Hope for the Future

HOPE
BEREAVEMENT
CARE

COMMITTEE FOR GEELONG
LEADERS FOR GEELONG

Acknowledgement

We acknowledge Aboriginal and Torres Strait Islander people as Australia's First Nations people and the Traditional Custodians whose cultures and customs have nurtured and continue to nurture this land, since the Dreamtime. We pay our respects to the local Wadawurrung people, their Elders, past, present, and emerging.

We would also like to thank the Committee for Geelong's Lauren Carnegie and Karen McAdie for their leadership, encouragement and direction at crucial points along the course of this project and our project mentor Darren Laidlaw for being the ultimate supporter of our success.

The Leaders for Geelong Program is made possible through the support of our generous Program Partners and Scholarship Providers.

Partners

WorkSafe VICTORIA

KANE

Scholarship Partners

GMHBA

CFA

Day Sponsors

GeelongPort

BarwonWater

the Gordon

Acknowledgements

We wish to express our gratitude to Hope Bereavement Care ('Hope') for allowing our project team the opportunity to explore ways to support its financial sustainability. We recognise the sensitivity of this undertaking, and we deeply appreciate the trust and openness extended to us throughout the process.

We would like to recognise Jacinta Bourke, Executive Officer for her support in our endeavours, in particular engaging other 'like' organisations to support our mission.

Hope's willingness to engage in this review reflects its strong commitment to transparency, continuous improvement, and long-term resilience. We are honoured to have been entrusted with this responsibility and to have witnessed the giving spirit that is the fabric of this organisation. Through this project we too have now joined a community of people who believe in Hope's cause.

We would also like to thank Alison Marchant, MP for Bellarine, Kate Cahill, CEO Griefline and Shelly Skinner, CEO and Founder Lionheart Camp for Kids who generously gave their time to be interviewed, offering unwavering passion and thoughtful insights, so that we could shape considered recommendations for Hope. The generous nature of information shared is a testament to the ethos of not-for-profit organisations, giving for the greater good of the community.

This report contains sensitive content that may be distressing or triggering for some readers, particularly those affected by mental health challenges, trauma, or loss. We acknowledge the emotional impact such material can have and encourage anyone experiencing discomfort or distress to seek support. Services such as Lifeline (13 11 14) and Beyond Blue (1300 22 4636) offer free, confidential assistance 24/7, with trained professionals available to listen and help.

Contents

Jacinta Bourke
Executive Officer, Hope Bereavement Care

Foreword

For four decades, Hope Bereavement Care (Hope) has been here in the Greater Geelong region for individuals, families and friends in times of grief.

What began as an administrative and advocacy body has evolved into a unique and compassionate service, dedicated solely to specialist bereavement care. This evolution wasn't planned; it was a necessity. It was forged in the space where services were retracted while need remained and service gaps appeared, and Hope was approached by the community to provide services to meet these needs.

Without government funding, and guided always by a community first model, Hope has stepped in where others have stepped away offering solace, expertise, and unwavering care to people facing life's hardest moments. Holding that space has a cost.

In just three years, demand for our services surged by 144%. The impact has grown but so too has the strain on our resources. What was once a background concern about financial sustainability has become an urgent threat to the organisation's future.

This project is more than an analysis. It is a lifeline. Through the support of external partners, collaboration with the Leaders for Geelong program, "Hope for the Future" project team have been able to explore funding models and long-term sustainability strategies that were previously beyond reach.

By examining the financial frameworks of comparable regional grief and bereavement services, the project team have identified clear trends, constraints, and most importantly actionable opportunities to secure Hope's future.

The insights gained here are not just for Hope. They are for the whole community we serve. They offer a way forward one that safeguards a service built on compassion, connection, and the simple truth that no one should face grief alone.

Hope are so grateful to the "Hope for the Future" project team for accepting this challenging project, their generosity, insights and commitment to Hope's sustainability and the Greater Geelong community.

"The insights gained here are not just for Hope. They are for the whole community we serve."

Our Team

Jemma Robertson
TAC

Neil Don Gabriel
NDIA

Marion Grey
Deakin University

Bree Bushell
Barwon Health

Executive Summary

Hope Bereavement Care has long been a quiet force in Geelong, offering free grief support to individuals and families navigating some of life's most difficult moments.

Over the past three years, the demand for its services has more than doubled, a testament to both the growing need and the trust the community places in Hope. Yet despite its impact, Hope operates without government funding, relying solely on the generosity of donors and the resilience of its small team.

This report, developed through the Leaders for Geelong program, set out to explore how Hope might secure a more stable and sustainable future. Through interviews, research, and comparisons with similar organisations, a picture emerged of a service that is deeply valued—but structurally vulnerable. One of the most striking findings was that grief itself is not formally recognised as a public health issue in Victoria. This lack of recognition creates a ripple effect: without a policy framework, there is no dedicated government funding, and without government funding, Hope must rely on the goodwill of the community it is serving, in a financially strained climate.

Despite these challenges, Hope has built strong informal referral networks with hospitals, schools, and community groups. However, the absence of formal agreements or data tracking makes it difficult to quantify its impact or secure financial support from these partners. The report also highlights the administrative burden faced by small not-for-profits like Hope, where staff often juggle frontline care with back-office responsibilities.

Interestingly, organisations that engage in strategic planning tend to attract more diverse funding streams, though this doesn't always translate to financial stability.

This report paints a path forward. It suggests that Hope could advocate for grief to be recognised within Victoria's mental health framework, opening doors to policy support and funding. It encourages the organisation to better capture and communicate its impact—through cost-benefit analyses, referral tracking, and impact statements—to strengthen its case with funders and partners. It also explores creative solutions like partnering with post-death service providers, sharing administrative functions with like-minded organisations, and tapping into corporate social responsibility programs to diversify funding.

While our research faced limitations—including low stakeholder engagement and difficulty accessing financial data from comparable organisations—it underscores a central truth: Hope Bereavement Care is essential. Its work not only supports individuals in crisis but also contributes to the broader mental health landscape in ways that are often invisible but deeply felt. To continue this mission, Hope must evolve—not by changing its heart, but by strengthening its foundation.

About Hope

Hope Bereavement Care represents all people affected by grief in the Geelong and surrounding districts by providing information, support and counselling services.

Hope's services started to evolve in 1985 following concerns about the lack of regional services supporting families following the death of a child. From there Hope formed a working partnership with the Sudden Infant Death Research Foundation, now known as Red Nose and begun to provide support services to the community in 1992.

As the organisation continued to grow it partnered with The Australian Centre of Grief and Bereavement to provide services for people experiencing the sudden and unexpected death of an adult.

In 2017 Hope joined forces with Jesuit Social Services and The Freemasons Victoria to establish the Support After Suicide program.

Hope is now a well-known and respected organisation that provides support throughout Victoria's Barwon and South West Regions. Hope's service model has three pillars of support;

- Child Grief Support
- Adult Grief Support
- Grief Support After Suicide

The main components of these services are:

- Counselling
- Ongoing contact with families
- Group work
- Community Liaison, consultation, resources and information

Our Project

Hope, despite its longstanding community significance, faces critical challenges related to financial sustainability, given its unique community service model and the absence of any government funding.

Hope has evolved from an administrative and advocacy organisation into a single-issue bereavement, grief service provider. As the withdrawal of services in the Greater Geelong Region, particularly the closure of the counselling centre The Sanctuary, threatened community access, Hope has continued to step in and up to provide the services that have been withdrawn.

