



Western Australian

Mental Health and Alcohol and Other Drugs Strategy

2026-2031



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 issues and conditions, alcohol and other drugs issues and suicidal crisis, including their families and carers.

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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 drugs 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) is provided as [Appendix A](#). It outlines 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: StrategicPolicy@mhc.wa.gov.au or writing to GPO Box X2299, Perth Business Centre WA 6847.

Accessibility

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- Individuals who have had negative interactions with healthcare or criminal justice systems may have unique insights into systemic barriers.
- Aboriginal peoples 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.

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 helpline (mhc.wa.gov.au/help/lines) 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 General Practitioner (GP) for advice and support ([mhc.wa.gov.au/getting-help/other-support-services/gps-~~psychologists~~-and-~~psychiatrists~~](https://mhc.wa.gov.au/getting-help/other-support-services/gps-psychologists-and-psychiatrists)).
- Seeking support online via live chat and online forums (mhc.wa.gov.au/getting-help/live-chat).

It's important 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 Triple Zero (000).**

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Foreword



Hon Meredith Hammat MLA
Minister for Mental Health

I am pleased to present the Western Australian Mental Health and Alcohol and Other Drugs Strategy 2026–2031 (Strategy), which sets out how we will support and transform our mental health and alcohol and other drugs systems over the coming five years.

The Strategy aligns with our Government’s vision to ensure all Western Australians have access to the healthcare they need, when they need it, no matter where they live in this vast state.

This includes providing more support for mental health and alcohol and other drugs services, and delivering compassionate, community-based alternatives to emergency departments, because we know recovery is easier when you’re close to your support network.

The Strategy outlines the five Strategic Pillars that reflect our priorities.

It includes key focus areas requiring specific attention; spanning the promotion of wellbeing and healthy lifestyles for everyone, and supporting people in the community to stay well, all the way through to helping ensure people have access to specialised services.

Importantly, it builds on our achievements delivered and provides the essential building blocks for our systems to transform and evolve.

The Strategy also includes key initiatives of the Infant, Child and Adolescent System Transformation Program which is providing Western Australian infants, children, young people and their families with greater

access to public mental health crisis support.

As you'll see in this Strategy, Western Australia now has more access to services and supports for people experiencing eating disorders, and we've updated our strategic approach to reflect that and ensure our response continues to improve.

We have also established the Office of Alcohol and Other Drugs within the Mental Health Commission (Commission), signifying our commitment to elevating policy, program and service delivery to reduce harms associated with use of alcohol and other drugs in our community.

However, there will always be more work to do, and together across governments and communities we're committed to delivering the best outcomes for Western Australians who need support.

We must build on the work we've done and create a future where people are placed at the centre of everything we do. This includes recognising people's own wellbeing goals and supporting families and communities to thrive.

And while there have been huge improvements in recent years, we know there continues to be significant challenges for some people living in regional and remote areas in accessing the right supports they need.

We also know that there are groups of people who continue to experience higher rates of mental health issues and conditions, suicide, and alcohol and other drugs issues as a result of the determinants of health.

We must continue to work together to bring about more meaningful change for Western Australians. Through strong leadership, the State Government is committed to working in partnership across portfolios to ensure Western Australians are supported in a holistic and meaningful way.

It is through clarity of shared goals and commitment that we can bring about meaningful change to improve mental health and alcohol and other drugs outcomes in Western Australia.

I look forward to working towards the Aspirations outlined in this Strategy.





Hon Sabine Winton MLA
Minister for Preventative Health

Supporting the wellbeing of all Western Australians is at the heart of State Government decision making.

That is why the first pillar in this Strategy focuses on approaches that promote wellbeing for everybody, recognising the calls from the community for more prevention and early intervention efforts.

As the first Minister for Preventative Health, I am committed to ensuring there are opportunities to strengthen efforts that support the mental health and wellbeing of Western Australians.

As the Minister for both Preventative Health and the Early Years, I am particularly focused on how we best support children and young people to build strong foundations that will support them for rest of their lives.

Western Australia has a strong track record in delivering health promotion programs and services, through State Government agencies such as the Commission, Department of Health and Healthway, as well as through our non-government partners.

We are known internationally for our successful public education campaigns such as 'Alcohol. Think Again', which play a critical role in raising awareness about the health risks and harms associated with drinking alcohol. We have made significant investments in evidence-based prevention programs in settings such as workplaces, the mining industry and schools to support people to lead healthy lives.

While these efforts need to be sustained, we also need to apply innovation and learnings from other parts of the globe to what works here. We need to work across portfolios and deliver program and policy solutions that demonstrate value for investment for Western Australians and are responsive to the needs of our community.

I would like to thank everyone who shared their expertise to shape the Strategy, which I am confident will contribute to growing strong communities, supportive environments and effective policy in Western Australia.



Ms Maureen Lewis

Commissioner, Mental Health and Alcohol and Other Drugs
Mental Health Commission

The purpose of this Strategy is 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.

The Strategy is grounded in Aspirations shaped by those who contributed to its development, reflecting their vision for mental health and alcohol and other drugs systems transformation.

Our Aspirations align to the themes of People, Communities, Services and Leadership. This places the needs and wishes of people, families and communities at the centre of everything we do – supporting thriving communities through developing and implementing localised solutions and recognising the social determinants of health; delivering programs and services that support people in a safe and people-centred way; and ensuring the system's foundations support better outcomes for people and families.

This includes strong leadership and governance and applying resources in a way that supports systems transformation.

The Strategic Pillars and Focus Areas presented in the Strategy align to its purpose and have been developed based on

what we heard from all stakeholders, as well as building on previous work, our strong evidence base and related government priorities.

The strategic directions represent the diverse voices of our community, providing a balanced and thoughtful approach to achieve the greatest collective effort.

I would like to sincerely thank everyone who contributed to the development of this Strategy, including members of our Technical Advisory Groups, people with lived and living experience, their families and significant others, carers, service providers, individuals, peak bodies, government and non-government agencies and communities.

I would also like to thank those who provide ongoing strategic advice which assists the work of the Commission. This includes members of the Alcohol and Other Drugs Advisory Board, Mental Health and Alcohol and Other Drugs Joint Leadership Group, Clinical Advisory Group, Lived Experience Advisory Group and our Assistant Commissioners.

With the Strategy's release, we now move forward with a shared sense of purpose and optimism. I am looking forward to working with you to deliver this important Strategy.



Introduction

The Strategy guides 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.

This Strategy outlines the Aspirations, Strategic Pillars and key Focus Areas for systems transformation over the next five years, building on past gains and current reforms. It reflects the voices of people with [lived and living experience](#), families, [carers](#) and significant others, service providers, government agencies and non-government organisations and communities.

The Aspirations describe what the mental health and alcohol and other drugs systems would look like should transformation be achieved. They outline the ambitions for change across four domains: People, Community, Services and Leadership.

Throughout this document you will see the following icons:

-  Example of an initiative that supports the Focus Area.
-  Definitions of key terms used frequently throughout the Strategy.



○ Introduction

The Strategy is necessarily broad, balancing the wide-ranging perspectives of the Western Australian community and representing the diversity of stakeholders.

Through the interconnected and often overlapping Strategic Pillars, whole-of-systems priorities are identified for systems transformation. Priorities range from strategies to support wellbeing for everybody through to specialised supports and services.

Under each Strategic Pillar, key Focus Areas outline where efforts need to be directed and guide the development and implementation of initiatives over the next five years.

As the Strategy is a high-level document, the Commission will develop Frameworks for particular issues, or population groups, requiring targeted approaches and directions. These Frameworks will support the Strategy's implementation.

As longer-term sustained transformation takes time and commitment, this Strategy is intentionally aspirational. It serves as a guide for all stakeholders including government, non-government and the community to continue working toward empowering and supporting people, families and communities in their wellbeing.



The Strategy balances the wide-ranging perspectives of the Western Australian community.

○ Introduction

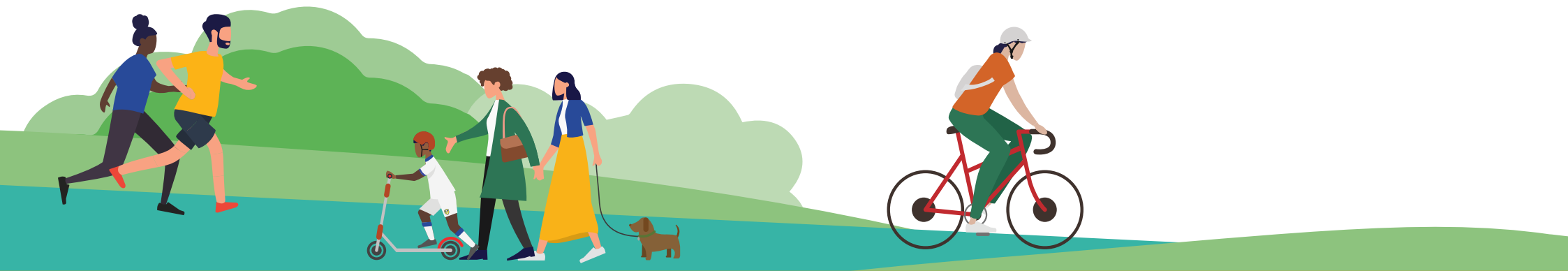
As the State Government agency responsible for facilitating the delivery of mental health and alcohol and other drugs services and programs, the Commission has a core role in the Strategy’s implementation.

Annual Implementation and Monitoring Plans (AIM Plans) will be developed that outline key actions led or supported by the Commission. These may also include major initiatives led by other State Government agencies.

AIM Plans will be flexible and able to respond to changes in the community and the wider environment. The AIM Plans will be supported by the Commission’s Agency Commissioning Plan that sets out the guiding principles, intentions and focus areas for commissioning over the short and medium term.

To support transparency, the AIM Plans will identify major achievements with consideration to the Mental Health, Alcohol and Other Drugs Outcomes Measurement Framework (refer to [page 107](#) for more detail).

While led by the Commission, everyone has a role to play in achieving the Strategy’s Aspirations through the implementation of the Focus Areas. There has already been significant progress made to support better outcomes in Western Australian communities. However, further meaningful and sustained change can be achieved through the ongoing, strategic and combined efforts of all government agencies, non-government organisations, private organisations, community and individuals.



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 for Transformation

People

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

Communities

- Communities support **local connection, belonging, participation, 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 people-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 **systems transformation** in a genuine way.

