

Policy Submission

Neami Election Priorities 2026

October 2026



Acknowledgments

About Neami National (Neami)

We're a values-based, national not-for-profit organisation and big believers in everyone having the opportunity to live a full life.

We support people to achieve the wellbeing and mental health outcomes that matter to them.

We provide services for mental health and wellbeing, housing and homelessness, and suicide prevention. Our team of over 1,200 people supports 38,000 people each year.

Acknowledgment of Country

We acknowledge Aboriginal and/or Torres Strait Islander peoples and communities as the Traditional Custodians of the land we work on and pay our respects to Elders past and present. We recognise that their sovereignty was never ceded.

Acknowledgement of Lived Experience

This submission is indebted to the contributions of people who access and deliver Neami services. We thank them deeply for the expertise and time they shared with us.

A word on language

Throughout this submission, we use the term *mental health challenges* which is the preferred terminology for the majority of people with lived experience of mental ill-health surveyed by Neami in preparation for this and other recent policy submissions. We may use the term mental ill-health depending on the context.



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Contents

Our priorities	4
The next phase of mental health reform	4
Priority 1: Reset and recommit to Victoria's mental health reform	5
Priority 2: Establish a permanent Victorian psychosocial support system outside the NDIS	6
Priority 3: Make community-based crisis alternatives a permanent and statewide part of Victoria's mental health system	7
Priority 4: Make housing a core part of mental health reform	8
Priority 5: Guarantee flexible youth outreach and recovery support	9
Priority 6: Build the workforce and commissioning foundations required for reform	10
More information	12
Endnotes/references	12

Our priorities

The next phase of mental health reform

Victoria has made a substantial investment in mental health reform since the Royal Commission into Victoria's Mental Health System. More than \$6 billion has been invested, new legislation and oversight bodies are in place, the lived and living experience workforce has grown, and 22 Mental Health and Wellbeing Locals are now operating across 24 locations. These are important foundations, and they should be protected and built upon.¹

Neami supports Mental Health Victoria's call to reset, recommit and provide clear accountability for delivering the next phase of mental health reform.²

At the midpoint of the Royal Commission's ten-year reform agenda, renewed momentum is needed to deliver its vision of a connected and accessible mental health system. Mental Health Victoria's State of the Sector report found that the mental health of Victorians is deteriorating.³ Services remain overstretched and understaffed,⁴ while many Victorians continue to face barriers accessing the support they need.

In some cases, people struggle to navigate between services and sectors. In others, support is simply unavailable, particularly for people with psychosocial support needs outside the National Disability Insurance Scheme (NDIS). Gaps remain across primary care, Locals, Medicare Mental Health Centres, Area Mental Health and Wellbeing Services, the NDIS, community services and housing and crisis care.

Neami supports thousands of Victorians each year across mental health, suicide prevention, and housing and homelessness services. We see both the progress made through reform as well as continuing systemic challenges.

The next Victorian government does not need to start again. It needs to complete the work underway, strengthen the system through reinvigorated reform, and give community services the stability to deliver the Royal Commission's intended reform vision.

Together, our six priorities provide a practical agenda for the next term: completing the architecture of reform, filling the most consequential service gaps and strengthening the workforce and funding foundations on which lasting change depends. Across every priority, implementation should be shaped by people with lived and living experience and their family and carers, Aboriginal and Torres Strait Islander communities, multicultural and multifaith communities, and the services that work alongside them.

Our priorities for government

1. Reset and recommit to Victoria's mental health reform.
2. Establish a permanent Victorian psychosocial support system outside the NDIS.
3. Make community-based crisis alternatives a permanent and statewide part of Victoria's mental health system.
4. Make housing a core part of mental health reform.
5. Guarantee flexible youth outreach and recovery support.
6. Build the workforce and commissioning foundations required for reform.

Priority 1: Reset and recommit to Victoria's mental health reform

Publish a funded four-year implementation plan early in the next term that responds to the Mental Health and Wellbeing Commission's 2026 reform assessment and that makes access, integration and outcomes clear, shared and publicly accountable objectives.