Demand for service has surged by 144% over the past three years - driven by the withdrawal of other services along with increased awareness of Hope through community engagement - exacerbating operational pressures and highlighting the urgent need for innovative sustainability solutions.

This project was designed to analyse the funding models of comparable regional grief/bereavement and single-issue not-for-profits, identifying trends, opportunities, and constraints in revenue generation for Hope.

It was intended that the project would:

- Provide Hope with access to meaningful data on revenue streams of other 'like' services;
- Enable Hope to be better informed when considering its long-term viability;
- Support Hope to identify feasible alternative/ new funding streams it could consider adopting.

Our Approach

Once our scope had been defined, we segmented the project into three distinct stages

Artificial Intelligence (AI) was leveraged as a mechanism to see broader, deeper, and faster than our project team otherwise could have scanned.

It was a platform to collate large volumes of data and consolidate facts and ideas. However, the outputs from AI have not been relied solely upon. Our project team has used AI generated information to then converge our stakeholder engagement lines-of-enquiry where we validated AI generated information.

The recommendations in this report are human designed and tested.

Findings & Recommendations

Finding 1

‘Grief’ is not recognised by the Victorian State Government as a public health issue

The Royal Commission into Victoria’s Mental Health System published its final report in 2021. It set out an ambitious vision to reform Victoria’s mental health system. The final report included 65 recommendations in addition to nine interim recommendations made in 2019. The Commission resulted in the Victorian State Government taking a system-wide approach to mental health reform, which has seen significant financial investment in the mental health sector, with substantial grants programs and initiatives established to build a better system.

The Victorian Government’s Mental Health Strategy Wellbeing in Victoria: a strategy to promote good mental health highlights that Victoria is rebuilding its mental health system to improve and save lives. It focuses intently on the wellbeing of our community and professes to be a strategy which will prevent mental distress. The Strategy reports that mental distress is the second leading cause of disability, and the fourth leading cause of combined disability and premature death in Australia. Yet, recognition of grief as a significant contributor to mental distress is markedly absent.

Though there is a significant spotlight on mental health in Victoria, when exploring government funding pathways for Hope it has been concluded that ‘grief’ is not recognised as a public health issue, nor is the link between grief and mental health acknowledged. Consequently, a policy framework does not exist for grief in Victoria.

This is at odds with other Australian state government jurisdictions. New South Wales (NSW) Primary Health Networks (PHN), for example, contribute funding to grief and bereavement services as part of mental health and palliative care strategies to address community mental health needs. The NSW State Government has an end-of-life and palliative care framework that emphasises the importance of high quality grief and bereavement care.

Additionally, it has been found that internationally public health frameworks and mandates exist in such a form that grief is clearly treated as a public health priority.

According to the Irish Hospice Foundation Adult Bereavement Care Pyramid a small number of bereaved people have mental health needs with acute distress, persistent disruption to daily life or impact pre-existing stressors, requiring specialist therapeutic services.

Finding 1

Recommendations

R1. Hope should quantify its community impact to demonstrate its value in Preventative Mental Health

a) Complete an Impact Statement or Cost-benefit Analysis

Highlight the adverse economic, societal and health impacts/ costs of unaddressed grief in the absence of Hope existing, thus demonstrating that Hope's services are vital in reducing the mental health burden on the Geelong region.

b) Review the Barwon South West Public Health Unit Catchment Plan 2022

Review the data to strengthen Hope's Impact Statement or Cost-Impact Analysis and ensure it aligns to the key Barwon South West health priorities identified, namely improving mental health and wellbeing.

R2. Hope should lobby the Victorian Government to include Bereavement services as a mental health preventative strategy.

a) Policy alignment proposal

Write a formal submission or position paper proposing grief be included in the Mental Health and Wellbeing Outcomes Framework under Domain 1 (Community Outcomes) and Domain 2 (Services) and present it to the Barwon South West Regional Mental Health and Wellbeing Board.

The project team has drafted a submission (Appendix 1) that Hope can build upon which can be submitted to BarwonSouthWest.IRB@health.vic.gov.au.

b) Public promotion

Use Media, Local Government and public awareness to advocate for Hope as a mental health prevention service through:

- Social media sharing of stories and data, demonstrating Hope's impact.
- Hosting community events to raise awareness
- Recruitment of Local Government Members to lobby the cause

c) Pilot program proposal

Propose a grief and bereavement pilot program project under the innovation fund with The Victorian Collaborative Centre for Mental Health and Wellbeing with evaluation outcomes to highlight the connection between grief and mental health.

Finding 2

Referrals are high, partnership is limited

With the exception of one organisation, Hope does not have any formal funding Agreements. Tracing the origin of referrals is difficult as most referrals are made as 'cold' referrals – handing out flyers / brochures or information on how to contact Hope rather than organisations making the referral directly.

This mode of referral means that Hope is unable to quantify the organisations that are the key referral pathways to their service. Anecdotal evidence provided suggests that Hope largely receives referrals from the following organisations within Geelong:

- Barwon Health
- St John of God
- Epworth Hospital
- Community Health Care Centres
- Emergency Services such as Victoria Police
- Funeral Homes / Funeral Directors

Outside of Geelong, national helplines such as Lifeline or Grief line Australia refer people to Hope that live within the region and may require in person supports. Individuals can self-present without referral, though it is likely that their navigation to Hope stems from advice originating from one of the above services.

With no formal Memorandum of Understandings (MOU) or funding from referring organisations, Hope relieves these larger organisations from taking the burden of responding and providing bereavement care. As outlined, the risk of Hope not delivering this service to the community would be significant and would leave families with no support following the initial care of these providers.

An absence of Hope would also likely increase pressure on these larger organisations with it incumbent on them to find alternative pathways to support those grieved, thereby emphasising Hope's value proposition to these organisations.

Initial contact with services such as funeral directors, wills and estate lawyers and financial advisors often occurs shortly after death. Whilst Hope has strong relationships with some of these, there could be more formal partnerships that would provide service value and be an appropriate corporate partner with Hope as an aligned charitable provider.

Small NFP's in Geelong experience similar challenges in overhead or administrative costs relating to their services. Limited resources are at capacity when acting as office managers, executive officers or payroll and HR experts and this is being felt by many as costs and legislative requirements on NFPs continue to increase. Philanthropic and grant funding often exclude the funding of administration or staffing costs and are more aligned to project based outcomes which means these fixed costs erode net returns significantly.

Finding 2

Recommendations

R3. Establish referral tracking to demonstrate Hope's Service Impact and leverage this to pursue commercial arrangements with referring agencies

a) Implement Referral Tracking

Introduce a system (form or CRM) to consistently record referral sources during client intake.

b) Analysing & Reporting Referral data

Regularly review referral volumes and trends to identify key referring organisations, utilisation and service gaps.

c) Using Data to propose Commercial Arrangements & partnerships

Share referral insights (and an Impact Statement/ Cost-impact analysis per Recommendation 2) with high-volume partners to demonstrate Hope's impact and value to referring organisations, to position a case for commercial arrangements (i.e.. 'pay to refer') and MOUs to be established.

