



*We're working for
Western Australia.*

WA State Priorities

Mental Health, Alcohol and Other Drugs 2020-2024

2020
2024

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The Government of Western Australia acknowledges the traditional custodians throughout Western Australia and their continuing connection to the land, waters and community. We pay our respects to all members of the Aboriginal communities and their cultures; and to Elders past and present.

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Minister's Foreword

More people than ever are seeking mental health, alcohol and other drug help, support and treatment in Western Australia, with greater awareness of the importance of mental wellbeing.

How we respond to this increasing demand affects all Western Australians. Our community's health and wellbeing is essential to our quality of life and our collective capability to deliver a secure and strong future for our society. When people do not receive the right support to manage mental health, alcohol or other drug issues, their capacity to lead a meaningful, well-rounded life is diminished, along with the capacity of their carers, families and friends¹.

Everyone should have the right to access treatment and support when they need it. A shift in investment is urgently required to help address this.

To truly balance the system, we must learn from the past, and make positive changes for a sustainable future. This is essential so people with mental health, alcohol and other drug issues have better outcomes, as demand on our services continues to increase.

To achieve this, we have developed the '*WA State Priorities Mental Health, Alcohol and Other Drugs 2020-2024*' which highlights our immediate areas of focus. The priorities are aligned with the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025* and further identified are six priority groups requiring heightened consideration across the system. These priorities are intended to tackle the complex issues associated with mental health, alcohol and other drugs.

This document describes where we will be focusing our efforts over the next four years to shift to a more efficient, sustainable, recovery-focused and consumer-led system. These priorities are not the entire story, however they provide the first steps required to produce real outcomes across our community.



We can't do it alone. The Mental Health Commission; Department of Health; and health service providers will be working in partnership with non-government organisations; consumers, carers and families; and agencies across government to deliver these priorities. All members of our community should also be active participants in the prevention, management and recovery from mental health, alcohol and other drug issues.

Everyone's journey and story is different and optimal mental wellbeing requires our individuality and diversity to be recognised and taken into account.

We are lucky to live in this part of the world, with natural beauty and a prosperous society. However, we must act to ensure we have the quality of life into the future that we would wish for ourselves and our children. Our Government is ready to lead that change.

After all, there is nothing more important than our health and wellbeing.

Hon Roger Cook MLA

Deputy Premier, Minister for Mental Health

10 March 2020

1. Investing to Save: The economic benefits for Australia of investment in mental health reform, KPMG, 2018

Purpose

The aim of this document is to identify the immediate priorities for action by the State Government to reform and improve the mental health, alcohol and other drug (AOD) sector over the next four years.

These areas of focus for the Government will form the priority work by the Mental Health Commission, Department of Health and health service providers towards the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025.

It aims to focus the work of agencies from the large number of actions in the Plan. These are the priorities that will have the greatest impact on shifting the system and greatest benefit to the Western Australian community.

It brings together priority work already underway, as well as work only just begun, which will rely on a commitment from stakeholders and Government to progress.

It does not include work by other stakeholders or smaller projects, though they are also vital in delivering an optimal mental health and AOD system for Western Australians.

Background

The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 outlined:

- that balancing the mental health and AOD system would result in less reliance on costly, acute services;
- that the services delivered to Western Australians and the system as a whole should deliver contemporary models of person-centred care and ensure that various demographic groups are catered for;
- that adequate services should be provided for people across all regions of Western Australia;
- that this would require the Mental Health Commission, Department of Health, health service providers and non-government organisations to work together; and
- this should be done in partnership with consumers, carers and families.

The Sustainable Health Review subsequently identified strategies and recommendations that provide a framework for working towards consumer-centred, high quality and sustainable care.

Principles

- This document builds on the strong foundations created for system reform, which include the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025, Sustainable Health Review and other strategies and plans.
- Expansion of the system and remodelling it at the same time, whilst also delivering current priorities of government (Safer Communities, Brighter Futures and Aboriginal Wellbeing) is challenging, complex and requires a prioritised approach.
- Prioritisation of investment will be focused on the areas and services of greatest need first, as determined through previous consultations and reports from the sector, other stakeholders and the community.²
- It is vital to use an evidence-based approach to both determine and deliver these priorities.
- Organisations need to take into account and cater for evolving population and demographic changes.
- The Government is committed to working towards the common goal of optimal mental health and minimal alcohol and other drug issues for Western Australians.

