16 September 2026

committee for ballarat
thinking ahead

The Hon. Ingrid Stitt MLC
Minister for Health, Mental Health and Ambulance Services
1 Treasury Place
East Melbourne VIC 3002

Dear Minister Stitt,

Submission for urgent funding of a Mental Health and Wellbeing Local for Ballarat and the Central Highlands

I write on behalf of our regional community to seek a clear commitment ahead of the November 2026 State election to fund and support a Mental Health and Wellbeing Local for Ballarat.

Mental Health and Wellbeing Locals were a key recommendation of the Royal Commission into Victoria's Mental Health System, yet Ballarat remains the only major regional centre in Victoria without one.

Committee for Ballarat is a member-based organisation representing business, industry and community leaders from across the Ballarat and region. We fully support our carers, clinicians, health care professionals and leaders who tell us a Mental Health and Wellbeing Local would drastically improve the outcomes for those in our community who are struggling with their mental health and wellbeing.

Our entire community and our regional productivity will benefit from investment in prevention, early intervention and coordinated care that comes through a well resourced Mental Health and Wellbeing Local.

The scale of need in our region

Grampians Health data from August 2026 shows that, compared with the Victorian average, our region experiences higher rates of anxiety and depression, higher levels of psychological distress, higher rates of suicide and self-harm, higher rates of alcohol and other drug-related harm, and higher rates of family violence.

The communities of Horsham, Northern Grampians, Yarriambiack, Hindmarsh, Ararat and Central Goldfields are of greatest concern and four of Victoria's ten most disadvantaged Local Government Areas sit within the Grampians region. Lower incomes, unemployment, housing stress and social isolation compound to increase vulnerability to poor mental health outcomes and place added pressure on families, communities and services. Separately, ABS-derived figures cited by regional carer advocates put the number of Central Highlands residents living with serious mental illness at more than 7,000.

Grampians Health advises Ballarat has the second-lowest number of mental health beds per head of population of any region in the state and this is compounded by being the only major regional centre without an adult Mental Health and Wellbeing Local. This results in acute psychiatric patients presenting to emergency departments because the 'system' has nowhere else for them to go. On any given day, one or two people are admitted to a general ward in the Ballarat Base Hospital while they wait for a mental health bed to become available. They are supervised by nurses and often security staff in spaces designed for the general public including children, when their need is for specialised psychiatric care.

The missing middle

Our regional service providers and healthcare professionals identify the 'missing middle' as a core gap in the current system. These are people who are too unwell for primary care alone, but not unwell enough for

acute inpatient admission or Area Mental Health Service care. Without a Mental Health and Wellbeing Local, people experiencing repeated episodes of mental ill-health cycle between GPs, community services, ambulance services and emergency departments.

The result is a widening gap between the care an individual needs and the system's capacity to provide it. As a result, emergency departments become the default front door to mental health care. This outcome is not in anyone's best interests: not the individual, their family, the healthcare system, or the wider community.

What our local healthcare leaders are telling us

Our regional clinicians and healthcare leaders argue that Victoria's reform has not yet invested sufficiently in community-based assessment, early intervention and treatment. This work is critical and sits between a GP and an acute bed.

Despite the prevalence of mental ill-health in our community, especially among people aged 16 to 25, most will never need a psychiatric bed. What they need is timely, local assessment and coordinated care. Without this, GPs, families and community services are left holding the risk until an individual's condition escalates and presentation at an emergency department becomes inevitable.

Ballarat Community Health's (BCH) modelling suggests every dollar invested in community-based support has the potential to save up to $14 in downstream acute health costs. BCH is just one of the agencies ready, willing and skilled to help build this service now for the Central Highlands region.

Advocates for carers who live with serious mental illness, describe situations where carers and families in our region are increasingly exposed to danger, violence and exhaustion in their own homes because there is nowhere for them to seek support.

Ballarat's Carer Mental Health and Wellbeing Connect Centre supports almost 500 carers, despite having the lowest budget and peer support workforce of any Connect centre in the state. It is currently the only Connect centre in Victoria that locks its doors to manage the demand from unwell people seeking care. This is a direct impact of not having a Mental Health Local.

Advocates also note the state's mental health levy raises about $1.2 billion a year, against an estimated $14.2 billion annual cost of poor mental health to Victoria.

The Royal Commission and its recommendations have made the case for investment and the statistics identify the need. Despite this, our region's repeated proposals and submissions to significantly build our capacity continue to be unsuccessful and the region is left to suffer.

