Consultation Summary Report

Western Australia Mental Health and Alcohol and Other Drugs Strategy 2025–2030

Mental Health Commission

GOVERNMENT OF WESTERN AUSTRALIA

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.

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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 original inhabitants of Western Australia. Use of the word 'Aboriginal' within this document refers to both Aboriginal and Torres Strait Islander People.

Feedback

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

Accessibility

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

Suggested citation

Consultation Summary Report, Western Australian Mental Health and Alcohol and Other Drugs Strategy 2025-2030 (2025). Mental Health Commission, Government of Western Australia.

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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, including their families and carers.

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If you need support

There are hundreds of mental health and alcohol and other drugs 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

1. Background

The Mental Health Commission (Commission) is developing a new Mental Health and Alcohol and Other Drugs Strategy 2025-2030 (Strategy).

The development of the system-wide Strategy is a recommendation of the Government Response to the Independent Review of WA Health System Governance (Governance Review), and will aim to improve leadership, collaboration and coordination of the mental health and alcohol and other drugs systems.

When released, the Strategy will be the new guiding document for the state, across community, government, non-government and the private sector. It will set the vision for the mental health and alcohol and other drugs systems, services and supports to improve outcomes for people, families, carers and communities.

In October 2024, the Commission released a Discussion Paper which was used to guide the statewide consultation processes. It summarised known challenges, opportunities, and emerging priorities for Western Australia. The development of the Discussion Paper was informed by two Technical Advisory Groups, analysis of key existing consultation reports, policy and strategy documents, reviews of current programs and activities, mapping of mental health and alcohol and other drugs services, and early engagement with key stakeholders.

Consultation occurred through a range of different mechanisms across Western Australia, including face-to-face and online workshops, survey responses, written submissions, and reports from organisations which undertook engagement with their own communities. Noting that the input into the Strategy was diverse and comprehensive, this Consultation Summary Report (Report) captures the main themes heard during this process.

Four key focuses were identified through the consultation including a focus on:

1 People's unique experiences, goals, culture, strengths and challenges

2 Communities, including place-based and community-led solutions, addressing the determinants of health and establishing relationships at all levels

3 Contemporary systems supported by strong system-wide enablers

4 Leadership and governance practices to ensure quality and accountability, and appropriate resource allocation that supports systems transformation

The focuses and associated key themes in this Report are reflected in the draft Strategy, and underpin the Aspirations, Strategic Pillars and Focus Areas providing a strong basis for future directions and system transformation.

A summary of the process to develop the draft Strategy is outlined in **Figure 1.**

The Commission would like to thank everyone who dedicated their time to provide invaluable insights, experiences, knowledge and expertise including people with a lived experience, families, carers, significant others, community members, peak bodies, government agencies, service providers and clinicians.

Mental Health Technical Advisory Group

Thematic Analysis

Alcohol and Other Drugs Technical Advisory Group

Mental Health and Alcohol and Other Drugs Strategy Discussion Paper

Consultation

Analysis of Consultation and draft Strategy developed

Figure 1

Feedback

Mental Health and Alcohol and Other Drugs Strategy 2025–2030 Developed
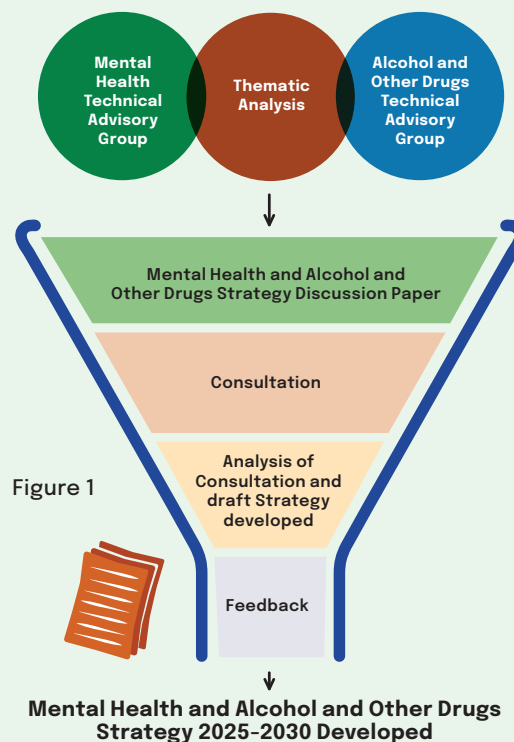
2. Consultation process

Consultation for the Strategy's development occurred between October to December 2024 and aimed to:

- Inform the overall direction of the Strategy.
- Identify specific considerations for key population groups and cohorts.
- Build on the understanding of current challenges and opportunities.