2. e.g. Consultations related to the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025, Plan Update 2018, Suicide Prevention Action Plan, Promotion and Prevention Plan.

Current State

A sustainable system will deliver prevention and early intervention support to help keep people well, as well as coordinated, long-term care, to the people that need it, how they need it. However:

There are an estimated one in five Western Australians dealing with a mental health condition each year; 383 deaths by suicide in 2018, with wider impacts on families, friends and communities; and just under four in ten people using AOD at harmful levels.

Following decades of under-investment in mental health³ across governments, and despite a 13.5% increase in funding since 2015⁴, Western Australia does not yet have enough services to support the mental health of its population.⁵

Estimated demand across the mental health, alcohol and other drug system currently outstrips supply, across all types of services and care, including acute, forensic and community services.

There was a 5.6% increase in the number of people presenting at Western Australian public emergency departments with mental health, alcohol or other drug issues, between 2017-18 and 2018-19.

Government funding and available services are currently skewed towards costly, acute care, rather than more inexpensive support services in the community.

As a result, some people are in hospitals and are attending emergency departments, when they don't need to be there. 27% of mental health hospital beds are currently filled with people who could be discharged into community services, if they were available.⁶

This is putting pressure on hospitals and it means hospital care is not available to people that need it, increasing the numbers of people in the community, as well as the police and justice system, with unmanaged mental health or AOD issues.

In August 2019, 81% of referrals from prison services to the Frankland Centre lapsed without the person receiving a hospital placement.⁷

There is a cohort of people bouncing between mental health hospital services and prisons, as they are unable to break the cycle due to a lack of suitable community services to support them in their recovery journey.

This is impacting on children and families and it means ordinary Western Australians are not receiving the health care and support they need to manage their own mental health issues.

While overall system capacity has increased in recent years, there is a clear need to focus on mental health and AOD and provide more investment across the system, in line with the acuity and complexity of conditions being treated.

Identified Priorities

On page eight is an infographic showing each of the top priorities to balance the system and work towards a world-class mental health and AOD system. These are in six categories: Prevention; Community Support; Community Accommodation; Treatment Services; Sector Development; and System Supports and Processes.

Areas Requiring Focus

The following population/community groups have been identified as requiring specific consideration and will be addressed across the categories. Other population groups will also be addressed in the progression of specific initiatives.

- People with severe mental illness and challenging behaviours
- Children and youth
- Aboriginal people
- People with personality disorders
- People with eating disorders
- People with neuropsychiatry and developmental disabilities

Accommodation and Support Strategy, Workplace Strategic Framework, Sustainable Health Review, advice from stakeholders such as the Chief Psychiatrist, Chief Mental Health Advocate, Inspector of Custodial Services, Auditor-General, Productivity Commission, service provider reviews and evaluations etc.

3. Parliament of Australia Report: A National approach to mental health – from crisis to community', 2006. Australian Medical Association position statement on mental health, 2008, Productivity Commission Draft Report on Mental Health, October 2019

4. MHC Finance analysis, sourced from the 2015-16 Budget compared to 2019-20 Budget (Total income and Income from State Government line items in the Income Statements of the Budget Papers).

5. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025, Plan Update 2018

6. Inpatient Snapshot Survey 2019

7. Inspector of Custodial Services, correspondence to Department of Health, 18 October 2019

Initiatives Leading the Way

Royal Perth Hospital Mental Health Emergency Centre and Urgent Care Clinic (Toxicology)

Royal Perth Hospital has been boosting the capacity of its Emergency Department to provide alternative environments for people with mental health or AOD issues.

Its Urgent Care Clinic (Toxicology) provides specialised services for people with behavioural disturbances usually caused by illicit AOD use.

