



Western Australian

Mental Health and Alcohol and Other Drugs Strategy

2025-2030: Proposed Strategic Directions



Mental Health Commission



Acknowledgement of Country

The Mental Health Commission acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of this country and its waters. The Commission wishes to pay its respects to Elders past and present and extend this to all Aboriginal people seeing this message.

Recognition of Lived Experience

We recognise the individual and collective expertise of those with living and lived experience of mental health, alcohol and other drug issues and suicidal crisis, including their families and carers.

This resource was prepared by:

Mental Health Commission
GPO Box X2299
Perth Business Centre WA 6847

A note on language and terminology

Language is important and the words we choose matter. The language and terminology used to describe mental health, suicide, and alcohol and other drug use can have a significant impact on stigma and discrimination. Language also affects people's ability and willingness to seek or offer help, and it plays an important role in how people feel about themselves.

Our understanding of wellbeing, mental health and alcohol and other drugs use is constantly evolving, and so is the language and terminology we use.

The terms 'mental illness' and 'mental disorder', are not terms recommended for use in broad communications as they have negative connotations. Reference to these terms is only made where it is terminology applied by a specific data source.

Within Western Australia, the term Aboriginal is used in reference to Aboriginal and Torres Strait Islander People, in recognition that Aboriginal people are the Traditional Custodians of Western Australia. Use of the word 'Aboriginal' within this document refers to both Aboriginal and Torres Strait Islander People.

A glossary including a list of acronyms are provided as [Appendix A](#) outlining the terms used in this document and their intended meaning.

Diversity of perspectives and language in Lived Experience

Diversity of perspectives and language in Lived Experience (Peer) spaces is critical to creating inclusive and representative practices. It is essential to engage with and learn from a diverse range of people who have a variety of lived and living experiences. This includes those who have faced social and structural barriers to accessing services, those with experiences of stigma, discrimination, criminalisation, and poverty, as well as those who have interacted with mental health and alcohol and other drugs services from different perspectives. For example:

- People who have accessed harm reduction services may have a different perspective from those who have accessed abstinence-based services.

Feedback

Any feedback related to this document should be emailed to:
MHAODStrategyFeedback@mhc.wa.gov.au

Accessibility

This publication is available in alternative formats on request to the Mental Health Commission.

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Disclaimer

The information in this document has been included in good faith and is based on sources believed to be reliable and accurate at the time the document was developed. While every effort has been made to ensure that the information contained within is accurate and up to date, the Mental Health Commission and the State of Western Australia do not accept liability or responsibility for the content of the document or for any consequences arising from its use.

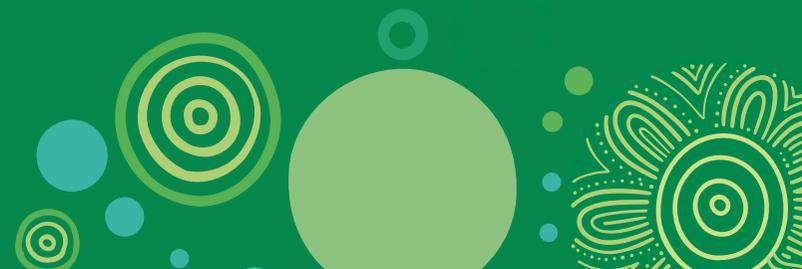
- Individuals who have had negative interactions with healthcare or criminal justice systems may have unique insights into systemic barriers.
- Aboriginal people may bring culturally specific perspectives that centre on Social and Emotional Wellbeing (SEWB) rather than western clinical models.

While shared language is important, we acknowledge that language is dynamic and may vary across settings and sectors. The language used in Lived Experience continues to evolve alongside the discipline itself.

In this Strategy the term Lived Experience is inclusive of those with a lived and living experience of harm from alcohol and other drugs, mental health issues and conditions, suicidal crisis, those who care and have cared for them and those bereaved by suicide.

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If you need support

There are hundreds of mental health and alcohol and other drug services across Western Australia that can provide support.

You can get help by:

- Calling a support line (mhc.wa.gov.au/getting-help/helplines/) if you are looking for someone to talk to. They are there to listen, provide advice, information and referrals.
- Searching the My Services online directory (myservices.org.au) to find the right support for you or your loved ones.
- Visiting your GP for advice and support (mhc.wa.gov.au/getting-help/gps-psychologists-and-psychiatrists/)
- Seeking support online via live chat and online forums (mhc.wa.gov.au/getting-help/live-chat-and-online-forums/).

It's important that you find the right service for you, and that you keep looking if you haven't found it yet. If you are ever in doubt, seek advice from a health professional such as your GP.

Further information and resources on mental health, alcohol and other drugs can be found on the Mental Health Commission's website (mhc.wa.gov.au).

**In an emergency, call
an Ambulance on 000**

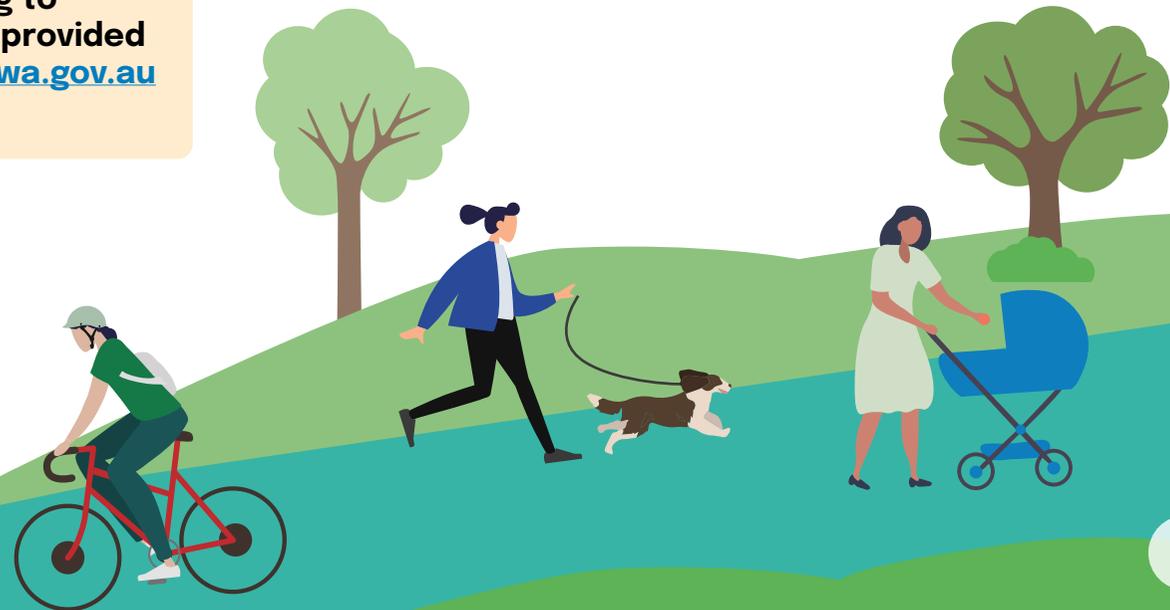


How can I be involved?

The purpose of this document is to seek final feedback on the proposed strategic directions of the draft Mental Health and Alcohol and Other Drugs Strategy 2025-2030.

Strategic directions are presented through Strategic Pillars and Focus Areas, which have been developed based on extensive consultation from stakeholders and the community, building on previous work, the strong evidence base and related government priorities.

High level feedback on critical issues relating to the Strategic Pillars and Focus Areas can be provided by emailing MHAODStrategyFeedback@mhc.wa.gov.au by 26 September 2025.



Overview

The purpose of the Western Australian Mental Health and Alcohol and Other Drug Strategy 2025-2030 (Strategy) is to guide the transformation of the state's mental health and alcohol and other drugs systems to empower and support people, families and communities in their wellbeing.

The Strategy includes high level aspirations for system transformation, providing a guiding document for all stakeholders including government, non-government and the community to continue on the pathway to empowering and supporting people, families and communities in their wellbeing.

It is necessarily broad, balancing the wide-ranging perspectives of the Western Australian community and representing the diversity of stakeholders. It will be supported by Frameworks for particular issues for example, social and emotional wellbeing, that require more targeted directions.

The final Strategy will include a summary of its development, define wellbeing, outline the current state of mental health and alcohol and other drug systems and outline the approach to evaluation and monitoring. It will also demonstrate linkages to intersecting state and national reform priorities, such as Closing the Gap.

To support the implementation and monitoring of the Strategy, Annual Implementation and Monitoring Plans (AIM Plans) will be developed and reported on that identify the key actions led, or facilitated by, the Mental Health Commission (Commission) towards achieving the Strategy's purpose, Pillars and Focus Areas.



The Strategy's five Strategic Pillars presented in this document reflect whole-of-system priorities ranging from approaches to promote wellbeing for everybody through to specialised supports and acute services for those who need them.

There are five pillars in total:

1. Approaches that promote wellbeing for everybody
2. Supporting people in the community to achieve their own wellbeing goals
3. Equitable access to services in the community
4. Specialised and acute services for those who need them
5. Foundations for contemporary, person-centred systems

Focus Areas for each Strategic Pillar outline the areas for specific attention over the next five years, guiding directions for what initiatives will be developed and implemented, and the supports that are needed.

Information regarding Implementation, Monitoring and Reporting is also provided for context to assist with this final feedback process.



Purpose

To guide the transformation of Western Australia's mental health and alcohol and other drugs systems to empower and support people, families and communities in their wellbeing.

Aspirations

People

- People's **unique experiences, goals, culture, strengths and challenges** are acknowledged and respected.
- **Individuals, families and communities** are supported to **meaningfully participate in decisions** that impact their lives and wellbeing.
- People are met with openness and understanding, with experiences free from **stigma and discrimination**.

Communities

- Communities support **local connection, cultural safety and wellbeing** through the development of place-based and community-led solutions that account for the localised context.
- Broader issues, such as **social, environmental, structural, commercial and cultural determinants** (determinants of health) are acknowledged and considered in service planning and development.
- **Relationships are established** across government, non-government and private organisations.

Services

- As a priority, people are supported in the community to **thrive and remain well**.
- When services are needed, they are **safe, accessible, integrated and easy to navigate**.
- **Trauma-informed and person-centred approaches** are embodied within service culture, policy, planning, design, delivery and evaluation.

Leadership

- **Leadership and governance** arrangements and practices ensure **quality, accountability and continuous improvement** of policies, initiatives, programs and services at all levels.
- **Resources** are directed to support **system transformation** in a genuine way.

Strategic Pillars

1



Approaches that promote wellbeing for everybody

- 1. Preventing and reducing alcohol and other drugs use and related harms.
- 2. Improving and maintaining mental health and wellbeing.
- 3. Preventing and reducing suicide and reducing suicidal distress.
- 4. Enhancing community-led initiatives that support social and emotional wellbeing.

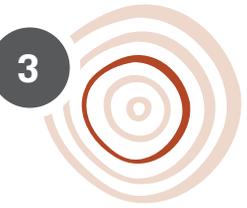
2



Supporting people in the community to achieve their own wellbeing goals

- 5. Strengthening individual and group psychosocial supports for those in need.
- 6. Improving access to mental health and alcohol and other drugs supports in community residential settings.
- 7. Reducing the harms associated with alcohol and other drugs use.
- 8. Providing contemporary models for safe places in the community.

3



Equitable access to services in the community

- 9. Improving immediate access and response to people in crisis.
- 10. Mental health services in the community working together to provide responsive, holistic and person-centred support.
- 11. Supporting alcohol and other drugs treatment in the community to continue to grow and diversify.
- 12. Facilitating access to mental health community bed-based treatment and recovery services.
- 13. Balancing access to alcohol and other drugs withdrawal, residential rehabilitation treatment and post residential treatment and supports in the community.

4



Specialised and acute services for those who need them

- 14. Integrating and building alcohol and other drugs services within hospitals.
- 15. Ensuring appropriate mental health services in hospital services.
- 16. Providing mental health and alcohol and other drugs support for people at risk of entering or engaged in the justice system.
- 17. Facilitating access to specialised statewide mental health treatment for people with complex or co-occurring needs.

5



Foundations for contemporary, person-centred systems

- 18. Culture that values lived and living experience, diversity and equity.
- 19. Robust and accountable leadership, governance, partnerships and collaboration.
- 20. Complementary and coordinated state and national strategy.
- 21. Infrastructure, technology and initiatives that promote system performance, and access to information, supports and services.
- 22. Skilled, diverse and supported workforces.
- 23. Strengthening data, monitoring and evaluation to improve system and service performance.

System relation

- Mental Health System
- Alcohol and Other Drugs System
- Both Systems



Strategic Pillar 1

Approaches that promote wellbeing for everybody



Focus areas

- 1 Preventing and reducing alcohol and other drug use and related harms**
- 2 Improving and maintaining mental health and wellbeing**
- 3 Preventing and reducing suicide and reducing suicidal distress**
- 4 Enhancing community-led initiatives that support social and emotional wellbeing**

Aligned to the purpose of the Strategy, health promotion and prevention remains a key priority for system transformation to enable individuals, families and communities to stay well and to reduce harm.

Generally, a comprehensive health promotion and prevention approach includes activities that aim to:

- Build healthy public policy, through legislation and regulation.
- Create supportive environments in settings such as sporting clubs and workplaces.
- Strengthen communities to take local action.
- Develop personal skills and awareness through initiatives such as public education campaigns.
- Provide additional support through relevant programs and services.

❓ What is health promotion and prevention?

Health promotion and prevention initiatives are delivered at either a whole-of-population level, or to focused populations, life course stage or within specific settings.

In the context of alcohol and other drugs, this includes preventing or delaying the onset of alcohol and other drugs use, reducing alcohol and other drug use and minimising harms related to use.

For mental health, this includes promotion of wellbeing and preventing mental health issues and conditions from developing or worsening.

Focus Area 1

Preventing and reducing alcohol and other drug use and related harms

Preventing and reducing alcohol and other drug use and harm, through creating healthy environments and strengthening protective factors at an individual and community level.

Western Australia has a long and successful track record in delivering health promotion programs and services, supported by strong legislation and public health policy. Whilst a key priority for system transformation, a challenge remains in growing investment in prevention and promotion while balancing the current demand for treatment services.

Priority must be directed towards the current comprehensive, evidence informed approaches to public health policy, prevention initiatives and programs. This includes holistic responses that balance implementation across the three pillars of the harm minimisation of supply, demand and harm reduction (**Figure 1**).

Also required is ensuring evidence-based public health considerations in legislation and regulation; sustained investment in contemporary public education campaigns; and the enhancement of community-led and place-based prevention programs to better meet local needs.

Preventing Fetal Alcohol Spectrum Disorder (FASD) Project

The Project contributes to preventing FASD by raising awareness of the National Health and Medical Research Council Guidelines¹, which recommend that women who are pregnant or planning a pregnancy should not drink alcohol.