Methods in which people could engage in the consultation included:

- In-person workshops held in each region across Western Australia
- Separate mental health and alcohol and other drugs workshops held in-person in the metropolitan area
- Dedicated sessions, held alongside the regional and in-person workshops, with Consumers of Mental Health WA
- Online workshops for people with lived and living experience and community members
- Online workshops for service providers and clinicians
- Targeted interviews with Aboriginal people
- Workshops and interviews with Aboriginal service providers
- Targeted consultation undertaken by the Alcohol and Other Drugs Consumer and Community Coalition, People with Disabilities WA, Living Proud, Carers WA, and the Multicultural Services Centre
- An online survey on the Commission's website
- Written submissions
- Telephone submissions.

A diverse range of people participated in the consultation providing a broad range of voices, experiences, perspectives and insights. The numbers of people who engaged in the consultation process are provided in **Figure 2**.

The Commission provided grants to some community organisations to enable them to undertake targeted consultation with their communities and develop feedback reports as part of the submission process. Consumers of Mental Health WA also undertook extensive consultation with people with lived experience and developed its report without additional funding. An Aboriginal consultancy was contracted to undertake consultation with Aboriginal people and Commission-funded Aboriginal service providers.

An analysis of the content and feedback received through these processes produced key themes, which are summarised in **Section 3**.

Strategy consultation and engagement summary

138
Papers reviewed for thematic analysis

405+
people participated in targeted engagements

37+
people participated in online workshops

80+
written submissions received

180+
people participated in, in-person workshops

45+
survey responses

Figure 2

3. Summary of key themes

The insights and feedback received through the consultation process were extensive and rich. The purpose of this Report is to provide a high-level overview of the themes identified. While not necessarily reflected in a major theme in this Report, the Commission considered all feedback and recommendations received during this process as part of the development of the draft Strategy.

🔍 **Focus area 1**

3.1 A focus on people's unique experiences, goals, culture, strengths and challenges

Specific population groups

Some population groups face additional barriers to accessing services and would benefit from specific considerations to ensure inclusivity and cultural safety.

Addressing the needs of specific population groups was identified as a consistent priority from most stakeholders. This included the importance of co-designing services to ensure they meet the needs of priority groups and ongoing engagement with leaders within these communities. To ensure all people can receive the best care and support, all services should provide culturally safe and inclusive support with tailored services and supports where appropriate; a focus on increasing workforce diversity; capacity building and development regarding trauma-informed care and practice; and research priorities being driven by the communities themselves or conducted by those with a lived experience.

Some groups of people not specifically mentioned in the Discussion Paper but highlighted in the consultation process included:

- Victim survivors of family domestic and/or sexual violence
- People engaged or previously engaged in the justice system
- Men
- People experiencing homelessness
- Women
- Pregnant women
- Veterans
- Fly-In Fly-Out workers
- People with disability
- People living with Fetal Alcohol Spectrum Disorder (FASD)
- Humanitarian entrants, refugees, international students

Stakeholders reinforced the need to recognise intersectionality, and that services should be accessible for all, regardless of their circumstances.

Similarly, stakeholders consistently stressed the importance of strengthening approaches for individuals with more complex and co-occurring needs, who require support from a multi disciplinary team across services. This includes people with co occurring alcohol and other drugs use (especially those in hospital), physical conditions, mental health conditions, personality disorders, and/or neurodivergence.

Stakeholders also emphasised the need to look after families, carers and significant others, who often bear the burden of care for their loved one often with little support or guidance. Solutions included recognition and inclusion of people in caring and support roles, strengthened referral pathways to carer services, funded services for carers and support for carers in an emergency or crisis in all treatment settings.