Complementing the clinic is a Mental Health Emergency Centre, providing a comprehensive suite of psychiatric services to meet the health needs of the large, inner city population in a low-stimulus, short-stay environment.

Due to open later this year, a **Safe Haven Café** is also being established adjacent to the hospital to provide an alternative environment for people with mental health and AOD issues experiencing distress who do not need intensive clinical support. The service will be delivered by peer support workers and will enable referral to further services.

Individualised Community Living Strategy Program

The Individualised Community Living Strategy (ICLS) Program provides support to people to enable them to live independently in the community, through drop in supports and coordinated clinical and psychosocial supports.

It delivers individualised support through a contemporary recovery-oriented approach, improving the appropriateness, accessibility and responsiveness of mental health and AOD service delivery for eligible individuals.

There are currently 157 support packages available through ICLS across the State. Each year, individuals develop personalised support plans with their service provider based on their recovery goals and support needs. For many people accessing the program, their support needs decrease as their capacity for living independently increases, which means less funding is required.



Mother and Baby Mental Health Units

Mother and Baby Mental Health Units provide treatment for mental health issues such as depression, anxiety or psychosis in late pregnancy and during the postnatal period.

The care model focuses on mental health treatment and attachment between the mother and baby, with babies up to the age of 12 months, who are not walking, staying with their mother in the unit.

Once admitted, mother and baby will participate in a variety of therapeutic interventions, including individual sessions, group programs and nursing care (including mothercraft support). The facilities are designed to support the mother in meeting her baby's needs.

The units are focused on long-term outcomes for the mother and baby, with partners and other family members also encouraged to be involved in their care as much as possible.

Statewide Specialist Aboriginal Mental Health Service

The Statewide Specialist Aboriginal Mental Health Service (SSAMHS) aims to improve the mental health of Aboriginal people with severe and persistent mental illness through the delivery of culturally appropriate mental health services.

The service embeds specialised Aboriginal mental health multi-disciplinary teams within mainstream clinical mental health services.

A 2017 evaluation found that access to community and hospital mental health services increased in Aboriginal patients in contact with the service, compared to Aboriginal patients who did not have any contact.

Through the provision of a culturally secure model of service, SSAMHS reaches Aboriginal people with severe and persistent mental illness that would otherwise not engage in mainstream mental health services.

Alcohol. Think Again Campaign

The Alcohol.Think Again public education campaign is motivating Western Australians to change behaviour in relation to alcohol.

Evidence shows that alcohol is associated with a range of chronic diseases, including cancer, liver disease, cardiovascular disease and stroke and mental health problems, with harmful alcohol use also contributing to increased demand on ambulance services, hospitals and the police.

The most recent Parents, Young People and Alcohol 'I need you to say no' campaign, which targeted parents of young people aged 12 to 17 years-of-age with the key message that 'no one should give alcohol to under 18s', resulted in more than 11,000 parents stopping supply of alcohol to their child as a result of the campaign.



Community Alcohol and Drug Services

The Community Alcohol and Drug Services are provided in every region of Western Australia to help people with alcohol and other drug issues.

They are provided through integrated services and partnerships in metropolitan and regional areas, by the Mental Health Commission's Next Step Drug and Alcohol Services, WA Country Health Service and non-government organisations Palmerston, Cyrenian House, Holyoake, St John of God, Hope Community Services and Mission Australia.

The services provide a comprehensive range of AOD services from one location, for people aged 14 years and over, their carers and their families. This includes clinical treatment and other supports, in a free and confidential manner.

Multisystemic therapy program

The Child and Adolescent Health Service is holistically supporting young people in need through its wrap around multisystemic therapy program.

Multisystemic therapy is an intensive intervention helping families with eligible young people aged 11 to 16 years in the metropolitan area experiencing serious behavioural and mental health problems.

The four to five month program provides parents and carers with knowledge and skills to help their children. Clinicians meet with parents and carers in their home, often three times a week, to empower them to understand and solve their family problems.

Over the last two financial years, 169 young people and their families have been supported by the multisystemic therapy team.