Our ask

We ask the Victorian Government to commit to funding and commissioning a well-resourced Mental Health and Wellbeing Local for Ballarat and the Central Highlands that:

- Is co-located with the existing Ballarat Carer Mental Health and Wellbeing Connect Centre, so clinical and carer support are complementary
- Delivers bulk-billed psychiatry, mental health assessment, counselling and social connection, addressing the region's absence of an accessible bulk-billing psychiatrist;
- Operates as the integrated 'front door' the Royal Commission recommended, working with GPs, the Grampians Area Mental Health Service and community services
- Is backed by a properly resourced 24 hour regional triage line and dedicated Crisis Assessment Team capacity for families and carers
- Has a committed delivery timeline announced ahead of the November 2026 election
- Is accompanied by a review of acute mental health bed capacity for our region, given the strain placed on general hospital beds to hold psychiatric patients awaiting appropriate care

Next Steps

This is a whole-of-community response to the lack of investment in prevention, early intervention, local clinical care and carer support. We welcome the opportunity to meet with you as representatives of Ballarat's healthcare providers and regional carer advocates to discuss how we can progress a Mental Health and Wellbeing Local and enhanced mental healthcare services and facilities.

We look forward to your response.

With kind regards,

Michael Poulton
Chief Executive Officer

Committee for Ballarat Members

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A very real experience:

Received: Wednesday, 16 September 2026 2:21 PM
Subject: We are the "missing middle" your Courier article described
Email sent:
Dale Fraser: CEO Grampians Health
Sean Duffy: CEO Ballarat Community Health
Dr. Mary Hollick: Carer's Advocate, Compassionate Ballarat.

I am writing to all three of you because I read the article in *The Courier* on 2 September, **"Leaders unite over mental health gap"**, in which you raised concerns about Ballarat's "missing middle", inadequate step-down options, exhausted carers and families being left to manage complex mental illness at home. Ironically, I read that article while sitting inside the Adult Acute Unit visiting my 20-year-old son Tom following his second psychiatric admission in less than three weeks. As I read it, I remember thinking that our family could have been the case study accompanying the article.
Tom has bipolar disorder complicated by significant cannabis use. He was first admitted to the Grampians Health Adult Acute Unit in Ballarat on 14 August after police intercepted him driving at night with his headlights off while incoherent and behaving bizarrely.
Before he was discharged on 28 August, Caroline and I repeatedly told the treating team that we did not believe he was ready to return home. We specifically warned that once the structure of the AAU was removed we expected problems with medication compliance, cannabis, sleep, driving, agitation and escalating mania.
Within days, almost exactly that occurred.
Tom resumed cannabis use, was sleeping poorly, became increasingly elevated and agitated, and was not reliably taking his medication. He was readmitted on 1 September under his Community Treatment Order.
His second admission has included further significant episodes. On one occasion he used cannabis while substantially exceeding his permitted leave and returned markedly manic and grandiose, including saying that he was the "second coming". On another occasion he exceeded his permitted leave once again, returned appearing very spaced out and was required to provide a urine drug screen.
Because oral medication adherence has repeatedly failed, he has now commenced depot medication. This treatment is still very new and his mental state remains variable.
On 15 September Tom attended a YPARC meet-and-greet. He found the experience extremely distressing and afterwards repeatedly spoke to Caroline about suicide. I telephoned the AAU that evening and asked the nurse caring for him to speak with him, explaining that Tom appeared very depressed and that the YPARC meeting had gone badly.
We have now been advised that **YPARC apparently does not consider Tom sufficiently well to transfer there, while the AAU considers that remaining in the acute unit may now be doing him more harm than good.**
The likely result is that he will return home to us within days.
That, to me, is the "missing middle" described in your article in its starkest possible form.
Apparently our son can be **too unwell for supported residential step-down care, but simultaneously well enough to return to a family home with two exhausted parents and no clinical staff.**
This has already failed once.
After Tom's previous discharge there was effectively no workable discharge plan. Within days Caroline and I were again attempting to manage serious mental illness, cannabis use, medication non-compliance, disrupted sleep, conflict around driving and escalating behaviour until the system eventually readmitted him.

We cannot provide psychiatric care at home.
We cannot compel Tom to take medication.
We cannot prevent him obtaining cannabis.
We cannot compel him to sleep.
We cannot prevent him leaving the house.

We cannot continuously monitor his mental state.
We cannot provide crisis containment.
Yet in practical terms, from the moment he walks out of the ward, **his care becomes our responsibility again.**
The impact on our family over the past month has been enormous. Caroline and I are exhausted. Our sleep has been badly disrupted. My business has suffered. Caroline has missed work. We have cancelled travel and other commitments and structured our lives almost entirely around managing Tom's illness and interacting with the mental health system.
We are not asking for indefinite hospitalisation, nor are we criticising every individual clinician involved. Many staff have been compassionate and hardworking.
The problem appears larger than any one clinician.
It is exactly the structural gap that you publicly identified: **what happens to seriously mentally ill people who no longer belong in an acute psychiatric ward but are not sufficiently well to function safely and independently in the community?**
At present, our experience is that the answer is:
their families pick up the pieces.
I would be very grateful if the three of you could consider our experience as a real-world example of the problem you have publicly raised and advise whether there is any pathway, service or escalation available that we have not been told about.
I am happy to provide the detailed chronology we have maintained throughout both admissions, together with correspondence concerning Tom's discharge and readmission.
I am also happy for this email to be shared with any appropriate clinical, executive or government body if doing so may contribute to improving the system.
We cannot be the only family in Ballarat experiencing this.
Kind regards,
Steve O'Loughlin
Buninyong, Victoria