R4. Partner with 'like' NFPs to share HR and administrative functions:

a) Identify Compatible NFP's

Map local not-for-profits with similar values, service models, or operational challenges (e.g., small size, limited admin capacity).

b) Initiate Compatible NFP's

Reach out to potential partners to explore shared needs and opportunities for resource pooling (e.g., HR, payroll, compliance, IT).

c) Formalise Shared Services Agreements

Develop simple MOUs or partnership agreements outlining shared responsibilities, cost-sharing models, and governance for joint admin functions.

R5. Leverage Corporate Social Responsibility

a) Approach companies for pro bono support

Companies specialising in Admin and HR may be able to offer some pro-bono time as part of their corporate social responsibility.

b) Explore partnership opportunities

Many Geelong organisations now commit to ensuring they have a positive impact on the environment and the communities they work and live in through financial contributions. It is recommended that Hope explore partnership opportunities with local Geelong organisations who invest in meaningful collaboration to better the community

Finding 3

Strong organisational strategic direction enhances financial health

Of the organisations that were considered in the environmental scan, the majority of organisations have an annual report. This is a requirement under the Australian Charities and Not for Profit Commission. However, only 5 organisations had a Strategic Plan with varying degrees of quality and substance. The stronger Strategic Plans articulated:

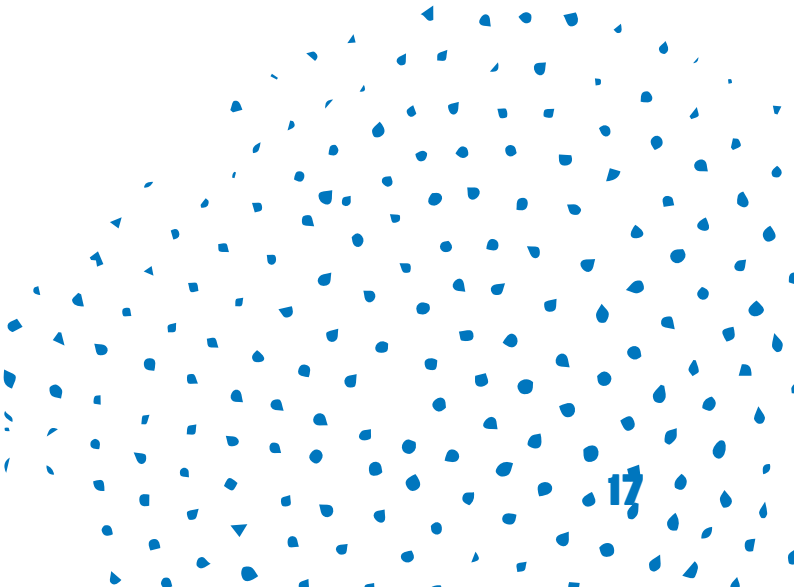
- Purpose
- Vision
- Commitment
- SMART objectives over the span of the Strategic Plan 3 – 5 years.

However, having a Strategic Plan in place, doesn't automatically guarantee financial sustainability. This counterintuitive result may reflect the fact that organisations with strategic plans are often larger, more complex, and more ambitious in scope—facing greater financial pressures and higher operational cost.

A deeper look into revenue diversification strategies shows that organisations with strategic plans are more likely to pursue multiple income sources—such as government grants, philanthropic funding, donations, fee-for-service offerings, and corporate partnerships. In contrast, those without strategic plans often rely on a single funding stream, making them more vulnerable to financial shocks.

While having a strategic plan does not guarantee financial sustainability, it is closely linked to clearer organisational direction, diversified funding, and long-term planning. These qualities are essential for navigating a complex funding environment and meeting growing demand.

Importantly, there is growing recognition that poorly managed grief can lead to mental health challenges, including anxiety, depression, and social withdrawal. This insight presents an opportunity for Hope to reposition its services as part of a broader mental health response, which may strengthen its case for government funding (see Finding 1).
This analysis underscores the importance of not only having a strategic plan but ensuring it is actionable, financially grounded, and regularly reviewed.



Finding 3

Recommendations

R6. Strengthen Hope's Strategic Direction

Hope has a draft strategic plan which should be finalised as a priority. Hope's strategic plan can be enhanced by incorporating best-practice elements observed in stronger plans across the sector including:

- Organisational purpose and vision
- A formal statement of commitment to service delivery and community impact.
- SMART objectives across all strategic priorities, covering a 3–5 year horizon

Creating a strong strategic plan takes time and expertise. It is recommended that Hope seek professional service to help develop and/or refine its draft strategic plan to maximise its impact. Some organisations may offer this support at low cost or even for free, as part of their commitment to social impact.

International management consultancy Nous Group offers a Community Partnership Scheme to support positive influence in our community. Whilst this is a partnership approach where Nous and the client co-contribute towards the cost of the project, they offer expertise in strategic planning, service design, program evaluation and market assessment to help the client to increase impact. Applications are currently open until 21 September 2025 though they offer this program annually.

Local Geelong organisation Spearhead Strategic Design and Innovation, led by David Spear, may also be an alternative option for short-term strategic expertise that is responsive to the challenges Hope faces.

R7. Review Service Delivery Model

Whilst this was out of project scope, it became clear through the environmental scanning and stakeholder engagement that there was a clear intersection between service delivery model and geographical coverage/ service capacity.

It is recommended that Hope review the environmental scan to see how other grief organisations have successfully balanced service parameters – such as eligibility, session frequency, and delivery modes – with their geographical reach, allowing them to operate efficiently while maintaining quality care.

Feasibility of Recommendations

Recommendation	Impact	Effort	Timeframe	Notes
R1. Hope should quantify its community impact to demonstrate its value in Preventive Mental Health.	High	High	Medium-term	Essential for funding and advocacy; requires data systems, evaluation frameworks, and storytelling.
R2. Hope should lobby the Victorian Government to include Bereavement services as a mental health preventative strategy.	High	High	Long-term	Policy change is slow but transformative; could be pursued via coalitions or peak bodies.
R3. Establish referral tracking to demonstrate Hope's Service Impact and leverage this to pursue commercial arrangements with referring agencies:	High	Medium	Medium-term	Builds credibility and potential revenue; may require CRM tools and establishment of MOUs with partners which would need legal support.
R4. Partner with 'like' NFPs to share HR and administrative functions:	Medium	Medium	Medium-term	Reduces overhead and builds resilience; success depends on trust and governance clarity.
R5. Leverage Corporate Social Responsibility	Medium	Low	Short-term	Quick wins possible via pro bono support or sponsorship; needs targeted outreach.
R6. Strengthen Hope's Strategic Direction	High	Medium	Short-term	Foundations for all other actions; could be supported by pro bono consultants or board input.
R7. Review Service Delivery Model	Medium	Medium	Medium-term	Opportunity to improve efficiency and impact. May uncover gaps, duplication or limitations.

Challenges & Limitations

This project presented both leadership and practical challenges as we worked towards providing tangible outcomes

Responsiveness of external stakeholders has been the primary challenge of this project. The environmental scan shortlisted a number of organisations to interview based on an assessment matrix that deemed their financial viability as moderate to strong, meaning they may have good insights or lessons to share. Our project team and Hope's Executive Officer canvased several of these organisations however response rates were low, resulting in only a couple of interviews being achieved.

Financial sustainability and funding volatility are not challenges unique to Hope. Many small not-for-profit organisations grapple with reliance on short-term grants or donations that limit long-term planning and sustainability. This meant that our environmental scan exposed many organisations in similar, if not more precarious, financial health than Hope limiting the organisations we could look to for insights and ideas to improve Hope's fiscal position.