> *People experiencing mental healthEmbedding cultural safety... and fostering inclusion for all diverse populations .... is critical for equitable and respectful care.*
>
> **Service provider**

Although embedded throughout the themes of this Report, some of the overarching themes from Aboriginal people, Lesbian, Gay, Bisexual, Transgender, Intersex, Queer or questioning, Asexual plus other, Sistergirls and Brotherboys (LGBTIQA+SB), people with disability and culturally and linguistically diverse (CaLD) communities engaged in the consultation process are highlighted below.

Aboriginal people and communities

Aboriginal people and service providers shared their experiences of mental health and alcohol and other drugs systems in Western Australia. Key areas requiring focus included housing affordability and stability; culturally safe and trauma-informed services; accessibility issues; experiences of racism when seeking support; logistical and bureaucratic barriers that prevent the establishment of Aboriginal-led grass roots activities; workforce issues and Aboriginal communities' strengths and ways of being to inform the system. Specific issues impacting on accessibility included cost, travel, eligibility criteria and the need for service navigation supports so people are aware of what services are available.

Stakeholders consistently highlighted self-determination as a key element to improve outcomes for Aboriginal people, noting that western approaches to research, governance, and health have historically reinforced colonisation. Stakeholders reinforced the need to move forward through a stronger commitment to Aboriginal-led solutions.

Consultation feedback included stronger consideration of the intersection between housing, mental health and alcohol and other drugs issues to foster creative solutions and a holistic approach to service delivery.

Stakeholders also found the consultation process had reaffirmed the strength, knowledge, and resilience within Aboriginal communities across Western Australia, and highlighted the critical need for systems and services that are grounded in Aboriginal ways of knowing, being and doing.

People with disability

For people with disability, feedback from stakeholders included the need to address stigma, enhancing the focus on prevention, incorporating Lived Experience in the workforce, undertaking co-design, and building trust and strengthened accountability into the systems.

The importance of intersectionality was emphasised, with participants advocating for increased focus on neurodivergence, neuro-affirming approaches and co-occurring conditions.

Integration was a strong theme, with stakeholders calling for continuity of care, better integration of care pathways, and coordinated care between mental health, alcohol and other drugs and neurodevelopmental services.

The need for advocacy services to enable people to navigate complex systems was identified. Additionally, there was a call for the National Disability Insurance Scheme (NDIS) to be treated as a last resort, with stakeholders feeling there is a tendency to refer people to the NDIS as the default, resulting in individuals who do not meet NDIS criteria 'falling through the cracks'.

LGBTIQA+SB people

Stakeholder feedback reinforced the need for strategies that ensure safe and accessible services for LGBTIQA+SB people. Stakeholders emphasised the need for the Strategy to be humanised and reflective of people's experiences. A holistic approach was proposed, to break down silos, and create greater connection across the systems, reinforcing the overarching theme of systems and services integration.

Top priorities from stakeholders included the need to build on existing evidence and successful program examples, including outreach services, welcoming spaces such as drop-in centres and community hubs. Comprehensive and ongoing education, training and support for the LGBTIQA+SB community was highlighted, along with peer-led services and services informed by regular feedback from community surveys. Peer support, provided by members of the queer community, was also stressed as being important. Strengthened LGBTIQA+SB community control and governance was acknowledged as a priority.

Opportunities for strengthening approaches included addressing barriers to access for neurodiverse people, adults aged 25 years and older, older LGBTIQA+SB people, trans adults and targeted prevention messages for young LGBTIQA+SB people. Stakeholders highlighted that many models of care do not accommodate the unique needs of LGBTIQA+SB individuals, suggesting a need for LGBTIQA+SB specific services.

Culturally and linguistically diverse (CaLD) communities

Engagement with CaLD communities, organisations and peak bodies focused on transformative change, suggesting that a focus on system-wide enablers and enriched prevention and promotion initiatives would address barriers, enhance awareness, responsiveness and 'maximise the voices' of CaLD communities.

Key issues of concern from stakeholders included experiences of racism, dislocation, trauma, intergenerational trauma, stigma and discrimination and lack of access to culturally appropriate services. Stakeholders proposed that approaches addressing issues such as family and domestic violence, suicide, housing and gambling were required, as well as bespoke initiatives for young people and people who are gender diverse.

