



**WESTERN AUSTRALIAN MENTAL HEALTH, ALCOHOL
AND OTHER DRUG SERVICES PLAN 2015-2025:
BETTER CHOICES. BETTER LIVES.**

STATEWIDE SERVICES



OVERVIEW

Western Australia is the largest state in Australia with a total land area of 2.5 million square kilometres. This equals 33% of the country's total land area and makes our State more than three times bigger than Texas. Western Australia's population represents 11% of Australia's total population, however, Western Australia is sparsely populated, with a rate of 1.0 person per square kilometre (the second-lowest of all States and Territories following the Northern Territory, and compares with 3.1 people per square kilometre for the nation).

The total Western Australian population in 2014 was 2.57 million, and this is expected to grow to 3.19 million by 2025. The population is heavily concentrated in the metropolitan area, in which 78.6% of the State's total population reside.

There are currently three tertiary publicly funded hospitals which are classified as statewide: Graylands Hospital, King Edward Memorial Hospital and Perth Children's Hospital.

ABORIGINAL POPULATION

In 2011, the Aboriginal population in Western Australia was approximately 76,000 people, and is forecast to grow to 120,000 by 2025. The Aboriginal population is spread throughout the state, and by 2025 it is forecast that 18.1% will live in the North Metropolitan area, 21.0% in the South Metropolitan area, 48.4% in the Northern and Remote region, and 12.5% in the Southern Country region.



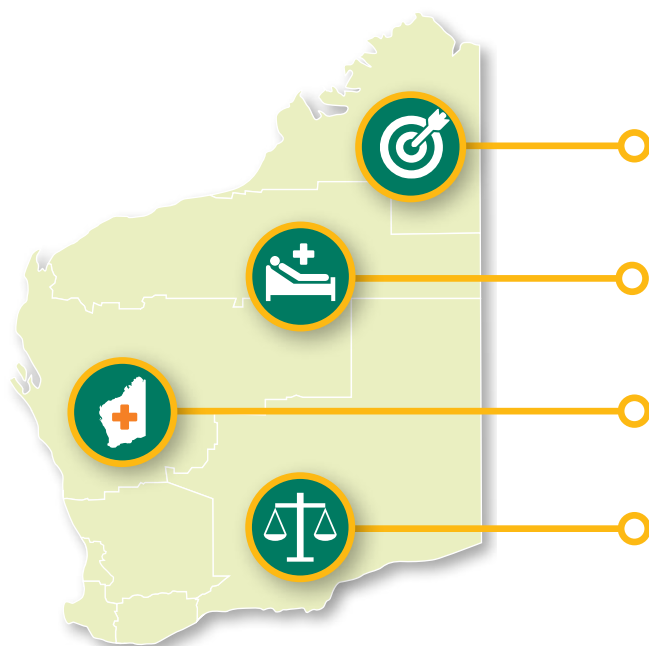
CONSULTATION FEEDBACK

During the consultation process for the Plan, people in regional areas raised a range of issues and priorities, including:

- a need for a greater level of detail about services for their region
- culturally secure services and programs for Aboriginal people
- the high proportion of children and young people in some areas and the need for early intervention
- challenges regarding transport and geographical distance.

Considerable feedback was received during consultation, outlining the importance of having true 'statewide' services, which are accessible to all regions. In developing the models of service (during implementation of the Plan), key stakeholders from different regions will be involved to ensure that the statewide services are configured to provide adequate access throughout Western Australia.

Further consideration will be given to how people are supported to travel from regional areas to access services located in the metropolitan area and how statewide services can provide outreach to regional areas.



STATEWIDE SERVICES

SERVICE TYPE	CURRENT	2025
Prevention		
MH* only Percentage	1%	5%
AOD only Hours ('000)	66	208
Hospital-Based Services**		
Graylands Beds***	176	–
Other Beds	26	40
Specialised Statewide Services****		
MH only inpatient beds	8	75
Forensic Services		
MH only inpatient beds	38	92
Community Hours ('000)	83	302

NOTES

MH = Mental health

AOD = Alcohol and other drugs

– : Service is not available

Note: All services are MH and AOD combined unless otherwise specified.

* Percentage of total Mental Health Commission budget.

** The beds outlined under the 'Hospital Based Services' stream (in all regions), includes beds which will replace those being gradually closed at Graylands.

*** Contemporary, personalised bed-based services will be retained on the Graylands site. Planning is underway and is part of the Graylands divestment planning.