Statewide activities include television, radio and digital campaigns raising awareness and supported by training for health workers and place-based initiatives tailored to specific community need.

The Project has had a strong impact on increasing community awareness, with a high proportion of women reporting they not drink alcohol during pregnancy as a result of seeing the campaign.

○ Approaches that promote wellbeing for everybody

② What is harm minimisation?²

Harm minimisation recognises the need for progressive, balanced and comprehensive approaches to addressing alcohol and other drug related harms across three pillars: demand, supply and harm.



Demand Reduction

Preventing the uptake and/or delaying the onset of alcohol and others drug use, reducing the use of alcohol and other drugs, and supporting people to recover.



Supply Reduction

Preventing, stopping, disrupting or otherwise reducing the production and supply of illicit drugs, and controlling, managing and/or regulating the availability of illicit drugs.



Harm Reduction

Reducing the adverse health, social and economic consequences of the use of drugs, for the person who uses, their families and the wider community.

Figure 1 - The Three Pillars of Harm Minimisation

🕒 Five-year future focus

- Collaborative and coordinated initiatives to reduce the stigma and discrimination associated with alcohol and other drugs use.
- Contemporary, evidence-based Alcohol. Think Again and Drug Aware campaigns and research and evaluation that aim to prevent use, delay initiation and reduce harm from alcohol and other drugs, including targeted materials for population groups such as LGBTIQ+SB and CaLD communities.
- Regional alcohol and other drugs prevention services and management plans that support localised and evidence based responses.
- FASD prevention programs that aim to increase community awareness that there is no safe amount or time to use alcohol during pregnancy.
- The WA Model for Violence Prevention Pilot Project that aims to prevent alcohol-related violence and injuries that impact emergency departments and frontline services.
- Statewide population surveys like the Australian Secondary School Students Alcohol and Drug Survey to support evidence-based decision making, policy, initiatives and programs.
- Evidence-based policy, legislative, regulation and economic measures, including contribution to ongoing reform of the *Liquor Control Act 1988* to ensure harm minimisation continues to be enhanced in the operation of the Act.
- Protecting children and young people from alcohol availability, promotion and sponsorship, including in digital environments to de-normalise alcohol use and provide alcohol-free environments.
- Cross-government approaches to reduce inequity and address the determinants of health that influence protective and risk factors for alcohol and other drugs use and harm.
- Alcohol and other drugs surveillance tools, including the development of data sharing protocols between government and non-government service sectors to inform trends and program impacts.

Focus Area 2

Improving and maintaining mental health and wellbeing

Equipping people and communities with the skills and tools to support their own and others wellbeing.

There is growing community awareness and understanding of wellbeing, mental health issues and conditions, and impacts on individuals, families and communities. This increasing public conversation and strong community engagement has contributed to reducing stigma and facilitated improved help-seeking.

Evidence-based and fit for purpose programs continue to be a priority. This is particularly the case for specific groups of people such as children and young people, families, carers and significant others, older adults, LGBTIQ+SB communities and CaLD people. Strengthening evaluation will help in building the evidence base for effective mental health promotion.

Sustained resourcing is needed to support public education campaigns that tailor messages for people across the life course and for particular groups; deliver evidence-based programs that foster mental wellbeing in homes, schools, workplaces and communities; and strengthen place-based approaches to wellbeing, similar to the regional approach used to prevent suicide and minimise harm from alcohol and other drugs use.

🕒 Five-year future focus

- Contemporary, evidence based Think Mental Health campaigns utilising mental health promotion and wellbeing strategies to build wellbeing and reduce mental health issues and suicide, including targeted materials for population groups including LGBTIQ+SB and CaLD communities.
- Workplace policies and initiatives for wellbeing that aim to promote and support positive mental health in settings where people work.
- Mining and resources industry initiatives under the Mental Awareness, Respect and Safety Program to deliver initiatives that improve the health, safety and wellbeing of workers in the mining industry.
- Mental wellbeing approaches outlined in key strategy documents, for example the [Western Australian Eating Disorders Framework 2025–2030](#).
- Data collection, frequency and reporting through the Think Mental Health Attitudinal survey to measure population level wellbeing and inform prevention activities.
- Programs for parents, families, carers and significant others and children to develop an understanding of protective factors and risk factors to support wellbeing.
- Across government and sector collaboration to support mental health promotion and prevention programs in settings outside of health including schools and in local communities in alignment with the [Mental Wellbeing Guide](#).
- Age-appropriate mental health and alcohol and other drugs programs in schools to support children and young people.
- Local government public health planning and practice to provide community-informed services, programs and policies that promote, protect, and improve wellbeing.

Focus Area 3

Preventing and reducing suicide and reducing suicidal distress

Reducing suicide and its impacts, and addressing causes of suicidal distress, strengthening care, supporting people in crisis and supporting people bereaved by suicide.

Aligned to the [National Suicide Prevention Strategy 2025-2035](#), in Western Australia, suicide prevention activities are directed into the following areas:

- **Wellbeing** – Boost wellbeing for the whole population.
- **Early intervention** – Address the contributing causes of suicide and suicidal thoughts and behaviours.
- **Support** – Provide support for people seeking help for mental health issues or conditions, suicidal thoughts and behaviours and those who care for them.
- **Postvention** – Provide supports to people and communities impacted by suicide.

While there has been a growth in suicide prevention investment, programs and services, challenges remain in sustaining and implementing evidence-based initiatives that have a meaningful impact, particularly in groups disproportionately impacted by suicide.

Future directions will include training programs that build skills and knowledge to build confidence in identifying and responding to people who are experiencing suicidal thoughts and behaviours; focusing on postvention programs; establishing aftercare services; and increasing programs and services across Western Australia.

? What is suicide prevention?

Suicide prevention initiatives aim to address the causes of suicide and suicidal thoughts and behaviours such as improving people's physical and mental health, providing appropriate support for people experiencing distress and those who care for them, and providing supports for those who have lost someone to suicide.

“If we actually want to reduce the suicide rate in this country we need to go upstream and look at early intervention and prevention for people experiencing mild to moderate mental distress”

– Mental health service provider

🕒 Five-year future focus

- A new Western Australian Suicide Prevention Framework that will guide the development, implementation and evaluation of suicide prevention strategies and actions in Western Australia.
- Culturally appropriate suicide prevention initiatives, training and programs for Aboriginal people and communities to contribute to improved social and emotional wellbeing (SEWB) outcomes for Aboriginal people.
- In person and virtual postvention and bereavement support to individuals, families and communities across Western Australia.
- Suicide Prevention Coordinator and Aboriginal Community Liaison Officer programs across regions providing coordinated community led activities that build the capacity and resilience of local communities.
- Targeted suicide prevention programs for individuals and population groups who are disproportionately impacted by suicide to more specifically address need, such as LGBTIQ+SB people, young people, people living in regional and remote areas, people from CaLD backgrounds and men.
- Aftercare services for people following a suicide attempt or crisis including the expansion of referral and entry pathways to support services.
- A State Government Guide to a Trauma-Informed Approach to support state government departments and authorities to incorporate trauma-informed approaches into operations.
- A Western Australian Suicide Monitoring System and associated public reporting including utilisation of real-time data to inform programs and services such as community postvention responses.

Focus Area 4

Enhancing community-led initiatives that support social and emotional wellbeing

Empowering Aboriginal people and communities to design and deliver mental health and alcohol and other drugs policies, programs and services in their own communities.

SEWB describes a holistic concept involving a network of relationships between an Aboriginal person, and their family, kin and community.

Aligned to Closing the Gap, the Western Australian Aboriginal Empowerment Strategy 2021-2029 and the Aboriginal Community Controlled Organisation (ACCO) Strategy, mental health and alcohol and other drugs initiatives should be designed and delivered by, or in partnership with Aboriginal people. This will better reflect holistic views of SEWB that encompass connection to Country, culture, family, spirituality and community.

SEWB approaches also need to be appropriately embedded within general services to improve accessibility and cultural safety for Aboriginal people.

To support this work, national strategic approaches and frameworks need to be contextualised for implementation in Western Australia.

💡 Culturally Safe Services to Support SEWB

The SEWB Model of Service pilot reflects a commitment to support and empower Aboriginal-led solutions and service delivery, where Aboriginal knowledge and leadership shapes how services are designed.

Initiated by the Aboriginal Health Council of Western Australia and co-designed with the Commission, the SEWB Model of Service aims to increase access to SEWB and health care services for Aboriginal people of all ages in six pilot sites in the Kimberley, Pilbara, Midwest, Goldfields and South West regions.

The pilot embeds interdisciplinary teams consisting of a clinical lead, an Aboriginal cultural lead, Aboriginal SEWB workers, qualified counsellors and care coordination staff within ACCOs.

The service supports individuals, families and communities to gain access to the support and services they require to maintain wellbeing through culturally secure prevention and community development; psychosocial support; targeted interventions and supported coordinated care.

The interim evaluation results of the pilot published in 2025 indicate the SEWB teams have made a strong contribution in their communities through effective engagement and advocacy, making positive connections to services and providing culturally appropriate responses. The preliminary findings confirm the importance of programs and services that address social, cultural and political determinants of health and wellbeing.³

🕒 Five-year future focus

- A strategic approach to consolidate, guide, and strengthen the further development of SEWB initiatives in Western Australia, aligned with the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2024-2033.
- Regional SEWB pilot program to support holistic approaches to improving Aboriginal people's wellbeing.
- Genuine co-design to appropriately integrate SEWB approaches in mental health and alcohol and other drugs services, programs, and initiatives.
- Empowered Aboriginal-led, holistic wellness services in the community designed to support SEWB.
- Effective, evidence based SEWB interventions which are grounded in cultural perspectives and Aboriginal ways of working.
- Aboriginal SEWB workforce through strategies including culturally secure recruitment, capacity building, leadership pathways, staff retention and support.
- Culturally secure models of service for young Aboriginal people.
- Localised plans and partnerships that support coordinated and collaborative approaches to strengthening programs and services, including the Kimberley Aboriginal-led Alcohol and Other Drugs Plan and the Kimberley Aboriginal Youth Wellbeing Steering Committee Partnership Agreement.



Strategic Pillar 2

Supporting people in the community to achieve their own wellbeing goals



Focus areas

- 5** Strengthening individual and group psychosocial supports for those in need
- 6** Enhancing access to mental health and alcohol and other drugs supports in community residential settings
- 7** Reducing the harms associated with alcohol and other drug use
- 8** Providing contemporary models for safe places in the community

Providing appropriate supports in the community is a key priority of the Strategy and essential to balancing the system.

Strengthening community-based supports will help people stay well and connected to their family, friends and community. For many people, regular, holistic support within their own communities will help them maintain their wellbeing goals, whatever they may be.

Community supports are important to:

- Help people improve and maintain their wellbeing within their local environments.
- Create opportunities for early intervention to prevent escalation to 'crisis'.
- Support people to maintain connections to family, culture and community.
- Assist carers, families and significant others to support their loved ones.
- Provide access to peer services when clinical services are not required.

🔍 What are community supports?

For mental health, this includes non-clinical psychosocial supports that help people live well in their communities, aligned to their recovery goals. It also includes individual and group programs that build life skills and social connections, supported accommodation options to enable independent living and prevent homelessness, peer support programs and family, carers and significant other support services. For alcohol and other drugs, community supports focus on harm reduction and support services distinct from clinical treatment, including safe spaces such as sobering up centres, post-residential support programs, community-based harm reduction services, support groups and peer networks.

Focus Area 5

Strengthening individual and group psychosocial supports for those in need

Helping people to remain connected to their friends, family and community through community-based non-clinical, recovery-oriented psychosocial supports services that are tailored to individual need.

Community mental health support and alcohol and other drugs services include psychosocial and personal recovery-focused group and individualised support (including peer led programs), and individual advocacy services. Focusing on contemporary service models that are responsive to community need will help support individuals, carers, families and significant others to achieve personal goals. Key to this will be growing the Lived Experience (peer) workforces, particularly for population groups such as LGBTIQ+SB people and young people.

Wellbeing needs to be prioritised for families, carers, and significant others who are looking after their loved one. This requires a focus on strengthening wellbeing and connection supports, recognition and inclusion in care, support in treatment settings and assistance with service navigation.

A key focus moving forward should be addressing the barriers that Western Australians experience in accessing the right psychosocial supports when and where they need them.⁴ This includes addressing the significant demand for supports outside of the National Disability Insurance Scheme (NDIS) for those experiencing moderate to severe mental health challenges.

Work is already underway by the Australian Government to reform the NDIS and inform the development of the Western Australian psychosocial support eco-system, including a Foundational Supports Strategy. Known challenges include navigation and access; service design; integration and delivery; and systems enablers such as commissioning and workforce capability.

A key future focus is system integration across NDIS and non-NDIS funded supports to meet the needs of those who are ineligible for NDIS and ensure that future psychosocial support strengthens the service delivery eco-systems that avoid duplication and improve mental health outcomes. This also requires a commitment to co-design and engage with local communities, Aboriginal people and people with a lived or living experience, their families, carers and significant others.



❓ What are psychosocial and foundational supports?

Psychosocial supports are non-clinical community-based supports that aim to facilitate recovery in the community for people experiencing mental health challenges. These include a range of services to help people manage daily activities, rebuild and maintain connections, build social skills and participate in education and employment.⁵

People may access psychosocial supports through:

- The NDIS for people who have significant and permanent impairment with day-to-day function
- State and Australian Government funded programs delivered by community managed organisations
- Pilot projects delivered by community groups and community managed organisations
- Philanthropic funding.

Foundational supports is a term used to describe specific supports that sit outside of the NDIS. General Foundational Supports provide system navigation support that connects individuals, families and supporters with services and information, and can improve how NDIS and non-NDIS services interface.

Targeted Foundational Supports are supports for people who have significant and individual needs but are not eligible for the NDIS.

○ Supporting people in the community to achieve their own wellbeing goals

Providing individuals, families, carers and significant others with culturally appropriate care and support.

Understanding differing cultural views in relation to wellbeing, mental health and alcohol and other drugs is critical to ensure people and families from CaLD communities are supported to achieve their goals. Cultural beliefs and experiences such as trauma, stigma and discrimination can affect how people from CaLD communities display distress, explain symptoms, seek help and whether or not they will choose to access services.

Ishar Multicultural Women's Health Services Inc

Ishar Multicultural Women's Health Services Inc provides holistic, community-based services for women from all cultural backgrounds including support for carers and families (including men). It connects carers and families with the wider community and provides ongoing support through counselling, social work, case management, organised outings and events. Ishar also provides respite, home visiting, and group therapy, creating a nurturing and inclusive space for caregivers.

Multicultural Futures Inc.