Mental Health Portfolio Priorities 2020-2024

(In Partnership – Mental Health Commission, Health Service Providers, Non-Government Organisations)

Steps towards a more effective and efficient system



PREVENTION

Suicide prevention

Mental health prevention

Alcohol reduction strategies

Local government health plans (illicit drugs)

Real time prescription monitoring

Illicit drugs at high risk events



COMMUNITY SUPPORT

Alternatives to EDs

Expansion of supported accommodation

Step up/step downs

Recovery college



COMMUNITY ACCOMMODATION

Community beds for high needs

Expansion of community supported beds

Contemporary bed based models

AOD transition housing



TREATMENT SERVICES



SECTOR DEVELOPMENT



SYSTEM SUPPORTS AND PROCESSES

Suicide intervention and postvention

Critical skill shortages

Streamline inpatient documentation

Diversion programs

Contemporary patient care

Mental health accommodation vacancy system

Non-admitted community treatment

Consortiums and partnerships

Flow and transition between services

Hospital beds (secure/open)

Peer workers across the sector

Navigation of services

Forensic services

Safety and support for staff

Delivering consumer outcomes

Rationale

A sustainable system will deliver coordinated, long-term care, to the people that need it, how they need it, but we need to act now to:

- help prevent problems occurring in the first place;
- give people alternatives to hospitals and emergency departments;
- remove blockages in the bed-based system;
- address demand in areas of highest need;
- ensure people in the justice system get access to treatment; and
- better integrate a divided system, so that it can deliver more holistic care to individuals and the right type of care at the right time.

This will increase the health and wellbeing of individuals and be more cost effective for Western Australians.

Prevention

Prevention initiatives aim to reduce the incidence and prevalence of mental health and AOD problems.

Expenditure in Prevention services has reduced by 9% since 2013-14.⁸

It is best practice to have at least 5% of overall expenditure going towards Prevention⁹, we are currently at 1.4%.

A study by the National Mental Health Commission, found investment in prevention is cost-effective. Of ten models that were looked at, nine had a positive return on investment.¹⁰

There is an estimated return on investment of \$14 for \$1 spent.¹¹

Preventing issues before they arise will reduce pressure on the whole mental health and AOD system and the community.

Community Support

Community support services provide people with mental health and AOD issues access to the help and support they need to participate in their community. They include peer support and group programs, harm reduction programs, and family and carer support.

Community support services for mental health are less than 20% of what they need to be in 2025 to adequately support the community.¹²

Supported accommodation and step up/step down services are required across WA, so patients with higher complexity needs have services that can care for them in community.

By providing early intervention and adequate support services we can give people the opportunity to find mental health and AOD support, before they become more unwell and cycle back to emergency departments and hospital beds as the only option available.

Community Accommodation

Ensuring people have a safe place to live is essential to enabling their recovery or managing their mental illness or AOD problems.

Accommodation services, and related mental health and AOD supports in the community, enable people to recover in a safe and appropriate environment.

To ensure the system works effectively we need accommodation across the continuum from high needs care settings to lower needs tenancy support services.

The system is currently only providing 60% of the required number of community beds.¹³

27% of people in mental health hospital beds could be supported or treated in a more appropriate way if there were more community options available.¹⁴

Without investment in a range of accommodation options outside of hospitals, the system will continue to be blocked at an unacceptably high rate.

8. Plan Update 2018. This 9% (or \$1.9 million) reduction is due to a number of factors, including reduced funding and expenditure for some federally funded programs and efficiencies found within the Commission as a result of the amalgamation of the Drug and Alcohol Office with the Commission and the Agency Expenditure Review.

9. 5% figure stated in Sustainable Health Review and 7% (which includes both mental health and AOD) is stated in the WA Mental Health, Alcohol and Other Drug Services Plan 2015-2025. 1.4% figure according to the 2019 State Budget.

