester</u> Executive Sponsor Professor and Head of the Melbourne School of Psychological Sciences, UoM</p>	 <p><u>Ms Malar Thiagarajan</u> Convenor Director, Major Initiatives, Partnerships and Government, UoM</p>	 <p><u>Ms Gail Bradley</u> Area Manager of IWAMHS-RMH</p>
<p>Rob brings decades of research excellence in substance dependence across the lifespan.</p>	<p>Malar brings over 20 years' experience in clinical, research and disability ethics, health law, research governance and research strategy development.</p>	<p>Gail brings extensive leadership experience in public mental health and a passion for person-centred, recovery-focused and evidence-based care for service users.</p>
 <p><u>Dr Veronique Browne</u> Director of Clinical Service IWAMHS-RMH</p>	 <p><u>Prof Chris Davey</u> Head of Department of Psychiatry, UoM; Consultant Psychiatrist, RMH</p>	 <p>Ms Anna Epifanio Carer Lived Experience Manager, IWAMHS</p>
<p>Vee brings over 20 years' experience in adult mental health, psychotherapy and clinical administration. She is passionate about the best possible evidence-based clinical & wellbeing service to our community.</p>	<p>Chris brings a passion for translating cutting-edge research into mood disorders into clinical practice.</p>	<p>As the inaugural Carer Lived Experience Manager at RMH-IW, Anna brings leadership and passion to developing the carer lived experience workforce.</p>







Adult and Older Adult Best Practice Consortium

 <p>Mr Reece Jones Consumer Lived Experience Coordinator, IWAMHS</p>	 <p>Associate Professor Bridget Hamilton Director of the Centre for Mental Health Nursing</p>	 <p>Ms Leah McKenner Consumer Advisor at NWMH</p>
<p>Reece brings 10 years working experience in community and clinical services as well as lived experience of mental ill health. Reece is passionate about building community for recovery.</p>	<p>Bridget brings a wealth of translational research experience focussed on co-produced approaches and practices valued by consumers in public sector mental health services.</p>	<p>Leah is a skilled consumer workforce leader with strong sector connections and a deep investment in having co-production understood and embraced in mental health services.</p>
<p>People who will provide advice and guidance to inform the submission in stage two.</p>		
 <p>Prof Mario Alvarez Professor of Digital Mental Health and Chief of Orygen Digital</p>	 <p>Prof Bruce Bonyhady AM Executive Chair and Director of the Melbourne Disability Institute, UoM</p>	 <p>Prof Sandra Eades AO Associate Dean (Indigenous), UoM</p>
 <p>Prof Lisa Gibbs Professor of Public Health, UoM</p>	 <p>Dr Piers Gooding Research Fellow, UoM</p>	 <p>Dr Jess Heerde Senior Research Fellow, UoM</p>
 <p>A/Prof Mahesh Jayaram Course Coordinator, Postgraduate Psychiatry Program, UoM</p>	 <p>Prof Nicola Lautenschlager Professor of Psychiatry of Old Age, UoM</p>	 <p>Prof Jeannette Milgrom Executive Director, Parent-Infant Research Institute</p>
 <p>Prof Victoria Palmer Co-Director, ALIVE National Centre for Mental Health Research Translation</p>	 <p>Ms Cath Roper Lecturer (Mental Health Consumer Academic), UoM</p>	 <p>Prof Diana Vella-Brodrick Head of Research at the Centre for Wellbeing Science, UoM</p>

University and Integrated Practice – Research Partners

 <p><u>Prof Michael Berk</u> Deakin University <i>Director of Institute for Mental and Physical Health and Clinical Translation</i></p>	 <p><u>Prof Jennifer McIntosh</u> Bouverie Centre, LaTrobe University <i>Professor of Systemic Practice (Family Therapy)</i></p>	 <p><u>Prof Alex Parker</u> Victoria University <i>Executive Director, Institute for Health and Sport</i></p>
 <p><u>A/Prof Robyn Martin</u> RMIT <i>Associate Dean, Social Work and Human Services</i></p>	 <p><u>Prof Greg Murray</u> Swinburne University <i>Director, Centre for Mental Health</i></p>	 <p><u>Prof Kim Foster</u> Australian Catholic University <i>Professor of Mental Health Nursing</i></p>

Consortium Area Mental Health Service (AMHS) Partners

 <p><u>Ms Renae Carolin</u> Barwon Health & Deakin University Translational Research Partnership <i>Director, CHIME</i></p>	 <p><u>Dr Anoop Raveendran</u> Grampians Health <i>Clinical Director, Grampians Area Mental Health & Wellbeing Services</i></p>	 <p><u>A/Prof Ravi Bhat</u> Goulburn Valley Health <i>Clinical Director, GV Area Mental Health Service</i></p>
 <p><u>Dr Naveen Thomas</u> Mid-West AMHS/Western Health <i>Director Of Clinical Services</i></p>	 <p><u>Dr Vinay Lakra</u> Northern Health (NAMHS/NWAMHS) <i>Divisional Director, Clinical Services</i></p>	 <p>A/Prof Peter Bosanac St Vincent’s Mental Health <i>Director of Clinical Services</i></p>

Consortium Community Health and NGO Partners



[Dr Kim Webber](#)

cohealth

Executive Lead - Strategy, Impact & Development



[Nicola Ballenden](#)

MIND Australia

Executive Director Research, Advocacy & Policy Development



[Bronwyn Pike](#)

Uniting VicTas

CEO

Other Partners (Statewide Specialist Services)







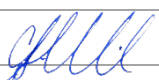

[Dr Margaret Grigg](#)

Forensicare (in partnership with the Centre for Forensic Behavioural Science, Swinburne University)



CEO

4.5. Acceptance of terms and conditions

An authorised officer from each consortium lead must signify acceptance of the terms and conditions under Part 6, below. Signature as indicated in this part, and submission of an EOI, signifies acceptance of all terms and conditions unless specifically indicated in this section by the Applicant.

Acceptance of conditions / statement of departures		
Part	Acceptance (initial)	Non-acceptance (initial, and attach tabulated statement of departures)
Part 2: Overview of the EOI Invitation	Health service lead: 	
	Academic lead: 	
Part 3: Outline of Requirement	Health service lead: 	
	Academic lead: 	
Part 5: Terms and Conditions	Health service lead: 	
	Academic lead: 	

4.6. Consortium lead endorsement

Area Mental Health Service consortium lead	
Signature of authorised officer for consortium lead	I endorse this EOI. 
Name of authorised officer	Professor Christine Kilpatrick AO
Title/office held	Chief Executive
Date	December 7, 2022
Academic institution consortium lead	
Signature of authorised officer for consortium lead	I endorse this EOI. 
Name of authorised officer	Professor Jane Gunn
Title/office held	Dean Faculty of Medicine, Dentistry and Health Sciences
Date	December 7, 2022