



## Frequently Asked Questions

### Overview

#### What is the Plan's overall objective?

- It means, if you need treatment or support for a mental health, alcohol or other drug problem, there will be the right service or mix of services available and readily identifiable for you.
- The Plan outlines the changes proposed for the mental health, alcohol and other drug service system across the State. It contains information on what services are anticipated for the metropolitan area as well as the southern country and northern and remote regions.
- Implementing the Plan over the next ten years is expected to give Western Australians better access to a modern, high-quality and person centred system of mental health, alcohol and other drug services.

#### What does this mean for me?

- The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 (Plan), sets the direction for mental health, alcohol and other drug service provision in Western Australia for the ten years from 2015 to the end of 2025.
- The Plan articulates Government's expectations about the changes needed to build on and enhance the improvements already made across the sector in recent years.
- The Plan outlines the key priority actions aimed at achieving system-wide changes to meet the needs of all Western Australians over the next ten years, to support the sectors in meeting these needs and towards improving outcomes for consumers, their families and carers. A first of its kind for Western Australia, the Plan sets a bold and ambitious agenda to create a more connected, high quality, and person-centred system.

### Consultation

#### Who has been involved in the development of the Plan?

- The Plan was developed by the Mental Health Commission, the former Drug and Alcohol Office and the Department of Health, with involvement of consumers, carers, families and service providers.
- The forensic services component of the Plan was developed in close consultation with the Department of Corrective Services.
- The Plan describes the optimal mix of services necessary to meet the demands of our population in 2025. The optimal mix is based on the National Mental Health Service Planning Framework (NMHSPF), and the National Drug and Alcohol Service Planning Model (DASPM).
- Over 2,300 stakeholders have contributed to the Plan's development.

#### Who has been consulted about the Plan?

- Consultation took place in the early stages of the development of the Plan in 2013. This involved expert reference groups, consultation forums and many other meetings. Further, the optimal mix of services described in the Plan is based on national models for the mental health and the alcohol and other drug sectors.
- The most recent consultation process regarding the draft Plan occurred from 3 December 2014 to 30 March 2015. This included 245 responses from an online survey and 19 consultation forums in the metropolitan and regional areas. Additional to the above, consultation with key sector groups occurred including (but not limited to): the Australian Medical Association WA (AMA), the Consumers of Mental Health WA (CoMHW), the Royal Australian and New Zealand College of Psychiatrists WA (RANZCP), the Western Australian Association for Mental Health (WAAMH), and the Western Australian Network of Alcohol and other Drug Agencies (WANADA).

## Why may some of the consultation feedback received not be in the Plan?

- Comprehensive consultation and modelling work has been undertaken to develop the Plan. Some feedback and detail could not be included in the Plan as it is more appropriate to include in individual business cases for specific actions. Services will be considered as part of normal budget processes and subsequently commissioned as per consultation, market feasibility, value for money, and best consumer/family outcomes.
- A [Consultation Summary Report](#) shows key feedback received during the most recent consultation process, whether or not the feedback was included in the Plan, and why.

## Timing

### Why did it take so long to develop?

- Further development of the Plan involved the refinement of the national modelling that was used to inform service level requirements contained within the Plan. This process has ensured the information on number of beds, hours of service, and hours of support are informed by the most robust evidence base available.

## Funding/Investment

### Is there any money attached to the Plan?

- The Plan is funder and provider neutral, and requires all levels of Government (including State and Commonwealth) to invest in mental health, alcohol and other drug services. Furthermore, the private and not-for-profit sectors have an important role to play in reforming the mental health, alcohol and other drug system.
- Given the financial circumstance of Western Australia's public sector, investment must be prioritised and staged. Investment can only be made when it is affordable and demonstrates value for money. All State investment is subject to business cases and Government approval.
- The Plan provides a pathway for investment, in the short, medium and long term, that can be implemented progressively as enabled by the State's fiscal capacity, and that of other funders (such as the Commonwealth, private and not-for-profit providers).

## How much will the Plan cost?

- The Plan is provider and funder neutral, relying on investment from the State and Commonwealth Government's, the private sector and the not-for-profit sector.
- Over time, the cost of the Plan will vary, depending on procurement/delivery method. For example, infrastructure costs will vary depending on whether the project is a lease, a new build, or part of contract costs. Also, the cost of the Plan will change as prices change over the ten year period (for example, Consumer Price Index, and future Enterprise Bargaining Agreements).
- It is estimated that the infrastructure costs of the Plan would total \$1.22 billion, and this based on a new build for all facilities, and is shown in 2012-13 prices (unadjusted for inflation) (whole system cost, funder neutral).
- It is estimated that the operational costs representing the whole system (if implemented as outlined in the Plan) would total \$1.92 billion in the year 2025, and is also shown in 2012-13 prices (unadjusted for inflation) (whole system cost, funder neutral).