The Royal Commission set out a ten-year transformation, and whilst Victoria has made real progress, important reforms intended to connect and integrate systems remain unfinished or unclear. Notably, only 22 of the recommended 50 to 60 Mental Health and Wellbeing Locals have been established. As Victoria's primary no-wrong-door entry point to the mental health system, the Locals are critical to helping people access the right support at the right time.

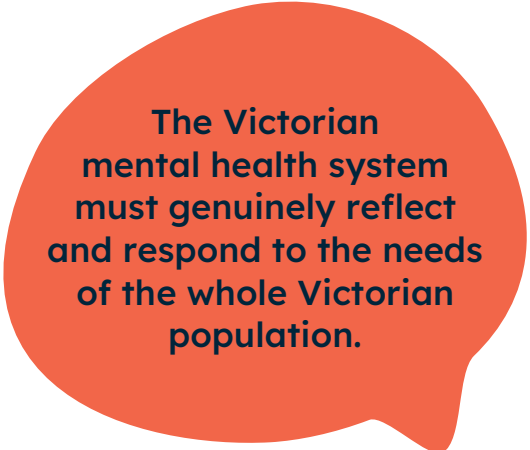
Until the network is completed, many communities, particularly in regional and rural Victoria, will continue to face unequal access to this key part of the reformed system. The eight Regional Mental Health and Wellbeing Boards and multi-agency panels have not been established, and key work on system capability, access and public performance reporting is still developing.⁵

The Victorian Government has published a broad plan for the next phase and a progress report on individual recommendations.⁶ The missing piece is a practical roadmap that brings the work together and shows people what will change during the next term.

This is not a call for another redesign. It is a call to complete the reform with clearer priorities, responsibilities and measures of progress.

What this means

- A funded and sequenced implementation plan that identifies the unfinished reforms to be prioritised – including completing the statewide network of Mental Health and Wellbeing Locals – alongside clear responsibilities, timeframes and outcomes.
- Clear statewide and regional responsibility for integration, including how the functions intended for Regional Boards and multi-agency panels will be delivered and how services will work together when people need support across systems.
- Strengthened independent monitoring by the Mental Health and Wellbeing Commission, supported by annual public reporting against meaningful measures of access, unmet demand, unsuccessful referrals, continuity, equity, consumer and carer experience and outcomes.
- Meaningful involvement of consumers, families, carers, supporters, lived experience workers, Aboriginal communities, multicultural and multifaith communities and community-managed providers in determining priorities, sequencing and measures of success.

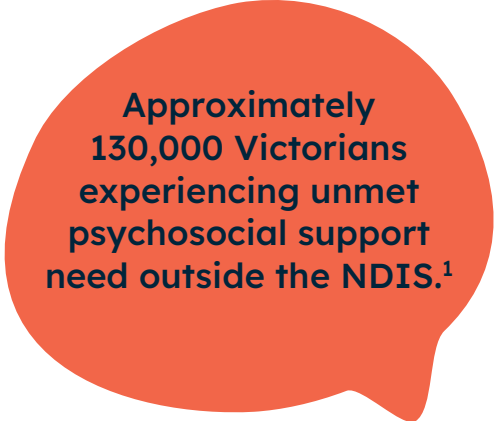


The Victorian mental health system must genuinely reflect and respond to the needs of the whole Victorian population.

Priority 2: Establish a permanent Victorian psychosocial support system outside the NDIS

Establish and recurrently fund a statewide psychosocial support system, delivered through community-managed organisations, for people experiencing psychosocial disability who are not receiving equivalent support through the NDIS or Commonwealth programs.

Psychosocial support provides vital help in managing the practical, functional and social impacts of mental health challenges. It can support someone to sustain a home, rebuild daily routines and relationships, reconnect with education or work, navigate services and recover after a period of crisis or hospital care. It complements clinical treatment, but it should not depend on a person being in clinical care.