Strategic Pillars



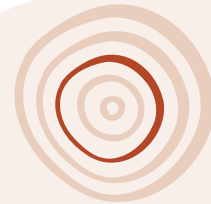
1 Approaches that promote wellbeing for everybody

1. Preventing and minimising alcohol and other drugs 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 Opportunities for people in the community to achieve their own wellbeing goals

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 accommodation settings.
7. Delivering alcohol and other drugs harm reduction initiatives.
8. Providing contemporary models for safe places in the community.



3 Equitable access to services in the community

9. Providing immediate access and response to people in crisis
10. Mental health services in the community working together to provide responsive, holistic and people-centred support
11. Supporting alcohol and other drugs treatment in the community 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, post residential treatment and supports in the community



4 Specialised and acute services for those who need them

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



5 Foundations for contemporary, people-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 strategies.
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

Developing the Strategy

The Strategy has been shaped by the voices of people with lived and living experience, families, carers, significant others, communities, service providers, peak bodies, content experts and broader sectors. It also draws on the insights from policy documents, research and evaluations.



The Commission undertook extensive statewide consultation, guided by the [Mental Health and Alcohol and Other Drugs Strategy Discussion Paper](#).

The Discussion Paper identified key challenges, opportunities and emerging priorities for Western Australia. It was informed by: two Technical Advisory Groups; analysis of key existing consultation, 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.



○ Developing the Strategy

A range of consultation activities were undertaken, including:

- 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 Western Australia.
- Online workshops for service providers and [clinicians](#).
- Online workshops for people with lived and living experience and community members.
- 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.



○ Developing the Strategy

A diverse range of stakeholders participated in the consultation, providing a broad range of voices, experiences, perspectives and insights.

Key themes that emerged from this consultation include:

- Embedding **cultural security** across programs and ensuring Aboriginal approaches to **social and emotional wellbeing** inform design and delivery.
- Elevating the role and recognition of people with **lived and living experience** throughout all parts of the mental health and alcohol and other drugs systems, including by strengthening **Lived Experience (Peer) workforces**.
- Facilitating greater **integration, collaboration and navigation** across initiatives and services, as well as between the mental health and alcohol and other drugs systems.
- Facilitating **access to inclusive, responsive services and programs** for all Western Australians.
- A greater focus on **prevention, promotion and early intervention**, while at the same time continuing to strengthen acute and specialised care.
- Enhancing equitable access to services and programs in **regional and remote** Western Australia.
- Implementing **holistic approaches** to wellbeing that consider the determinants of mental health and alcohol and other drugs use and harm.
- Adopting **community-based and led initiatives**, as well as programs that address **stigma and discrimination**.
- Strengthening **system enablers** such as workforce capability and capacity, accountability mechanisms and commissioning approaches.

These key themes have been integrated within the Strategy, and underpin the Aspirations, Strategic Pillars and Focus Areas. More information on the consultation process and outcomes can be found in the [Consultation Summary Report](#).



What is wellbeing?

Understanding what shapes wellbeing is essential for growing strong communities, developing supportive environments, delivering effective policy, and providing people-centred supports and services in Western Australia.

Everyone has their own level of wellbeing, whether or not they experience a [mental health issue](#) or condition, or harm from alcohol and other drugs.¹

A person's wellbeing is influenced by a range of factors, including life experiences such as education, finances, relationships, cultural background and significant life events.¹ Other influences on wellbeing are embedded in the environments in which people are born, grow, live, work, play and age.^{2,3}

Wellbeing means different things to different cultures, groups and individuals. For Aboriginal people, wellbeing is a concept that encompasses connection to body, mind, emotions, family, kinship, community, culture, Country, spirituality and ancestors. These connections form the foundation of Social and Emotional Wellbeing, commonly referred to as SEWB.

It is important to acknowledge a person's wellbeing is subjective. The presence of a mental health issue or condition, or harm from alcohol and other drugs use (an individual's own use or someone else's use) are separate experiences that may or may not impact their wellbeing.

A core value in the ongoing transformation of Western Australia's mental health and alcohol and other drugs systems is acknowledging and supporting a person's individual and unique journey and goals. Our systems need to foster choice and [self-determination](#) for individuals, families, carers and significant others, as well as approaches to support wellbeing for everybody at a population level.

Our wellbeing

Mental health and alcohol and other drugs use is linked to overall wellbeing.

Whilst there has been progress and substantial investment in supporting the wellbeing of Western Australians, challenges remain. Negative impacts on wellbeing can be significant and far-reaching for the individuals themselves, as well as for families (including children), carers, significant others and communities.

These can include health, social and economic concerns, family violence, relationship breakdown, homelessness, illness, injury and crime.⁴

Data can help to identify the current state of health and wellbeing, highlight areas requiring further attention, and assist in showing the mental health and alcohol and other drugs experiences of the Western Australian community (**Figure 1**).

Alcohol and other drugs use

Illicit drug use in WA has significantly increased

in recent years particularly among young people aged 15 to 24 years.ⁱ

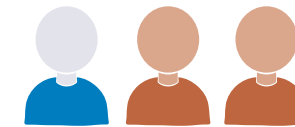
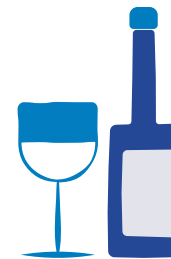


In 2023, approximately **one in twelve** (11.8%) people aged 16 years and over reported using illicit drugs over the past 12 months, an increase from 10.5% in 2022.ⁱⁱ

More than **three in four** (76.9%) people in WA aged 14 years and above consumed alcohol in 2022-23, which was comparable to the national proportion (76.9%).ⁱⁱⁱ



In 2023, more than **one third** (35.5%) of Western Australians aged 16 years and over reported consuming alcohol at levels that put people at risk of harm from alcohol-related disease or injury.ⁱ



Among young people in WA aged 15 to 24 years, almost **one in three** (32.8%) reported using illicit drugs in the past year, a significant increase since 2019 (22.0%).ⁱ

Cannabis remains the most widely used illicit substance with

13.3%

of Western Australians reporting recent use, followed by **cocaine** (3.2%), **hallucinogens** (2.8%) and **MDMA** (2.1%).ⁱ



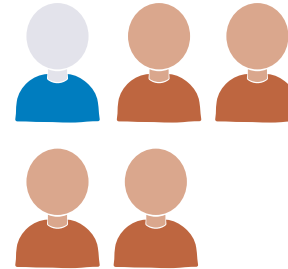
Pharmaceutical stimulants and pain relievers and opioids are the **most common** types of pharmaceuticals used for non-medical purposes, with 3.8% and 2.4% of people in Western Australia reporting recent use in 2022-2023, respectively.ⁱ

Figure 1 - Key statistics related to the wellbeing of Western Australians

Mental health issues and suicide

In 2023, more than

one in five (22.5%)
people in Western Australia
aged 16 years and over reported
experiencing a **mental health
condition** in the past 12 months.ⁱ



Less than

one in five (18.3%)
people reported experiencing
high or very high levels of
psychological distress.ⁱ

In 2023, approximately

one in nine (11.8%)
people in Western
Australia aged 16 years
and over reported
having **suicidal
thoughts** in the previous
12 months.ⁱ



Almost **80%**
of **premature
deaths of people
experiencing a mental
health condition**
are due to potentially
**preventable physical
health comorbidities.**^{iv}



In 2023, **417**
**people died by suicide
in Western Australia,**
which is 14.3 deaths
by suicide per 100,000
population, meaning
**WA has one of the
highest suicide rates
in Australia.**^{iv}



In 2023, **three in four** deaths by suicide are males.^v

Western Australia has the **highest** rate of suicide
among Aboriginal people with 38.1 deaths per 100,000 population,
exceeding the national rate of 27.6 deaths per 100,000 population.^{iv}

Figure 1 - Key statistics related to the wellbeing of Western Australians

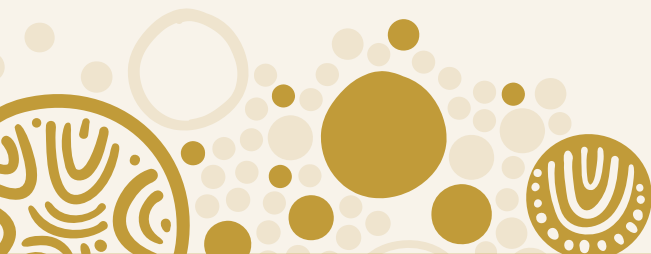
Where are we now?

What does Western Australia's current mental health and alcohol and other drugs systems look like?

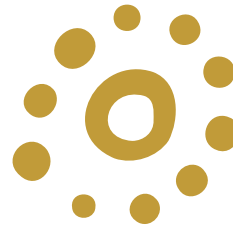
The Strategy adopts a whole-of-system approach to reform, spanning initiatives from promoting wellbeing, supporting people to stay well in the community, through to more intensive treatment and supports.

In Western Australia, the mental health and alcohol and other drugs systems comprise of programs and services that can be organised into the following streams (see [Appendix B](#) for detailed system maps):

- **Prevention and promotion** – often referred to as ‘primary prevention’, initiatives that focus on keeping people well by increasing protective factors and reducing risk factors.
- **Community support** – services that aim to holistically meet people’s needs close to where they live whilst creating opportunities to remain connected to their family, friends and community, and for Aboriginal people, their Country.
- **Community treatment** – primary care, crisis intervention, support and [specialist](#) services in the community that include individualised care for individuals, families, carers and significant others.
- **Community bed-based** – treatment and support services providing 24-hour, seven days per week support in a residential style setting.
- **Hospital-based** – treatment for people experiencing acute issues that require medical support in a hospital setting.
- **Specialised services** – services delivered for specific issues or populations that require a higher level of specialisation or a more targeted response.
- **Forensics** – treatment and support services for those engaged in or exiting the justice system, and for those at risk of entering.



○ Where are we now?



While system maps can assist in guiding thinking for the purposes of strategic planning, it is widely recognised people do not access services in a linear way.

People engage with different services at different times, sometimes engaging in multiple services at one time, while some people choose not to engage with any services at all. What's important is ensuring people can access the programs and services that meet their unique circumstances, when and where they need them.

System mapping does not specifically say how these programs or services should be developed or delivered. Nor does it recognise the relationship between the mental health and alcohol and other drugs systems, or these systems within the broader environment in which people live, work, grow and age.