As we undertook the analysis of findings and formulation of recommendations, it became clear that a significant opportunity is for Hope to quantify the impact of its service. This would position the role it plays in mental health prevention. The challenge with this for our project team was seeing the immediate opportunity and having desire to assist but it not being in scope or achievable to deliver within the constraints of this project.

Reflections & Conclusions

From the point of nominating Hope Bereavement Care as our preferred project to work with, our project team was committed to delivering a result that had meaning and applicability.

We knew and expected from the outset that the goal of any project was to give something of value to the nominated organisation; a symbolic token of appreciation for the significance these organisations have in our community. We wholeheartedly hope we given what was expected.

What has been surprising is what this project has given us. From four strangers having never worked together before to forming a highly effective project team, it has been as much a leadership opportunity for us as it has been a help for Hope. Despite the gravity of the topic we were covering, we have had the most enjoyable experience together. Hope has a vision that no-one is alone in their grief and we were not alone in this project, a strong project team and an entire community of goodwill wrapped around us. How privileged we are to have seen even a glimpse into the good people at the heart of community.

Hope Bereavement Care, a vital Geelong-based not-for-profit providing free grief support, faces critical long-term funding sustainability challenges. But the organisation is not without hope, pardon the pun! Our project has identified key findings and associated recommendations that Hope can explore to improve its financial sustainability.

Finally, Hope is not defined by one group, it is the collective kindness of an entire community that keeps its heart beating. It will be this broader community that Hope will need to leverage to explore the opportunities presented in this report.


HOPE

References

Hope Bereavement Care. (n.d.). Home – Hope Bereavement Care. https://www.bereavement.org.au/

Cambridge Dictionary Online, accessed 15/8/2025 https://www.dictionary.cambridge.org

Who needs bereavement support? A population-based survey of bereavement risk and support need, Aoun SM, Breen L, Howting D, Rumbold B, McNamara B, Hegney D, 2015.

Borg, G Van den, 10 January 2017, https://theconversation.com/how-to-calculate-the-economic-impact-of-grief-68936

Lichtenthal, W. G., Roberts, K. E., Donovan, L. A., Breen, L. J., Aoun, S. M., Connor, S. R., & Rosa, W. E. (2024). Investing in bereavement care as a public health priority. The Lancet Public Health, 9(4), e270–e274. https://doi.org/10.1016/S2468-2667(24)00030-6

.id (Informed Decisions). (n.d.). City of Greater Geelong population forecasts. https://forecast.id.com.au/geelong

City of Greater Geelong. (2015). Population projections – City of Greater Geelong. Data.gov.au. . https://data.gov.au/data/dataset/geelong-population-projections

Department of Transport and Planning, Victoria State Government. (n.d.). Forecast population – City of Greater Geelong. Data.Vic. https://discover.data.vic.gov.au/dataset/forecast-population-city-of-greater-geelong

Victorian Department of Health. (n.d.). Recommendations from the Royal Commission into Victoria's Mental Health System. Health.vic.gov.au. https://www.health.vic.gov.au/mental-health-wellbeing-reform/recommendations

Victorian Government. (2023). Wellbeing in Victoria: A strategy to promote good mental health. Department of Health.

Irish Hospice Foundation. (n.d.). Adult bereavement care pyramid. https://hospicefoundation.ie/our-supports-services/bereavement-loss-hub/i-work-in-bereavement/adult-bereavement-care-pyramid/

Nous Group. (n.d.). Community Partnership Scheme. Nous Group. https://nousgroup.com/about-nous/our-commitments/community-partnership-scheme?r=AU

Alison Marchant, State Member for Bellarine, Interview, 11 July 2025
Kate Cahill, CEO Griefline, Interview, 11 July 2025
Shelly Skinner, CEO and Founder Lionheart Camp for Kids, Interview, 24 July 2025

APPENDIX 1

Submission to the Barwon South West Regional Mental Health and Wellbeing Board: Advocating for the Inclusion of Grief Services

Executive Summary

Unaddressed grief represents a significant and escalating public health crisis with profound economic and social costs. This submission advocates for the formal integration of grief and bereavement services into the Barwon South West Regional Mental Health and Wellbeing system as a strategic, evidence-based, and fiscally responsible measure. The proposed model is a comprehensive, multi-tiered framework that moves beyond crisis intervention to provide early, preventative support for all community members.

This proposal is not a new initiative but a necessary and direct extension of the core mandate set out by the Royal Commission into Victoria's Mental Health System (RCVMHS).1 It explicitly aligns with the objectives of the new Mental Health and Wellbeing Outcomes and Performance Framework.3 By commissioning a grief services ecosystem, the Board has the opportunity to lead in fulfilling the Royal Commission's vision for a compassionate, community-based, and preventative system.

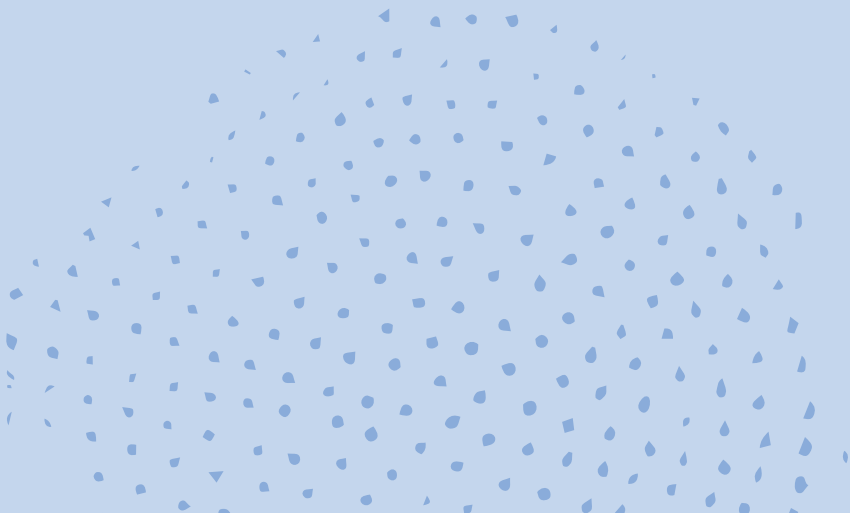
The following recommendations are presented to the Board:

1. Policy & Strategy: Endorse grief as a core public health priority and initiate a joint commissioning project with the Western Victoria Primary Health Network (WVPHN) to develop a comprehensive grief and bereavement service ecosystem.

2. Service & Commissioning: Immediately commission a regional grief helpline and online resource hub, fund community-based support groups and workshops, and establish a clinical referral pathway for specialist services.

3. Research & Data: Develop a dedicated research project to measure the economic and social impact of these services and partner with local academic institutions to fill evidence gaps.

Implementing these recommendations will not only improve the wellbeing of individuals and families but will also strengthen the region's overall social and economic resilience.