Multicultural Futures provides individual advocacy services that seek to represent the rights and interests of individuals from CaLD backgrounds who are experiencing mental health issues and conditions.

The free support is offered to adults from a migrant or refugee background who live in the Perth metropolitan area. Support includes one-on-one assistance, support to navigate public mental health services and education sessions with community groups to support understanding of mental health and wellbeing and empower individuals to access appropriate help.

Support for people affected by someone else's alcohol and/or drug use.

For family members, carers and significant others who are affected by someone else's alcohol and/or drug use, there are services that play a key role to help them to feel informed, understood and empowered.

The **Parent and Family Drug Support Line** is a confidential, non-judgemental counselling, information and referral telephone service for anyone concerned about someone they support. Callers have the option to speak to a counsellor, or a trained volunteer with personal experience. The support line provides a safe, welcoming space for people to connect with others going through similar experiences.

🕒 Five-year future focus

- System navigation supports for individuals, families, carers and significant others, and communities, especially in regional areas to ensure people are supported to find the right support when and where they need it.
- Contemporary individualised advocacy services that support individuals, families and carers to receive quality, safe, human rights focused care and support, and to maximise their wellbeing.
- Community mental health and alcohol and other drug information and group counselling supports which are responsive to community need and help people to achieve personal goals, while also providing support to families, carers and significant others.
- Psychosocial supports outside of the NDIS in negotiation with the Australian Government.
- Person-centred design and commissioning approaches for effective interface of both NDIS and non-NDIS services, including place-based demand modelling, consideration of specific cohorts, evidence-based research and outcome-oriented program reviews.
- Aboriginal-led models of psychosocial support that integrate the principles of SEWB.
- Innovative community service and peer workforce development strategies to support effective and sustainable delivery of community and psychosocial support services into the future, in partnership with the community services sector and broader Western Australian care sector.

○ Supporting people in the community to achieve their own wellbeing goals

Focus Area 6

Enhancing access to mental health and alcohol and other drugs supports in community residential settings

Providing community-based supports in safe and stable accommodation settings to support individuals to live independently and thrive within their own communities.

Providing community-based treatment and recovery opportunities with appropriate accommodation support can help people to achieve and maintain independent living and wellbeing goals in stable accommodation, and at the same time help prevent hospital admissions.

Accommodation and support services are essential for wellbeing. Challenges remain in providing supported, safe and affordable housing options across Western Australia including access, seamless transition, specialist supports and system integration and collaboration.

Providing contemporary policy and infrastructure requires the collaborative efforts of government and non-government services, aspiring towards a 'housing first approach' for a more flexible and person-centred options to meet the specific needs of individuals.

Housing first is a contemporary best practice approach that recognises people can achieve more positive outcomes when they are in a stable home. It is premised on the principle that access to housing is a basic human right.⁶

❓ What are transitional housing and support services?

There are many types of accommodation and support services are based within the community, providing specialised support, rehabilitation, treatment or care for people experiencing a mental health issue or condition, or those experiencing alcohol and other drug issues.

This can also include short-term crisis support accommodation, or longer-term supported independent living (e.g. Youth Transitional Housing and Support Program or the Individualised Community Living Strategy).

🕒 Five-year future focus

- Youth Transitional Housing and Support Packages program to provide young people aged 16 to 24 with coordinated individualised supports linked to transitional housing and builds capacity to live independently.
- Youth Mental Health, Alcohol and Other Drugs Homeless Service to provide support to young people aged 16 to 24 with mental health issues, including co-occurring alcohol and other drug use, to transition from homelessness or being at risk of homelessness to more stable and independent accommodation.
- Individualised Community Living Strategy housing program that provides the necessary supports for people aged 18 to 65 years experiencing a severe mental health condition to live well and recover in the community within transitional accommodation.
- Contemporary models of residential care for those with severe and enduring mental health issues to reduce the risk of homelessness and provide more appropriate treatment and support options.

Focus Area 7

Reducing the harms associated with alcohol and other drug use

Innovative and contemporary evidence-based, public health, harm reduction strategies to ensure safer, healthier and more resilient people and communities.

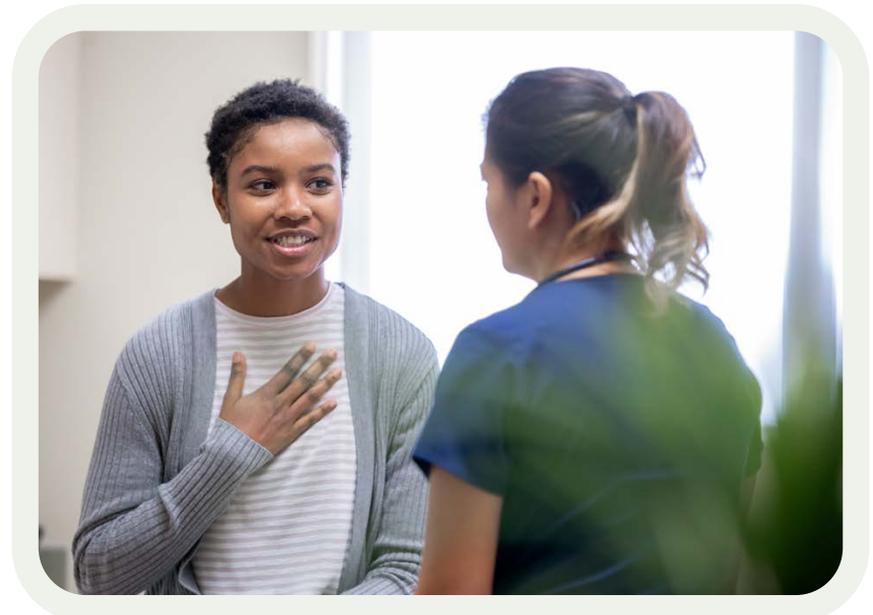
Several challenges remain in implementing effective harm reduction strategies across Western Australia. These include the availability of a balanced range of programs and services, the need for cross sector collaboration, supportive public policy and appropriate targeting of harm reduction messaging. Stigma and discrimination continue to be a significant barrier to people accessing treatment and support services.⁷

As a priority, harm reduction initiatives need to be responsive to new and emerging drugs of concern and use cross sector approaches to prevent overdose. Effective harm reduction approaches should be evidence based, peer-informed and led, tailored for individual needs, and accessible across and within all Western Australian communities.

❓ What is harm reduction?

Harm reduction programs aim to reduce the adverse consequences of alcohol and other drug use for people, their families and the wider community. Harm reduction focuses on the prevention of harm rather than the prevention of use itself.

Programs may be delivered in various settings, including homes, community centres and services, residential facilities, or inpatient facilities, providing comprehensive support across different environments. Examples include overdose prevention, needle and syringe exchange and monitoring of emerging drugs.



💡 Reducing Harm from Other Drugs Use through Data Informed Responses

The Emerging Drugs Network of Australia (EDNA) is a collaboration between emergency physicians, clinical toxicologists, forensic labs and researchers. It aims to detect new and emerging illicit drugs and provide emergency physicians with information to facilitate appropriate treatment options within emergency departments. EDNA uses this data to inform early warning advice to inform public health policy.

EDNA and the Statewide Toxicology Alert Reporting System will inform the Western Australian Early Warning System to provide rapid updates to medical staff about new and highly toxic drugs circulating in the community. As well as ensuring the right treatment is provided to those affected, these alerts will enable health and non-government service providers to target harm reduction messaging to prevent harm and overdose.

🕒 Five-year future focus

- Comprehensive, evidence-based approach to address stigma and discrimination to facilitate access to appropriate services and supports.
- Monitoring system for new and emerging drugs of concern to proactively respond to emerging drug related issues in a timely manner.
- An evidence base to support harm reduction policy and strategy and related community support for implementation.
- Peer-led services to support more appropriate responses that are safe and legitimate.
- Evidence-based, cross agency approaches to reduce harm in the context of music festivals.
- Equitable access to evidence-based harm reduction programs targeted to varied needs and localised context.

Focus Area 8

Providing contemporary models for safe places in the community

Responsive, immediate and appropriate support to people who are intoxicated.

These are current services for alcohol intoxication in Western Australia, however there is also need for youth and adult short-term safe places for drugs other than alcohol. It is important that models of service delivery are contemporary and locally designed to meet the needs of the community.

These services need to be able to accommodate crisis, fast track access to treatment, have flexible opening hours, provide coordinated multidisciplinary support including comprehensive assessment, treatment planning, assertive engagement, follow up and family support.

? What are contemporary safe places in the community?

Community-based safe places provide supportive environments for people who are intoxicated and provide diversion from settings such as emergency departments and police lockups. Referral to other agencies and services may be provided for ongoing support or treatment.

💡 Providing safe places in the community through Sobering Up Centres

Sobering Up Centres are important harm reduction services in the community that provide safe, supervised overnight care for intoxicated people to sober up. People have access to showers, laundry facilities and a meal. People can also be linked with services that provide alcohol and drug treatment and support, physical health treatment and other social services. In Western Australia, Sobering Up Centres are located in Broome, Kununurra, Derby, Wyndham, Port Hedland, Carnarvon, Kalgoorlie, Roebourne and Perth, with each service tailoring their service delivery according to local and community needs.

🕒 Five-year future focus

- Contemporary Sobering Up Centre models of service that are tailored to local needs and have the capacity to meet demand, including consideration of hours and days of service delivery.
- Safe places for children and young people who are intoxicated to provide age-appropriate responses and engagement in ongoing supports.
- Community-based safe place models for drugs other than alcohol diverting away from police lock-ups and emergency departments, and providing pathways to follow up support and referral where required or requested.
- Capacity building in safe places services to enhance alcohol and other drug critical intervention, including ongoing engagement to support crisis planning and further treatment for individuals and their families.



Strategic Pillar 3

Equitable access to services in the community



Focus areas

- 9** Improving immediate access and response to people in crisis
- 10** Mental health services in the community working together to provide responsive, holistic and person-centred support
- 11** Supporting alcohol and other drug treatment in the community to continue to grow and diversify
- 12** Facilitating access to mental health community bed-based treatment and recovery services
- 13** Balancing access to alcohol and other drug withdrawal, residential rehabilitation treatment and post residential treatment and supports in the community

Providing specialist and individualised care and treatment in the community for individuals, families, carers and significant others, bridging the gap between supports in the community and hospital-based care.

Strategic Pillar three focuses on specialist treatment and support services delivered in the community.

Community-based treatment services can:

- Enable people to receive support and treatment in familiar environments.
- Support people's rehabilitation and/or recovery journey while maintaining connections to family and community.
- Assist people to receive early intervention and avoid hospital admission.
- Reduce pressure on emergency departments and hospitals, enabling better support for those who do require these services.
- Provide support and pathways to and from specialist services.
- For Aboriginal people, support SEWB by enabling them to stay on and connected to Country while engaging in treatment.

What are community treatment services?

Community treatment services provide mental health or alcohol and other drugs clinical care in the community closer to where people live and where connections to culture and support from families and communities can be maintained. They may be short, medium or longer term, and may be non-residential or bed-based services.

Focus Area 9

Improving immediate access and response to people in crisis

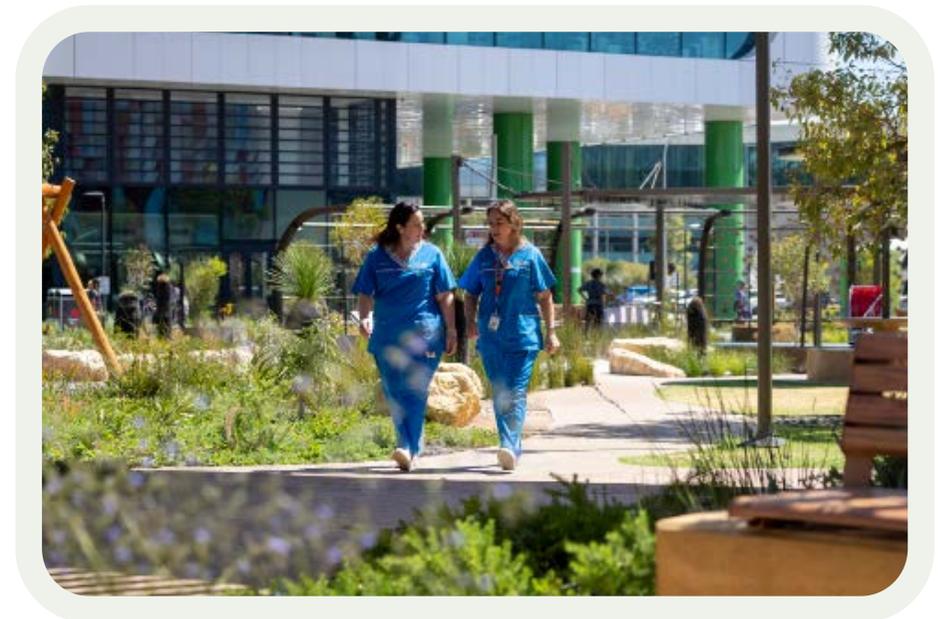
Providing access to immediate crisis intervention, support and an appropriate level of care to individuals, family members, carers and significant others.

Crisis response services are needed for appropriate, accessible, timely and effective support. This includes early intervention to reduce escalation and providing continuing care through appropriate referrals and alternate care pathways within the community.

The progressive development and implementation of the Community Treatment, Support and Emergency Response (CTSER) Project (see **Table 1**) will be a high priority for the coming five years. Critical will be ongoing collaboration with the Department of Health, the Western Australian Police Force and ambulance services, as an essential part of providing integrated trauma-informed care through a coordinated suite of responses.

The development of complementary initiatives, such as alternatives to emergency departments and short-term provision of acute care is also needed to provide more appropriate therapeutic approaches into the future.

To support this, consistent training and workforce development is necessary to increase the capacity and capability of first responders, helping to facilitate appropriate responses, and engaging peers to support people, their families, carers and significant others in crisis.