Despite these limitations, the system mapping process can provide useful insights for planning. They can illustrate key differences and overlap between the mental health and alcohol and other drugs systems; gaps and types of services within a comprehensive system of services; the services needed; and the balance of investment across the system.



○ Where are we now?

The mental health and alcohol and other drugs systems do not sit in isolation.

People's wellbeing is impacted by the environments in which they are born, grow, work, live and age.

Given the many factors influencing health and wellbeing, a collective and cohesive approach is critical. Collaboration across government, non-government and private organisations is required to address the holistic needs of individuals and their families, carers, significant others and communities. This includes within settings such as education, justice, housing and the broader health system.

Work to address the determinants of health is already in progress and outlined in various cross-government policies and strategies. This plays a crucial role in coordinating action. Some examples include the Family and Domestic Violence System Reform Plan,⁵ Youth Action Plan,⁶ the Closing the Gap Agreement,⁷ All Paths Lead to a Home: Western Australia's 10-Year Strategy on Homelessness⁸ and the Sustainable Health Review.⁹

❓ What are determinants of health?

Key factors that influence wellbeing are called determinants of health. They include social, environmental, structural, economic, cultural, biomedical, commercial and digital factors. Some examples include income, finances, food security, housing, education and access to health services.^{10,11} (Refer to [Appendix C](#) for further information about determinants of health.)

These collaborative efforts provide accountability across government agencies and establish mechanisms for coordinated action. At regional and local levels, this assists in improving integrated service delivery and creating opportunities for people to access holistic support for their wellbeing.

While the focus of this Strategy primarily relates to mental health and alcohol and other drugs outcomes, the broader structural, political and economic initiatives are important considerations in the development of policy, programs and services.



"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

○ Where are we now?

What is meant by balanced systems?

The Western Australian community is calling for more prevention and early intervention, initiatives and programs and a continuing shift towards more community-based services.

There is an ongoing need to direct efforts towards prevention and early intervention initiatives, supporting people to be well, out of hospital, and connected to their family, friends and community.

Currently, funding in mental health is weighted towards acute and specialist community treatment services. However, it is widely recognised that investment in health promotion and prevention activities and community supports will result in better outcomes for people by providing more appropriate care and increasing accessibility and sustainability of hospital services.

In contrast, most dedicated alcohol and other drugs services are provided in the community and not within hospital settings. Regardless, there is an ongoing need to prioritise community-based programs and services to:

- Meet community demand.
- Implement initiatives to reduce stigma and discrimination.
- Ensure the availability of harm reduction services across Western Australia.
- Increase appropriate and planned withdrawal options.

Increasing efforts in prevention and early intervention does not mean decreasing efforts in primary health care or specialist settings. There continues to be a need to provide appropriate treatment and support services for those who need them. This includes developing specialist services such as emergency responses when people may be at severe risk of harm to themselves or others.

There is also a need to ensure a balance of investment across the continuum of services to avoid inadvertently creating blockages or barriers to access, especially when transitioning from one service to another. While service availability is critical, so too is the ability to navigate the systems.

Cultural change and balanced systems

It is acknowledged balancing the systems requires more than just resources and services. Aligned to the Strategy's Aspirations, there is need for a continuing cultural shift in developing and implementing a shared understanding of people-centred, trauma-informed approaches. This includes putting people, families, carers and significant others first; understanding mental health and alcohol and other drugs issues do not occur in isolation from physical health, relationships, or economic, financial and occupational circumstances; and that involving those with lived or living experience is essential in policy, planning, service design and evaluation.

○ Where are we now?

In the development and implementation of alcohol and other drugs policy, programs and services, there is a need to consider the balance of supply, demand and harm reduction initiatives aligned to the [National Drug Strategy 2017-2026](#) harm minimisation approach (**Figure 2**).

The Strategy also recognises the importance of addressing wider determinants of health and providing system navigation supports, in addition to expanding and strengthening general and specialist supports and services for those who need them.

The Strategy therefore aims to achieve a balanced systems by investing more in health promotion, prevention and early intervention initiatives; building treatment and supports in the community; and providing more programs and services that individuals, families, carers and communities are asking for.

❓ What is harm minimisation?

The concept of harm minimisation recognises the need for progressive, balanced and comprehensive approaches to addressing alcohol and other drugs related harms across the three pillars of demand, supply and harm reduction.¹²

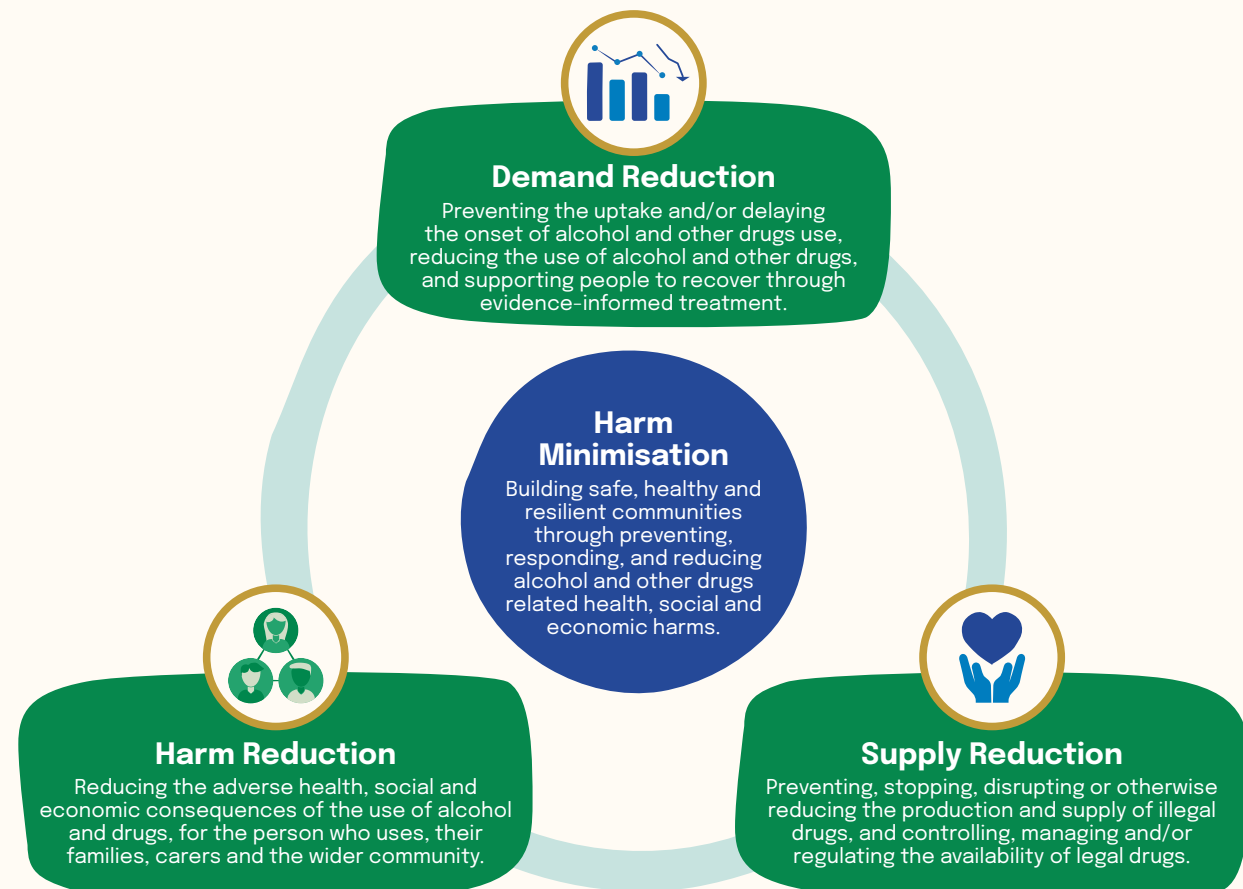


Figure 2: Three Pillars of Harm Minimisation (adapted from the National Drug Strategy 2017-2026)

○ Where are we now?

Building on past achievements

Western Australia’s approach to supporting people, families and communities continues to evolve over time, building on past achievements and further progressing key reforms.

While the Strategy outlines future directions, it also builds on previous achievements, further consolidating and expanding on what works, and reviewing and revising where needed.

Over time, there have been shifts in public conversation, community ownership and engagement. There is heightened awareness of the impact of stigma in the development and implementation of policies and programs, and access to services. There is also increasing recognition and uptake of participatory approaches of people with lived and living experience working alongside other forms of knowledge and expertise within policy development, as well as in service planning, delivery and evaluation.

The [Western Australian Aboriginal Empowerment Strategy](#) and [State Commissioning Strategy for Community Services](#) advocate for Aboriginal-led and place-based programs and services developed and implemented in partnership with government.

In addition, new support and treatment services in the community have been established and strengthened, and there is growing recognition and support for harm reduction approaches.

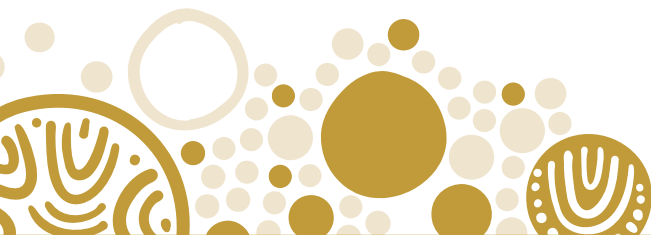
The Western Australian Government is progressing amendments to the *Mental Health Act 2014* following a comprehensive statutory review that will aim to further protect consumer rights and improve access to culturally safe care for Aboriginal and Torres Strait Islander people.

The outcomes from the [Independent Review of Health System Governance](#) (Independent Governance Review) have enhanced governance and leadership arrangements. This includes a focus on elevating the voices of lived and living experience and increasing opportunities to support better outcomes for the community.

As several state and Australian Government reforms have also commenced, the Strategy will aim to build on and amplify the progression of these to ensure coordinated and consistent approaches. This includes alignment to key strategic policies (refer to [Appendix D](#) and [E](#)). Specific actions and progress will also be included in the AIM Plans that support the Strategy.

Significant reform areas include:

- Establishing strengthened **systems governance** mechanisms including the Joint Leadership Group, supported by the Clinical Advisory Group and Lived Experience Advisory Group; the Ministerial Advisory Panel; and strengthening the Alcohol and Other Drugs Advisory Board.
- Elevating alcohol and other drugs governance through the establishment of an **Office of Alcohol and Other Drugs** to lead system-wide strategic policy efforts, intergovernmental relations and systems and services planning, and stronger oversight of systems performance.
- Initiating the **Community Mental Health Treatment Services, including the Emergency Response Services Project** to provide clear vision for public specialist community mental health and emergency response services.