1. Introduction: A Call for a Grief-Informed Mental Health System

1.1. Context and Purpose: Aligning with the Vision of the Royal Commission

The Royal Commission into Victoria's Mental Health System, established in February 2019, delivered its final report in 2021, setting an ambitious, 10-year vision for systemic reform.1 The Commission concluded that the existing system had "catastrophically failed" and was "underprepared for current and future challenges," operating largely in "crisis mode" rather than focusing on prevention and community-based care.2 A core tenet of the government's response has been a commitment to implement all 74 recommendations, backed by a record $3.8 billion investment.5 This has included the establishment of new Local Adult and Older Adult Mental Health and Wellbeing Services, which are designed to act as a "front door" for early intervention and support in communities.5

The purpose of this submission is to demonstrate how the formal inclusion of grief and bereavement services is a critical and necessary component of this reform agenda. The Royal Commission explicitly recommended the development of a Mental Health and Wellbeing Outcomes Framework to measure the impact of the reforms and drive collective responsibility across government portfolios.3 The framework is intended to set the ambition for a successful system and improve outcomes for individuals, their families, carers, and supporters.3 The current reform efforts rightly focus on addressing trauma, with a new Statewide Trauma Service among the recommendations.2 However, a significant gap exists in the explicit recognition and systematic address of grief and bereavement as a form of trauma and a core driver of psychological distress. While grief is a natural response to loss, it is also a source of intense psychological and physiological stress that, if left unaddressed, can lead to serious mental health conditions, including post-traumatic stress disorder (PTSD).6 The Commission's report acknowledges that some of the stories and analysis it contains may be "distressing" 2, and witnesses shared powerful accounts of trauma caused by the very system designed to help them.2 This demonstrates an implicit understanding of trauma's prevalence but a lack of a clear, preventative pathway for a primary cause of distress: grief. By integrating dedicated grief services, the Barwon South West Regional Mental Health and Wellbeing Board has a unique opportunity to lead in creating a truly trauma-informed and preventative system, aligning perfectly with the overarching vision of the Royal Commission. This approach would move the system beyond merely reacting to the symptoms of trauma to addressing a root cause.

1.2. The Barwon South West Regional Imperative: Addressing a Critical Service Gap

The Barwon South West region, served by institutions such as Barwon Health and South West Healthcare, provides a range of community and bed-based mental health services for children, young people, adults, and older persons.8 The Western Victoria Primary Health Network (WVPHN) also plays a vital role in commissioning primary mental health care services and promoting a regional approach to suicide prevention.10 Despite this robust infrastructure, there is a distinct service gap: the lack of a formal, integrated, and tiered grief and bereavement pathway within the public mental health system. The Royal Commission's findings highlighted that people were often "turned away from services because they did not meet the threshold for admission".2 This "missing middle" is precisely where many grieving individuals find themselves. They may be experiencing significant emotional distress that is

debilitating but does not yet qualify for clinical care for a "serious complex mental illness".8 The current system forces these individuals and their families to navigate a fragmented landscape of non-profit helplines and private counselling, which can be difficult and lead to feelings of frustration and isolation.2

The new Local Services are designed to address this very problem by providing a "front door" to the system, offering early intervention without a referral.5 The prevalence of high or very high psychological distress has increased significantly in Victoria, from 15 per cent in 2018 to over 23 per cent in 2020, remaining persistently high since.11 This rise in distress underscores the urgent need for accessible, early-stage support. The absence of a formal, integrated grief service leaves a critical gap between universal crisis support, such as Lifeline, and high-level clinical care. By commissioning a grief ecosystem, the Board can create a pathway for support for individuals experiencing distress before their condition escalates to severe illness, thereby preventing a crisis and fulfilling the core preventative mandate of the reforms. The WVPHN's use of a "Place Based Commissioning Strategy" 12 and their existing "Joint Regional Mental Health Foundation Plan" 10 provides a clear and proven mechanism for a collaborative, locally-led implementation, meaning the Board does not need to start from scratch.

2. Defining the Challenge: Grief as a Public Health Priority

2.1. The Societal and Economic Burden of Unaddressed Grief

Grief is a universal human experience, but its unaddressed consequences extend far beyond individual pain to create a significant public health crisis.13 The societal and economic burden of unaddressed grief is profound and often overlooked. A public health approach to grief, as advocated internationally, seeks to recognise grief as a normal response while promoting healthy grieving and reducing the risk of complicated outcomes through early intervention.13
National research provides a compelling economic argument for this approach. A study by PriceWaterhouseCoopers (PwC) for the Stillbirth Foundation Australia estimated the total projected direct and indirect costs of stillbirth to the Australian economy at $681.4 million for the five-year period from 2016 to 2020.15 This figure, based on the 12-month period post-loss, includes direct healthcare costs that are 30 per cent higher than for a live birth.15 However, the most significant costs are indirect,

driven primarily by lost productivity.15 The PwC study
found that the annual cost of a mother missing from the labour force due to stillbirth was estimated at $33,000 in Gross Domestic Product (GDP).16 Furthermore, it highlighted the phenomenon of "presenteeism," where a bereaved person returns to work but with significantly reduced productivity. The study found that a bereaved mother's productivity is estimated to be only 26 per cent of her normal rate after 30 days.16 The cost of on-the-job productivity losses can outweigh the costs of absenteeism.17 These findings align with a Deloitte report that quantifies the total excess costs of mental health inequities in the US at over $477.5 billion in 2024, with cumulative costs projected to reach $14 trillion by 2040.18 That report explicitly cites productivity loss and premature death as key economic costs.18

Grief also has a cascading societal impact. It is not an isolated experience but one that is shaped by social expectations and the reactions of others.20 Societal pressure to "get over it" within a set timeframe can lead to disenfranchised grief, where an individual's loss is not socially recognised, compounding their emotional pain and contributing to feelings of isolation and loneliness.20 This social context can hinder healing and create additional emotional turmoil, affecting relationships, family dynamics, and a person's ability to engage with their community.6

Table 1: Economic and Societal Costs of Unaddressed Grief (Australian Context)

Cost Type	Description	Economic Burden	Source
Direct Healthcare Costs	Additional healthcare costs associated with stillbirth at the time of birth and in subsequent pregnancies.	30% higher hospital costs for stillbirth vs. live birth	15
Indirect Lost Productivity	Costs from absenteeism and "presenteeism" (reduced productivity at work).	A bereaved mother's productivity is 26% of normal after 30 days.	15
Labor Force Impacts	The economic cost of a bereaved mother missing from the labour force.	An estimated $33,000 in annual GDP per person.	16
Societal Costs	Disenfranchised grief, loneliness, and social isolation resulting from a lack of societal understanding and support.	Compounded emotional pain, hindered healing, and community disengagement.	20

2.2. The Clinical Case: Grief, Mental Illness, and Physical Comorbidity

While grief is a natural process, its clinical consequences when left unmanaged are significant. Clinical research has established a clear distinction between normal grief and more severe, persistent conditions. The American Psychiatric Association's inclusion of Prolonged Grief Disorder (PGD) in the DSM-5 marks a critical turning point, affirming PGD as a distinct mental health concern that warrants formal diagnosis and treatment.23

Prolonged Grief Disorder is a complex condition that affects an estimated 7 per cent of bereaved individuals.7 It is characterised by intense, persistent grief that does not lessen over time and significantly interferes with daily functioning for more than a year in adults, or six months in adolescents.7 Key symptoms include intense yearning for the deceased, identity disruption, disbelief about the death, avoidance of reminders, and a sense that life is meaningless.7 This condition is distinct from Major Depressive Disorder and PTSD, which can also arise from unmanaged grief.7

The clinical evidence also points to a strong correlation between unmanaged grief and other psychiatric nonspecific disorders, including depression, anxiety, panic disorders, and PTSD.6 The symptoms of grief, such as prolonged sadness, difficulty concentrating, and sleep disturbances, can often lead to or be difficult to distinguish from depression.6 The stress associated with grief can also cause anxiety, leading to physical symptoms such as increased heart rate, rapid breathing, and muscle tension.6

Furthermore, unmanaged grief has tangible and potentially life-threatening physical consequences. The psychological stress can manifest physiologically, leading to an impaired immune response, increased blood pressure, and a higher mortality rate from heart disease, particularly in older individuals.7 This demonstrates that grief is not merely an emotional or psychological experience; it is a complex psycho-physiological process with serious health implications that necessitate a public health response.