10. National Mental Health Commission: New research released today will help workplaces, schools and communities make informed decisions on mental health prevention spend, August 2019

11. Return on investment of public health interventions: a systematic review, Master, Anwar, Collins, Cookson & Capewell, 2017

12. WA Mental Health, Alcohol and Other Drug Services Plan 2015-2025: Plan Update 2018.

13. Plan Update 2018

14. Inpatient Snapshot Survey (178 of 656 patients)

Treatment Services

Treatment services provide clinical care to people with mental health and AOD problems. These include counselling services in the community, hospital services and services for people in the justice system.

Currently, despite 43% of the mental health and AOD budget going towards hospital and forensic services¹⁵, demand continues to outstrip available services.

An estimated 65% of the juvenile and 59% of the adult prison population have mental health problems.¹⁶

In August 2019, 81% of referrals from prison services to the Frankland Centre lapsed without the person receiving a hospital placement.¹⁷

Between 2017-18 and 2018-19 there was a 5.6% increase in the number of people with mental health or AOD issues presenting at emergency departments at public hospitals in Western Australia.¹⁸ There has been an increase of 250% in mental health emergency department presentations over the past 15 years.¹⁹

Nationally, while only 4% of emergency department presentations were for mental health, this group comprised 19% of patients waiting in emergency departments for hospital beds and 28% of those delayed from leaving the emergency department due to a bed not being available.²⁰

Statewide demand for mental health inpatient beds was at a 'Black' bed capacity status level for the majority of September and October 2019 (85% and 59% respectively), indicating hospitals and emergency departments are in "gridlock with complete access block", with both emergency admissions and internal transfers unable to occur.²¹

Substance co-morbidity is common amongst individuals with serious mental illness in Western Australia, with integrated treatment of co-occurring AOD issues required, in a major change to the current, separated approach.²²

Hospital and forensic services are essential and must continue to be maintained, improved in governance and quality, and keep pace with changing population demands.

Funding levels for all treatment services should be appropriate and in line with the acuity and complexity of mental health and AOD issues being treated.

Demand in forensic services can be eased through the provision of more diversion and early intervention treatment programs, while demand in hospitals can be reduced by increasing capability in the public community treatment services and community accommodation services.

Suicide deaths remain at an unacceptably high rate in Western Australia, with 383 deaths by suicide in 2018²³, and wider impacts on family, friends and the community.

By providing treatment services for people at high risk of suicide, suicide deaths can be reduced.

Treating people in the community will also enable them to recover or manage their illness in their community, close to supports from family and friends, and is more cost effective than hospital services.

15. Mental Health Commission Budget Bulletin 2019-20

16. WA Mental Health, Alcohol and Other Drug Services Plan 2015-2025

17. Inspector of Custodial Services, correspondence to Department of Health, 18 October 2019

18. Department of Health, October 2019

19. AIHW report: Mental health services in Australia (increase in WA from 10,114 (2004-05) to 35,634 (2017-18))

20. Productivity Commission Draft Report into Mental Health

21. Department of Health, November 2019

22. Chief Psychiatrist draft report: People with Severe Mental Illness and Challenging Behaviour, Sept 2019

23. Australian Bureau of Statistics Causes of Death 2018

Sector Development

The mental health and AOD sector is made up of a range of organisations across both government and non-government.

A large proportion of the workforce is employed by the public health service providers.

The people who work in the mental health and AOD sector will provide greater quality of person-centred care if they are provided with essential training, education and supports.

Developing an effective system depends on quality, contemporary patient care being provided, including individualised approaches; carer and family inclusion; culturally secure practices; recovery oriented, trauma informed care; and the availability of physical and creative therapies.

While traditionally the workforce is centred around clinical positions, there is increasing recognition of the importance of peer and other support workers.

Peer workers are highly valuable in providing person-centred, recovery focused services and are essential to enhancing care across the system.

For the staff who work directly with people who have very challenging behaviours (including those affected by the increasing potency of available drugs like methamphetamine) it is vital they feel safe and able to manage the people they care for.

Reducing stigma and discrimination against staff and consumers will help attract staff to the sector.

A well-coordinated, high quality and appropriate workforce will enable the development and delivery of individualised and responsive services for Western Australians.