○ Where are we now?

- Progressing the development of appropriate alternative mental health rehabilitation and recovery bed-based services to support the diverse needs of different people in their recovery and transition back into the community, as part of the findings from the **Graylands Reconfiguration and Forensic Taskforce**.
- Strengthening services for children and young people in alignment with the **Final Report of the Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0 - 18 years in Western Australia (ICA Taskforce)**.
- **Formalising the voice of people with lived or living experience** through the formation of national peaks, engagement of Lived Experience Assistant Commissioners at the Commission, and new governance arrangements that includes a Lived Experience Advisory Group for the mental health and alcohol and other drugs systems.
- Progressing **strategic commissioning** approaches to provide for a more coordinated cross-government focus on long-term outcomes, and moving to commissioning at a whole-of-government level aligned to the State Commissioning Strategy for Community Services.
- Implementing and evaluating the **National Mental Health and Suicide Prevention Agreement 2022** to provide a more accessible, coordinated and integrated mental health system between the Commonwealth and State, including a child health and wellbeing hub, statewide aftercare services and an eating disorder service.
- Continuing to work across government to ensure **psychosocial supports** are effectively addressed in the Foundational Supports Strategy and the National Disability Insurance Scheme (NDIS) reform.
- Improving support for the **‘missing middle’** in response to the [Better Access evaluation](#).
- Supporting a national data and information monitoring project that will inform how to grow and retain the mental health and suicide prevention workforce and deliver priorities agreed under the **National Mental Health Workforce Strategy 2022-2032**.
- Supporting whole-of-system gender-based violence reforms, including consideration of the role of alcohol in exacerbating the frequency and severity of **family and domestic violence**.
- Development of a **State Government Guide to a Trauma Informed Approach** as a best practice guide for incorporating a trauma-informed approach for all state government departments and agencies.

These changes will continue to make a meaningful difference in sustaining people’s wellbeing in their community and providing appropriate support to those who need it. While Western Australia is not starting from scratch, systems transformation requires building on these foundations to create a future where everyone is supported to meaningfully participate in decisions that impact their lives.

Where are we heading?

Transformation of Western Australia’s mental health and alcohol and other drugs systems requires clarity of purpose, enduring commitment and collective effort.

The development of this Strategy forms part of the State Government’s vision for the state and delivers on its priority to support the wellbeing of all Western Australians. It marks the next step in the mental health and alcohol and other drugs systems transformation journey.

Whilst it is important to improve existing systems and make services more accessible and responsive, more of the same is not enough.

The Aspirations of this Strategy reflect what has been heard from Western Australians, including people with a lived and living experience and their families, carers and significant others, communities, non-government, government and private sectors. For mental health, the Strategy’s Aspirations strongly align to the World Health Organization’s Guidance on Mental Health Policy and Strategic Action Plans.¹³

The Aspirations describe what the mental health and alcohol and other drugs systems would look like should transformation be achieved. They set the ambitions for the future, provide clarity on collective goals to guide cultural change and innovation, and support strategic prioritisation.

Whereas system mapping outlines the types of services that form parts of mental health and alcohol and other drugs systems, the Aspirations describe the different ways of working and thinking required to achieve change.

The Aspirations are centred around four key themes:

- **People** - Placing people, families, carers and communities’ needs and wishes at the core of initiatives and ways of working.
- **Communities** - Creating opportunities for thriving communities through developing and implementing localised solutions.
- **Services** - Delivering programs and services that are fit-for-purpose and accessible.
- **Leadership** - Ensuring the systems’ foundations support better outcomes for people and families.

○ Where are we heading?

World Health Organization's Guidance on Mental Health Policy and Strategic Action Plans¹³

This Strategy strongly aligns to the Guidance on Mental Health Policy and Strategic Action Plans (Guidance), which aims to support countries in reforming mental health policies and updating strategic action plans, placing human rights and the social and structural determinants of mental health at the core of all policy reform efforts.

Grounded in international human rights frameworks, particularly the United Nations Convention on the Rights of Persons with Disabilities, the Guidance calls for mental health systems promote legal capacity, non-coercive practices, participation and community inclusion. It aims to ensure that all people are treated with dignity, respect and on an equal basis with others.

By addressing broader social and structural determinants such as poverty, housing insecurity, unemployment and discrimination, and emphasising multi-sectoral collaboration, the Guidance promotes a holistic approach to mental health reform, advancing [equity](#) and social justice.



○ Where are we heading?

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 that are free from stigma, discrimination and racism.

Genuinely placing people at the centre of their wellbeing requires systemic cultural change that is embedded across policy, programs, services and ways of working.

This includes recognising a person’s mental health or alcohol and other drugs journey is individual and unique.

Approaches need to be informed by a person’s strengths, hopes, preferences, experiences, values and cultural background, with choice and self-determination being critical. This may include, but is not always synonymous with, abstinence from alcohol and other drugs use.

Families, carers and significant others play an important role

Approaches need to respect the role others play in supporting a person’s wellbeing. Family members, carers and significant others need to be supported in their own wellbeing, as well as in supporting and caring for their loved one.

To meaningfully support people’s wellbeing, the multiple needs of the person need to be considered, while recognising the complex interaction or intersectionality of various factors impacting how people experience their wellbeing.

In facilitating access to services, people need to be met with openness and understanding free from stigma, discrimination and racism. There needs to be equity and inclusion that promotes and celebrates diversity. This means accepting ‘[dignity of risk](#)’ and allowing people to participate in decisions that affect their wellbeing, personal growth and learning.

○ Where are we heading?

Meeting the needs of all people and communities

While this Strategy is for all Western Australians, it recognises that some population groups require tailored approaches to ensure initiatives meet their needs, recognise challenges and harness strengths.

This includes but is not limited to: Aboriginal people; people from Culturally and Linguistically Diverse (CaLD) backgrounds; Lesbian, Gay, Bisexual, Transgender, Intersex, Queer or questioning, Asexual plus other, Sistergirls and Brotherboys (LGBTIQ+SB) communities; people with disability; and people living in rural and remote Western Australia.

Specific age cohorts such as children and young people, and older adults, also have particular needs that require consideration and specialised approaches. Different genders also require particular focus, for example, men in relation to suicide prevention, and women for perinatal mental health.

It is understood many people identify with multiple groups or communities, sometimes referred to as intersectionality.

Therefore, policies, programs and services need to be informed by the diverse needs, strengths and views of these population groups with consideration of life stage, gender, diversity, equity, cultural inclusivity, safety and security.

While general services need to be equipped to support the diverse needs and circumstances of individuals, in some cases, specialist interventions are also required.

Frameworks for particular issues or population groups requiring more targeted attention may be developed by the Commission. These Frameworks will support the implementation of the Strategy and guide future areas of focus.

❓ What is stigma?

All Western Australians have a right to fair and equitable access to mental health and alcohol and other drugs 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 drugs use or mental health conditions. These opinions can turn into discrimination, resulting in unfair treatment, isolation and inequality.¹⁴

Many people continue to experience stigma due to their race, gender, sexuality, disability, mental health or alcohol and other drugs use. It can harm 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.¹⁵

People experiencing alcohol and other drugs 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.¹⁶

To address stigma, a broad range of strategies are required to support changing societal attitudes. This can include 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.

○ Where are we heading?

❓ What is meant by recovery?

The Commission defines recovery as a process of change, through which people improve their health and wellness, live a self-directed life and strive to reach their full potential.

Recovery-oriented approaches to mental health often recognise the value of lived experience, with a focus on empowerment, transformation, discovery, connection and contribution. Recovery is increasingly being viewed through a holistic lens. Beyond psychological processes, recovery also encompasses social and relational aspects, such as employment, education and social participation.

While recovery has been traditionally used to define a state of abstinence within the alcohol and other drugs sector, within Western Australia, it refers to supporting people to achieve their own wellbeing goals, with or without, continuing alcohol and other drugs use.

Recovery is further defined in [Appendix A](#).



○ Where are we heading?

Empowering strong Aboriginal communities

Social and Emotional Wellbeing

Social and Emotional Wellbeing (SEWB) for Aboriginal people is a holistic concept of physical and mental health that is shaped by relationships between individuals, family, kin and community, and connection to land, culture, spirituality, and ancestry.¹⁷

The SEWB Framework¹⁸ (**Figure 3**) reflects the protective factors aligned to Aboriginal people's long-held knowledge systems and cultural ways of knowing. While SEWB is often misunderstood as being synonymous with mental health, it is a broader concept. Mental health and connection to the mind is only one component.

The SEWB Framework reflects the protective factors aligned to Aboriginal people's long-held knowledge systems and cultural ways of knowing.

○ Where are we heading?



Figure 3 - SEWB Framework¹⁸

Connection to spirit, spirituality and ancestors

Providing ‘a sense of purpose and meaning’. The mental health and emotional wellbeing of Aboriginal people can be influenced by their relationship with traditional beliefs and broader Aboriginal worldview concepts.

Connection to Country

Helping to ‘underpin identity and a sense of belonging’. Country refers to an area on which Aboriginal people have a traditional or spiritual association. Country is viewed as a living entity that provides nourishment for the body, mind and spirit.

Connection to mind and emotions

Mental health; the ability to manage thoughts and feelings. Maintaining positive mental, cognitive, emotional and psychological wellbeing is fundamental to an individual’s overall health.

Connection to family and kinship

These connections are central to the functioning of Aboriginal communities. Strong family and kinship systems can provide a sense of belonging, identity, security, and stability for Aboriginal people.

Connection to body

Physical health; feeling strong and healthy and able to physically participate as fully as possible in life.

Connection to community

Providing opportunities for individuals and families to connect with each other, support each other and work together.

Connection to culture

Maintaining a secure sense of cultural identity by participating in practices associated with cultural rights and responsibilities.



○ Where are we heading?

National Agreement on Closing the Gap

‘Closing the Gap’ is a national strategy aimed at closing the health and life expectancy gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.¹⁹

Priority reform areas aim to transform how the government sector works with Aboriginal people and their communities through:

- Formal partnerships and shared decision making
- Building the community-controlled sector
- Transforming government organisations
- Shared access to data and information.

Embedding these reforms will transform practices in addressing structural and historical racism that is crucial for Aboriginal people’s recognition, justice and self-determination, and strengthening SEWB. It will also support programs and services that better meet community need, leverage communities’ strengths, support community development and enable communities to lead their own solutions.