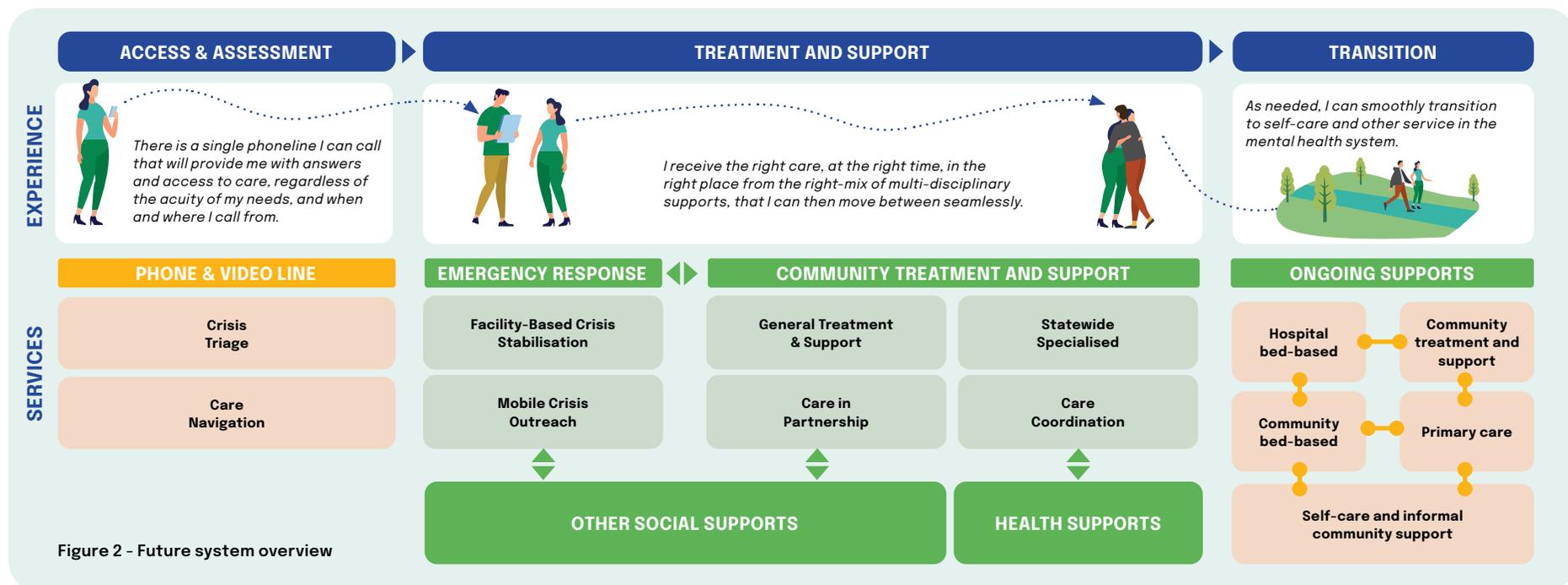


💡 Community Treatment, Support and Emergency Response (CTSER) Project⁸

The [CTSER Project Report](#) provides a clear vision for a future system where people are supported to stay connected and build a life that has meaning for them through seamless, culturally appropriate, flexible and evidence-informed care in their communities. It includes three areas of reform:

- Reform direction 1: Deliver services in a more coordinated and integrated way, in partnership with others in the system.
- Reform direction 2: Improve the accessibility and availability of community treatment and support services.
- Reform direction 3: Establish more seamless, safe, and effective non-emergency department crisis responses.

A Future System Overview is provided in **Figure 2**.



○ Equitable access to services in the community

| Component | Aim | Initiatives |
|---|---|---|
| Virtual Care | ▶ Statewide phonenumber with virtual triage, assessment, coordination of crisis calls providing one point of contact | <ul style="list-style-type: none"> ● Western Australian Virtual Emergency Department mental health component ● Drug and Alcohol Advisory Service clinical support ● Crisis Connect ● Mental health Emergency Response Line ● Alcohol, Drug and Mental Health Support Service ● Non-government services such as Lifeline |
| Mental health, alcohol and other drug crisis outreach | ▶ Responsive and accessible community-based interventions | <ul style="list-style-type: none"> ● Mental health mobile crisis teams (expansion of Acute Care Response Teams for up to 18-year-olds) ● Ambulance Co-response pilot (16 years and above) ● Police Co-response |
| Alternatives to emergency departments | ▶ Contemporary evidence-based short-term, community-based residential care | <ul style="list-style-type: none"> ● Mental Health Crisis Centres ● Alcohol and other drug safe places coordination ● Sobering up centres ● Safe places for children up to 16 years ● Safe Havens |
| Short term acute mental health assessment and care | ▶ Short term acute mental health assessment and care | <ul style="list-style-type: none"> ● Mental Health Observation Areas (or similar) |

Table 1 - CTSER Project reform initiatives

🕒 Five-year future focus

- CTSER Project reforms (refer to **Table 1**), commencing with the creation of a more streamlined system experience for all people by improving existing and navigation supports and a single point of entry, assessment and triage.
- Safe spaces or alternatives to emergency departments for people experiencing crises or requiring withdrawal support, including in regional areas.
- For those in crisis, peer support and support for families, carers and significant others to provide a safe, understanding and empowering environment.
- Training to increase the capacity and capability of first responders to help facilitate appropriate responses.
- Integration of current mobile crisis response services and facilitate access to virtual mental health crisis responses.
- Rapid intensive support in the community for children and adolescents (under the age of 18) experiencing a mental health crisis, as well as their families, carers and significant others, particularly in regional areas.
- Specialist telehealth urgent mental health support for children, adolescents and their families across the state.
- Immediate Drug Assistance Coordination Centre to provide immediate and coordinated access to care for people facing crises related to alcohol and other drug use, along with their families.
- Telephone support lines that provide mental health and alcohol and other drug immediate crisis support.

Focus Area 10

Mental health services in the community working together to provide responsive, holistic and person-centred support

Integration of services, enhancing holistic service provision and providing recovery oriented and trauma-informed care.

Public mental health services and general practice delivered through both private organisations and non-government organisations (NGOs), all play a significant role in assessment, early intervention, ongoing treatment and support.

General practice is a key component of community-based mental health treatment and is often the first and ongoing point of contact for people experiencing mental health issues. The Better Access initiative gives Medicare benefits to eligible people, so they can access the mental health services they need wherever they live in Australia. There are opportunities for general practice to further enhance holistic care and facilitate a 'no-wrong-door' approach. Developing and embedding multidisciplinary teams within general practice or co-location with a range of providers will assist in addressing co-occurring physical health issues and enabling more effective use of practitioners' time and skills.

A continuing focus will be assisting general practice (including in regional areas) to support individuals with co-occurring mental health and physical health issues and varying levels of acuity. Ongoing tailored professional development in specialised areas, for example eating disorders, will help to improve the management of more complex issues.

Across all community treatments, integration and seamless transition between services is critical to ensure person-centred approaches. This requires partnerships between mental health services, general practitioners and other primary care providers, psychosocial, Aboriginal and other community services.

Barriers to accessing services for young people continue to be a challenge. A particular focus is required to support the transition from child to adult services, as well as consideration of specialised youth services in the areas of eating disorders, trauma, neurodevelopmental disorder with intellectual disability, attention deficit hyperactivity disorder and psychosis.⁹

For all services, focusing on increasing access and support for populations such as Aboriginal people, people experiencing homelessness, older adults, people engaged in the justice system and LGBTIQ+SB people is needed, which requires contemporary models of service and strong partnerships. Aboriginal Medical Services remain central to supporting appropriate care for Aboriginal people.

“There needs to be a clear pathway for people who can feel themselves getting worse but feel they aren't bad enough to access services.”

– Lived experience stakeholder

Infant Child and Adolescent Transformation Program¹⁰

The Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0 to 18 years in Western Australia (ICA Taskforce) included actions required to transform the public infant, child and adolescent mental health system. Since the release of the ICA Taskforce Final Report in 2022, promising progress has been made to better meet the needs of children and families.

Focus has been on growing the workforce and improving community and crisis services including the establishment of the State's first Community Infant, Child and Adolescent Mental Health Service Hub in the South West offering specialised, multidisciplinary and culturally safe assessment, treatment and support. New group programs are also operating in the metropolitan area for young people with personality related needs.

Other milestones include increasing the scope of Crisis Connect to provide phone and online support and establishing Acute Care and Response Teams (ACRTs) in the Great Southern, north metropolitan, south metropolitan and east metropolitan areas. ACRTs provide rapid, specialised care for children and their families experiencing crisis at home or in other community settings, rather than Emergency Departments.

The capacity and capability of the mental health workforce has been expanded through specialised training to respond to the unique needs of children and their families.

Infant, child and adolescent system transformation remains a priority. Over the next five years, crisis, community and specialist services will be further expanded, including new ACRTs, and expanding Crisis Connect statewide, so that all children, regardless of their location, can access virtual support when and where they need it.

Kids Hub

Funded by the Australian and State Governments, the Kids Hub supports children and families in the community through early intervention and support, aiming to improve wellbeing outcomes for everyone and prevent issues from becoming more serious. The Kids Hub has been designed with the Swan community to support children under 12 years experiencing mild to moderate mental health challenges, and their families. The Kids Hub represents a strong and positive shift towards accessible community based early intervention, enabling community members to receive a comprehensive range of supports including on-site psychology, occupational therapy, counselling, and workshops; as well as connection with other community services. Accessing the service is free, does not require a referral and complements existing local supports and provide a holistic approach to wellbeing, inclusive of the whole family.

○ Equitable access to services in the community

🕒 Five-year future focus

- Workforce capability that ensures appropriate treatment and support options for people presenting with complex mental health issues and additional co-occurring needs.
- CTSER Project implementation, strengthening partnerships with primary care and other community treatment services for coordinated care.
- Community Infant Child and Adolescent Mental Health Service Hubs in Western Australia, coordinating care and providing a central point of access to a range of mental health supports, including dedicated specialised supports for children with complex needs, and their families.
- Workforce diversification in community treatment teams to provide more person-centred care.
- Specialist clinical liaison, intensive outreach, rehabilitation and recovery that are accessible and provide services closer to home, particularly in regional areas and for people experiencing homelessness.
- Older adult community treatment resources aligned to the older adult statewide model that offer specialist clinical services to support the recovery journey in community settings.
- Hospital in the home services providing care within a person's own home as an alternative to hospital.
- Medicare Mental Health Centres and Kids Hub providing access to timely treatment and support in the community.
- The 'missing middle' between primary care and acute services, including through enhanced training and support to primary care providers for specialised issues and populations, and coordinated commissioning between the Commission and Primary Health Networks.
- Service navigation resources for primary care providers to support people, their families, carers and significant others to find the help they need, particularly for those with complex and/or co-occurring needs.

Focus Area 11

Supporting alcohol and other drug treatment in the community to continue to grow and diversify

Evidence-based community treatment, closer to home, that responds to the unique needs of individuals and families to reduce alcohol and other drug related harms.

Community alcohol and other drug treatment services are provided through a statewide network of Community Alcohol and Drug Services (CADS), the non-government sector, as well as other treatment services, including through general practice.

While there has been some expansion over recent years, there is an ongoing need to support the capacity of alcohol and other drug community-based treatment services to meet demand, reduce wait times and support equitable access across Western Australia, particularly in regional and remote areas.

Key to this will be diversifying models of service to meet the varying needs of different communities, regions and populations groups.¹¹ For Aboriginal people, SEWB approaches may be incorporated into mainstream services; however, a priority is strengthening the capacity and partnerships with ACCOs to design and deliver alcohol and other drug services.

A future focus will be integration with other specialist services and providing smooth transitions to either more or less intensive treatment and support options, both within and external to the alcohol and other drug sector. This requires ongoing workforce capacity and capability building to support workforce diversification, particularly in relation to enhanced peer support programs.

For primary care, bolstering and supporting general practice with resources and knowledge to identify and coordinate access to appropriate supports for individuals, families, carers and significant others, will help to support people closer to home.

💡 Community Alcohol and Drug Services (CADS)

CADS are free and confidential services that provide individuals aged 14 years and over, their families, carers and significant others with alcohol and other drug treatment and support services in the community. Individuals can be referred by other services, or people can attend a CADS without a referral.

There are eight regional and five metropolitan CADS, including a service specifically for young people (the Drug and Alcohol Youth Service). In the metropolitan areas these services are a partnership between non-government services and Next Step Drug and Alcohol Services, integrating medical services with other treatment and supports.

🕒 Five-year future focus

- Effective responses for people experiencing co-occurring mental health, alcohol and other drug, and other social and health issues, such as family and domestic violence.
- ACCO partnerships to design and deliver culturally secure alcohol and other drug services for their communities.
- Service integration and system navigation, including partnerships with health, mental health and primary health care providers to support smooth transitions to more or less intensive treatment options.
- Community Pharmacotherapy Program, particularly in the regions, that supports individuals to access medication and link to treatment and support for alcohol and other drug use.
- The Commission's strategic commissioning approach that includes alcohol and other drug services evaluation to inform future service design.
- Flexible and place-based models of service that meet the growing and diverse needs of the community, including increased complexity and acuity.
- General practice providers identifying and coordinating access to appropriate treatment and supports for individuals, carers, families, carers and significant others.
- Capacity and capability of the primary care and community treatment workforce to address co-occurring alcohol and other drug and mental health issues.

Focus Area 12

Facilitating access to mental health community bed-based treatment and recovery services

Providing treatment that best supports an individual's health and wellbeing including preventing the need for a hospital admission or assisting people to transition home from hospital.

There has been significant investment in developing and implementing mental health community bed-based services in Western Australia, however there are further opportunities to enhance timely access to services and facilitate greater access in areas where there is demand.

Consideration regarding the diversification of the range and models of service for community-bed based services to better meet the needs of communities and local context is required. This includes clinical and psychosocial rehabilitation and recovery support, as well as exploration of specialised community-bed based services where there is currently limited availability, such as eating disorders, older adults and forensics.

❓ What are community bed-based services?

There are different types of community bed-based services in the community. These provide specialised support or care for people affected by a mental health issue or condition. These services provide recovery-oriented care and support people to move toward more independent living. They are not located on hospital grounds or located within clinical residential services.

Examples of mental health community-based services include:

- **Short stay** – provides short-term (expected maximum stay is 28 days) residential mental health specialised support, in a community-based environment (e.g. Step Up/Step Down services).
- **Medium stay** – residential services delivered in a partnership between clinical and community support services. The programs typically offer accommodation, treatment and support services focusing on personal recovery and integration into the community with a maximum stay of 18 months. (e.g. youth and adult homelessness services).
- **Long stay** – these services mirror that of the medium stay services, however the length of stay is 12 to 18 months (e.g. Community Care Unit).
- **Long Stay Residential Aged Care** – services for older adults to stabilise their mental health, behavioural and psychological symptoms for readiness into general aged care. The average length of stay is 12 months.

○ Equitable access to services in the community

💡 Supporting young people in the community - Youth Step Up/Step Down

The Youth Step Up/Step Down Service in the Perth metropolitan area will provide short-term, individualised care, assisting young people aged 16 to 24 years to manage their mental health. Care will be provided in a home-like residential environment, closer to family and friends for support and when an admission to hospital is not required.

For those who do require treatment in a hospital, the service will help young people to transition back home after discharge, preventing relapse and promoting overall wellbeing.

Designed in collaboration with young people, families, carers and significant others, the service will provide wraparound support delivered by a multidisciplinary team including Lived Experience Peer workers, trained support workers, clinical mental health and alcohol and other drug workers.