3. The Victorian Context: A Mandate for Change

3.1. The Royal Commission's Vision: From Crisis to Community-Based Care

The Royal Commission's vision for a reformed mental health system is fundamentally a shift from a crisis-reactive model to one that is community-based, preventative, and easily accessible.2 This vision directly addresses the fragmentation and inaccessibility that left many Victorians without support in times of distress.2

A key deliverable of this reform is the establishment of up to 60 Local Adult and Older Adult Mental Health and Wellbeing Services across the state by 2026.5 These services are designed to be the "front door" to the new system, providing early intervention and support without the need for a GP referral.5 This model is the ideal vehicle for integrating grief and bereavement services. Grief, if unaddressed, is a form of early-stage distress that can escalate into clinical mental illness. By providing a dedicated, accessible pathway for grief support at the Local Services level, the Board can prevent this escalation and provide timely, tailored care to individuals who would otherwise fall through the gaps of the fragmented system.

The reform is built on a foundation of shared responsibility and collective effort across government, service providers, and communities.2 The commissioning of a grief services ecosystem would demonstrate the Board's commitment to this collaborative approach, working with new and existing partners to create a more compassionate and responsive system.

3.2. Mapping Grief Services to the Mental Health and Wellbeing Outcomes Framework

The new Mental Health and Wellbeing Outcomes and Performance Framework provides a clear roadmap for achieving the Royal Commission's vision. The framework is intended to set the ambition for a successful mental health system and measure its impact.3 A grief services ecosystem directly aligns with and contributes to the key objectives of this framework, particularly within Domain 1 and Domain 2. Domain 1: Community Outcomes aims to foster a system where "supportive families, supportive communities, and supportive care will work together to help Victorians thrive and flourish".3 By normalising grief and providing community-based support, grief services directly contribute to this outcome. They strengthen community bonds, combat loneliness and isolation, and improve the wellbeing of families, carers, and supporters.3 The framework also mandates the use of an intersectional lens to view and measure all outcomes, including personal factors such as age and cultural background.3 This is crucial for a grief service model, as grief is experienced differently across diverse communities.20

Domain 2: Services focuses on the quality and impact of the services provided to Victorians. The framework measures improvements in mental wellbeing and the reduction of psychological distress.11 A grief services model can be evaluated using existing metrics and tools, such as the Kessler Psychological Distress Scale (K10), to demonstrate its effectiveness in decreasing emotional distress and improving clients' wellbeing over time.7 The following table demonstrates how a grief services model would directly align with and support the outcomes outlined in the Victorian Framework.

Table 2: Alignment with the Victorian Mental Health and Wellbeing Outcomes Framework

Relevant Grief Service/Outcome	Aligned Victorian Framework Domain	Specific Framework Objective/Indicator
Early Intervention for Grief	Domain 1: Community Outcomes	To set the ambition and expectations for what a successful mental health and wellbeing system should look like. To drive shared responsibility and accountability for outcomes across government and services.
Grief Support Groups and Peer Support	Domain 1: Community Outcomes	To improve the outcomes of consumers and their families, carers, kin, and supporters. To ensure Victorians feel safe and welcomed, regardless of who they are and their circumstances.
Grief-Informed Training for Professionals	Domain 2: Services	To ensure Victoria's mental health and wellbeing workforce is highly skilled and supported to thrive in positive working environments. To measure the impact of mental health and wellbeing services from the perspectives of consumers and clinicians.
Measurable reduction in psychological distress	Domain 2: Services	To improve mental wellbeing for all Victorians. To decrease emotional distress, as measured by tools like the K10 Scale.
Enhanced community resilience and social connection	Domain 1: Community Outcomes	To shape holistic outcomes where supportive families, communities, and care work together to help Victorians thrive and flourish.

3.3. Current Service Provision in the Barwon South West Region

The Barwon South West region possesses a strong foundation of mental health services. Barwon Health and South West Healthcare provide community and bed-based services for complex mental illness.8 Additionally, the Western Victoria Primary Health Network (WVPHN) plays a critical role in commissioning services that directly respond to local needs and promoting a regional approach to suicide prevention.10 The WVPHN's use of a "Place Based Commissioning Strategy" 12 and existing collaborations with universities 28 indicate that the governance structures and partnerships required for a new initiative are already in place.

However, a review of existing services reveals a lack of a formal, integrated grief and bereavement pathway within this ecosystem. While national and state-level organisations such as Griefline 21 and the Australian Centre for Grief and Bereavement 30 provide valuable services, they are not systematically linked to the region's mental health providers. This means that individuals in the Barwon South West region must actively seek out these services on their own, often without a formal referral or a clear pathway from primary or clinical care. The reliance on a fragmented landscape of non-profit helplines and private counselling creates a significant barrier to access and is precisely the type of systemic failure the Royal Commission sought to eliminate.2 The lack of a formal grief service leaves a critical gap between crisis hotlines and long-term care for severe mental illness, leaving many with insufficient support during a period of intense distress.

4. A Framework for Change: Proposing a Multi-Tiered Model for Grief Services

4.1. The Case for a Multi-Tiered Approach (Drawing on International Best Practice)

A multi-tiered public health approach to grief provides a clear, scalable, and evidence-based framework for service delivery.13 This model, exemplified by the Irish Hospice Foundation's "pyramid model" 33, recognises that all bereaved people have some level of need, but only a small proportion will require intensive clinical intervention. This approach allows for efficient resource allocation, targeting specific levels of care to the varying needs of the population.

The pyramid model outlines four levels of support:

Level 1: Society & Universal Support. This foundational tier focuses on building "grief literacy" and community awareness.33 It involves normalising grief and ensuring that all community members, from family and friends to service professionals, have the basic knowledge and compassion to offer support.34

Level 2: Targeted Peer and Community Support. This level is for those who need additional support outside their immediate social network.34 This can include peer-to-peer support, group forums, and community-based workshops that provide a safe space to share experiences and combat loneliness.29

Level 3: Professional Bereavement Support. This tier provides professional counselling and interventions for individuals at risk of or experiencing complicated grief reactions.33 These services are delivered by qualified professionals, such as the counsellors at Griefline who have a Bachelor's degree in Counselling, Social Work, or Psychology.29

Level 4: Clinical Treatment. This highest tier is for individuals with a formal diagnosis of Prolonged Grief Disorder or other co-morbid mental illnesses like depression or PTSD.7 It requires specialist, clinical-level care that is integrated with the broader mental health system.

This tiered approach ensures that individuals receive the right level of care at the right time, preventing distress from escalating and reducing the burden on high-cost clinical services.

4.2. Tiered Service Delivery: A Proposed Model for the Barwon South West

Based on the public health and pyramid models, a multi-tiered grief and bereavement ecosystem for the Barwon South West region would be structured as follows.