Feedback proposed a focus on holistic solutions which involve CaLD community leaders and build on relationships of trust with community-based organisations that provide services at the grass-roots level. Stakeholders reinforced the importance of co-design and collaboration when planning services and policies that impact CaLD communities.

Key recommendations from CaLD stakeholders included community-based hub and spoke models for coordinated delivery of culturally sensitive issues; improved data collection; enhanced evaluation and accountability; increased workforce capability; consideration of roles in quality, safety management and regulation; and working across government to address accommodation and psychosocial support. Provision of services to humanitarian entrants, refugees and international students was also identified as a particular focus.

3.2 A focus on communities, including place-based and community-led solutions, addressing the determinants of health and establishing relationships at all levels

Regional and remote Western Australia

Distance impacts regional and remote communities, services and workforces.

The consultation reinforced that the unique challenges facing regional and remote communities should be considered, including acknowledging the ways regions differ from each other and that communities also differ within regions. Stakeholders emphasised the need to ensure equitable and timely access for people, regardless of where they live and the important role of statewide services in supporting people in regional areas.

> *Country WA is most of WA and is an incredibly diverse community, containing diverse communities with diverse needs.*
>
> **Northam stakeholder**

Many stakeholders suggested that services in regional communities need to be tailored to meet diverse community needs, and that this needs to include face-to-face service options. The importance of providing resourcing appropriate for each region's unique operating conditions, including how services may be best operationalised within the network of other available services was also highlighted.

> *Not have the same system apply to all areas. Regional and city are different and perhaps can't be the same framework - that's okay. It just needs to be developed as such.*
>
> **Northam stakeholder**

Some of the issues identified as impacting service access included telecommunications availability, transport barriers and workforce shortages. Stigma was also a common theme, particularly for people in small communities that included not wanting to be seen accessing in-reach services, and in circumstances where local service providers may 'know everyone' in the community. The need for continuity and coordination of care, including transitions from regional to metropolitan services and vice versa, was raised.

Community and place-based services

Community and place-based services play an important role in transforming and balancing the systems.

Stakeholders strongly supported the expansion of community-based services allowing local, personal and relational support when people need it. It was acknowledged that community-based

services help to keep people out of hospital and allow support to be provided in more appropriate settings.

The importance of these services being community-led and place-based, particularly in regional and remote areas was highlighted. Stakeholders felt that services will better meet the needs of the community when there is place-based delivery anchored in regional needs and contexts, allowing freedom and flexibility in service delivery models to adapt to local places.

Also raised, was the need for better integration between community-based services and other parts of the system, allowing people to seamlessly access the right services at the right time, improving people's experiences and continuity of care.

> *Balancing the system and potential resources to the community from acute…is the most efficient, cost effective, accessible and equitable way to provide services for recovery and long-term wellbeing.*
> **Public sector agency**

Feedback from Aboriginal stakeholders highlighted positive outcomes from services led by local communities and delivered by Aboriginal Community Controlled Organisations. Stakeholders proposed a range of specific solutions including regional service mapping, collaborative commissioning, strengthened data collection and sharing, establishment of regional communities of practice and resourcing in consideration of regional and remote staff housing needs.

Access

Services need to be accessible for all people, in all locations, at any time.

Improving access to services and reducing barriers to entry emerged as a strong theme, particularly for regional communities. Stakeholders emphasised the need for services to be accessible for everyone, in a timely manner, regardless of location. Significant barriers highlighted included transport limitations, lack of local services, and strict eligibility criteria.

Barriers to accessing digital tools and services was also raised, especially in rural areas where network availability is inconsistent or among people who lack digital literacy. Additionally, gaps in specific services, particularly residential withdrawal services in regional areas, were emphasised.

Access was raised as an issue for people who required specialised services, citing the long wait lists and difficulty in identifying appropriate services such as for eating disorders, older adults and forensics.

Access issues identified included:

- services only being available '9 to 5' so aren't always available when people need them
- young people requiring parental consent
- people requiring legal documentation and/or housing before being able to access certain programs
- stigma, resulting in people not seeking help or support
- not 'being unwell enough' to meet the criteria to access support and 'being too well' to meet the criteria to access other support
- not being able to meet people's needs such as English not being a person's first language or services not having the tools to provide culturally safe care.