**** Specialised Statewide Services refer to those services that are accessible to the entire State's population, but may be located in one specific location (e.g. the metropolitan area).

Define: Hours of Service (prevention, community treatment, specialised statewide services, forensics): includes face-to-face time between consumers/carers and staff, travel time, and time for other duties such as administrative requirements, training and research.

Note: the Plan articulates the overall intentions regarding service development and transformation of mental health, alcohol and other drug services over the next ten years. Exact locations and distributions of services as shown are subject to the Government's fiscal capacity and approval through normal budgetary processes, and will be determined by a combination of consultation process and the assessment of relative feasibility to deliver the service.

SERVICES



Prevention: These initiatives and strategies, including mass media campaigns, target a specific priority group or the whole population with the aim of reducing the incidence and prevalence of mental health problems, suicide and suicide attempts, promoting mental health and resilience, and reducing the harmful use of alcohol and other drugs.



Hospital-Based Services: include acute, subacute and non-acute inpatient units, emergency departments, consultation and liaison services, hospital in the home, mental health observation areas, and alcohol and other drug detoxification services.



Specialised Statewide Services: These include expert services for people with particular clinical conditions or complex and high-level needs.



Forensic Services: aim to prevent people with mental health, alcohol and other drug problems becoming involved in the criminal justice system and also provide treatment and support at all stages through the system.



STATEWIDE SERVICES FOR THE WHOLE POPULATION BY THE END OF 2025

Statewide services are those services that can be accessed by, or are modelled for, the entire population of the State. Statewide services often provide an additional level of expertise or service response for people with particular clinical conditions or complex and high-level needs. Many of these services provide expert advice, consultation and support to general services (including services in regional areas). They are usually delivered at a smaller scale as demand for the service is lower than demand for general services.

Certain inpatient beds are outlined in the Plan as statewide due to the relatively small number of people that will require access to such services. There are inherent feasibility challenges running and staffing multiple small units across the State, (e.g. infant, child and adolescent inpatient beds, youth subacute inpatient beds, perinatal inpatient beds), therefore some services will need to be combined with others or provided from a single location.

The closure of existing outdated wards at Graylands Hospital by the end of 2025 is a major milestone in the Plan. Graylands is the last statewide mental health inpatient hospital. New services will be established across the State including some new beds in a contemporary setting on the Graylands site, before any current beds at Graylands Hospital close. The location of the new services will be determined during the implementation of the Plan, as this will be dependent on the need for services in the regions.

The inpatient requirements for specialised statewide services includes perinatal beds, eating disorder beds, and neuropsychiatry and neurosciences. Currently, there are no dedicated beds for eating disorders, and neuropsychiatry and neurosciences. The modelling shows a requirement of 47 eating disorder beds by the end of 2025, whereas further work is required regarding the exact requirement of neuropsychiatry and neurosciences inpatient beds (as these are modelled in the total hospital bed numbers). The modelling shows a requirement of 28 inpatient beds for perinatal mental health by the end of 2025 – of which we already have eight at King Edward Memorial Hospital, and a further eight recently opened at the Fiona Stanley Hospital.

Many of the forensic mental health services are also classified as statewide services, due to the specialist nature of the inpatient facility proposed in the Plan, and the dedicated in-prison beds. There is greater flexibility with community-based forensic mental health, with geographical locations of services to be established during the implementation of the Plan.



MODELLING

The modelling which underpins the Plan has been undertaken according to the population in given geographical regions, including:

- North Metropolitan
- South Metropolitan
- Northern and Remote comprising of:
 - Goldfields
 - Kimberley
 - Pilbara
 - Midwest
- Southern Country comprising of:
 - Great Southern
 - South West
 - Wheatbelt

Exact locations and distributions of services will be determined by a combination of consultation processes and the assessment of relative feasibility to deliver the service. For example, if the modelling identifies one bed in a region, consideration will be given as to how that can be adapted or combined with other service types for the practicalities of service delivery in order to successfully and efficiently commission the services required for the region.

The modelling tools' output is provided in hours of service, hours of support or bed numbers; however, these are considered a proxy for the levels of service that will be provided in any given location. The modelled output does not specify the model of service or the service provider.

In consultation with key stakeholders (including consumers, carers, families, and clinicians), models of service will be developed to achieve a degree of standardisation throughout the State. This will enable a consistent standard of service provision, however, this must be balanced with the key aim of personalisation to meet individual needs and adaptability to meet local area characteristics (including service availability, population profile, diversity and cultural factors).