## Who is going to pay for it?

- To fund the Plan, the Mental Health Commission will work closely with key Government Departments, Commonwealth Government agencies, the private and not-for-profit sectors to explore funding opportunities.
- For all initiatives that require State funding, the Mental Health Commission will take the lead in developing and submitting business cases for funding approval through normal budgetary processes.

## Graylands

### What will happen to Graylands hospital?

- The Plan proposes that a staged closure of Graylands would take place over a number of years, with no immediate impact on current staff or residents.
- A new contemporary mental health facility will be located on the Graylands site.
- Change will only take place following consultation with consumers, their families and carers, and residents of the area.

### **When will Graylands hospital close?**

- It is expected full divestment of services currently provided on the Graylands site will be completed by the end of 2025.
- However, it is intended that a small, new and contemporary mental health facility will be located on the Graylands site.

### **What will happen to the people who are treated there?**

- Every person currently receiving services at Graylands, their families and carers will continue to have quality services and support. No-one who is now receiving services will be disadvantaged or have their services cut.

### **What will happen to the staff who work at Graylands?**

- We will work with the Department of Health to ensure all staff are consulted in regards to their future employment options during the phased closure of the site.
- Staff will have access to Human Resources, relevant unions, and employee assistance where required.

## **Implementation**

### **Who is responsible for delivering the Plan?**

- The Plan is provider and funder neutral, that is, there is no single Government department responsible for its funding and/or delivery. The implementation of the Plan is the responsibility of the whole community, including the State and Commonwealth Governments as well as private and not-for-profit sector, individuals their families and carers, and clinicians.
- Implementation of the Plan will be managed by the Mental Health Commission.

### **How will the success of the Plan be measured?**

- The Plan includes an evaluation and reporting framework (see Appendix B).
- The Mental Health Commission will lead a continuing cycle of implementation and review of progress in realising the benefits of the Plan. As much as possible existing data will be used to inform the development of evaluation methods in order to maximise opportunities for benchmarking with existing sources and collections.

### **What are the priorities for implementation?**

- In the first three years, the focus will be on preparing for change, such as through the implementation of existing commitments and high priority actions as outlined in the Plan.

## **Alcohol and other drug services**

### **What are the key actions planned for alcohol and other drug services over the life of the Plan?**

- The current alcohol and other drug system provides a comprehensive range of treatment and support services. The system is considered to be more balanced than the mental health system, however, the modelling indicates that additional services are required across the spectrum of prevention, treatment and support services. The Plan outlines where additional services are required to better meet this need.

### **What is planned to prevent and reduce harm related to alcohol and other drug use?**

- Alcohol and other drug prevention is a high priority for investment over the next ten years. Strategies will include development of a comprehensive prevention plan that will include expanding evidence based prevention programs, including school based education and mass reach campaigns.
- The strategies recognise that in order to address the complexities of alcohol and other drug related problems, there is a need for comprehensive, collaborative and balanced approaches across the continuum of prevention and treatment services.

### **What is harm reduction?**

- Harm reduction measures are designed to reduce the adverse health, social and economic consequences to individuals, families and communities from the use of alcohol and other drugs. The aim is to reduce the harm that people experience, without necessarily reducing or discontinuing alcohol and other drug use.

### **Why are more alcohol and other drug services needed?**

- Current issues and trends highlight the need for planning to not only address current service needs but also the continuing and significant growth in the Western Australian population, the needs of certain population groups that continue to experience disproportionate harms associated with alcohol and other drug use (e.g. Aboriginal people and communities, young people and offenders), and changing drug use patterns such as the changes in the form of amphetamines/methamphetamines being used, emergence of synthetic drugs and increasing use of steroids.

- Western Australia has experienced steady but significant population growth over the five year period from 2007 to 2012, with three quarters of the population located in the North and South Metropolitan regions and highest growth in the northern regions of the Kimberley and Pilbara.

## The Matrix

### I don't understand what the numbers mean in the Plan Matrix (pages 105-106)?

- The matrix aims to show:
  - Demand modelling according to population; and
  - The level of service by service type, region and time-period.
- 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.

### Will the services be delivered in the regions, as specified in the matrix?

- The matrix outlines the modelled service level, based on populations of a given region.
- Re-modelling will occur every two years to ensure that the most up-to-date evidence and information are used, so that the Plan remains relevant. Further, the population may change in regions over the ten years, which would impact where services are delivered.
- 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.
- The modelling does not specify the model of service or the service provider. In consultation with key stakeholders (including consumers, carers and families), 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).