**Approximately
130,000 Victorians
experiencing unmet
psychosocial support
need outside the NDIS.¹**

Victoria has valuable programs, including the Early Intervention Psychosocial Support Response (EIPSR) and psychosocial functions within Locals and Area Mental Health Services (AMHS). Commonwealth-funded programs also make an important contribution. But access still depends on a patchwork of eligibility rules, referral pathways, locations and time-limited funding. People can be considered not unwell enough for specialist clinical care, or ineligible for the NDIS, while still needing substantial support to live safely and well in the community. The result is a gap that often differs according to a person's postcode and which door they enter.⁷

Victoria has made important investments in psychosocial support, including the EIPSR, alongside psychosocial functions within Locals and AMHS. However, EIPSR alone cannot meet the scale or diversity of unmet need.

Victoria still lacks a comprehensive, statewide system that provides timely access to flexible psychosocial support, including for people who need ongoing or longer-term assistance. Access remains fragmented across different programs, eligibility requirements and funding arrangements, leaving people without support when their needs do not fit existing service boundaries. The next phase of reform must move beyond individual programs to establish a coordinated, recurrently funded psychosocial support system that responds to people's needs, rather than their eligibility for a particular service.

What this means

- Access based on psychosocial and functional need, rather than diagnosis, NDIS eligibility, hospital use or current engagement with an Area Mental Health Service.
- Multiple entry points and flexible outreach, with short, medium and longer-term support, simple re-entry when circumstances change, and practical help across housing, health, daily living, relationships, education, employment and community connection.
- Recurrent funding based on population need, with clear alignment between Victorian and Commonwealth programs and public monitoring of coverage, wait times and unmet demand.
- Culturally safe, trauma-informed and lived experience-informed delivery, including dedicated approaches for Aboriginal and Torres Strait Islander and multicultural and multifaith communities and rural and regional Victoria.

- Neami supports the Ethnic Communities Council of Victoria's (ECCV) call for investment in partnerships between grassroots multicultural organisations and mainstream mental health services for culturally safe and appropriate mental health services as outlined in Victoria's Diverse Communities Mental Health and Wellbeing Framework 2025-2035 (ECCV State Election Priorities 2026).⁸
- We also support Victorian Aboriginal Community Controlled Health Organisation's (VACCHO) call to close the gap on Aboriginal and Torres Strait Islander mental health and call on government to progress the development of the two promised Healing Centres (VACCHO 2026 State Election Platform).⁹

Priority 3: Make community-based crisis alternatives a permanent and statewide part of Victoria's mental health system

Build and recurrently fund a statewide network of community-based crisis alternatives, including a 24/7 community-managed urgent mental health care centre, linked with crisis outreach, emergency responses, community mental health services and post-crisis support.

An effective mental health system requires a visible and connected crisis continuum that offers people multiple pathways to support before, during and after a crisis. Too often, emergency departments remain the default option for people experiencing mental health crisis, despite not always being the most appropriate or supportive environment.

Victoria has strengthened telephone triage, emergency department mental health and alcohol and other drug hubs, crisis outreach and suicide aftercare. These are important parts of the response, but they do not yet provide a comprehensive alternative to emergency departments or emergency services.¹⁰

The Mental Health and Wellbeing Commission could not identify the adult drop-in or crisis respite services recommended for each of Victoria's eight regions, and it identified only two of the four planned youth Safe Spaces.¹¹ A statewide crisis stabilisation facility has also not been established. The opening of Victoria's first Peer Healing Space for adults in Geelong is a welcome step and an opportunity to learn, but one service cannot meet statewide need.¹²

Neami's experience delivering Adelaide's Urgent Mental Health Care Centre (UMHCC) demonstrates what is possible when crisis support is designed around people's needs rather than hospital systems. Operating 24 hours a day, seven days a week, the Centre provides a free, welcoming alternative to emergency departments, combining lived experience-led support with integrated clinical care. Since opening in 2021, the Centre has supported more than 25,000 visits. Since July 2023, 5,196 guest presentations, or around 30% of all UMHCC presentations indicated they would otherwise have presented to an emergency department (or were brought to the service by SA Ambulance Service (SAAS) or South Australia Police). A further 4,828 guests (28.4%), reported they would not have sought support at all if the UMHCC had not been available. Victoria should draw on this experience and establish a community-managed urgent mental health care centre, operating independently of hospital-based services but closely connected to emergency departments, ambulance, police and the broader mental health system.