Tier 1: Universal & Community-Based Support

The objective of this tier is to build a grief-literate community and provide foundational support for all Victorians.

Services: Public grief literacy campaigns, easily accessible digital resources (e.g., a regional online hub), and community support initiatives (e.g., "grief cafes" or community forums).
Rationale: This tier normalises grief and provides foundational support for all Victorians, preventing the escalation of distress.13 This can be implemented through partnerships with local government and community organisations.

Tier 2: Targeted Peer and Group Support

This tier provides services for individuals who need to explore their grief outside of their natural support network.

Services: Free, peer-led support groups (similar to the models offered by Grief Australia 31 and Griefline 29), workshops for specific types of loss (e.g., stillbirth, pet loss 31), and specialised services for communities experiencing traumatic or disenfranchised grief.20

Rationale: These services provide safe spaces to combat the loneliness and isolation that often accompany grief.6 The existing "Local Adult and Older Adult Mental Health and Wellbeing Services" would be an ideal location for these groups.5

Tier 3: Clinical & Specialist Services

This tier is for individuals with complex, prolonged, or debilitating grief that requires clinical intervention.

Services: Individual grief counselling, trauma-informed therapy, and specialised services for conditions such as Prolonged Grief Disorder.7 This would require the establishment of a formal referral pathway from primary care and other services into the clinical mental health system.

Rationale: To address intense grief responses that are outside the scope of community-based support, ensuring that a person's condition does not deteriorate to a point of crisis.7

Table 3: The Proposed Barwon South West Grief Service Ecosystem

Tier of Care	Target Population	Service Type	Example Provider/Partner
Tier 1	All community members	Public education, digital resources, community forums, and training workshops.	Barwon Health, South West Healthcare, Local Government, Community Organisations.
Tier 2	Individuals needing support outside their network	Free peer-led support groups, workshops, and helplines.	Griefline, Grief Australia, Palliative Care Services.
Tier 3	Individuals with complex, prolonged grief	Clinical grief counselling, trauma-informed therapy, and specialist services.	Barwon Health, South West Healthcare, Clinical Mental Health Services.

4.3. Integrating Grief Services into the Reformed System

The success of this model depends on its seamless integration into the existing and reformed mental health system. This requires a three-pronged approach focused on coordination, lived experience, and workforce development.

Coordination and Referrals: The proposed tiered model must have clear referral pathways between all tiers and other services, including the new Local Services 5, primary care 10, and existing palliative care frameworks.38 Palliative care, in particular, already has frameworks for grief support post-diagnosis and post-death 38, offering a natural point of integration. The goal is to ensure that no one "falls through the gaps".2 This can be achieved through a joint commissioning model with the WVPHN, which has experience in place-based commissioning and collaboration.10

Lived Experience at the Core: A central tenet of the Victorian mental health reform is the elevation and embedding of lived experience knowledge alongside clinical and academic expertise.41 The design, delivery, and evaluation of the grief services ecosystem must be co-produced with individuals who have lived experience of grief and loss.24 This will ensure services are person-centred, effective, and free from the power imbalances that have historically disadvantaged consumers.2

Workforce Development: A grief-informed mental health system requires a skilled and compassionate workforce. The submission proposes funding for professional development and continuing education in grief literacy for all staff, from front-line workers to clinicians.17 This training would cover topics such as recognising the signs of grief, understanding its impact on performance and wellbeing, and providing compassionate, non-judgmental support.35 This is crucial for creating a system that models best practice and fosters a more resilient and supportive culture.41

5. Recommendations for the Barwon South West Regional Mental Health and Wellbeing Board

5.1. Policy and Strategy Recommendations

Recommendation 1: The Board should endorse a formal policy position recognising grief and bereavement as a core public health priority in the Barwon South West Region. This policy will act as a guiding light, signaling a commitment to a preventative and holistic approach to mental health and wellbeing.

Recommendation 2: Direct a joint commissioning project with the Western Victoria Primary Health Network (WVPHN) to develop a comprehensive, multi-tiered grief and bereavement service ecosystem. This approach leverages existing relationships and commissioning expertise to ensure a seamless and efficient implementation.

5.2. Service and Commissioning Recommendations

Recommendation 3: Immediately commission a regional grief helpline and online resource hub (Tier 1 & 2), leveraging partnerships with existing national providers like Griefline 21 and Grief Australia 31 to localise and integrate support.

Recommendation 4: Fund a pilot program for community-based grief support groups and workshops across the region's Local Services, with a special focus on communities experiencing traumatic or disenfranchised grief.20 These groups should be co-designed with lived experience advisors and offer a safe, inclusive space for peer-to-peer support.

Recommendation 5: Establish a clinical referral pathway for individuals requiring specialist grief counselling or intervention for Prolonged Grief Disorder 7, ensuring seamless access and integration with existing clinical mental health services.

5.3. Research, Data, and Evaluation Recommendations

Recommendation 6: Develop a dedicated research project to measure the economic and social impact of the commissioned grief services, including data on absenteeism, presenteeism, and mental health outcomes.15 This will provide a clear return-on-investment case for future funding.

Recommendation 7: Partner with local universities and research bodies to fill evidence gaps on grief in regional communities, with a focus on intersectional data that captures the diversity of experiences based on factors like age, gender, and location.3

Recommendation 8: Establish a Lived Experience Advisory Group for grief and bereavement to co-produce the evaluation framework and provide ongoing guidance for the service model. This ensures that the system remains responsive to the needs of the community it serves.41

6. Conclusion: A Strategic Investment in Community Wellbeing

The evidence is clear: unaddressed grief is a profound public health issue with significant economic and social consequences. The data from both national and international research demonstrates that a proactive, multi-tiered approach is not only compassionate but is also a fiscally responsible investment in the long-term health of the community.

The Barwon South West Regional Mental Health and Wellbeing Board has a historic opportunity to lead in this crucial area. By formally integrating grief services into the reformed system, the Board will fulfill the core mandate of the Royal Commission for a community-based, preventative, and compassionate mental health system. This strategic investment will help to reduce the incidence of severe mental illness, build a more resilient workforce, and foster a more supportive and thriving community. The recommendations outlined in this submission provide a concrete, actionable blueprint for achieving this vision and ensuring that no Victorian has to grieve alone.

Works cited

1. About the Royal Commission - Mental health - Health Victoria, accessed August 15, 2025, https://www.health.vic.gov.au/mental-health-wellbeing-reform/recommendations

2. Final Report – Summary and recommendations - Victorian ..., accessed August 15, 2025, https://www.vic.gov.au/sites/default/files/2024-01/RCVMHS_FinalReport_ExecSummary_Accessible.pdf

3. Mental Health and Wellbeing Outcomes and ... - Health.vic, accessed August 15, 2025, https://www.health.vic.gov.au/sites/default/files/2024-12/mental-health-wellbeing-outcomes-performance-framework.pdf

4. Progress on the Royal Commission recommendations, accessed August 15, 2025, https://www.mhwc.vic.gov.au/sites/default/files/2025-01/MHWC-2024-Annual-Report-progress-recommendations.pdf

5. One Year On: Huge Progress On Mental Health Reform - Premier of Victoria, accessed August 15, 2025, https://www.premier.vic.gov.au/one-year-huge-progress-mental-health-reform

6. How Grief Affects Your Mental Health - Northlake Behavioral Health System, accessed August 15, 2025, https://northlakebh.org/how-grief-affects-your-mental-health/

