Government of **Western Australia**
Mental Health Commission

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

KIMBERLEY

OVERVIEW

The Kimberley region encompasses an area of 420,000 square kilometres (almost twice the size of the State of Victoria, and three times that of the United Kingdom). The region constitutes 16.9% of the total Western Australian land mass.

The Kimberley region had a population of 38,500 people in 2014 (representing 1.5% of the State's population). By 2025, the population is expected to reach almost 43,000 people. However, although the population will increase, the percentage of the State's population living in the Kimberley region is forecast to decrease to 1.3%. The age distribution of the Kimberley population is younger than the State average, with more than 30% under 15 years, compared to 19% for the State.

ABORIGINAL POPULATION

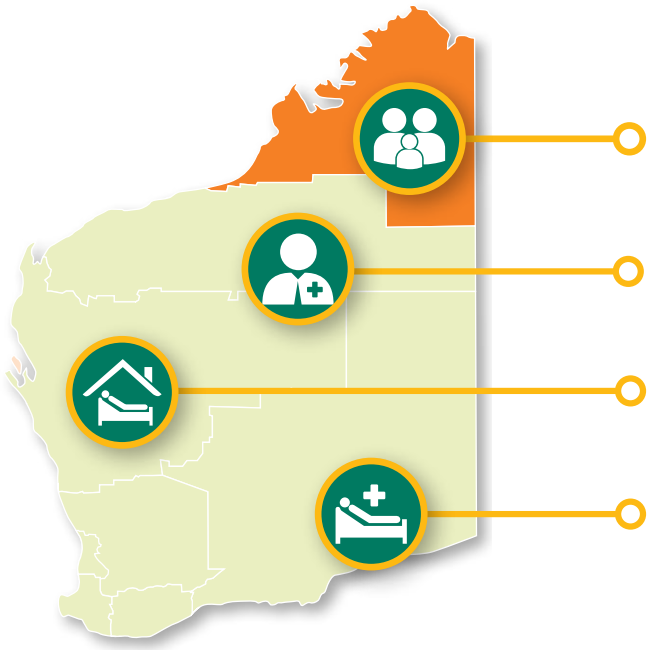
In 2011, the Kimberley region had the highest number of Aboriginal people living there: approximately 16,400 people, representing 21.5% of all Aboriginal people in the State. It is forecast that the Aboriginal population in the Kimberley region will reach 24,800 people by 2025. However, although the population will increase, the percentage of the State's Aboriginal population residing in the Kimberley region will decrease to 20.7%. By 2025, it is forecast that more Aboriginal people will live in the South Metropolitan area compared to the Kimberley region. There are more than 100 Aboriginal communities of various population sizes, scattered throughout the Kimberley region. Aboriginal people will represent 46% of the total population in the Kimberley by 2025, which is the highest proportion of Aboriginal people compared to non-Aboriginal people in any other region in the State.

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 particular 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.

The Kimberley region provided feedback on a number of gaps in the Plan. One of these was the need for training of court officials and magistrates in relation to mental health, alcohol and other drug problems. The Mental Health Commission has included an additional strategy and action in the Forensic Services section of the Plan: *Develop comprehensive training requirements for all non-mental health, alcohol and other drug frontline staff including police, corrections officers, court officers, magistrates and others* (see page 98 of the Plan) by the end of 2017. The Kimberley region also identified the need for hospital-based withdrawal beds in the region, which has also been addressed in the Plan.



NORTHERN AND REMOTE – KIMBERLEY

SERVICE TYPE	2025
Community Support Services	
Hours ('000)	182
AOD only beds	84
Community Treatment Services	
Hours ('000)	205
Community Bed-Based Services	
Beds	73
Hospital-Based Services	
Beds	35

NOTES

MH = Mental health

AOD = Alcohol and other drugs

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

Define: Hours of Support (community support only): includes face-to-face time only. For example, hours a person spends in respite care, hours spent undertaking an activity, hours of face-to-face support with peer workers, or health, social and welfare support workers etc.

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

Community Support Services: give people with mental health, alcohol and other drug problems the help and support they need to participate in their community. Support services can include programs that help people identify and achieve their goals and that assist them to access and maintain employment, education, housing and social interaction.

Community Treatment Services: provide clinical care in the community. These services generally operate with multidisciplinary teams who provide outreach, transition support, relapse prevention planning, physical health assessment and support for good general health and wellbeing. Alcohol and other drug community treatment services also include pharmacotherapy, screening and counselling.

Community Bed-Based Services: provide 24-hour, seven days per week recovery-oriented care in a home-style setting, low medical withdrawal services and structured, intensive residential rehabilitation for people with alcohol and other drug problems, following withdrawal. These services support people to improve their capacity to function independently following a stay at an inpatient unit or to avoid hospital admission where appropriate.

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.

SERVICES FOR THE KIMBERLEY BY THE END OF 2025

The Plan models the level and mix of services required across Western Australia by the end of 2025. The need for services in the Kimberley by the end of 2025 includes:

- Significant increases in community-based mental health (to 173,000 hours per year) and drug and alcohol support services (to 9,000 hours per year). These include peer support, employment, education and training programs, housing, social opportunities and help with daily living tasks.
- Increase community-based clinical treatment services for mental health (to 134,000 hours per year) and alcohol and other drug problems (to 72,000 hours per year) including the expansion of drug and alcohol service hubs in the Kimberley and increased outreach services.
- For the Northern and Remote Region (includes Goldfields, Kimberley, Pilbara and Midwest), the increase in community based clinical treatment services for mental health represents a 151% increase on current levels, and for alcohol and other drugs, a 168% increase.
- Provide two community-based beds for alcohol and other drug low medical withdrawal beds.
- 27 community-based mental health beds, including six community subacute step-up, step-down beds for Broome. The six community step-up, step-down beds is estimated to have around 80 admissions per year.
- Increase mental health hospital and hospital-in-the-home (HITH) beds (from 14 beds to 31 beds) which will enable approximately 480 additional mental health admissions per year.
- Four additional hospital beds for medically supervised complex alcohol and other drug withdrawal will enable approximately 140 additional admissions per year.

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 stake-holders (including consumers, carers, families, and clinicans), 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).