Future Focus

While SEWB approaches are integrated across the whole of the Strategy; they are more specifically recognised in Focus Area 4, ‘Expanding community-led initiatives that support social and emotional wellbeing’ and Focus Area 18, ‘Culture that values lived and living experience, diversity and equity’ (refer to **page 51 and 90**). These actions are aligned to the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing 2024–2033, and foundational to the development and implementation of culturally secure programs and services that will contribute to real change.

○ Where are we heading?

As highlighted in the most recent Productivity Commission report on Closing the Gap, there is significantly more work needed to improve the outcomes of Aboriginal people, including:

- Ensuring general mental health and alcohol and other drugs programs and services are culturally secure, by building capabilities and more flexible service models that support the provision of holistic care.
- Building the mental health and alcohol and other drugs Aboriginal workforces both within general services and Aboriginal Community Controlled Organisations (ACCOs). This will require recognising Aboriginal ways of healing alongside clinical approaches.
- Ensuring Aboriginal people are authentically engaged to co-design the planning, delivery and evaluation of initiatives within their community to promote cultural safety and accessible services.
- Strengthening data sovereignty and Aboriginal-led evaluation to measure what matters to communities in order.
- Supporting government partnerships, assisted by appropriate resourcing to empower Aboriginal-led solutions and service delivery, and move from consultation to genuine partnership, where Aboriginal knowledge and leadership will shape how policies, programs and services operate.

Embedding these approaches across all Pillars of the Strategy will be essential to empower Aboriginal people's communities and healing.



○ Where are we heading?

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, economic, 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.

Approaches need to focus on building strong communities and recognising community identity, connectedness and ambitions. This will require government agencies, non-government organisations and the private sector to work in partnership with local communities to address complex issues specific to them.

Communities are well placed to determine their local priorities and approaches. Through using co-designed, community-led and place-based approaches, local programs and services will be supported through better service planning, strategic commissioning and more sustainable models of service.

For Aboriginal people, Elders and communities, this includes self-determination in recognising the unique cultural and historical experiences of Aboriginal people and the importance of community control and cultural safety to improve outcomes.

Localised planning will also help to improve responses to diversity, including intersections of culture, language, gender, health, disability, trauma and the determinants of health.



○ Where are we heading?

Everyone has a role in transforming the systems to improve wellbeing

Effective collaboration across government agencies, sectors and with communities is required to drive meaningful change and address complexities relating to mental health and alcohol and other drugs use.

There are several state and national cross-government partnerships in Western Australia that aim to support collaborative ways of working.

Equally, the non-government and private sectors play an invaluable role in coordinating efforts.

Different stakeholders play different roles, through examples such as: commissioning; service delivery; policy and strategy; expertise and advice; quality and accreditation; and education and training.

Along with the Commission, the Australian Government, including through Primary Health Networks, also funds mental health and alcohol and other drugs services. Strengthening partnerships and joint planning will assist in ensuring more coordinated and integrated systems in Western Australia.



○ Where are we heading?

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 people-centred approaches are embodied within service culture, policy, planning, design, delivery and evaluation.

Systems transformation requires balancing the investment across the continuum of care and bolstering health promotion and prevention, and community-based service delivery.

While driving health promotion and prevention activities needs to be a continuing focus, efforts also need to be directed to equitable access in the community. This means intervening early, and providing continuing support through appropriate referrals and alternate care pathways within the community, [primary care](#) and hospital settings. This includes services for people in crisis.

In addition to other intersecting needs, mental health and alcohol and other drugs issues often occur together. In delivering services, Western Australia aspires to improve service integration, so people don't fall through the gaps and they receive the appropriate level of support they need and want.

This requires consideration of strategic commissioning approaches, enhanced capacity and capability of services and staff, including a peer workforce, and specialised consultation liaison to support people with co-occurring and intersecting needs.

Coordinated communication, online services and peer support initiatives are necessary to provide information access and help navigate the systems.

Service integration – co-occurring mental health and alcohol and other drugs issues

While not all people experience both mental health and alcohol and other drugs issues, the relationship between the two is well recognised.

In 2022–23:

- Adults who experienced a mental health condition, or high or very high levels of psychological distress were more likely to drink alcohol at risky levels than people who did not experience a mental health condition.²⁰
- Adults who experienced a mental health condition were 1.8 times more likely to have recently used an illicit drug (within the last 12 months) compared with people who did not experience a mental health condition.²⁰

Services need to be integrated, designed and commissioned in such a way that people with co-occurring needs have equitable access to treatment and support services. Supporting improved workforce capability, capacity and diversity can help to ensure 'no wrong door' people-centred approaches, and more seamless and integrated holistic supports.

○ Where are we heading?

Service development needs to build capacity and understandings of contemporary approaches to mental health and alcohol and other drugs program and service delivery by integrating cultural, and lived and living experience perspectives into decision making processes.

This includes using trauma-informed practices and building a shared understanding of how trauma, stigma and discrimination affect people and their wellbeing, while also working to prevent further harm. This needs to be embodied within service culture, policy, planning, design, delivery and evaluation.

Strong governance frameworks and accreditation processes, legislation and regulations, clear accountability mechanisms, and continuous quality improvement processes will help to ensure services consistently meet high standards, while also responding to emerging needs and evidence-based practices.

Accreditation in mental health and alcohol and other drugs

Services funded by the Commission and WA Primary Health Alliance are required to maintain accreditation against the Australian Commission on Safety and Quality in Health Care national standards. These include:

- National Safety and Quality Health Service Standards²¹ – Safety and quality of mental health public and private hospitals, and community services provided by local health networks.
- National Safety and Quality Mental Health Standards for Community Managed Organisations²² – Safety and quality assurance for consumers, their families and carers and best practice guidance for community managed mental health service providers.
Note: Service providers may be in the process of transitioning to these standards from the National Standards for Mental Health Services.
- National Quality Framework for Drug and Alcohol Treatment Services²³ – Safety and quality of alcohol and other treatment services for consumers and their families.

Other accreditation schemes for non-government organisations funded by the Commission include:

- National Standards for Mental Health Services
- Alcohol and other Drug and Human Services Standard
- QIC Health and Community Service Standards
- Royal Australian College of General Practitioners Standards
- Globally recognised ISO 9001: 2015 standards for quality management.



○ Where are we heading?

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 systems transformation in a genuine way.

Systems-wide leadership and governance supported through formalised structures will assist in drawing on the collective expertise of various stakeholder groups to influence public policy, and provide accountability, oversight and transparency of reforms.

Through cross-government and cross-sector approaches addressing intersecting determinants of health, the mental health and alcohol and other drugs sectors must continue to champion efforts across portfolios to influence leaders to achieve better outcomes for Western Australians.

Quality and continuous improvements are important components of leadership and governance that includes accredited and safe service provision to minimise harm and protect people's rights. Through strategic commissioning practices, and resource investment, services and initiatives need to be fit-for-purpose, and provide optimal safety, efficacy and trustworthiness.

This includes designing and delivering services and initiatives that are based on contemporary evidence of what does and does not work, with a focus on people-centred outcomes. Innovation should be encouraged, and where evidence is limited, effectiveness should be assessed to help build the evidence-base over time.

Supporting the systems to work well

There are many system enablers that help to support the efficient and effective delivery of policy, programs and services (refer to Strategic Pillar Five).

These include examples such as: effective partnerships; workforce capability and capacity; data, reporting and evaluation; infrastructure and technologies; contemporary commissioning; quality and safety; systems-wide leadership and governance; cultural safety; and systems integration.



Strategic Pillars and Focus Areas

How to navigate this section

The Strategy is structured around five Strategic Pillars that each contain Focus Areas.

Each Strategic Pillar provides:

- A broad description that explains where it fits in the broader systems and what it seeks to achieve
- 💡 Examples of the types of programs, policies and services that are aligned to the Pillar, along with relevant definitions
- 🔍 Focus Areas that outline where efforts should be directed over the next five years.

Each Focus Area within a Pillar includes:

- A clear description, outlining what the future focus is and why it matters
- ❓ Definitions of key terms
- Examples that help to illustrate the types of initiatives that are currently being delivered in the area
- Specific future focus considerations to inform where efforts should be directed to drive progress towards achieving the Strategy's Aspirations.

System relation

- Mental Health System
- Alcohol and Other Drugs System





Strategic Pillar 1

Approaches that promote wellbeing for everybody

Focus Areas

- 1 Preventing and minimising alcohol and other drugs 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 systems 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 social and 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.



○ Approaches that promote wellbeing for everybody

Focus Area 1

Preventing and minimising alcohol and other drugs related harms

Preventing, delaying and reducing alcohol and other drugs use by 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, as part of ongoing efforts to prevent, delay and reduce alcohol and other drugs use and address broader community harms such as injuries and violence. Whilst a key priority for systems transformation, a challenge remains in growing investment in health promotion and prevention, while balancing demand for treatment services.

Priority must be directed towards bolstering comprehensive and evidence-informed approaches to public health policy, and prevention initiatives and programs.

This includes 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.

💡 Western Australian Model for Violence Prevention Pilot

The Western Australian Model for Violence Prevention Pilot is a partnership between the Commission and East Metropolitan Health Service aimed at reducing alcohol-related harms in the community and easing pressure on emergency departments and frontline services. It involves collecting more information from people presenting to Royal Perth Emergency Department due to alcohol, to better understand the circumstances behind their visit. This data helps guide targeted injury and violence prevention efforts and improves access to community supports like Sobering Up Centres and Alcohol and Other Drug Assertive Outreach Programs.

❓ What is health promotion and prevention?

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

In the context of alcohol and other drugs, this includes strategies and initiatives that prevent or delay the onset of alcohol and other drugs use, reduce use or minimise related harms.

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

○ Approaches that promote wellbeing for everybody

💡 Preventing Fetal Alcohol Spectrum Disorder (FASD) Project

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

Statewide activities include television, radio and digital campaigns raising awareness; 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 that they don't drink alcohol during pregnancy as a result of seeing the campaign.



○ Approaches that promote wellbeing for everybody

🕒 Five-year future focus

- Collaborative and coordinated initiatives to reduce the stigma and discrimination associated with alcohol and other drugs use.
- 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 harms.
- Contemporary, evidence-based 'Alcohol. Think Again.' and 'Drug Aware' campaigns, research and evaluation that aim to prevent and delay alcohol and other drugs use, including targeted materials for population groups such as LGBTIQ+SB and CaLD communities.
- Protecting people, including a focus on children and young people, from alcohol availability, promotion and sponsorship, including digital environments to de-normalise alcohol and provide alcohol-free environments.
- 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 of or time to use alcohol during pregnancy.
- 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.
- 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.
- 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.

