BRIEFING PAPER: WHAT WE WANT OUR SECTORS TO LOOK LIKE IN 25 YEARS

The future will be decided by courage, not further evidence

June 2026

This Briefing Paper summarises and focuses the themes presented and discussed by four speakers at First Step's Futures Forum event at the St Kilda Town Hall earlier this year, which marked 25 years of reform in the health sector, and celebrated the leadership of lived experience. The event was hosted by First Step CEO Patrick Lawrence, in partnership with VAADA, Mental Health Victoria and the City of Port Phillip. Speakers and attributable quotes are included in the appendix.

EXECUTIVE SUMMARY

In February 2026, First Step marked its 25th anniversary by convening a Futures Forum bringing together senior leaders in mental health, alcohol and other drugs (AOD), justice, Aboriginal health and lived experience. The task was straightforward but ambitious: **to articulate what these sectors should look like in 25 years**.

The answers were not new. That was the clearest message of the day.

Across speakers and sectors there was striking alignment on fundamentals that have been articulated for many years, sometimes decades. Systems should be integrated, not fragmented. Lived experience should be embedded in leadership, not consulted at the margins. Cultural safety should be foundational. Mental health and addiction should always be considered in tandem, as causal and compounding, as originating in trauma. And funding should reflect the scale of need, not the stigma attached to it.

What has changed is the context. The Forum took place amid growing concern that the momentum generated by the Royal Commission into Victoria's Mental Health System has been lost. Thousands of people gave evidence to the commission, many reliving traumas in the belief their stories would not need to be told again. Several years on, key commitments have been scaled back or diluted.

Local Mental Health and Wellbeing Centres have been reduced in number and scope. Dedicated lived experience leadership roles have disappeared in parts of the system. Promised structural reform has given way to incrementalism. More than one speaker described this not as routine policy drift, but as a breach of trust. If the ambitions of the Royal Commission can no longer be fully realised, can some of its insights and gains be translated into Local Health Service Network reforms?

The tone of the Forum was not defeatist. It was pragmatic, at times angry, but grounded in what already works. Integrated models such as First Step are proven. Harm reduction initiatives are saving lives. Youth mental health reforms developed in Victoria are now embedded internationally. Aboriginal-led healing models already exist, if governments are prepared to back them.

This Briefing Paper captures the shared ground that emerged. Its argument is simple: **we already know what works**. The next 25 years will be judged not by further inquiries or pilot programs, but by whether governments are prepared to act on that knowledge and to share power in doing so.

WHY THIS MOMENT MATTERS

The Futures Forum was framed as a forward-looking conversation. In practice, it was also a reckoning.

Speakers repeatedly returned to a familiar observation: the core problems facing mental health and AOD systems have been well understood for decades. Fragmentation. Chronic underfunding. Workforce burnout. Stigma. The marginalisation of lived experience. None of this came as news.

What has shifted is the expectation created by the Royal Commission. Royal Commissions are designed to settle questions. They require significant public investment and extraordinary personal contribution. When their recommendations are diluted in implementation, the damage extends beyond service design. Trust erodes.

Speakers described the rollback of reform not as a broken promise, but as something more serious and even heart-breaking. Thousands of hours were contributed by people with lived experience, families and clinicians. Many consumers were assured this was the last time they would need to tell their stories, that the system would change. Where previously action and progress were evident, we now see backsliding.

That frustration was widely shared. Senior clinicians spoke of reform momentum dissipating. Aboriginal leaders pointed to commitments made and withdrawn around healing and self-determination. Lived-experience advocates described being invited into reform processes without real authority.

The common thread was not disagreement about what should happen, but concern that the hardest parts of reform had once again been deferred.

NO MORE EITHER/OR THINKING

One of the strongest themes to emerge was a rejection of false choices.

Sheree Lowe, Executive Director of Social and Emotional Wellbeing at VACCHO, framed the future from an Aboriginal perspective. The path forward, she said, is not about choosing between culture and modern systems, but about **walking in both worlds**.

That logic carried across the Forum. Clinical expertise versus lived experience was described as a false binary. Prevention versus acute care. Mental health funding versus investment elsewhere. These oppositions distort policy and produce systems that fail to reflect how people actually live.

People do not experience mental distress, addiction, trauma, housing stress or legal problems in isolation. They arrive together. Systems that force people to navigate multiple services (retelling their story at each point) fail not because of poor intent, but because they are designed around portfolios rather than people.