🕒 Five-year future focus

- Step Up/Step Down services that provide residential care in the community, preventing hospital admission or facilitating a smooth transition home following a hospital stay.
- Capacity building of community bed-based services and the workforce to support varying complexities and individual needs.
- Integration of mental health and alcohol and other drug services in community bed-based services to better address co-occurring conditions.
- Referral pathways and processes to access bed-based services including in regional communities.
- Specialised community-bed based services for eating disorders, older adults and forensics.
- Transitional support back into local community from community bed-based services for ongoing support.
- Flexibility in service models to address community-specific barriers to accessing services (for example, eligibility criteria, housing).

Focus Area 13

Balancing access to alcohol and other drugs withdrawal, residential rehabilitation treatment and post residential treatment and supports in the community

Providing balanced access to withdrawal, residential rehabilitation, post residential treatment and support to help facilitate a person's own treatment journey and prevent relapse.

Across Western Australia, there is need to balance access within the residential alcohol and other drug system. This involves supporting people while awaiting treatment, facilitating timely and smooth transition between withdrawal programs and residential rehabilitation and supporting transition back into the community following residential treatment.

To achieve this balance, there is a need to increase access where required for both low withdrawal services and residential rehabilitation beds, particularly in regional and remote areas, and for specific populations groups particularly young people and Aboriginal people.

Consideration of alternative fit for purpose models such as home-based or outpatient withdrawal, day-rehabilitation and place-based approaches may help to address community demand and the needs of specific groups of people, particularly for Aboriginal people, young people and women with children.

A future focus will include strengthening the capacity, flexibility and capability of services to manage clients with multiple co-occurring conditions, as well as improving integration of mental health and alcohol and other drug services in community bed-based services.

In delivering community based residential alcohol and other drug services, efforts need to be directed towards appropriate certification and/or regulation to support and promote safe, quality service provision.

💡 Balancing alcohol and other drug bed-based services

The bed-based alcohol and other drug treatment pathway in Western Australia typically includes:

Low medical withdrawal services that provide supervised alcohol and other drugs withdrawal and withdrawal treatment from a psychoactive drug of dependence. This is required for a person to then access residential rehabilitation services.

Residential rehabilitation services that provide structured and intensive interventions in a 24-hour residential facility. Programs offered include psychological therapy, education, development of skills and peer support. These services may also be accessed following a hospital admission to assist in transitioning back to the community.

Post residential services that provide short to medium term supported accommodation or outreach services for people leaving residential alcohol and other drug treatment. These services can aid in reducing relapse and support people to successfully transition home to their community.

○ Equitable access to services in the community

Withdrawal and Intervention Centre

These services provide care and treatment to individuals and families in the community as they transition to either more or less intensive treatment options. There are currently two Withdrawal and Intervention Centres: one located in Midland and one in Kununurra.

The services are tailored to individual circumstances allowing people to undergo supervised withdrawal over an extended period while their medical, psychological and social needs are assessed and tailored treatment plans developed. Families, carers and significant others are also offered support through brief interventions and referral to family support services where required.

The first Aboriginal community-controlled withdrawal service is located in Kununurra. The service offers the local community a culturally appropriate, safe place to withdraw from alcohol and other drugs and stabilise before receiving further treatment, aiming to keep people connected and closer to home.

Five-year future focus

- Low and moderate medical withdrawal beds across Western Australia, focusing on locations with residential beds and limited withdrawal services where any new services may be developed and implemented.
- Alternate models to community-based withdrawal services including home-based or outpatient services, where appropriate.
- Residential rehabilitation services in regional areas where there is demand and currently limited or no services.
- Alternative rehabilitation treatment models that are not bed based, such as intensive day programs for young people.
- Culturally secure residential alcohol and other drug treatment services for Aboriginal people and communities, particularly in locations where there are currently limited or no services.
- Regulated private alcohol and other drug residential treatment facilities to ensure safe and quality service provision.
- Dual diagnosis programs for those with complex co-occurring mental health and alcohol and other drug issues.
- Post residential treatment programs, including youth housing and support options.



Strategic Pillar 4

Specialised and acute services for those who need them



Focus areas

- 14** Integrating and building alcohol and other drug services within hospitals
- 15** Ensuring appropriate mental health services within hospitals
- 16** Providing mental health and alcohol and other drugs support for people at risk of entering or engaged in the justice system
- 17** Facilitating access to specialised statewide mental health treatment for people with complex or co-occurring needs

Person-centred, accessible, responsive, high-quality and specialised hospital-based care for those when needed.

Specialised and hospital services form an essential component of a balanced system and are important because they:

- Provide critical care during times of high need.
- Provide targeted responses for cohorts and people with complex needs.
- Support recovery from experiences of severe episodes.

What are hospital-based services?

These services include acute hospital beds for assessment and treatment for people experiencing severe mental health episodes, as well as subacute and non-acute inpatient treatment and support in a safe, structured environment for people with ongoing serious mental health condition symptoms.

Services include consultation liaison, emergency and crisis support, and support for individuals who might not require admission into an inpatient unit but need shorter term close observation or intervention.

For alcohol and other drugs, these services may include high medical or complex medical withdrawal beds, consultation liaison services, outpatient clinics, services provided through emergency departments, safe assessment units and some types of pharmacotherapy.

○ Specialised and acute services for those who need them

Focus Area 14

Integrating and building alcohol and other drugs services within hospitals

High quality, person-centred alcohol and other drugs treatment in hospital-based settings for those who need it.

Whilst specialised alcohol and other drug treatment services in hospitals has developed in more recent times, access to planned medical withdrawal and specialist medical care continues to be a barrier for people seeking the treatment they need, particularly in regional areas.

The integration of alcohol and other drug services in hospitals requires specialised treatment pathways for complex presentations and coordination with community-based services.

A future focus includes developing more appropriate alternatives for people presenting to emergency departments, including safe places for people who are in crisis, areas for stabilisation and assessment and referral to manage behavioural emergencies. Considerations include the physical design and capacity of emergency departments.

Reducing stigma and discrimination in treatment and care management is essential to increase access and ensure more appropriate care responses.

? What are specialised services?

Specialised services are delivered for specific mental health and/or alcohol and other drug issues or for populations that require a higher level of specialisation or a more targeted response.

These services are delivered on a statewide or metropolitan-wide basis and include consultation liaison and integrated multi-disciplinary support to generalist and other specialised services in hospitals and the community.



🕒 Five-year future focus

- Hospital-based medical withdrawal beds, particularly in regional areas, including through innovative service models that extend addiction medicine expertise to regional hospitals.
- Appropriate and responsive care pathways in and out of community alcohol and other drug services and hospital settings.
- Dedicated addiction workforce equipped in providing treatment and support, consultation liaison and support for transition back to community.
- Consultation liaison services across inpatient and emergency departments, as well as increasing alcohol and other drug specialist services in acute medicine and mental health inpatient units.
- Safe places for people who are in crisis, as well as stabilisation, assessment and referral areas to manage behavioural emergencies within or close to hospitals.
- Evidence-based approaches to stigma and discrimination reduction across health services.

Focus Area 15

Ensuring appropriate mental health services within hospitals

Person-centred, high quality, accessible treatment and support for people with ongoing serious mental health conditions.

Effective mental health acute services help to facilitate people's recovery and transition to community care.

While previous investments have increased access to services in hospitals, there is an ongoing need to monitor capacity and demand, develop contemporary models of service, improve acute care environments, reduce restrictive practices, increase targeted therapeutic programs and ensure culturally safe, appropriate and responsive care that is free from stigma and discrimination.

Improving transitions both within hospital units, and in and out of hospital services, is essential to ensure people receive timely assessment and treatment, and support as they recover. This requires integration across hospital observation areas, acute units, emergency departments and with community services, as well as providing a continuum of recovery and rehabilitation services for people who have severe and persistent mental health issues. Supporting young people aged 16 to 17 years with their transition between youth and adult services remains a priority.

Diversification of the workforce is also required, including peer workers and Aboriginal mental health workers. Better coordination and integration with alcohol and other drug treatment, including staff capacity to meet the needs of people with co-occurring issues, and alcohol and other drug clinical liaison is also essential.

“We need lived experience and peer support from the point of triage to the point of discharge”

- Mental health system stakeholder

🕒 Five-year future focus

- Capacity, capability and design of emergency departments to provide appropriate crisis assessment and treatment for people with severe and enduring mental health issues.
- Integration and coordination within hospital units and between hospitals and community services to improve flow, reduce length of stay, and ensure timely, appropriate care.
- Public mental health hospital beds across Western Australia where they are needed and for specific cohorts.
- Innovative models of acute care that include alternatives to traditional hospital admission, such as 'hospital in the home' options, as well as ensuring existing models have an increased focus on enhanced transition to intensive community treatment options.
- Contemporary services aligned to the recommendations of the Graylands Reconfiguration and Forensic Taskforce and divestment, such as medium to long term inpatient treatment and rehabilitation care that aims to help people return to community-based rehabilitation and/or to supported or independent community living.
- Workforce diversity, including dedicated Aboriginal mental health workers, peer workers, Aboriginal Health practitioners, allied health professionals and alcohol and other drug consultation liaison roles, as part of multidisciplinary teams within mental health hospital-based services.
- Seamless, integrated, supported transition for young people aged 16-17 years moving between children's services and youth and/or adult mental health services to provide continuing care.

Focus Area 16

Providing mental health and alcohol and other drug support for people at risk of entering or engaged in the justice system

Forensic mental health and alcohol and other drug initiatives that support wellbeing, reduce likelihood of relapse and prevent and reduce further engagement with the justice system.

People with mental health issues and conditions, and those who are impacted by alcohol and other drugs are overrepresented in the justice system.^{12,13} Receiving support from forensic mental health and alcohol and other drugs services can improve wellbeing, reduce the likelihood of relapse, improve public safety and reduce pressure on police, emergency departments, courts and corrective services.¹⁴

The transformation of mental health services through the Graylands Reconfiguration and Forensics Taskforce Project, will continue to be a key future focus including preparing for new forensic mental health beds at the Graylands Campus site and associated workforce planning.

Monitoring service demand following the enactment of the *Criminal Law (Mental Impairment) Act 2023 (CLMI Act)* will continue, to ensure appropriate supports in the community to meet demand.

More broadly, there is a need to improve and strengthen access to timely and high-quality mental health and alcohol and other drug services for all people in detention, as well as housing and community-based supports post detention. This requires tailored approaches to the specific needs of priority groups, particularly women, Aboriginal people, young people, people with a disability and regional communities. Services and supports for Aboriginal people must be culturally safe and deigned in partnership with the Aboriginal community-controlled sector.

A focus on early intervention diversionary programs for young people at-risk of, or engaging in, offending behaviours is also required. Alternatives to detention will continue to be prioritised to prevent or reduce further engagement with the justice system for young people.

Implementation of forensic programs and strategies requires strong partnerships, collaboration and engagement with the Western Australian Police Force, the judiciary, the Departments of Justice, Communities, and Health, the Commission, the private sector and non-government sector.

The Criminal Law (Mental Impairment) Act 2023 (CLMI Act)¹⁵

Enacted on 1 September 2024, the *CLMI Act* provides new legal provisions for people who are unfit to stand trial or found not guilty by reason of mental impairment in the criminal justice system. The *CLMI Act* also provides for the supervision of persons who, in special criminal proceedings, are found to have committed an offence or for persons acquitted on account of mental impairment.

❓ What are forensic mental health and alcohol and other drugs services?

Forensic mental health and alcohol and other drug programs are provided in the community, while in detention or while transitioning out of detention.

Mental health services include specialised bed-based services, police and court liaison and support, mental health support in prisons and detention, and forensic community support.

For alcohol and other drugs, services include law enforcement and public safety responses (including police liaison, diversion and support), court diversion programs (general or dedicated courts), legislative reform and prison-based responses.

Diversion programs are therapeutically focused, providing an incentive to engage with health and wellbeing services to address underlying risk factors linked to offending behaviour.

💡 Drug Court

The Drug Court incorporates the principles of therapeutic jurisprudence and aims to break the cycle of substance use and offending by facilitating treatment programs for individuals who are experiencing an alcohol or other drug use issue or condition. More specifically the Drug Court aims to:

- Support participants in addressing their alcohol and/or other drug use and associated lifestyle.
- Reduce imprisonment by addressing challenges that are integral to offending behaviour.
- Reduce post-treatment supervision requirements for participants by having them address relevant requirements at an earlier stage in the process.

○ Specialised and acute services for those who need them

Mental Health Court Diversion and Support Program

This program provides support to participants through their court proceeding to access appropriate mental health, alcohol and other drugs and social services to help improve wellbeing and prevent imprisonment.

For adults, this includes the **Start Court**, which is a Magistrates Court program that usually takes six months to complete. During this time participants are supported by a team including a Magistrate, mental health clinicians, community support coordinators, Police Community Corrections personnel and a Legal Aid duty lawyer.

The **Links** programs is for young people up to the age of 17 who are experiencing mental health issues and conditions and appearing before the Perth Children's Court. Young people are offered a voluntary mental health assessment, which is used to guide the management of their court proceedings and care. They can also access case management support by a Links community support worker to help with daily life challenges such as education, transport and relationships.¹⁶

Five-year future focus

- Contemporary forensic bed-based mental health services, including a child and adolescent unit through the Graylands Reconfiguration and Forensics Project.
- Partnerships with police, justice, health and community services to ensure coordinated support at all stages - from first contact with police through to post release from custody and transition back to community.
- Early intervention for mental health and alcohol and other drug support to mitigate the risks of contact and long-term engagement with the justice system, particularly for young people.
- Diversion programs at multiple points ranging from police contact through to court programs, with a specific focus on increasing access, particularly in regional areas and for priority groups.
- Mental health and alcohol and other drug support, including while in-custody and post release as people transition back to the community, particularly for women and young people.
- Culturally safe services in partnership with ACCOs across the continuum of forensic mental health and alcohol and other drug services, from prevention, early intervention through police, courts, custodial services and post-release support.
- Collaboration across justice, health and community agencies, to ensure implementation of appropriate mental health services and supports to optimise the wellbeing of people identified under the *CLMI Act*.

Focus Area 17

Facilitating access to specialised statewide mental health treatment for people with complex and/or co-occurring needs

Appropriate support for people with complex needs through tailored, safe, evidence-based treatment and support.

While available for all people across Western Australian, specialised statewide services are generally provided from a central metropolitan location. Supporting people in regional and remote areas to have equitable access to these services is crucial. Strengthening cross sector partnerships, improving system navigation and expanding digital health options will enhance outcomes and improve access to specialised services.

Into the future, services must continue to work with people with lived and living experience, including family members, carers and significant others, in the design and delivery of specialised treatment services to ensure they are safe, accessible and responsive to diverse needs. This includes building the capability of mainstream services, as well as developing specific specialist services where required. A focus on investing in research and evaluation to build the evidence base for interventions is also essential.

? What are specialised statewide mental health services?