○ Approaches that promote wellbeing for everybody

Focus Area 2

Improving and maintaining mental health and wellbeing

Equipping individuals and communities with the 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.

Increasing public conversation and strong community engagement has contributed to reducing stigma and facilitated improved help-seeking.

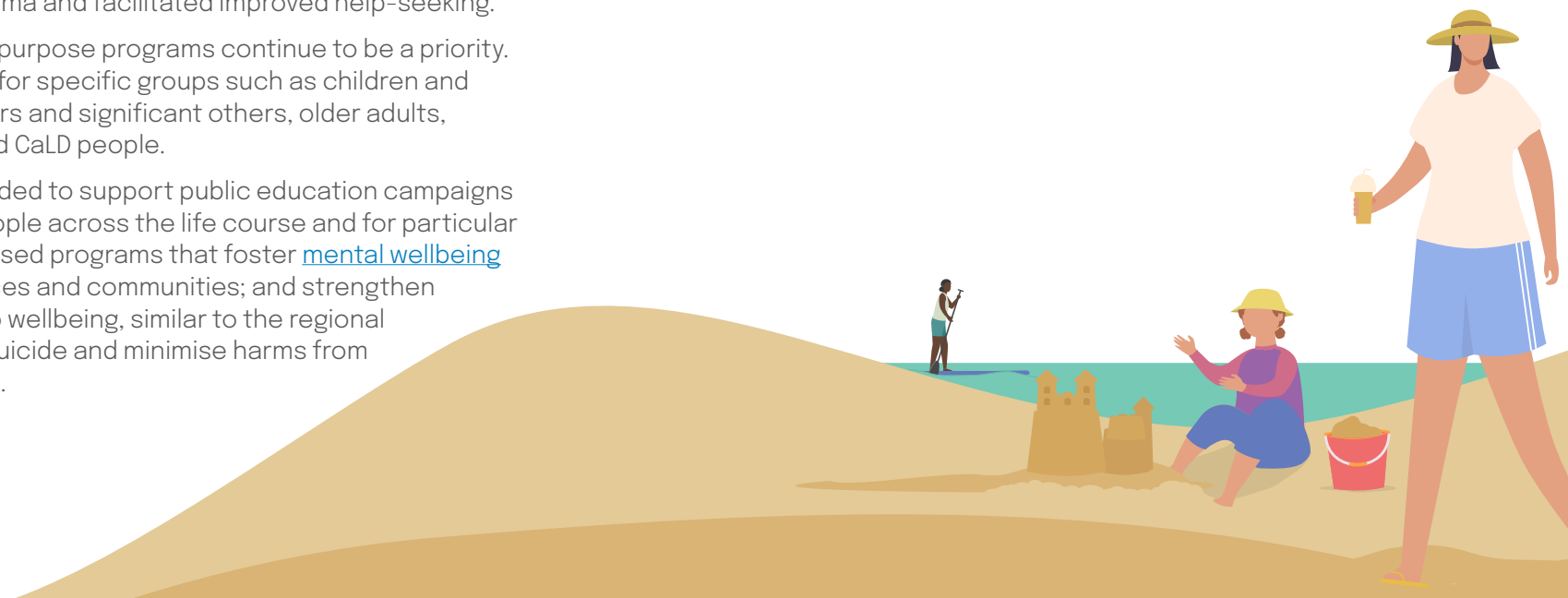
Evidence-based and fit-for-purpose programs continue to be a priority. This is particularly the case for specific groups such as children and young people, families, carers and significant others, older adults, LGBTIQ+SB communities and CaLD people.

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 harms from alcohol and other drugs use.

💡 Example: Mental Wellbeing Guide

The [Mental Wellbeing Guide](#) aims to improve community understanding of mental wellbeing and provides practical steps for state and local government agencies, communities, non-government and private organisations to plan, develop, implement and evaluate community-based mental wellbeing initiatives.

The [Guide to Assessing Mental Wellbeing Programs](#) has been developed to accompany the Mental Wellbeing Guide to support those looking to implement evidence-based or evidence-informed wellbeing programs in their communities.



○ Approaches that promote wellbeing for everybody

🕒 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 such as LGBTIQ+SB and CaLD communities.
- Cross-government approaches to reduce inequity and address the determinants of health that influence protective and risk factors for mental health.
- Partnerships provide opportunities to deliver mental health and alcohol and other drugs programs and develop supportive environments in settings, such as schools, sporting clubs and community spaces that play a key role in supporting children to have a strong start in life.
- 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.
- Specific prevention approaches outlined in key strategy documents, for example the [Western Australian Eating Disorders Framework 2025–2030](#).
- Data collection and frequency through the Mental Health Attitudinal Survey to measure population level wellbeing and inform prevention activities.
- Programs for parents, families, carers, significant others and children to develop an understanding of protective and risk factors for wellbeing.
- Local government public health planning and practice to provide community-informed services, programs and policies that promote, protect and improve wellbeing.



○ Approaches that promote wellbeing for everybody

Focus Area 3

Preventing and reducing suicide and reducing suicidal distress

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

Aligned to the [National Suicide Prevention Strategy 2025–2035](#), a broad, all-encompassing approach to suicide prevention is needed to boost people's overall wellbeing and address the contributing causes of suicide and suicidal thoughts and behaviours. In Western Australia, suicide prevention activities are directed into the following areas:

- **Wellbeing** – Approaches 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 of people disproportionately impacted by suicide such as men and Aboriginal people.

Future directions will include: training programs that build skills, knowledge and confidence to identify and respond to people who are experiencing suicidal thoughts and behaviours; delivering postvention programs; establishing aftercare services; and strengthening suicide prevention 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

○ Approaches that promote wellbeing for everybody

🕒 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.
- Aboriginal-led suicide prevention initiatives, training and programs for Aboriginal people and communities to contribute to improved social and emotional wellbeing (SEWB) outcomes for Aboriginal people, as well as culturally secure approaches embedded across all service and programs.
- 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 to more specifically address need for individuals and population groups who are disproportionately impacted by suicide, such as men, LGBTIQ+SB people, young people, people living in regional and remote areas, and people from CaLD backgrounds.
- 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.
- The Western Australian Suicide Monitoring System utilising real-time data to inform programs and services.



○ Approaches that promote wellbeing for everybody

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, the ACCO Strategy, and the Gayaa Dhuwi (Proud Spirit) Declaration Framework, 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.

💡 Example: 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.²⁴

○ Approaches that promote wellbeing for everybody

🕒 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 programs 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 that include partnerships and referral pathways between ACCOs and general services where appropriate.
- 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

Opportunities for 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 accommodation settings**
- 7 **Delivering alcohol and other drugs harm reduction initiatives**
- 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 systems.

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.

Supports need to be responsive to community need as well as help people to achieve personal goals, while also providing support to families, carers and significant others.

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 families, carers and significant others to support their loved ones
- Provide support for families, carers and significant others for their own wellbeing.

? 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.

○ Opportunities for people in the community to achieve their own wellbeing goals

Focus Area 5

Strengthening individual and group psychosocial supports for those in need

Creating opportunities for people to remain connected to their friends, family and community through community-based, non-clinical and 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 needs will support individuals, families, carers 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.

Families, carers and significant others also need support for their own wellbeing. This includes being recognised and included in care, having access to connection and wellbeing supports, support in treatment settings and guidance to navigate services.

Overcoming barriers in people accessing the right psychosocial supports when and where they need them is also important.²⁵ This includes addressing the significant demand for supports outside of the NDIS for those experiencing moderate to severe mental health challenges.

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

A key future focus is system integration across NDIS and non-NDIS funded supports to meet individual needs and improve mental health outcomes, whilst strengthening the sector eco-system and avoiding service duplication. 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.



○ Opportunities for people in the community to achieve their own wellbeing goals

❓ What are psychosocial 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.

People may access psychosocial supports through:

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

Psychosocial disability is the term used to describe disabilities that may arise from mental health issues. Whilst not everyone who has a mental health issue will experience psychosocial disability, those that do can experience severe effects and social disadvantage.²⁶

Foundational supports are specific supports that would be available outside the NDIS to help people with disability, and their families and carers. Developing a Foundational Support Strategy was a recommendation from the NDIS Review that includes foundational supports for people with psychosocial disability.

The psychosocial support eco-system is illustrated in [Appendix F](#).



○ Opportunities for people in the community to achieve their own wellbeing goals

💡 Example: 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. The following are examples of services providing support to people from CaLD communities:

- **Ishar Multicultural Women’s Health Services Inc (Ishar)**

Ishar provides holistic, community-based services for women from all cultural backgrounds, including support for families and carers (including men). It connects families and carers 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)**

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

Free support is offered to adults from migrant or refugee backgrounds living in the Perth metropolitan area. Support includes one-on-one assistance, systems navigation of public mental health services and education sessions with community groups to develop understanding of mental health and wellbeing and empower individuals to access help if needed.

💡 Example: Support for people affected by someone else’s alcohol and/or other drugs use.

For family members 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 telephone referral 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.



○ Opportunities for people in the community to achieve their own wellbeing goals

🕒 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.
- Digital technology and infrastructure, particularly in rural and remote locations, and facilitating access to available technology for vulnerable groups.
- 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 drugs information, group counselling and peer 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.
- People-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.

○ Opportunities for 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 accommodation settings

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

Providing community-based recovery opportunities and supports can assist people to maintain independent living and wellbeing goals while in stable accommodation, and at the same time help prevent hospital admissions.

While accommodation and support services are essential for wellbeing; challenges remain in providing supported, safe and affordable housing options across Western Australia. These may include 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 more flexible and people-centred options that meet individual needs.

❓ What is housing first approach?

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.²⁷



○ Opportunities for people in the community to achieve their own wellbeing goals

🕒 What are transitional housing and support services?

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

This can also include short-term crisis support accommodation or longer-term supported independent living, such as the Youth Transitional Housing and Support Program or as part of the Individualised Community Living Strategy.

🕒 Five-year future focus

- Youth Transitional Housing and Support Packages program that provides young people aged 16 to 24 with coordinated individualised supports linked to transitional housing in order to build 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 drugs 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 their risk of homelessness and provide more appropriate treatment and support options.