Integrated models remain the exception rather than the rule. After 25 years, First Step is still described as innovative; a sign not of novelty, but of how slow systemic change has been.

POWER, FUNDING AND THE FUTURE

Few issues generated as much consensus, or frustration, as the role of lived and living experience.

The Royal Commission marked a high point for recognising lived experience as expertise. Many speakers argued that this recognition is now being quietly reversed. Leadership roles have been removed. Authority has flowed back to traditional structures. The language of co-design remains, but power does not always follow.

Clare Davies, CEO of SHARC, was direct: the intention of the Royal Commission was genuine power-sharing. But the system was never truly asked to give up power. The emotional labour of reform - telling stories, challenging institutions, absorbing disappointment - continues to fall on the same communities.

Funding was a parallel concern. Mental illness represents a large share of the burden of disease yet attracts a much smaller share of health expenditure. Addiction remains highly politicised despite strong evidence that harm-reduction approaches save lives. Several speakers described this mismatch not as an accident, but as stigma translated into budgets.

What success looks like in 2050

By 2050:

- Integration is the default, not the exception.
- Lived experience is embedded in governance.
- Cultural safety is foundational.
- Harm reduction is understood as healthcare.
- Services are available when people are ready.
- Community-led models are properly resourced.

Policy implications

1. Complete the pilots and fund integrated care as the default setting.
2. Embed lived experience in decision-making with real authority.
3. Treat mental health and AOD reform as inseparable.
4. Address underfunding as a consequence of stigma.
5. Support Aboriginal-led healing and treaty-aligned governance.
6. Account transparently for Royal Commission implementation decisions, including how they may manifest in other settings such as Local Health Service Networks.

The challenge is not technical. It is political.

ADDENDUM - KEY VOICES FROM THE FUTURES FORUM

Sheree Lowe

Executive Director, Social and Emotional Wellbeing, VACCHO
Member, First Peoples' Assembly of Victoria

"For Aboriginal people, it's not about connection to country and cultural heritage versus embracing modern Australia. It's about *walking in both worlds*."

"Currently in this country, racism is one of the leading factors that are killing our people."

"Healing is not learned in universities or Western-based systems."

Professor Patrick McGorry AO

Executive Director, Orygen
Professor of Youth Mental Health, University of Melbourne

"What they did [when mental health institutions were deinstitutionalised] was build foundations, and no one ever built the rest of the building . . . And I thought the Royal Commission. . . a once-in-a-generation event . . . was going to fix it."

"We see a deep lack of respect from the Dept and the Govt for clinical/psychiatric expertise, implementation science and the wisdom of lived experience."

"Every single indicator gets worse when you have more inequality."

Clare Davies

Chief Executive Officer, Self Help Addiction Resource Centre (SHARC)

"The Royal Commission's intention was about genuine power-sharing. But the system was never truly asked to give up power."

"Lived experience has often been welcomed only on the system's terms."

"We cannot keep inviting people into broken systems."

"Despite setbacks, the intention of the Royal Commission is alive for us. It has not dimmed. It was never a fad. We remain committed to building genuine hybrid models - clinical and lived experience working together with shared power."

Paul Edbrooke MP

Member for Frankston
Parliamentary Secretary for Mental Health and Suicide Prevention

"Every major shift in the sector has started not with policy in an office, but from the ground up, by people who refuse to accept the inevitable status quo of the future."

"People do not experience mental health issues or AOD issues in a vacuum . . . these issues don't queue politely. They often follow each other. They don't follow a departmental flowchart, it's not neat, and they compound on each other as well."

"The question is not whether people use substances. The question is whether we respond with judgment or with care."

"The ultimate test of success will be how much harm we have reduced."

Patrick Lawrence

Chief Executive Officer, First Step

"Mental health remains chronically underfunded because of stigma. And addiction is the poor cousin of mental health."

"When the system shares power with lived experience, when First Nations people prosper, when wealth is more equally shared, no-one loses out. Every single one of us benefits. It was the lack of 'either/or' that stood out at the event, and the willingness across the sectors to work together for as long as it takes."

Shared conclusion

The Forum revealed no shortage of insight. What remains unresolved is whether the political will exists to act on it.

First Step, VAADA, Mental Health Victoria, VACCHO, Orygen and SHARC remain committed to championing this broad agenda in and across their overlapping sectors, and committed to working with government so that those sectors and the people they support can be thriving in 25 years.

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