

Mental Health, Alcohol and Other Drugs Clinical Advisory Group Communique

6 May 2025

The Clinical Advisory Group (CAG) supports the Mental Health and Alcohol and Other Drugs Joint Leadership Group (JLG) by providing contemporary expert advice on clinical matters, inclusive of both public and community settings. The CAG strives to ensure that their contributions ensure the delivery of an integrated, recovery-oriented system that encapsulates whole of system priorities, including transitioning to more community-based services that provide prevention, earlier intervention, and diversion away from acute in-patient services.

This Communique provides a summary of the key items tabled at the CAG meeting for the purposes of providing advice to the JLG.

Western Australian Suicide Prevention Framework 2025 – 2030

The CAG was invited to provide advice regarding the development of the Western Australian (WA) Suicide Prevention Framework 2025-2030. The new framework will align with the Western Australian Mental Health, Alcohol and Other Drug Strategy 2025-2030 (currently in development); the National Suicide Prevention Strategy 2025-2035; and the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025-2030. Members noted that public consultation on the framework is planned in June – July 2025.

- Members discussed the proposed approach which aligns to the National Suicide Prevention Strategy, highlighting that protective factors are a critical consideration in assessing risk in a clinical context.
- Members also discussed additional at risk-risk groups which may be considered within the WA Suicide Prevention Framework and the importance of having accessible crisis and service navigation support, acknowledging the role of a non-clinical workforce including volunteers and peer workers with a lived experience.
- In the development and implementation of the WA Suicide Prevention Framework, the CAG advised the JLG to consider:
 - Community, workforce and clinical capacity building.
 - The development of localised suicide prevention plans that are place-based and community led, particularly in rural and remote areas, that allows for scaled and modified approaches for particular at-risk cohorts.
 - Enhancing post-discharge support for those who have presented to Emergency Departments following a suicide attempt and expanding place-based postvention services.
 - Expanding non-clinical and peer workforce to offer accessible support and crisis services, supported by appropriate training and clinical governance.
 - Enhancing the use of data to enable appropriate response and supports for individuals at risk, and enable data driven planning to address areas of specific need, noting the role of the National Suicide Prevention Strategy in addressing this nationally.

Addressing gaps in services for 16-17-year-old cohorts

Members were invited to discuss and provide advice on addressing service gaps for 16–17-year-old cohorts accessing inpatient acute treatment in metropolitan Perth, with a particular focus on enhancing transition support.

Members discussed the benefits of ‘warm handovers’ and shared care models that enable the smooth transition between services. Principles for transition were suggested that could be considered in tailoring approaches to best suit local services, noting that resourcing requirements need to be considered. Members also highlighted information sharing as a key enabler to enhance transition between services.

Alcohol and Other Drug Service Provision in a Health Service Provider Setting

The CAG was invited to provide advice regarding priorities for addressing stigma and discrimination as part of strengthening alcohol and other drugs service provision within Health Service Providers (HSP).

Members acknowledged the impact of stigma and discrimination in clinical settings and discussed issues including:

- Stigma and discrimination experienced in Emergency Departments, potentially due to time pressures impacting the opportunity to undertake comprehensive assessments, including application of standardised tools for assessment of alcohol and drug use.
- The importance of HSPs providing treatment without judgement, regardless of how many times an individual presents.
- From a clinical perspective, supporting individuals to disclose alcohol and other drug use ensures the provision of safe and appropriate care, noting the opportunity to use electronic medical records to support informed and appropriate care.

In the implementation of alcohol and other drug services within HSPs, the CAG recommends that the JLG consider:

- Supporting all clinicians with training and including stigma and discrimination education as part of orientation for new staff.
- Exploring the role of workforces such as peer workers and addiction medicine specialists to support clinical teams in Emergency Departments and pre-natal settings to better support those with alcohol and other drug presentations.
- Exploring existing tools that may support and empower individuals to prepare for healthcare interactions that are sensitive to their specific needs.

State Government Guide to a Trauma Informed Approach

The Mental Health Commission have been tasked with developing a State Government Guide to a Trauma-Informed Approach and Members were invited to provide advice on existing trauma-informed approaches, guidelines and strategies in clinical settings to inform the approach.

Members highlighted the importance of translating the guide into practice, and shared details of best practice examples. Discussion included the needs of Aboriginal and Torres Strait Islanders and refugees. Members also discussed vicarious trauma impacting the workforce, highlighting the need for resources, education, support, and funding to support implementation.

The next CAG meeting is scheduled for 5 August 2025.