Some mental health conditions require an additional level of specialised treatment that extends beyond the scope of general mental health and alcohol and other drugs services.

Specialised services may be provided for:

- Eating disorders
- Personality disorders
- Mother and baby mental health
- Neuropsychiatry and developmental disorder services, including those with autism, attention deficit/hyperactivity disorder, people who are neurodivergent and intellectual disability
- Children in out-of-home care
- Older adults
- People who are gender diverse
- People who are culturally and linguistically diverse
- People with disability
- Trauma-related conditions.

Each speciality requires different strategies which might include:

- Dedicated specialised inpatient beds
- Statewide consultation liaison services to support and enhance the capacity of mainstream mental health and alcohol and other drug services
- Specialised psychiatric inreach to inpatient and general mental health services
- Specialised outpatient clinics and intensive day programs
- Specialised sub-acute, Step Up/Step Down and/or longer term residential treatment.

WA Eating Disorders Outreach and Consultation Service

This statewide service drives system and service integration by providing specialist advice and guidance on eating disorders to clinicians caring for people aged over 16 years.

The service provides consultation liaison, mentoring and support and training to help clinicians of all disciplines to provide best practice care. It involves a multi-disciplinary team that includes a nurse practitioner, consultant clinical psychologist, consultant liaison psychiatrist, specialist physician, senior dietitian, clinical nurse specialist (mental health) and a peer support worker.

Five-year future focus

- Key strategies outlined in the Western Australian Eating Disorders Framework 2025–2030, including integration and consolidation of the existing system and planning to establish a residential eating disorders service in Western Australia.
- For personality disorders, opportunities to increase availability and accessibility of specialised support.
- For mother and baby mental health, mental health and alcohol and other drugs inpatient and community treatment and support.
- Neuropsychiatry and developmental disorders model of service in Western Australia, including opportunities to increase availability and accessibility for people who require these services.
- Older adult statewide mental health model of service, including opportunities to increase availability and accessibility of support and treatment in the community and specialised mental health services.
- Community and specialised support services for groups with higher and/or more complex and co-occurring needs.
- Specialised community treatment for children (0–17 years) with specific or co-occurring needs and their families across Western Australia particularly rural, regional and remote areas.



Strategic Pillar 5

Foundations for contemporary, person-centred systems



Focus areas

- 18** Culture that values lived and living experience, diversity and equity
- 19** Robust and accountable leadership, governance, partnerships and collaboration
- 20** Complementary and coordinated state and national strategy
- 21** Infrastructure, technology and initiatives that promote system performance and access to information, supports and services
- 22** Skilled, diverse and supported workforces
- 23** Strengthened data, monitoring and evaluation to improve system and service performance

Better outcomes for individuals, carers, families and communities through contemporary systems supported by strong system-wide enablers.

Structural and operational building blocks are needed that drive contemporary approaches to mental health and alcohol and other drug program and service delivery, and that create adaptive and responsive systems that work for everybody.

While the foundations for effective systems are numerous and intersecting, this Pillar focuses on specific issues identified for prioritisation, including leadership and governance, strategic policy, culture, services and infrastructure, workforce and data, monitoring and evaluation.

Critically, this Pillar includes a focus on ways of working and the systems-wide organisational cultural change required for transformation that embeds lived and living experience in program and services design, delivery and evaluation. This may include building and integrating multidisciplinary workforces, including Lived Experience (Peer) workers. Cultural change requires genuine organisational commitment, supported by organisational readiness strategies and programs that prepare and enable this to occur, including appropriate resourcing, policies, supports, career pathways, education and training.

○ Foundations for contemporary, person-centred systems

This Pillar also recognises the diversity of the Western Australian communities, and a need to ensure people and communities disproportionately impacted by mental health and alcohol and other drug issues are at the heart of decision making. Effective commissioning and supportive frameworks to guide sustained and consistent approaches in designing services and programs that meet the needs of diverse population groups is essential.

A particular focus on working in partnership with Aboriginal people is recognised to overcome the inequity and inequality in health and social outcomes experienced, and to support Closing the Gap. Future success requires sustained commitment to strengthening these foundations while staying flexible to adapt as needs change.

❓ What are system enablers?

System enablers are structural and operational building blocks that help to make the mental health and alcohol and other drug systems work better and function more efficiently (**Figure 3**). These include policies and practices that support successful implementation, appropriate resourcing and workforces, developing and refining services so they are contemporary and culturally secure, and ensuring people can access the services they need.



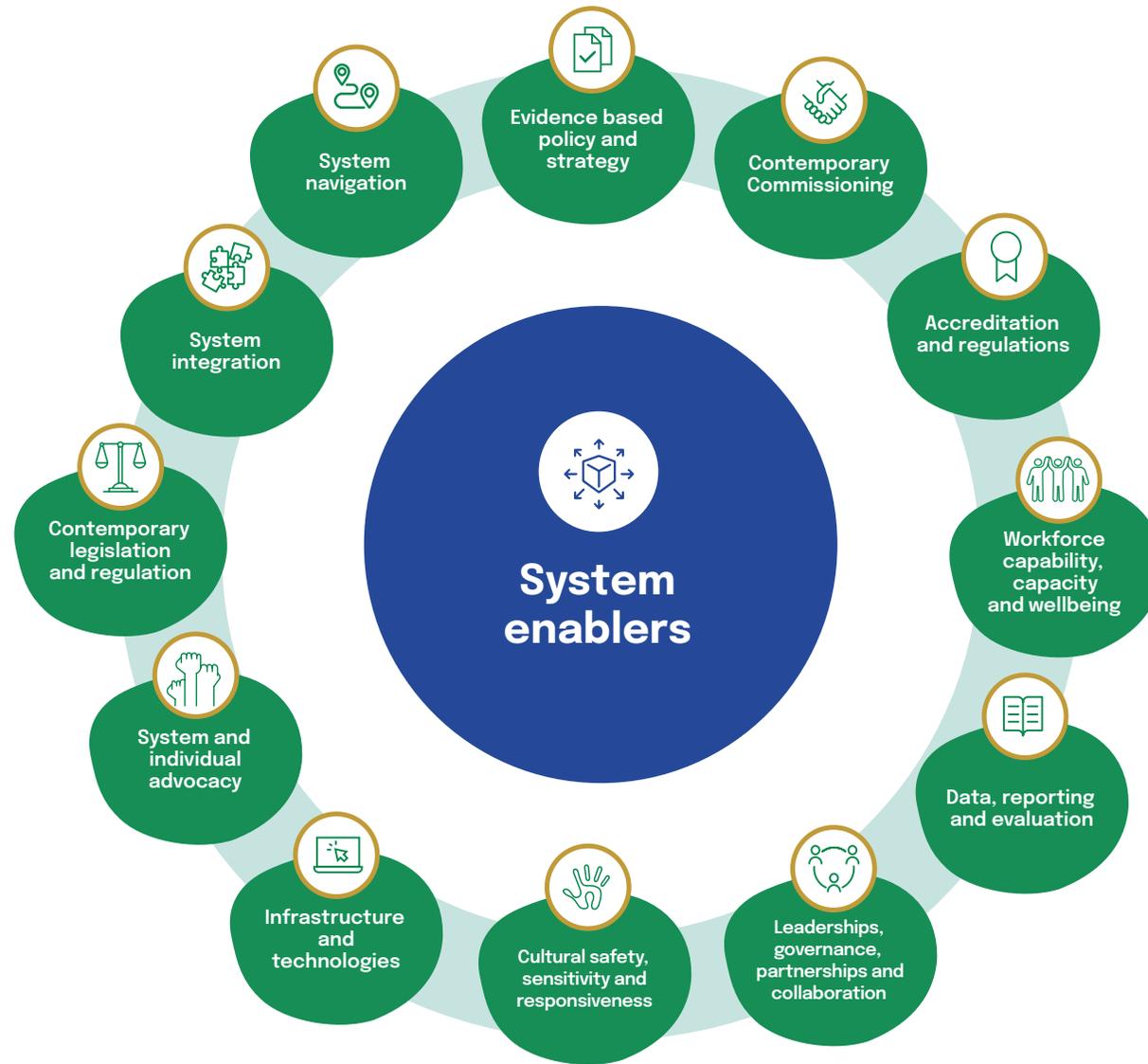


Figure 3 - System enablers

Focus Area 18

Culture that values lived and living experience, diversity and equity

Building a system that is responsive and values lived and living experience, diversity, cultural safety and sensitivity.

A genuine commitment from all sectors towards longer-term, sustained and transformative culture change is needed. This requires reorienting ways of thinking and working.

Some foundations for change are in place, for example the State Commissioning Strategy and Aboriginal Empowerment Strategy that both aim to shift towards outcome focused commissioning practices, that are culturally safe and tailored to community need. This is further supported by the Independent Governance Review which calls for the integration of lived and living experience perspectives.

To do this will require the diversification of the ways in which people are engaged in program and service design, delivery and evaluation. For example, this includes embedding lived and living experience and Aboriginal health workers within all layers of the workforce including within multidisciplinary teams.

To achieve cultural change, organisational readiness policies, supports, education and workforce planning must be prioritised. Recognising the differences between the mental health and alcohol and other drug lived and living experience and peer workforces, as well as the unique challenges for each, will help to develop contemporary approaches to workforce planning.

Organisational culture change also requires contemporary commissioning processes that place people, families and communities at the centre, ensuring access to programs and services are tailored to needs. Consideration of priority population groups, for example those with CaLD backgrounds, LGBTIQ+SB communities, and people with a disability is critical.

Where possible, community led solutions and approaches should be co-designed to ensure programs and services are equitable, trauma-informed, culturally safe, responsive and secure for all regardless of how people identify.

To support shifting attitudes, behaviours and influencing policy, a particular focus on stigma reduction is also required that recognises equal dignity, value and respect.

A specific focus on aligning commissioning and policy development aligned to the Western Australian Aboriginal Empowerment Strategy, National Social and Emotional Wellbeing Framework and Closing the Gap reforms must be prioritised in order to deliver improved outcomes for Aboriginal people. This requires prioritising genuine partnerships, engagement, accountability and culturally responsive ways of working.

“The need for empowerment - when consumers are heard and included through the systems that are there to support them, empowerment happens, and this is powerful for wellbeing and overall health outcomes.”

-Alcohol and Other Drug Consumer & Community Coalition member

💡 Lived Experience (Peer) Workforce Framework

The Western Australian Lived Experience (Peer) Framework¹⁷ provides guidance on how individuals and organisations can build, develop and strengthen the Lived Experience (Peer) workforce within Western Australia. The Framework shows the intersection of strategy, culture and commitment as foundations for embedding safe working practices to develop the Lived Experience (Peer) workforce within organisations. (Figure 4).



Figure 4 - Organisation actions to support Lived Experience (Peer) workforces¹⁷

❓ What is stigma?

All Western Australians have a right to fair and equitable access to mental health and alcohol and other drug services.

Stigma refers to holding negative opinions or feelings toward someone or a group of people due to certain behaviours or traits, like alcohol or other drug use or mental health conditions. These opinions can turn into discrimination, resulting in unfair treatment, isolation and inequality.¹⁸

Many people continue to experience stigma due to their race, gender, sexuality, disability, mental health, or alcohol and other drugs use. It can harm people's quality of life, self-esteem, relationships, and chances to grow through work or education. The stress and inequality caused by stigma can also negatively impact health and life expectancy.¹⁹

People experiencing alcohol and other drug use issues are more likely to improve their health and make positive changes when they feel accepted and understood. However, being judged, misunderstood, or discriminated against can prevent them from seeking help.²⁰

To address stigma, a broad range of strategies are required that support changing societal attitudes, reshaping organisations to focus on individual needs, expanding peer support roles, educating and training staff, improving how data is collected, and designing infrastructure to ensure easier and safe access for everyone.

🕒 Five-year future focus

- Organisational change across mental health and alcohol and other drug services to build capacity and shared understanding, integrate lived and living experience perspectives and apply contemporary, recovery-oriented approaches to mental health and alcohol and other drug services.
- Western Australian Outcomes Measurement Framework that measures both system and service-level person centred outcomes that are meaningful to people.
- A Western Australian approach to implementing the National Social and Emotional Wellbeing Framework that will embed Aboriginal-led ways of working in the development and implementation of culturally secure programs and services.
- Commissioning frameworks that consider the needs of diverse and priority populations and are aligned with the State Commissioning Strategy for Community Services, Aboriginal Empowerment Strategy and Closing the Gap priority reforms.
- Holistic and strategic approaches to reduce stigma and discrimination for those experiencing alcohol and/or other drug use issues and/or mental health issues.

Focus Area 19

Robust and accountable leadership, governance, partnerships and collaboration*Driving person centred outcomes through leadership, partnerships and governance arrangements.*

Strong and transparent governance structures and partnerships that promote cross sector collaboration across the continuum of care is essential to support the wellbeing of all Western Australians.

Australian and Western Australian Government partnerships will continue to be a key priority. Of note will be the review of the National Agreement on Mental Health and Suicide Prevention (National Agreement), and future opportunities beyond June 2026. This includes identifying areas of common state and Australian Government priorities for investment, and joint planning to address known, shared system-wide priorities, such as the 'missing middle' and young people.

At a state level, consolidating the new mental health and alcohol and other drug governance arrangements established through the Independent Governance Review will assist in delivering the key focus areas of this Strategy, as well as ensuring activities are integrated within and across services.

For state government agencies, a focus on cross-government partnerships that support coordinated approaches to co-occurring and intersecting issues such as housing and homelessness and social inclusion, in addition to issues such as family and domestic violence will need particular attention.

Strong partnerships across all sectors are required to ensure that services and workforces have the capability and capacity to address growing complexities and intersecting needs. Initiatives include workforce development, joint planning, commissioning and flexibility in models of service and eligibility criteria.

Systemic advocacy and transparent monitoring and public reporting is integral to promoting and sustaining mental health and alcohol and other drug service systems and to ensure the needs of people, their families, carers and significant others are being met. This includes drawing on collective expertise to influence public policy, as well as supporting peak organisations to advocate for their members.

“An optimal mental health and alcohol and other drugs support system would be one that is joined together and accessible, integrated and person-centred, supporting individuals holistically from early intervention through long-term recovery.”

- Service provider

🕒 Five-year future focus

- The National Agreement, including contribution to the evaluation of the current National Agreement and development of future approaches to meet the needs of Western Australians.
- Australian Government, Primary Health Networks and state government agency joint planning and commissioning, including negotiating for funding initiatives through arrangements under a new National Agreement.
- Progressing ministerial priorities through the mental health and alcohol and other drug governance structures established under the Independent Governance Review.
- Cross-government strategic policy work of the Mental Health and Alcohol and Other Drugs Deputies Group and intersecting groups such as those relating to Closing the Gap, housing and homelessness, and family and domestic violence.
- Effective systemic organisations, including peak bodies and contemporary advocacy services.
- Annual implementation and monitoring plans (AIM Plans) for the Strategy to provide transparency of achievements and planned initiatives.