Evidence from Brisbane North shows the value of community-based crisis alternatives. An independent evaluation of its four Safe Spaces found that 86% of visits resulted in reduced distress and estimated the network could prevent around 895 emergency department presentations each year, generating \$5.4 million in annual savings. The lesson is not that one model should be replicated everywhere, but that Victoria needs a consistent crisis pathway, with services flexible enough to reflect local communities.^{13 14}

What this means

- Establish a 24/7 community-managed urgent mental health care centre in Victoria, drawing on learnings from the Adelaide UMHCC model, combining lived experience leadership, peer support and integrated clinical capability in a welcoming, voluntary alternative to emergency departments.
- Complete the Royal Commission commitments for adult and youth Safe Spaces, crisis respite and crisis stabilisation and provide recurrent funding for models that demonstrate value rather than continuing them as short-term pilots.
- Create clear pathways from Triple Zero, ambulance, police, emergency departments, Locals, Medicare Mental Health Centres and community services, supported by multidisciplinary outreach and continuity after the immediate crisis.
- Protect the voluntary, welcoming and lived experience-led character of peer alternatives; build culturally safe responses with communities; and measure dignity, choice, distress reduction, connection and future help-seeking as well as hospital use.

‘When prevention works, it can be difficult to see. It’s the crisis that never occurs, the emergency department presentation that is avoided, the hospital admission that is not required and the person who receives support early enough to stay connected to their home, community and support system.’

Priority 4: Make housing a core part of mental health reform

Complete Recommendation 25 and build a statewide housing and mental health support continuum, so people are not kept in inappropriate settings or discharged into homelessness because suitable housing and support are unavailable.

A safe and stable home is fundamental to mental health, recovery and participation in community life, yet homelessness continued to increase among people reporting a current health issue.¹⁵

People living with significant mental health challenges can remain in hospital because there is nowhere suitable to go, leave hospital, prison or residential care without secure housing, or lose a tenancy because support arrives too late.

Housing instability makes recovery harder, increases the likelihood of crisis, disrupts education and employment, and can leave people cycling between homelessness, hospitals, emergency departments, justice services and temporary accommodation. Families, carers and supporters are often left filling gaps in a system that cannot provide the housing and support people need to live well in the community.

The Royal Commission committed Victoria to 2,000 supported homes for adults who need ongoing intensive treatment, care and support, and 500 medium-term supported housing places for young people aged 18 to 25. The Victorian Government reports that 505 purpose-built homes are being delivered, but this remains well short of the adult commitment, while the Mental Health and Wellbeing Commission found no evidence that the 500 youth places had been delivered. Completing these commitments is essential, but Victoria also needs support that prevents homelessness and helps people sustain a home over time.^{16 17}

What this means

- A funded, staged plan to deliver the full 2,000 adult homes and 500 youth places, with transparent milestones and an ongoing allocation of social and affordable housing for people living with significant mental health challenges.
- Housing and support packages that combine secure tenure with flexible psychosocial and clinical support, robust stronger tenancy sustainment support, assertive outreach, rapid rehousing and Housing First responses.
- A whole-of-government approach to preventing discharge into homelessness, with supported pathways through hospitals, Locals, AMHS services, housing and homelessness services, corrections and community organisations, and equitable access for Aboriginal and Torres Strait Islander people, multicultural and multifaith, and rural and regional communities.
- Youth-specific pathways that provide developmentally appropriate housing, relational continuity and support with education, employment, family connection and transition to adult services.

Priority 5: Guarantee flexible youth outreach and recovery support

Provide permanent, recurrent funding for the statewide Youth Outreach and Recovery Support (YORS) service for young people aged 16–25 with complex mental health challenges.

Young people experiencing complex mental health challenges are often also navigating family breakdown, housing instability, interrupted education, suicidal distress, substance use or contact with child protection and justice systems. Many do not need intensive clinical care, but their needs cannot be met through short-term or appointment-based services alone. They need practical, relational support that can stay involved long enough to build trust and help them reconnect with the parts of life that support recovery.