> "
> *[The vision could be that] all Western Australians have access to inclusive, responsive, available, individualised services and opportunities*
> **Bunbury stakeholder**
> "

Actions to improve equity, reduce stigma and discrimination, improve flexibility in service criteria and peer workers were all potential solutions proposed by stakeholders to issues relating to access. It was consistently raised that the physical design of services was critical to support trauma-informed care and support, particularly in settings such as Emergency Departments, youth services and crisis support.

> "
> *People from all ages, living in all locations, have access and awareness of where to find help if they themselves or someone they love are feeling that they don't have control over their substance(s) use.*
> **Stakeholder with lived experience**
> "

Determinants of health

There are intersecting factors that influence a person's needs.

The impacts of the social, economic and structural determinants of health on mental health and alcohol and other drugs outcomes were consistently highlighted. This included needing to address employment, housing, transport, education, employment, health service access and poverty.

Access to housing and accommodation was a strong theme across all forms of consultation given its links to mental health and alcohol and other drugs

service accessibility and recovery outcomes. Access to housing and accommodation was consistently raised as the key factor that would make long term differences to people's lives.

> "
> *[Manage] the root causes over putting in reactive services.*
> **Kimberley stakeholder**
> "

It was further emphasised that barriers to accessing services can be compounded when individuals belong to multiple population groups, with social and economic factors creating additional layers of disadvantage to access, for example contact with the criminal justice system, access to transport, literacy level and legal documentation. The challenge of 'having to fit into boxes to get help', instead of just getting the support required, was a key issue raised in the consultation.

> "
> *A person-centred approach ... supports equitable access and addresses intersecting complexities within and beyond the remit of this Strategy.*
> **Service provider**
> "
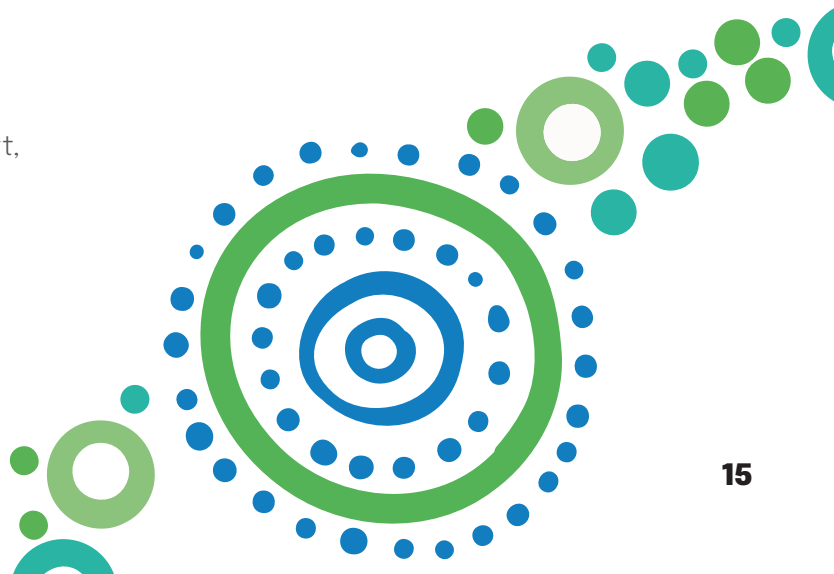
3.3 Focus on contemporary systems supported by strong system-wide enablers

Cultural competency

The importance of building capability in cultural competency was reflected across all regions.

Cultural safety, security and competency emerged as a strong theme, particularly regarding services for Aboriginal people and for people from CaLD communities. Stakeholders felt that services must be delivered in a manner that respects cultural values, traditions, and practices, with a system that is responsive, and values lived and living experience, diversity, cultural safety and sensitivity.

> *All services need to be designed in a way that respects traditional practices and values, with a strong emphasis on community-led care.*
>
> **Service provider**

Stakeholders reinforced that services for Aboriginal people should involve Elders and be respectful of local culture and perspectives. Some stakeholders stressed the importance of increasing opportunities for more service delivery being undertaken by Aboriginal Community Controlled Organisations, whilst also highlighting the need for all services to be culturally competent and supported through rigorous training, ongoing education, and commitment of staff and funders.

System connection and integration

There is need for greater integration across mental health and alcohol and other drugs systems and services, while recognising the distinct needs of each.