System Supports and Processes

The sector includes more than 100 organisations, providing over 560 mental health and AOD services to Western Australians²³, supported by GPs and the wider health and community sectors.

To build a person centred system, we need to help people more easily access services that will meet their individual needs.

Service providers must be encouraged and supported to collaborate, fill gaps in the continuum of care and enhance accessibility to services.

Developing a model for navigating the system that brings the person to its centre and enables individuals to have one point of entry for services will enhance service delivery and outcomes.

Streamlining documentation, reducing red tape and identifying available beds and services will ease pressure and increase capacity within the system.

Defining the outcomes delivered to consumers by services and working across service types to deliver overall outcomes for the individual will enhance system capacity through reducing readmissions and improve community health.

Input and Context

Existing strategies and plans provide guidance in the reform process. These include:

- *Mental Health Act 2014* and Post Implementation Review
- Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 and the Plan Update 2018
- *Health Services Act 2016* and *Alcohol and Other Drugs Act 1974*
- Working Together: Mental Health and Alcohol and Other Drug Engagement Framework 2018 – 2025 and Toolkit
- Western Australian Alcohol and Drug Interagency Strategy 2018-2022
- Methamphetamine Action Plan and the Full Government Response to the Western Australian Methamphetamine Taskforce Report
- Our Priorities: Sharing Prosperity
- Western Australian Mental Health Promotion, Mental Illness, Alcohol and Other Drug Prevention Plan 2018-2025 (Prevention Plan)
- A Safe Place (the Accommodation and Support Strategy) - drafted
- Mental Health, Alcohol and Other Drug Workforce Strategic Framework 2018-2025 - drafted
- Auditor General's report: Access to State-Managed Adult Mental Health Services
- Message Stick Inquiry into Aboriginal Youth Suicide and Kimberley Coronial Inquest
- Fifth National Mental Health and Suicide Prevention Plan
- Sustainable Health Review.

The demands of the Western Australian population are ever changing and the complexity in which the Mental Health Commission, health service providers and non-government organisations operate is increasing. The following are examples of potential 'disruptors' that could affect delivery of the priority initiatives or change what is delivered:

- Aged Care and Disability Royal Commissions
- Productivity Commission Inquiry on Mental Health
- The Select Committee Inquiry into alternate approaches to reducing illicit drug use and its effects on the community
- The Criminal Law (Mental Impairment) Bill
- NDIS

To mitigate this, the progress of the priorities outlined will be monitored and reviewed on a regular basis, as set out in the Coordination and Review process, with relevant adaptations made in response to changes in the environment and the Budget context.

Conclusion

The Mental Health Commission in partnership with the Department of Health, health service providers and non-government organisations, will lead the delivery of these priorities over the next four years. These priorities have been identified as likely to have the maximum positive impact on the system and will provide for further improvements in the future.

Western Australian consumers, carers and families are our collective priority and listening to the voices of lived experience will be fundamental.

The Government is committed to moving towards services that are integrated, holistic and can manage co-occurring mental health and AOD problems.

A more sustainable and balanced system will develop as lower-cost community-based services become more available, reducing pressure on higher-cost inpatient units.

Providing people with the very best services for mental health and AOD will require a contemporary and responsive approach.

Working collaboratively with consumers, carers and families, the primary health care sector, the wider community and other agencies will be essential in seizing the opportunity the next four years presents.

Using evidence-based methodology, as well as ongoing evaluation and review of outcomes and progress will also be critical.

The opportunity is available to holistically address existing system issues and make key advancements towards a world-class mental health system for the future.



SECTOR LEADERSHIP



INTEGRATED SERVICES FOR INDIVIDUALS



WORKING TOGETHER



A SUSTAINABLE AND BALANCED SYSTEM



AN EVIDENCE-BASED, OUTCOMES APPROACH

DELIVERED WITH A CONSUMER FOCUS



*We're working for
Western Australia.*

GPO Box X2299
Perth Business Centre WA 6847
Level 1, 1 Nash Street
Perth WA 6000
T (08) 6553 0600
www.mhc.wa.gov.au