Research with young people experiencing homelessness and mental ill health shows how rigid eligibility, catchments, fixed appointments and limited outreach can push support out of reach. Youth outreach goes to where young people are, stays connected when contact is disrupted and adjusts as circumstances change. It is especially valuable during transitions from hospital or residential care, when progress can be lost without support in the community.¹⁸

The Victorian Government describes the Youth Outreach and Recovery Service (YORS) as Victoria's only statewide outreach service for young people aged 16–25 with complex mental health challenges. Delivered by community-based providers, YORS received a 12-month funding extension in the 2025-26 State Budget – a pattern of funding that has been repeated over several years. While this is welcome, reliance on 12-month funding leaves an essential statewide service without the certainty needed to retain skilled workers, plan delivery, evaluate outcomes and respond to growing demand. It also makes it harder to assure young people that support will remain available when they need it.¹⁹

YORS is a proven and critical program for the more than 2,600 young people supported across Victorian YORS locations over the last three years. Service evaluation has shown strong outcomes, with 70% of young people reporting improved overall wellbeing, 85% moving from unstable to stable accommodation and 75% engaging in vocational, education, or employment activities after exit from the service.²⁰

What this means

- Move YORS from annual extensions to recurrent funding, with statewide coverage and enough flexibility to respond to the complexity and duration of each young person's needs.
- Preserve the model's outreach and relationship-based approach, including its link with Youth Residential Rehabilitation Services (YRRS) and its role before a residential stay and during transition back to community.
- Strengthen pathways with youth AMHS services, headspace, Locals, schools, housing and homelessness services, child protection, youth justice and alcohol and other drug services, with culturally safe and youth-led responses across metropolitan and regional Victoria.

Priority 6: Build the workforce and commissioning foundations required for reform

Introduce longer-term, true-cost funding for established community mental health services and publish a renewed workforce strategy that includes the community-managed, psychosocial, peer and lived experience workforces.

None of the service reforms in this platform can succeed without a stable and capable workforce. However, Victoria is currently without an updated mental health and wellbeing workforce strategy to guide the next phase of reform. A renewed strategy should look across the whole system, including the workforces that deliver psychosocial support, peer support, outreach and community-based care.²¹

It should consider workforce needs across regional and rural communities, as well as the need for diverse workforces that reflect the communities they serve, including Aboriginal and Torres Strait Islander and multicultural and multifaith communities. The strategy should also strengthen pathways into the sector, support workforce retention and wellbeing, and expand opportunities for lived experience and peer workers. Without a coordinated approach to workforce planning, Victoria risks undermining the sustainability and effectiveness of the reforms it has worked to build

The way services are commissioned matters just as much. Short contracts, late renewal decisions, inadequate indexation and unfunded delivery requirements lead to staff turnover and disrupt continuity for people using services. They also work against government's growing focus on outcomes and value: providers need enough certainty to build partnerships, retain capability and measure change over time.

What this means

- Move established services to five-year funding agreements, with shorter terms reserved for genuine trials, and timely notice and funded transitions when services are renewed, redesigned or ended.
- Fund the real cost of delivery through indexation that reflects wages and operating costs, appropriate regional and complexity loadings, and provision for supervision, outreach safety, data, evaluation, technology, governance and compliance.
- Publish a renewed workforce strategy with public reporting on supply, distribution and capability, and invest in portable career pathways, placements, traineeships, graduate roles, supervision and communities of practice across public and community-managed services.

Conclusion

Victoria has laid important foundations for reform over the past five years. The next term of government presents an opportunity to build on this progress and deliver the connected, community-based mental health and wellbeing system envisioned by the Royal Commission.

Neami's six priorities provide a practical pathway forward, strengthening the community supports, workforce and system foundations needed to ensure people can access the right support at the right time, close to home.

Neami National encourages all parties to commit to the next phase of reform in partnership with people with lived and living experience, families, carers and supporters, Aboriginal and Torres Strait Islander and multicultural and multifaith communities, workers and the organisations that serve Victorian communities.

More information

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