Integration was a central theme of the consultation, with the desire for more cohesive systems. This encompassed different types of integration, including between services and providers, between the mental health and the alcohol and other drugs systems, and collaboration with other systems - including justice, housing and education.

The reason for why integration was viewed as important varied including: better enabling complex and co-occurring issues to be addressed; improving access; providing more holistic support; improving outcomes for people; and improving the relationships between people and service providers. Efforts that prevent re-traumatisation as a result of people having to 'retell their story' was one of the most frequently reported reasons for improving integration of services.

> *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 [to] long-term recovery.*
>
> **Service provider**

The importance of service-to-service connections and ensuing that there is 'no wrong door' was a strong theme, recognising that individuals must be able to access the right supports as quickly as possible, regardless of their entry point. It was proposed that this integrated approach would reduce the 'revolving door' where people are directed through services without achieving their goals. Stakeholders asserted that effective collaboration could see the breakdown of service silos, leading to a system that puts people and relationships at the centre, meeting individual and community needs and empowering people.

> **"**
>
> *To have a system that understands that a journey isn't linear and that's okay too.*
> **Mental health system stakeholder**
>
> **"**

Improved system navigation was a consistent theme raised by stakeholders, highlighting the need for dedicated navigation services and functions in the community to ensure everyone knows what services exist and how they can access them. This was cited as being relevant for all, including for general practitioners, peer workers, service providers, individuals, families, carers and significant others.

Stigma and discrimination

Stigma and discrimination were identified as barriers to people accessing services.

Reducing stigma emerged as a key theme with regards to both alcohol and other drugs and mental health systems, amongst priority populations and in regional areas. It was noted that stigma creates significant barriers to accessing

care, the quality of care received and the likelihood of people seeking help.

> **"**
>
> *Reducing stigma and discrimination (real and perceived) in hospital is a fundamental priority.*
> **Non-government organisation Survey respondent**
>
> **"**

The need for education and awareness initiatives to reduce stigma, particularly among healthcare providers, was emphasised as well as the importance of changing perceptions at the societal level. This included access to higher education courses that includes trauma-informed and culturally sensitive training for health care professionals, as well as greater public education and awareness at a community level.

> **"**
>
> *Allies [are] needed on the inside of the health system to make change from the inside out and reduce stigma.*
> **Alcohol and other drugs system stakeholder**
>
> **"**

This theme was particularly strong from stakeholders in the alcohol and other drugs system, people from LGBTIQIA+SB and CaLD communities, and people experiencing homelessness. Alcohol and other drugs stakeholders shared that the '…criminalisation of drug use further discourages people from seeking help…' as it contributes to the stigma of those impacted. Stakeholders highlighted that peer workers have an important role to play in this space in supporting, empathising and understanding people. Other suggestions included a community that has the language to respectfully and safely discuss mental health and alcohol and other drugs at all levels.

Workforce

Workforce capacity and capability were acknowledged as crucial enablers to meet needs across Western Australia.

Stakeholders identified significant workforce challenges across the mental health and alcohol and other drug systems, particularly in regional areas. Many specified the need for a more strategic approach to building a sustainable, suitably qualified and experienced workforce, especially in regional areas, as well as the need for greater training and wellbeing support.

> *Investing in workforce wellbeing [is an enabler of] sustainable, high-quality care for everyone in need, as, and when it is needed.*
>
> **Service provider**

Cultural competency was highlighted as a key workforce capability requirement. Other capabilities highlighted included understanding the needs of LGBTIQA+SB people, cultural considerations for those from CaLD communities, understanding of Aboriginal ways of healing, and consistent trauma-informed practice training.

Specific workforces highlighted included the development of Lived Experience (peer) workforces as an opportunity to better support people accessing services; as well as the need for more specialised alcohol and other drugs practitioners to support people to have timely access to specialised services.

In the regions, there was a strong preference for developing a local workforce, rather than relying on workers moving into local communities from elsewhere. Support for the wellbeing and ongoing training for the workforce was also emphasised to ensure staff are well-equipped to deliver programs and services. This included support for recruitment and retention needs, to reduce staff burnout and ensure quality of care.

3.4 A focus on leadership and governance practices to ensure quality and accountability, and appropriate resource allocation that supports systems transformation

Lived Experience

Lived Experience should be included at all operational and strategic levels of the system.