Focus Area 20

Complementary and coordinated state and national strategy

Delivering evidence-based policy and strategy, contemporary legislation, regulation and quality standards that ensure safety, quality and protection of human rights.

National and state-based strategies provide evidence-based directions for the delivery of improved outcomes for individuals, families and communities. Importantly, these strategies provide clarity of directions in coordinating efforts, partnerships and investments.

In addition to the coordinating efforts for priority issues, a focus will be on contemporary mental health and alcohol and other drug laws and regulations that support safety, wellbeing, minimise harm and the protect people's rights.

There is also a need in supporting services to meet accreditation process and regulations to ensure quality mental health and alcohol and other drug service provision, inclusive of robust evaluation and quality assurance mechanisms. Ongoing work to transition mental health NGOs from the National Standards for Mental Health Services 2010, to the new, more contemporary, National Safety and Quality Mental Health Standards will continue to be prioritised.²¹

💡 Supporting better outcomes for LGBTIQ+SB individuals and communities through a whole-of-government approach

Equality and freedom from discrimination are fundamental human rights for all people, regardless of sexual orientation, gender identity or intersex status.

People from LGBTIQ+SB communities continue to face high levels of discrimination, stigma and social exclusion, which impacts wellbeing.²²

In partnership with the LGBTIQ+SB community and all Western Australian Government departments, the Department of Communities is developing Western Australia's first LGBTIQ+ Inclusion Strategy. This will identify priority areas and associated actions to progress long term change aimed at improving wellbeing outcomes.

Rainbow Futures has been appointed as the peak body to support the development and implementation of the LGBTIQ+ Inclusion Strategy, guiding engagement with LGBTIQ+SB communities and organisations.

○ Foundations for contemporary, person-centred systems

💡 Integrating mental health and specialised disability services

All Western Australians should be able to access to inclusive, responsive services and programs, regardless of their circumstances.

This is particularly important for people with a disability, who experience barriers in accessing services and rate their health poorer than other Australians.¹⁷

A Western Australia for Everyone: State Disability Strategy 2020-2030 (Disability Strategy)²³

This outlines key priorities for ensuring that people with disability, and those who share their lives, are engaged and feel empowered to live as they choose in a community where everyone belongs.

Health and mental health are key priorities within the Disability Strategy, which recommends that delivering positive outcomes for people with disability can be achieved through proactive interagency and service collaboration, particularly between mental health and specialised disability services. Adopting this integrated approach to health, mental health and disability services is also key priority in other government strategic documents, including the Sustainable Health Review.



🕒 Five-year future focus

- Priority reforms and outcomes under the National Agreement on Closing the Gap that support Aboriginal people and government to work together to overcome the inequality experienced by Aboriginal people and achieve life outcomes equal to all Australians.
- Western Australian frameworks for identified issues such as alcohol and other drugs and suicide prevention that provide more prescribed strategic focus.
- A Western Australian approach to implementing the National Social and Emotional Wellbeing Framework that will be embedded in the work of the Commission.
- Cross-government strategy implementation such as the LGBTIQ+SB Inclusion Strategy, Family and Domestic Violence System Reform Plan and the Sustainable Health Review to coordinate efforts and provide complementary actions.
- Initiatives that align with Equally Well Consensus Statement²⁴, to support the physical health of people living with a mental health condition.
- National Agreement initiatives that promote safety and quality, including the Mutual Recognition of Mental Health Orders and the National Mental Health Information Sharing Framework.
- Statutory review of the *Alcohol and Other Drugs Act 1974* to ensure that the Act is contemporary and fit-for-purpose.
- *Mental Health Act 2014*, including implementation planning for legislative amendments, operational enhancements and compliance monitoring.
- The *CLMI Act* and its impact on mental health service demand and delivery.
- Regulation of alcohol and other drugs services aligned to the recommendations made in the Inquiry into the Esther Foundation and Unregulated Private Health Facilities Report.
- Contracted services meeting the accreditation requirements to ensure quality and accountability of service provision.

Focus Area 21

Infrastructure, technology and initiatives that promote system performance and access to information, supports and services

Building structures, technology and processes that facilitate systems navigation and access to services, regardless of people's circumstances.

Ensuring people can access information, navigate complex systems, and access services close to home will continue to be key strategic priorities over the next five years. Efforts will be directed towards service navigation functions and access to online services and peer support initiatives, along with effective digital and physical systems and structures to improve accessibility.

Infrastructure continues to be a key barrier to accessing services and supports close to home. Accessing appropriate land and buildings across Western Australia as well as the availability of workforce accommodation in some regional areas requires strong partnerships across all sectors, innovation, and long-term infrastructure planning.

Infrastructure planning needs to ensure that the physical design is appropriate to meet community needs and contemporary best practice. As part of this, a strong focus on robust stakeholder consultation is required that includes lived and living experience, cultural diversity, targeted population groups as well as the broader community.

🕒 Five-year future focus

- System navigation, coordinated communication, online services and peer support initiatives that help people and their families and carers to access multiple services.
- Virtual access to support, care and clinical liaison services to improve access.
- Coordinated infrastructure planning that considers location, capacity, capability, design and accessibility to provide care in an environment that is appropriate to the needs of those accessing the service.
- Community consultation and stakeholder engagement for new infrastructure projects, including location, site planning, construction and refurbishment design, as well as maintenance programs that ensure existing assets continue to be fit-for-purpose.
- Significant infrastructure projects to provide contemporary services, including the Graylands Reconfiguration, Broome Sobering Up Centre and Step Up/Step Down services.

Focus Area 22

Skilled, diverse and supported workforces

Providing modern, individualised care through a skilled, diverse, and well-supported workforce.

Supporting the development, growth, retention and wellbeing of an appropriately skilled and multidisciplinary workforce will help in providing a balanced mix of integrated and person-centred services. This requires long-term planning, as well as immediate action to address known shortages, for example in addiction medicine, Aboriginal mental health workers and peer workers.

A challenge remains in being able to deliver a 'no wrong door' approach so that people can access support when they need it, regardless of their circumstances. A future focus will be on building the capability of diverse workforces to respond to co-occurring alcohol and other drug, mental health and other social issues in a way that is evidence-based, person-centred, trauma-informed, recovery-oriented, and free from stigma and discrimination.²⁵

This includes skills development for the specialist, generalist and non-specialised workforces including youth workers, homelessness support workers, family and domestic violence workers, and welfare officers.

Building the lived and living experience workforce is essential given their important role in providing emotional and social support to individuals, families, carers and significant others, sharing common experiences, promoting recovery and alcohol and other drug harm reduction. This includes integrating peer workforces within multidisciplinary teams to help prevent the need for clinical intervention and allowing clinical staff to be more responsive to those who require their support.

As outlined in Focus Area 18, embedding Lived Experience leadership roles across all levels and within areas such as education, research, advocacy, management and decision-making roles, is vital to meaningful system reform. Whilst the alcohol and other drug sector has a long history of peer workers, consideration may be given to developing contemporary approaches to Lived Experience leadership roles, particularly beyond frontline service delivery, given the unique challenges faced with alcohol and drug use and stigma. This must be supported with appropriate organisation readiness frameworks.

🕒 Five-year future focus

- Workforce capacity and capability aligned to existing national and state workforce strategies.
- A Western Australian Mental Health and Alcohol and Other Drugs Workforce Strategic Action Plan that will identify short-term development initiatives and long-term strategic initiatives needed to deliver against all focus areas within the Strategy.
- Lived Experience and peer workforce growth and diversification, including contemporary understanding of unique needs of the alcohol and other drug lived and living experience workforce, including professional development at all levels, supported by organisational readiness frameworks.
- State and national workforce governance structures to inform and guide workforce requirements within Western Australia.
- Aboriginal mental health and alcohol and other drug workforces, aligned with the Aboriginal Mental Health Worker Framework, Aboriginal-specific learning and development programs and recommendations from the Statutory Review of the *Mental Health Act 2016*.
- Workforce data collection and analysis to inform learning and development and workforce pipeline requirements.
- Alcohol and other drug and mental health skills development for the specialist, generalist and non-specialised workforces (such as youth workers, homelessness support workers, family and domestic violence workers, community and welfare workers).
- Education and training for mental health and alcohol and other drug workforces relating to priorities including stigma, trauma-informed care and practice, diversity and cultural awareness, with the aim of increasing accessibility and outcomes particularly for Aboriginal people, people with a disability, CaLD people and LGBTIQ+SB people.

Focus Area 23

Strengthened data, monitoring and evaluation to improve system and service performance

Progressing system transformation through oversight and monitoring of service and system performance, as well as monitoring population-based mental health, and alcohol and other drug issues and trends.

Data sharing, collection, reporting and a commitment to evaluation is required to facilitate effective planning and improve responsiveness of mental health and alcohol and other drug programs and services to meet community needs. In the case of suicide prevention, this is particularly important for the coordination and planning of postvention responses. This includes strengthening the monitoring at both service and system levels, as well as trends through population-based surveys.

Supporting Australian Government priorities relating to national data sharing between jurisdictions is also required for seamless and appropriate care when people are away from home and across states and territories.

Agency Commissioning Plans must be prioritised by line agencies given their role in progressing strategic priorities outlined with outcome-based commissioning. Agency Commissioning Plans provide transparent and accountable communication with other commissioning agencies, peak bodies, services and communities to facilitate service and infrastructure planning. This includes clear communication of commissioning intentions across the entire commissioning cycle, from needs analysis through to evaluation.

The Outcomes Measurement Framework aims to support a shift in culture by measuring what truly matters to people and communities. Moving forward, the focus will be on creating modern service-level indicators and improving data collection methods. Collaboration will be key, with stakeholders—including ACCOs and researchers—working together to define and enhance SEWB outcomes at both system and service levels.

The ongoing monitoring of the Strategy through the Annual Implementation and Monitoring Plans, will be aided by the Outcomes Measurement Framework through demonstrating regular and transparent progress against the Focus Areas outlined in the Strategy.

💡 The State Commissioning Strategy for Community Services²⁶

The Commissioning Strategy aims to change the way government delivers community services in Western Australia.

It encourages collaborative ways of working between state government agencies and the community services sector, prioritising outcomes for consumers through place-based and outcomes-focused commissioning approaches.

Recognising that this transition will take time, the Commissioning Strategy outlines the key actions to be taken by government agencies. These include the requirement for line agencies to develop Agency Commissioning Plans that set out guiding principles, intentions and focus areas for commissioning over the short and medium terms.

🕒 Five-year future focus

- Contemporary data systems and collection methods that facilitate responsive and quality care, referrals and transition, as well as system and service performance monitoring and reporting.
- Service level outcomes and indicators to support the Outcomes Measurement Framework, as well as SEWB measures for Aboriginal people and communities.
- Data collection to strengthen current understanding of the needs of priority population groups where data is currently limited, such as LGBTIQ+SB communities and people from CaLD backgrounds.
- Agency Commissioning Plans that communicate clear commissioning intentions to providers and the community that are aligned to the focus areas for this Strategy and facilitate improved collaboration between agencies in relation to service and infrastructure planning.
- National Agreement initiatives that promote data sharing and reporting, including the National Mental Health Information Sharing Framework and experience of service data collection.
- Suicide Monitoring System and access to data to ensure timely suicide postvention responses.
- Population monitoring through initiatives such as the Australian Secondary School Alcohol and Other Drug survey, Health and Wellbeing Surveillance System surveys and Attitudinal Surveys.

Making a meaningful difference to people and communities

Implementation

The implementation of the Strategy will need to be flexible and adaptive. Addressing the challenges and opportunities outlined in the Strategy requires ongoing momentum and enduring commitment over many years.

The needs of communities change over time and there are many different factors that will influence mental health and alcohol and other drug policy, programs and practices. Flexibility is important to ensure responsiveness to changing needs, adaptation to localised service delivery contexts and in addressing other factors such as environmental, structural and financial impacts.

The Commission will oversee the Strategy's implementation and report on progress. To support this, the Commission will develop Annual Implementation and Monitoring Plans (AIM Plans).

The AIM Plans will identify the key actions led or facilitated by the Commission towards achieving the Strategy's purpose, Pillars and Focus Areas. The planned actions and reporting of any supporting Frameworks will also be incorporated where appropriate.

While not inclusive of all related activities undertaken by government, NGOs and communities, significant activities delivered in partnership with stakeholders, as well as other key strategy documents will be identified.

It is intended that the AIM Plans will provide an overview of priority actions planned for implementation.

Monitoring and reporting

Annual progress reports will be developed to keep the Western Australian community informed of achievements, challenges, and next steps. These reports will demonstrate progress against the previous year's AIM Plan and coincide with the release of the Commission's Annual Report.

It is recognised that to achieve system transformation, the Strategy's progress needs to be assessed beyond the implementation of actions, centring on the outcomes for people, families and communities.

The Commission has developed a person-centred Mental Health and Alcohol and Other Drug Outcomes Measurement Framework which will provide a consistent approach for monitoring alcohol and other drugs and mental health outcomes in the Western Australian population (termed system-level outcomes), with SEWB outcomes and service level outcomes planned for development in the future.

The system-level Outcomes Measurement Framework aims to enhance transparency regarding the performance of the mental health and alcohol and other drug systems in Western Australia, against the 12 domains (refer to **Figure 5**).