○ Opportunities for people in the community to achieve their own wellbeing goals

Focus Area 7

Delivering alcohol and other drugs harm reduction initiatives

Innovative and contemporary evidence-based, public health harm reduction strategies to support safer and healthier 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, and 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.²⁸

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, accept dignity of risk and be accessible across and within all Western Australian communities.

❓ What is harm reduction?

Harm reduction forms part of the **National Harm Minimisation Framework** and aims to reduce the adverse consequences of alcohol and other drugs use for people, their families and the wider community. Harm reduction focuses on reducing harm rather than preventing it.

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



○ Opportunities for people in the community to achieve their own wellbeing goals

💡 Example: Reducing harm from opioids

Opioids include pain medication available through prescription such as codeine, and illegal drugs such as heroin. Some opioids are plant-based and come from the opium poppy, while others are synthetic or 'man-made'. In 2023, opioids accounted for the largest proportion of drug overdose deaths in Western Australia.

Naloxone is a safe and easy-to-use medication that temporarily reverses the effects of an opioid overdose. The Western Australian Naloxone Program is supported by the Australian Government and enables organisations such as pharmacies, community services, hospitals, police and ambulances to supply free naloxone to anyone at risk of experiencing and/or witnessing an opioid overdose.

🕒 Five-year future focus

- Comprehensive, evidence-based approaches to address stigma and discrimination in order to facilitate access to appropriate and people-centred services and supports.
- A monitoring and response system for drugs of concern, including new and emerging drugs, to proactively respond to drug-related issues in a timely manner.
- Evidence to support innovative harm reduction policy and programs and related community support.
- Peer-led services and interventions to support informed and people-centred responses tailored to specific alcohol and other drugs use and harms.
- Evidenced-based, cross-agency approaches to reduce harm in the context of music festivals and other events.
- Equitable access to evidence-based harm reduction and peer education programs targeted to varied needs and localised contexts, including Needle and Syringe Exchange Programs in regional areas.

○ Opportunities for people in the community to achieve their own wellbeing goals

Focus Area 8

Providing contemporary models for safe places in the community

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

While there are services for alcohol intoxication in Western Australia, there is also need for [youth](#) and adult short-term safe places for drugs other than alcohol. These models of service delivery should be contemporary and locally designed to meet the needs of the community.

Such services need to be able to accommodate crisis, fast track access to treatment, have flexible opening hours, and 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. They play a key role in diverting presentations from emergency departments and police lockups. Referral to other agencies and services may be provided for ongoing support or treatment.

💡 Example: 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. People have access to showers, laundry facilities and a meal, and may also be linked with services providing alcohol and other drugs treatment and support, physical health treatment or other 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 by considering the 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 that divert people away from police lock-ups and emergency departments, and provide pathways to follow-up support and referral where required or requested.
- Capacity building in safe places services to enhance alcohol and other drugs 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 Providing immediate access and response to people in crisis
- 10 Mental health services in the community working together to provide responsive, holistic and people-centred support
- 11 Supporting alcohol and other drugs treatment in the community 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, 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 to bridge 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?

These services provide mental health or alcohol and other drugs treatment 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 provide non-residential or bed-based services.

Equitable access to services in the community

Focus Area 9

Providing 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.

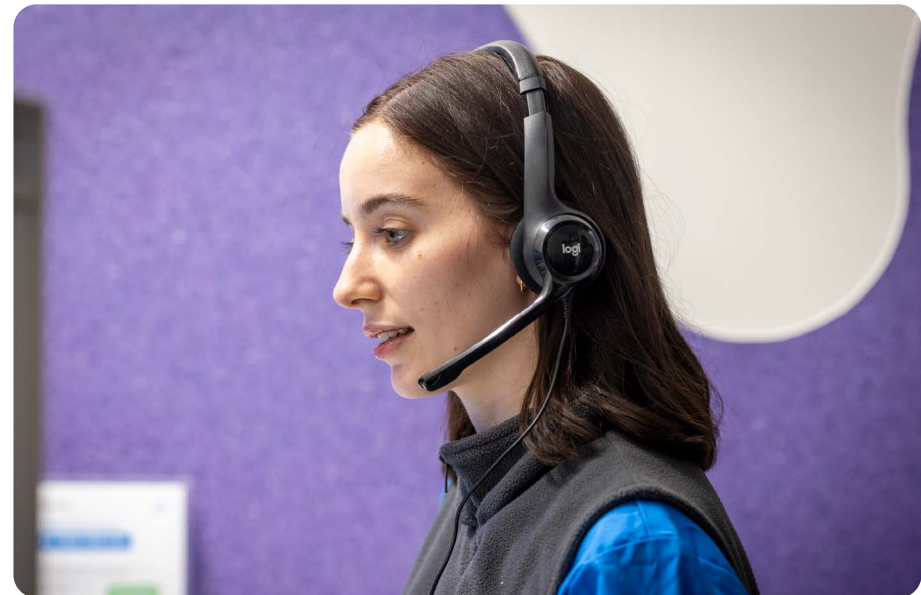
Crisis response services are needed for appropriate, accessible, timely and effective support. This includes early intervention to reduce escalation and providing continuing care through appropriate referrals and alternate care pathways within the community.

Effective crisis response services also reduce pressure on hospitals, ambulance services and emergency departments.

The progressive development and implementation of the Community Treatment, Support and Emergency Response (CTSER) Project (see **Table 1**) will be a high priority over the coming five years. Ongoing collaboration with the Department of Health, Health Service Providers, the Western Australia Police Force and ambulance services, is 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. Crisis-based alternatives to emergency departments also have a role in stabilisation, system navigation and ensuring people are connected to services that meet their needs.

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



○ Equitable access to services in the community

Component	Aim	Current initiatives
Access and Assessment	Statewide phonenumber with virtual triage, assessment and coordination of crisis calls to provide 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 drugs 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) • Mental Health Co-response
Alternatives to emergency departments	Contemporary evidence-based short-term, community-based residential care	<ul style="list-style-type: none"> • Mental Health Crisis Stabilisation Units • Alcohol and other drugs safe places coordination • Sobering Up Centres • Safe places for children up to 16 years • Crisis Support Services
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 and Mental Health Emergency Centres

Table 1 - CTSER Project reform initiatives

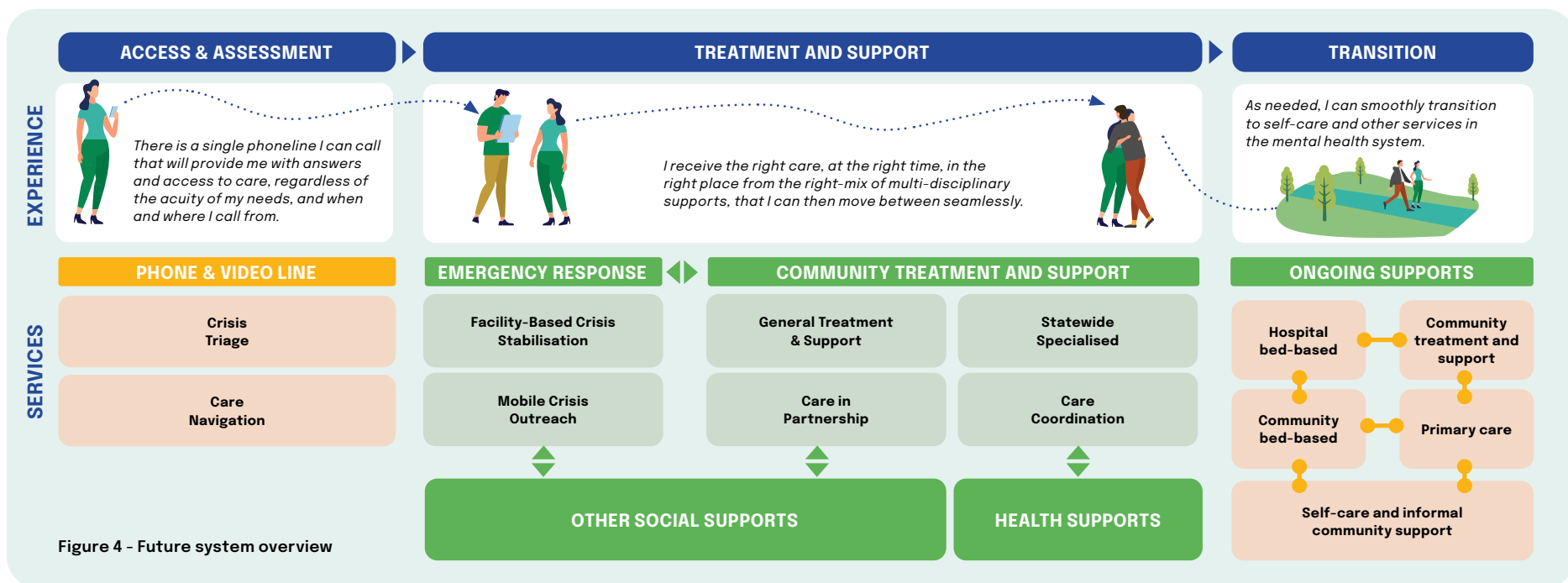
Equitable access to services in the community

Example: Community Treatment, Support and Emergency Response (CTSER) Project²⁹

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 4**.



○ Equitable access to services in the community

🕒 Five-year future focus

- CTSER Project reforms (refer to **Table 1**) to commence with the creation of a more streamlined system experience for all people by improving existing navigation supports and providing a single point of entry, assessment and triage.
- Safe spaces or alternatives to emergency departments for people experiencing crises or requiring referral to 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 alcohol and other drugs support, 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 drugs use, along with their families.
- Telephone support lines that provide mental health and alcohol and other drugs immediate crisis support.



Equitable access to services in the community

Focus Area 10

Mental health services in the community working together to provide responsive, holistic and people-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 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. Nonetheless, there are further opportunities for general practice to 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 would assist in addressing co-occurring physical health issues and enable more effective use of practitioners’ time and skills.

A continuing focus will be assisting general practice across all locations within Western Australia to support those with co-occurring mental health and physical health issues and varying levels of acuity.

Across all community treatment services, integration and seamless transition is critical to ensure people-centred approaches and a ‘no-wrong-door’ approach.

This requires partnerships between mental health services, general practitioners and other primary care providers, psychosocial, alcohol and other drugs services, and Aboriginal and other community services, to provide integrated and comprehensive responses.