The value of Lived Experience expertise was a consistent theme across consultations, with stakeholders advocating for Lived Experience at all levels of the system, from service design and delivery to leadership positions. Benefits includes contributing to a safer experience free of stigma and judgement.

> "
>
> *We need lived experience and peer support from the point of triage to the point of discharge.*
> ***Mental health system stakeholder***
>
> "

Challenges in recruiting to these positions were noted in regional areas as result of issues including stigma and turnover. It was noted that in small communities, being in roles that identify you as having a lived experience can be associated with stigma, meaning in some communities it is '… much harder to sustain [a] peer workforce in regional areas.' There was strong support for expanding Lived Experience (peer) workforce roles, including peer workers for people in suicidal distress in emergency departments and hospitals. It was also suggested that more could be done to ensure that supports are in

place to enable peer workers to develop and progress into other roles within the system.

Prevention, promotion, harm minimisation and early intervention

There is a need to balance investment across systems, with greater emphasis on prevention initiatives, and services in the community.

Stakeholders from both the alcohol and other drugs and the mental health sectors supported the need for greater emphasis on prevention, early intervention and community support across the system, with observations that the current system is too focused on acute care. Many called for more prevention efforts across the whole lifespan, including public education and school-based education and support programs.

Prevention strategies were also seen to be essential components of stigma reduction efforts and the importance of harm minimisation was also raised in the context of a comprehensive approach to alcohol and other drugs with a focus on harm reduction, noting the needs for efforts to be supported by broader stigma reduction approaches. Stakeholders highlighted that a systems approach is needed to ensure there is preventive action that achieves a healthier state and to keep people healthy. This included collective and

comprehensive efforts across sectors to better prevent the development of issues and conditions and promote environments that support individuals to live healthy lives. Stakeholders recommended that the Strategy include further recognition of the role of policies, environments and primary prevention in preventing harm.

> *[There should be a greater] focus on early intervention/ preventative care.*
> **Kalgoorlie stakeholder**

Early intervention and support provided in the community were highlighted as important to enable people to access support closer to home, access services at an earlier stage of their journey, and to help people build their wellbeing.

Realistic, achievable and accountable

The Strategy should be achievable, setting realistic expectations for system transformation, with accountability for systems performance to be embedded in all services and systems.

It was expressed that the Strategy should remain focused, with relatable language, links to meaningful and actionable goals and a clear link to mental health and alcohol and other drugs outcomes. The language should be simple, succinct, clear and resonate with communities and service providers and should include a clear definition of wellbeing. It was suggested that being specific about what can be achieved would help to set realistic community expectations and enable the Strategy's progress to be effectively measured.

> *Keep the language of the Strategy simple, succinct and clear.*
> **Albany stakeholder**

Stakeholders stressed the need for greater accountability and transparency in service provision and outcomes, more robust data sharing across agencies and clear outcome measures. This included the need to demonstrate progress against strategic goals and outcomes for the community. Stakeholders outlined that progress against the Strategy needs to be tracked and that system outcomes are required to ensure accountability and to inform improvements. It was expressed that this also needs to be communicated to support transparency.

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

Alcohol and other drugs stakeholders encouraged the establishment of governance structures that recognise the sector's unique values and skills.

Commissioning

Commissioning should be flexible to enable service providers to meet the needs of the community.

Effective commissioning was identified as crucial for improving service provision, and some suggested the Strategy should have a strong focus on innovative procurement and contracting to drive service and system integration. Stakeholders raised the need for increased flexibility in existing contracts to enable providers to be responsive to local needs or emerging issues, particularly in communities where there may be gaps in service provision.

Sustainable funding and improved coordination and alignment across government agencies was also raised. Some community services reported issues with sustainability given the increasing complexity of presentations. Some stakeholders felt that commissioning processes should bring together the mental health and alcohol and other drugs systems, and that aligning with commissioning priorities of other agencies and increased efforts to co-commission would bring about significant efficiencies and address gaps.