### The matrix only shows regional levels and not town/city names. How and when will town/city locations be identified for service delivery?

- Exact locations and distributions will be determined by a combination of consultation processes and the assessment of relative feasibility to deliver the service.

Exact locations will be outlined during business case development (for each initiative) through the normal budgetary process.

### Why are services shown as "hours of support" (for community support services) or "hours of service" (for other services such as community treatment)?

- The demand modelling tools estimate service types, levels and locations. The output of the modelling tool was in hours of support, hours of service or beds.
- The hours of support, hours of service or bed numbers are considered a proxy for the level of service for any given area. They are not intended to specify the model of service or service provider.
- Hours of Support: 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.
- Hours of Service: includes face-to-face time between consumers/carers and staff, travel time, and time for other duties such as administrative requirements, training and research.

### What are Hospital in the Home (HITH) services?

- The HITH program offers individuals the opportunity to receive hospital level treatment delivered in their home, where clinically appropriate.
- HITH is consistent with the approach of providing care in the community closer to where individuals live.
- HITH is delivered by multi-disciplinary teams including medical and nursing staff. People admitted into the program remain under the care of a treating hospital doctor.

## Other

### What will happen with psychiatric hostels?

- Access to support to regain skills required for independent living can sometimes be difficult for people living in hostels. Modern, recovery focussed versions of these services will have a role in a 'balanced' system.

### What is planned to better meet the needs of those with co-occurring mental health, and alcohol and other drug problems?

- There is recognition of the high proportion of people who need to access services in both the mental health, and alcohol and other drug sectors.

- Services to support people with both mental health, alcohol and other drug problems are a priority identified in the Plan. People with co-occurring problems require access to services that provide seamless, holistic integrated support, regardless of which specific service they have initially accessed.
- Key areas of focus will include the co-location of mental health, and alcohol and other drug treatment services where appropriate, increasing the number of staff in hospitals and emergency departments who have experience in helping people with co-occurring mental health, alcohol and other drug problems, and increasing workforce capacity to address co-occurring as well as physical health needs.

### **If I need help with an alcohol and/or other drug problem, will I have to access a mental health service?**

- No you will not have to access a mental health service if you have an alcohol and other drug problem. It is, however, expected that regardless of what service you access (mental health or alcohol and other drug); you will receive support that is holistic and seamless.

### **What does recovery mean?**

- Recovery is a personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful and contributing life.
- Recovery oriented practice ensures services are delivered in a way that supports each person's recovery. This practice promotes a partnership between people accessing services and professionals who provide services, whereby people with lived experience are considered experts of their lives and experiences while professionals are considered experts on available interventions and services.
- Recovery for alcohol and other drug use may or may not involve goal related to abstinence.

### **Where do I go to get help for my mental health problem?**

- If you or someone you know has a mental health issue, the best place to start is your general practitioner (GP).
- If it is an emergency you can:
  - phone 000;
  - phone the Mental Health Emergency Response Line (metro callers: 1300 555 788, Peel: 1800 676 822); or
  - phone Rural link (for rural and remote areas: 1800 552 002)
- The "Green Book" is an online tool and downloadable application with a list of mental health, alcohol and other drug services in the State. You can visit the Green Book at [www.greenbook.org.au](http://www.greenbook.org.au).
- The Mental Health Commission also has a list of services on its website: [www.mhc.wa.gov.au](http://www.mhc.wa.gov.au)

### **Where do I go to get help for my alcohol and other drug problem?**

- The Alcohol and Drug Support Service (ADSS) is a confidential, non-judgemental 24 hour/seven days a week helpline for anybody seeking assistance with alcohol or other drug use. For help call ADSS on (08) 9442 5000, (country callers toll-free: 1800 198 024).
- The Parent and Family Drug Support Line is a confidential, non-judgemental, 24 hour/seven days a week helpline for families and carers seeking help for alcohol or other drug use. In addition to professional counsellors, PDIS has a network of trained volunteer parents you can speak to between 8:00am and 10:00pm each day.
- The "Green Book" is an online tool and downloadable application with a list of mental health, alcohol and other drug services in the State. You can visit the Green Book at [www.greenbook.org.au](http://www.greenbook.org.au)

### **Who can I ask if I have any questions about the Plan?**

- If you have any questions that are not covered in the Plan or by the factsheets and FAQs, or you would like to find out about accessibility of the Plan please email [contactus@mhc.wa.gov.au](mailto:contactus@mhc.wa.gov.au).