7. Grief and Prolonged Grief Disorder - StatPearls - NCBI Bookshelf, accessed August 15, 2025, https://www.ncbi.nlm.nih.gov/books/NBK507832/

8. Barwon Area Mental Health Service, accessed August 15, 2025, https://vahi.vic.gov.au/mental-health-services/barwon-area-mental-health-service

9. South West Healthcare Area Mental Health Service, accessed August 15, 2025, https://vahi.vic.gov.au/mental-health-services/south-west-healthcare-area-mental-health-service

10. Mental Health Care | Western Victoria Primary Health Network, accessed August 15, 2025, https://westvicphn.com.au/health-professionals/health-topics/mental-health-care/

11. MHWC 2024 Annual Report What we've seen - Mental Health and Wellbeing Commission, accessed August 15, 2025, https://www.mhwc.vic.gov.au/sites/default/files/2025-01/MHWC-2024-Annual-Report-what-we%27ve-seen.pdf

12. Place Based Commissioning Strategy | Western Victoria Primary Health Network, accessed August 15, 2025, https://westvicphn.com.au/about-us/publications/place-based-commissioning-strategy/

13. Coping with Grief: A Public Health Approach - Number Analytics, accessed August 15, 2025, https://www.numberanalytics.com/blog/public-health-approach-to-grief

14. How Nonprofits Can Address Grief As A Public Health Priority - Forbes, accessed August 15, 2025, https://www.forbes.com/councils/forbesnonprofitcouncil/2025/08/08/grief-is-a-public-health-issue-how-nonprofits-can-drive-change-beyond-prevention/ 15.

Quantifying the impacts of stillbirth - Parliament of Australia, accessed August 15, 2025, https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Stillbirth_Research_and_Education/Stillbirth/~/media/Committees/stillbirth_ctte/c03.pdf 16. Final report -

Parliament of Australia, accessed August 15, 2025, https://www.aph.gov.au/Parliamentary_Business/committees/Senate/Stillbirth_Research_and_Education/Stillbirth/~/media/Committees/stillbirth_ctte/c03.pdf 17. Employers and

Colleagues: Further Reading | Guiding Light - Red Nose Grief and Loss, accessed August 15, 2025, https://rednosegriefandloss.org.au/support/article/employers-and-colleagues-further-reading
18. The projected costs and economic impact of mental health inequities in the United States, accessed August 15, 2025, https://www.deloitte.com/us/en/insights/industry/health-care/economic-burden-mental-health-inequities.html

19. Mental Health Inequities Cost the US More Than $477 Billion Today and Could Increase to $14 Trillion by 2040 if Unaddressed, According to Analysis by Deloitte and Meharry School of Global Health, accessed August 15, 2025, https://meharryglobal.org/mental-health-inequities-cost-the-us-more-than-477-billion-today-and-could-increase-to-14-trillion-by-2040-if-unaddressed-according-to-analysis-by-deloitte-and-meharry-school-of-global-health/

20. How Other People Can Complicate Your Grieving Negatively - AIHCP, accessed August 15, 2025, https://aihcp.net/2025/04/09/how-other-people-can-complicate-your-grieving-negatively/

21. Griefline: Australia's National Grief & Loss Support Hub, accessed August 15, 2025, https://griefline.org.au/

22. ORAL PRESENTATIONS - European Grief Conference, accessed August 15, 2025, https://europeangriefconference.org/images/Oral_for_web.pdf

23. How grieving changes the brain, with Mary-Frances O'Connor, PhD, accessed August 15, 2025, https://www.apa.org/news/podcasts/speaking-of-psychology/grieving-changes-brain

24. Feeling Connected to Nature Attenuates the Association between Complicated Grief and Mental Health - MDPI, accessed August 15, 2025, https://www.mdpi.com/1660-4601/21/9/1138

25. Bereavement Grief and Loss Resources - CareSearch, accessed August 15, 2025, https://www.caresearch.com.au/Community/Patients-and-Carers/Bereavement-Grief-and-Loss/Bereavement-Grief-and-Loss-Resources

26. Bereavement - Health & Wellbeing - KOPS, accessed August 15, 2025, https://kops.garda.ie/common-concerns/bereavement/

27. Domain 1: Mental health and wellbeing - Social Impact Hub, accessed August 15, 2025, https://socialimpact.relationshipsvictoria.org.au/domain-1-mental-health-and-wellbeing/

28. Western Victoria Primary Health Network, accessed August 15, 2025, https://www.westernalliance.org.au/members/western-victoria-primary-health-network

29. Bereavement Counselling NSW | Integrating Grief Program - Griefline, accessed August 15, 2025, https://griefline.org.au/get-help/integrating-grief-program/

30. Counselling Fees - Grief Australia, accessed August 15, 2025, https://www.grief.org.au/ga/ACGB/Bereavement_Support/Counselling_1/Counselling_Fees/Fees.aspx

31. Support Groups - Grief Australia, accessed August 15, 2025, https://www.grief.org.au/ga/ga/Support/Support_Groups.aspx

32. The European Grief Conference, Copenhagen 2022: An effort to unite the field of bereavement care in Europe | Request PDF - ResearchGate, accessed August 15, 2025, https://www.researchgate.net/publication/378773365_The_European_Grief_Conference_Copenhagen_2022_An_effort_to_unite_the_field_of_bereavement_care_in_Europe

33. Framework for bereavement support after an expected ... - WA Health, accessed August 15, 2025, https://www.health.wa.gov.au/~/media/Corp/Documents/Health-for/End-of-Life/Framework-for-bereavement-after-death.pdf

34. Adult Bereavement Care Pyramid - Irish Hospice Foundation, accessed August 15, 2025, https://hospicefoundation.ie/wp-content/uploads/2021/02/Adult-Bereavement-Care-Framework-Pyramid-Booklet.pdf

35. Supporting Your Team Through Grief: A Workplace Necessity - Griefline, accessed August 15, 2025, https://griefline.org.au/supporting-your-team-through-grief-a-workplace-necessity/

36. About Griefline Australia | Grief Support Nationwide, accessed August 15, 2025, https://griefline.org.au/about/

37. Coping with grief after bereavement or loss - HSE.ie, accessed August 15, 2025, https://www2.hse.ie/mental-health/life-situations-events/bereavement/coping-with-grief/

38. Palliative Approach Framework - Health Professionals ..., accessed August 15, 2025, https://www.coordinare.org.au/palliative-approach-framework/palliative-approach-framework-health-professionals

39. PCNSW | Welcome to Palliative Care NSW, accessed August 15, 2025, https://palliativecarensw.org.au/

40. Partnerships and Joint Regional Plan - Gold Coast University Hospital - Queensland Health, accessed August 15, 2025, https://www.goldcoast.health.qld.gov.au/our-services/mental-health/partnerships-joint-regional-plan

41. Strategic Plan 2024-2027 - Victorian Government, accessed August 15, 2025, https://www.vic.gov.au/sites/default/files/2025-01/VCCMHW_Stategic-Plan_FA-web.pdf

42. Strategic Plan 2024 to 2026 - Mental Health Victoria, accessed August 15, 2025, https://www.mhvic.org.au/images/MHV_Strat_Plan_on_Page_1_002.pdf

43. Outcomes framework | vic.gov.au, accessed August 15, 2025, https://www.vic.gov.au/pride-our-future-outcomes-framework/outcomes-framework