> "
> *[The Strategy] needs to focus on procurement and contracting to provide the best opportunity for orgs to deliver well.*
> **Port Hedland Stakeholder**
> "

Short-term funding cycles were viewed as a significant barrier that cause disruptions in service provision and can also impact on staff retention. Some services expressed continually needing to map services, providers and supports because of staff and service turnover, and that this compromises continuity of care, the cultural safety of services, and their ability to form lasting partnerships.
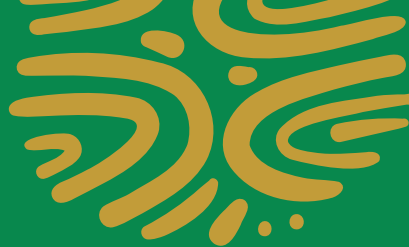
4. Conclusion

The Commission has developed the draft Strategy, guided by the insights and feedback received from stakeholders through this process.

Broadly, stakeholders were supportive of the areas of focus and themes within the Discussion Paper. Throughout consultations, stakeholders consistently emphasised several areas that warrant greater focus in the Strategy; these areas have been considered in the development of the final Purpose, Aspirations, Pillars and Focus Areas of the draft Strategy. Aligned to four key focuses these areas include:

- **Investing in prevention, promotion and early intervention**. Stakeholders acknowledged the need to balance the system, provide more support through prevention and early intervention, while continuing to provide high quality treatment to those who need it. Bolstering services in the community so that people can receive support close to home and loved ones was also a priority.

- **Improving service and system integration**. Integration at the system and service level was frequently raised by stakeholders as a priority to ensure that all people receive the right supports at the right time, so that their journey is seamless. System integration should also include working with other systems (such as health, housing and family and domestic violence) to provide a holistic experience to individuals to ensure a 'no wrong door' approach.

- **Embedding the voice of lived experience across the system**. Stakeholders wanted to see more involvement of people with lived and living experience, particularly in the design of services and programs, but also in strategic decision-making, and in growing the Lived Experience (Peer) workforces.

- **Promoting accessible and available services, across the state**. Across Western Australia, stakeholders suggested that the systems needed to be more available by increasing service capacity and reducing barriers to accessibility, including increasing services in local communities. Different barriers or service gaps were noted in different regions during consultation, reflecting differences in service delivery population needs. System navigation was a key theme, reinforcing the need for approaches that help people find the right supports at the right time.

- **All services should be culturally safe**. Services should be delivered in a way that is culturally safe and secure for all Western Australians, particularly for Aboriginal people and people from CaLD communities, respecting the cultural traditions, practices and beliefs, as well as the diversity of groups within communities. It was particularly noted that Aboriginal people should be involved in the design and delivery of services for Aboriginal peoples by building and empowering the respective workforces and Aboriginal Community Controlled Organisations.

- **Delivering place-based services**. Stakeholders wanted to see more services anchored in regional needs and contexts, with freedom and flexibility in service models to adapt delivery to local places.

- **All services should be inclusive, accessible and trauma-informed**. It was recognised that some population groups require tailored approaches to ensure mental health and alcohol and other drugs initiatives meet their needs, recognising challenges and harnessing strengths. This includes but is not limited to: Aboriginal people; people from CaLD communities; LGBTIQA+SB people; and people with a disability.

- **Stigma and discrimination**. Stakeholders wanted to see a broad range of strategies to support changing societal attitudes, reshaping organisations to focus on individual needs, expanding Lived Experience (peer) support roles, educating and training staff, improving how data is collected, and designing infrastructure to ensure easier access for everyone. This included for alcohol and other drugs, LGBTIQA+SB communities, CaLD communities, Aboriginal people and people with disability.

- **Supporting flexible and strategic commissioning**. Consistent with the theme of integration, stakeholders identified greater potential for strategic commissioning to bring together mental health and alcohol and other drugs systems and to align and co-commission with other agencies to address the determinants of health to support improved mental health and alcohol and other drugs outcome for people, communities and families.

- **Reporting on clear system outcomes and implementation**. Transparency and reporting on outcomes and implementation is required for ongoing accountability and to track progress of the Strategy to inform ongoing improvements.

> *The Commission thanks everyone who shared their perspectives, expertise and experiences to shape the new Mental Health and Alcohol and Other Drugs Strategy 2025-2030.*
>
> *Your time and contributions are invaluable and will continue to inform the Commission's work as the Strategy is finalised and implemented.*