It is important that the system can actually measure/confirm that procedures and services are reaching and getting results” -
Bunbury stakeholder

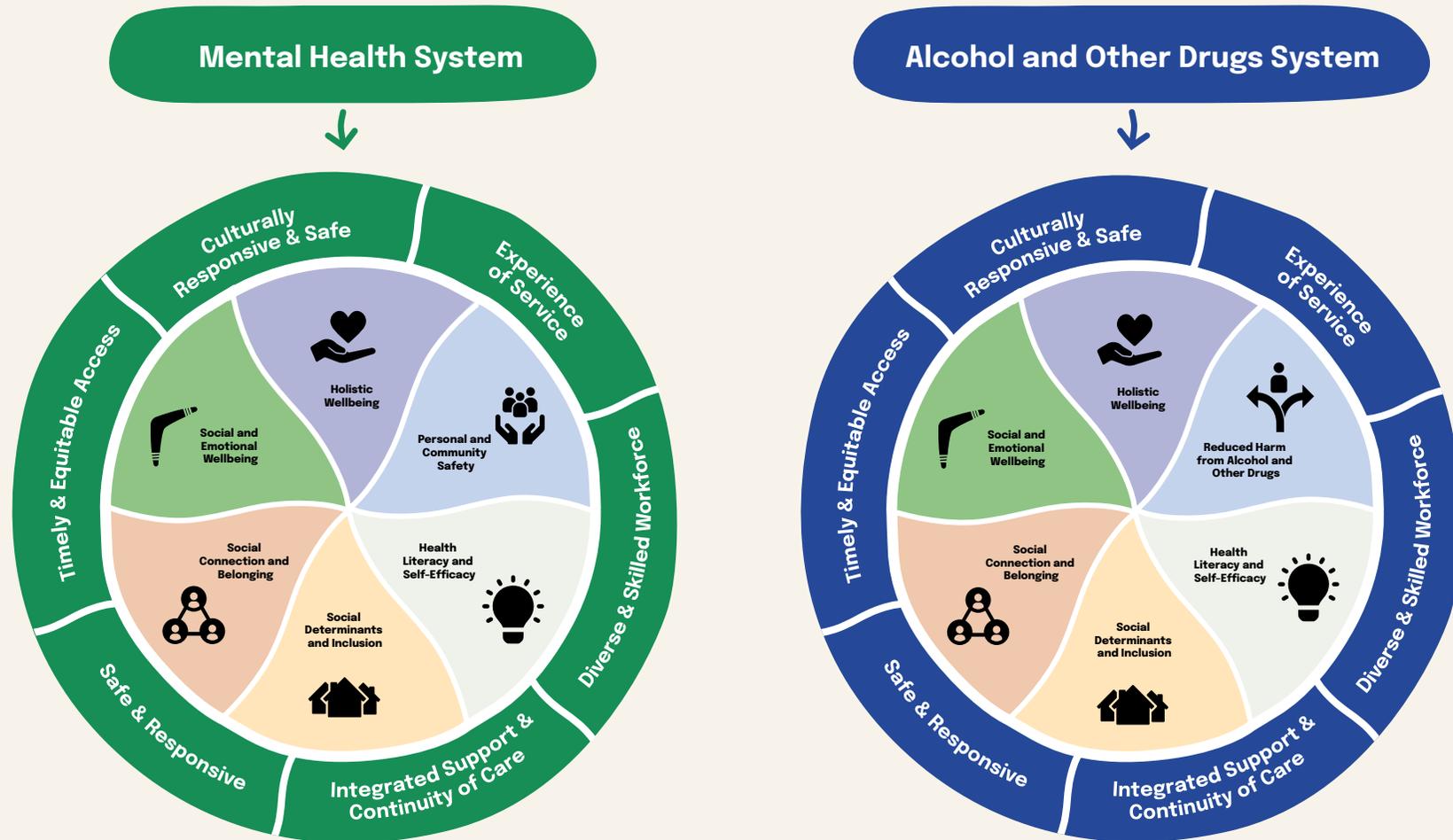


Figure 5 - Twelve domains of the mental health and alcohol and other drugs Outcome Measurement Framework wheels

By utilising the Outcomes Measurement Framework, meaningful insights may be generated into how the mental health and alcohol and other drug systems are improving outcomes for people, families and communities, as well as identify areas that need to be strengthened further.

○ Making a meaningful difference to people and communities

Governance and oversight

Existing mental health and alcohol and other drug governance arrangements will assist the Commission in overseeing the implementation of the Strategy and monitoring progress.

The Commission will also work closely with the relevant oversight bodies to monitor progress, address challenges, and drive accountability to deliver meaningful outcomes.

Shared responsibility

The actions in this Strategy focus on system-level changes that the state government will lead in Western Australia, however there are multiple and diverse stakeholders, all of whom will be critical in contributing to delivery. The Strategy is intended to help guide investment and priorities across all sectors and the local community. By working collaboratively, transparently and with a strong vision on outcomes and aspirations, lasting, transformative change for the wellbeing of all Western Australians may be realised.

Appendix A

Glossary of terms

Clinicians

Professionals engaged in the provision of mental health and alcohol and other drug services, including but not limited to Aboriginal mental health workers, allied health workers, (including occupational therapists, psychologists and social workers), nurses, psychiatrists, and others.

Cultural awareness

The knowledge and understanding of differences between cultures.

Cultural responsiveness

Cultural responsiveness is the process of adapting to align with an individual's preferences and includes addressing language and cultural barriers.

Cultural safety

Recognition and celebration of cultures, empowering people to contribute and feel safe to be themselves. Includes creating an environment where everyone understands their own cultural identities and attitudes and be open-minded and flexible towards other people from other cultures.

Cultural security

A commitment that the construct and provision of services offered by the health system will not compromise the legitimate cultural rights, views, values and expectations of Aboriginal people. Theoretical awareness is not enough, cultural security shifts attitudes to behaviour, focusing directly on practice, skills and efficacy. Cultural awareness, cultural sensitivity, cultural responsiveness, and cultural safety are foundational aspects of cultural security.

Culturally safe practice

Ongoing critical reflection of health knowledge, skills, attitudes, behaviours, and power differentials to deliver safe, accessible and responsive health care, services and programs.

Dignity of Risk

Dignity of risk means that individuals have the right to make choices and take risks, even if those choices involve some risk, and service providers should support and work with them to understand and manage those risks, while respecting their decisions.

Culturally and Linguistically Diverse (CaLD)

The term ‘culturally and linguistically diverse’ (CaLD) is used in the Strategy to refer to people and communities who have entered Australia through a variety of pathways, including through humanitarian, family, and skilled migration pathways or who were born here. This term refers to people with backgrounds, ethnicity and ancestry that are not part of the dominant Anglo-Celtic Australian population. This term is inclusive of people seeking asylum in Australia, people on temporary visas, undocumented migrants, and people born in Australia.

It is acknowledged that the term has limitations. It has no universal definition; there are different approaches to identify and report on ‘CaLD’ populations in Australia. It can group together very different communities who are very diverse in terms of language, religion, cultures and faiths. It does not include Aboriginal and Torres Strait Islander people.²⁷

Health Service Provider (HSP)

Provider of state-funded health services, including Child and Adolescent Health Service, East Metropolitan Health Service, North Metropolitan Health Service, South Metropolitan Health Service, and Western Australian Country Health Service.

Lesbian, gay, bisexual, transgender, queer, intersex, asexual, sistergirl and brotherboy or LGBTIQ+SB

LGBTIQ+SB is used to refer to lesbian, gay, bisexual, transgender, intersex, queer, asexual, sistergirl and brotherboy people, or people otherwise diverse in gender, sexual orientation and/or innate variations of sex characteristics. However, it is recognised that many people and populations have additional ways of describing their distinct histories, experiences and needs beyond this acronym.

Lived and Living Experience

Any person who identifies as having a current or past personal experience of psychological or emotional issues, distress, mental health and/or alcohol other drugs issues and/or suicidal crisis (including thoughts, feelings or actions), irrespective of whether they have a diagnosed mental health condition and/or alcohol and other drugs issue and/or have received treatment. This definition also extends to family, carers and significant others who have personal experience of providing ongoing care and support to a person who has a lived or living experience as outlined or who has been bereaved by suicide.

The term ‘family, carers and significant other’ is a broad term that refers to family members and friends in caring and supporting roles and includes the term Support Person as defined in the *Carers Recognition Act 2004*.

The term lived and living experience, families, carers and significant others is used within this document to respectfully encompass all of the above.

Sometimes Lived Experience is referred to with a capital 'LE'. The capital 'LE' signifies the requirement of the workforce to bring their lived and learned expertise to the range of designated Peer roles. Displaying the word 'Peer' in brackets, acknowledges the term 'Peer' but signifies that as the workforce grows, it is moving towards the term 'Lived Experience' workforce.

Note: the Commission recognises that terminology varies and that individuals may prefer the use of terms such as consumer, survivor, carer, kin, chosen family or other such terms which are all valid.

Mental health condition

A mental health condition is a disorder diagnosed by a medical professional that interferes with an individual's cognitive, emotional or social abilities. Many different types of mental health conditions occur to varying degrees of severity. Examples include anxiety disorders, such as generalised anxiety disorders and social phobias; mood disorders (such as depression and bipolar disorder); psychotic disorders (such as schizophrenia); eating disorders (such as anorexia and bulimia); and personality disorders (such as borderline personality disorder).

Mental health issue

A mental health issue refers to when cognitive, emotional or social abilities are diminished, but not to the extent that they meet the criteria for a diagnosed mental health condition. Mental health issues can occur due to life stressors. They are usually less severe than diagnosed mental health conditions and often resolve with time or when an individual's situation changes. If a mental health issue persists or increases in severity, it may develop into a diagnosed mental health condition.

Mental health and wellbeing; and mental wellbeing

Mental health and mental wellbeing are two separate, but interrelated terms. The World Health Organization defines mental health as a state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well, work well, and contribute to their community.

Mental health is an integral component of health and wellbeing that underpins our individual and collective abilities to make decisions, build relationships and shape our world.

A person's mental wellbeing reflects their psychological, emotional, physical and social states. It refers to their ability to maintain connections, contribute to their community and cope with the normal stressors of life events. It can fluctuate over time and be influenced by a range of factors including life experiences.

Older adult

In this report, we have used the term 'older adult' to refer to people aged 65 and over or Aboriginal people aged 55 and over.

Primary care

Healthcare provided in the community by a variety of healthcare professionals, including general practitioners, nurse practitioners, and other community-based healthcare providers for people making an initial approach for advice or treatment.

Public specialist community mental health services

Public specialist community mental health services provide multidisciplinary clinical care in the community for individuals experiencing mental health issues. They are provided by Health Service Providers and are referred to as Community Treatment Services in the Ten-Year Plan and the National Mental Health Services Planning Framework.

Recovery

While there is no one shared definition of recovery and additionally, recovery means different things for alcohol and other drugs and mental health, this Strategy utilises the definition: ‘a process of change through which people improve their health and wellbeing, live a self-directed life and strive to reach their full potential.’

Recovery orientated approaches to mental health often recognise the value of lived experience, with a focus on empowerment, discovery, connection and contribution. Recovery is a holistic approach and includes the social and relational aspects of health including employment, education and social participation.

Self-determination

Self-determination can mean different things to different groups of people. At its core, self-determination ‘is concerned with the fundamental right of people to shape their own lives’. In a practical sense, self-determination means that we have the freedom to live well, to determine what it means to live well according to our own values and beliefs.

Specialised services

Specialised services offer an additional level of expertise or service response for particular clinical conditions and/or complex and high-level needs. For example, eating disorders services or gender diversity services.

Specialist

A person who has advanced knowledge and expertise related to a particular field or area. This designation often implies that they have undergone extensive education, training, or experience beyond the general qualifications required for that field.

Step Up/Step Down Services

Community-based Step Up/Step Down Services provide support for people experiencing mental health issues, in a home-like setting close to their community, friends and family.

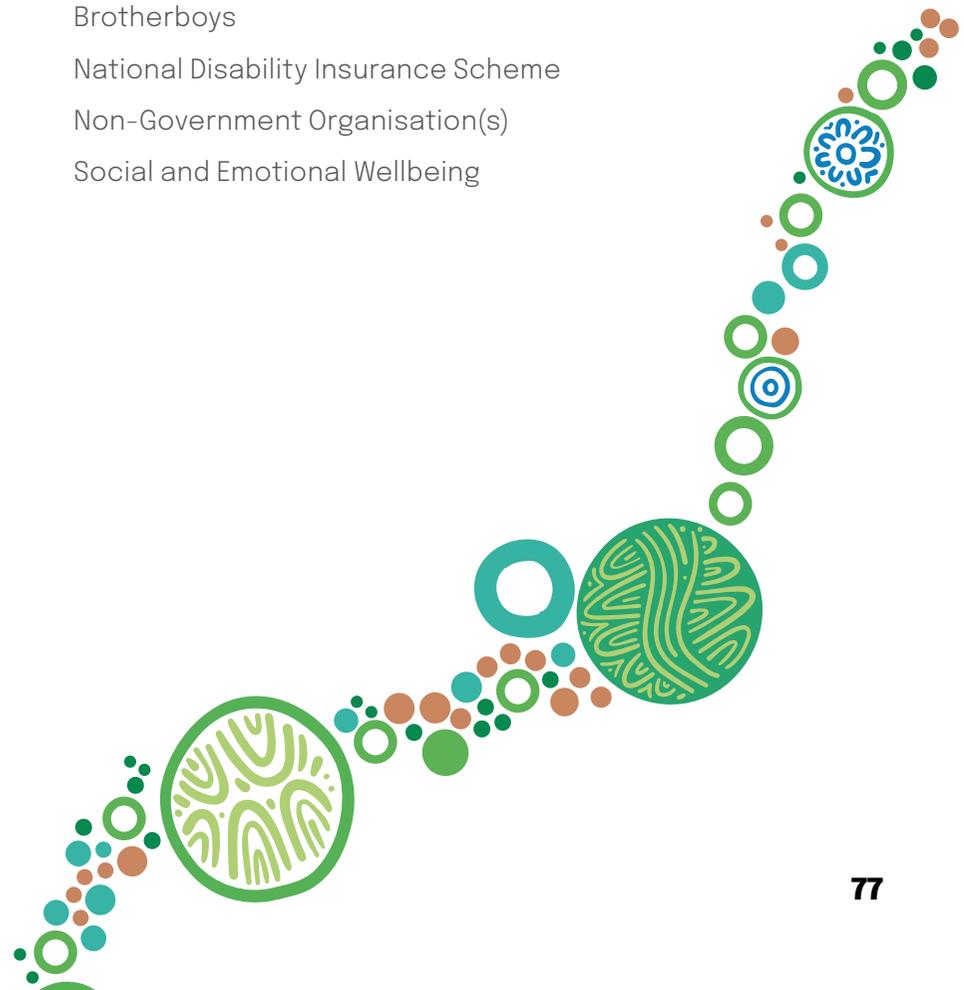
Youth

In this paper, we have used the term ‘youth’ to refer to people aged sixteen to twenty-four.

Acronyms

| | |
|------------------|---|
| ACCOs | Aboriginal Community Controlled Organisations |
| ACRT | Acute Care and Response Team |
| AIM Plans | Annual Implementation and Monitoring Plans |
| CADS | Community Alcohol and Drug Services |
| CaLD | Culturally and Linguistically Diverse |
| CTSER | Community Treatment, Support and Emergency Response |
| CLMI Act | Criminal Law (Mental Impairment) Act 2023 |
| EDNA | Emerging Drugs Network of Australia |

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|------------------|---|
| LGBTIQ+SB | Lesbian, Gay, Bisexual, Transgender Intersex, Queer or questioning, Asexual plus other, Sistergirls and Brotherboys |
| NDIS | National Disability Insurance Scheme |
| NGO | Non-Government Organisation(s) |
| SEWB | Social and Emotional Wellbeing |



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**Mental Health
Commission**



GPO Box X2299, Perth
Business Centre WA 6847
Level 1, 1 Nash Street,
Perth, WA 6000
T (08) 6553 0600

mhc.wa.gov.au