The non-government organisation sector plays a key role in easing pressure on hospitals and delivering relational recovery in community-based settings. There are also opportunities to enhance capabilities within non-government services to support integrated care pathways and treatment planning.

Barriers to accessing services for young people continue to be a challenge. A particular focus on the complete youth system of services is required through recognising the needs of the ‘missing middle’ as well as the needed support for those transitioning from child to adult services. Where required and appropriate, there may be further consideration of specialised youth services in areas such as eating disorders, trauma, neurodevelopmental disorder with intellectual disability, attention deficit hyperactivity disorder and psychosis.³⁰ Approaches that support the needs and inclusion of families carers and significant others in these approaches will be essential.

Ongoing tailored professional development in specialised areas, for example eating disorders, will also help to improve the management of more complex issues.

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, children in out-of-home care, and LGBTIQ+SB people is needed. This requires contemporary models of service and strong partnerships. Aboriginal Medical Services remain central to supporting appropriate care for Aboriginal people.

○ Equitable access to services in the community

💡 Example: Infant Child and Adolescent Transformation Program³¹

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

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

Other milestones include expanding Crisis Connect to provide phone and online support and establishing Acute Care and Response Teams (ACRTs) in the Great Southern and the North, South 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 through emergency departments.

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

Over the next five years, the ICA system transformation remains a priority. This includes community and specialist services such as ACRTs, and statewide Crisis Connect services so all children, regardless of their location, can access virtual support.

💡 Example: Kids Hub

The Kids Hub, funded by the Australian and State Governments, provides free community-based support for children under 12 and their families. Co-designed with the Swan community, it offers early intervention for mild to moderate mental health issues and conditions, and aims to improve wellbeing and prevent issues from escalating.

Services include on-site psychology, occupational therapy, counselling, workshops and links to other local supports. No referral is needed and the approach is holistic and family-inclusive.

○ 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 co-occurring needs, including alcohol and other drugs.
- CTSER Project implementation, strengthening partnerships between primary care, community treatment services and other support services for smooth transitions and coordinated care.
- Community ICA 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 people-centred care and address co-occurring issues such as alcohol and other drugs use.
- 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 that offer specialist clinical services to support the recovery journey in community settings, aligned to an Older Adult Statewide Model.
- 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.

Equitable access to services in the community

Focus Area 11

Supporting alcohol and other drugs treatment in the community 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 drugs related harms.

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

There is an ongoing need to support the capacity of alcohol and other drugs community-based treatment services to meet demand, reduce wait times and support equitable access across Western Australia, particularly in regional and remote areas.

The diversification of models of service will help to meet the varying needs of different communities, regions and populations groups.³¹ For Aboriginal people, SEWB approaches may be incorporated into mainstream services. However, strengthening the capacity and partnerships with ACCOs to design and deliver alcohol and other drugs services is a priority.

A future focus will be the integration of 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 drugs sector. This requires ongoing workforce capacity and capability to build workforce diversification, including enhanced peer support programs.

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

Example: Community Alcohol and Drug Services (CADS)

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

There are eight regional and five metropolitan CADS, including a specialist youth service, the Drug and Alcohol Youth Service. In the metropolitan areas, the CADS are a partnership between non-government organisations and Next Step Drug and Alcohol Services, integrating medical services with other treatment and supports.

○ Equitable access to services in the community

🕒 Five-year future focus

- Effective responses for people experiencing alcohol and other drugs concerns, and who may also be experiencing mental health and other health and social issues such as family and domestic violence.
- ACCO partnerships to design and deliver culturally secure alcohol and other drugs services for their communities.
- Service integration and system navigation, including partnerships with health, mental health, primary health care, community services and community treatment 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 links to treatment and support for alcohol and other drugs use.
- The Commission's strategic commissioning approach that includes alcohol and other drugs 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.
- Primary care providers identifying and coordinating access to appropriate treatment and supports for individuals, families, carers and significant others.
- Capacity and capability of the primary care and community treatment workforce to address co-occurring alcohol and other drugs and mental health issues.



○ Equitable access to services in the community

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.

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

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, for example eating disorders, older adults and forensics.

? What are mental health community bed-based services?

There are different types of mental health community bed-based services, which provide specialised support or care for people with 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 within clinical residential services.

Examples of mental health community bed-based services include:

- **Short-stay** – provides short-term (expected maximum stay is 28 days) residential mental health specialised support in a community-based environment (for example, 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 (for example, youth and adult homelessness services).
- **Long-stay** – while these services mirror that of the medium-stay services, the length of stay is 12 to 18 months (for example, 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

💡 Example: Supporting young people in the community through the Youth Step Up/Step Down service

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 when hospital admission 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 drugs 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 drugs 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).

○ Equitable access to services in the community

Focus Area 13

Balancing access to alcohol and other drugs withdrawal, residential rehabilitation treatment, 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 across the alcohol and other drugs 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 to both low medical withdrawal services and residential rehabilitation beds, particularly in regional and remote areas, and for specific populations groups such as young people and Aboriginal people.

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

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

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



○ Equitable access to services in the community

💡 Example: 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 the other in Kununurra.

The services are tailored to individual circumstances and allow 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. It aims to keep people connected and closer to home.

🕒 Five-year future focus

- Community-based medical withdrawal beds across Western Australia, prioritising areas with residential beds but limited withdrawal services.
- 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 drugs treatment services for Aboriginal people and communities, particularly in locations where services are limited.
- Regulation of private alcohol and other drugs 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 drugs issues.
- Post residential services including youth housing and support options.



Strategic Pillar 4

Specialised and acute services for those who need them



Focus Areas

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

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

Specialised and hospital services form an essential component of mental health and alcohol and other drugs systems 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 sub-acute and non-acute inpatient treatment and support in a safe, structured environment for people with ongoing serious mental health condition symptoms. They also include specialist mental health beds for people in the justice system.

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 alcohol and other drugs services within hospitals

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

Whilst specialised alcohol and other drugs treatment services in hospitals have 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 may want, particularly in regional areas.

The integration of alcohol and other drugs 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 for 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.



○ Specialised and acute services for those who need them

🕒 Five-year future focus

- Hospital-based medical withdrawal beds, particularly in regional areas, including innovative service models that extend addiction medicine expertise to regional hospitals.
- Appropriate and responsive care pathways in and out of community alcohol and other drugs 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 drugs 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 to facilitate access and engagement.



○ Specialised and acute services for those who need them

Focus Area 15

Ensuring appropriate mental health services within hospitals

People-centred, high quality and timely access to treatment and support for people with ongoing serious mental health conditions.

Effective acute mental health 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 then 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 and conditions.

Supporting young people aged 16 to 17 years with their transition between youth and adult services also 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 drugs treatment and clinical liaison, including staff capacity to meet the needs of people with co-occurring issues, is also essential.

? What are specialised services?

Specialised services are delivered for specific mental health and/or alcohol and other drugs 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.

“We need Lived Experience and peer support from the point of triage to the point of discharge.”

– Mental health system stakeholder

○ Specialised and acute services for those who need them

🕒 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 and conditions.
- Responsive and specialised assessment, treatment and support for people presenting to emergency departments in mental health crisis.
- 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 Graylands Reconfiguration Program 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 drugs consultation liaison roles, as part of multidisciplinary teams within mental health hospital-based services.
- Seamless, integrated and supported transition for young people aged 16–17 years moving between children’s services and adolescent and/or adult mental health services to provide continuing care.



○ Specialised and acute services for those who need them

Focus Area 16

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

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

People with mental health issues and conditions and those impacted by alcohol and other drugs use are overrepresented in the justice system.^{33,34} 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.³⁵

The transformation of mental health services through the Graylands Reconfiguration Program 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 drugs 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 disability and those living in regional communities.

Services and supports for Aboriginal people must be culturally safe and designed 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.

Consideration regarding the impacts on loved ones and communities is also required in future planning. This includes lived experience engagement with families, carers and significant others to ensure programs, supports or services to meet their respective needs.

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

The Criminal Law (Mental Impairment) Act 2023 (CLMI Act)³⁶

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.

○ Specialised and acute services for those who need them

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

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

Mental health services include police and court liaison and support, specialised bed-based services, 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.

💡 Example: Drug Court

The Drug Court incorporates the principles of therapeutic jurisprudence and aims to break the cycle of alcohol and other drugs use and offending by facilitating treatment programs for individuals. More specifically, the Drug Court aims to:

- Support participants in addressing their alcohol and/or other drugs 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.

💡 Example: Mental Health Court Diversion and Support program

This program supports participants through their court proceedings to access appropriate mental health, alcohol and other drugs and community 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, a peer worker, an alcohol and other drugs diversion officer, a police prosecutor, community corrections personnel and a legal aid duty lawyer.

The **Links** program is for young people up to the age of 17 who are experiencing mental health issues 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.³⁷

○ Specialised and acute services for those who need them

🕒 Five-year future focus

- Contemporary forensic bed-based mental health services, including a child and adolescent unit through the Graylands Campus 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 drugs 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 drugs 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 drugs services, from prevention, early intervention through to 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 Australia, 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.

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.

Building the capability of mainstream services is required, as is investing in research and evaluation to build the evidence base for interventions.

? 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.

For example, 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 or have an 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, for example sexual assault, child abuse or family and domestic violence.

Each speciality requires different strategies which might include:

- Dedicated specialised inpatient beds
- Statewide consultation liaison services to mainstream mental health and alcohol and other drugs 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.

Example: 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, 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 for a residential eating disorders service in Western Australia.
- For personality disorders, opportunities to increase availability and accessibility of specialised support.
- Mental health and alcohol and other drugs inpatient and community treatment, and support for mother and baby mental health.
- 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 access to community and specialised mental health services, and improved coordination and transition between 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 support for their families, carers and significant others across Western Australia, particularly in regional and remote areas.



Strategic Pillar 5

Foundations for contemporary, people-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 strategies
- 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

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

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

While the foundations for effective systems are numerous and intersecting, this Pillar focuses on specific areas 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 further 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.

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

Working in partnership with Aboriginal people is needed to overcome the inequity and inequality in health and social outcomes, and support Closing the Gap.

Future success requires sustained commitment to strengthening these foundations, while staying flexible to adapt as needs change.

○ Foundations for contemporary, people-centred systems

❓ What are system enablers?

System enablers are structural and operational building blocks that strengthen mental health and alcohol and other drugs systems, helping them to work more effectively and efficiently (**Figure 5**). 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.



○ Foundations for contemporary, people-centred systems

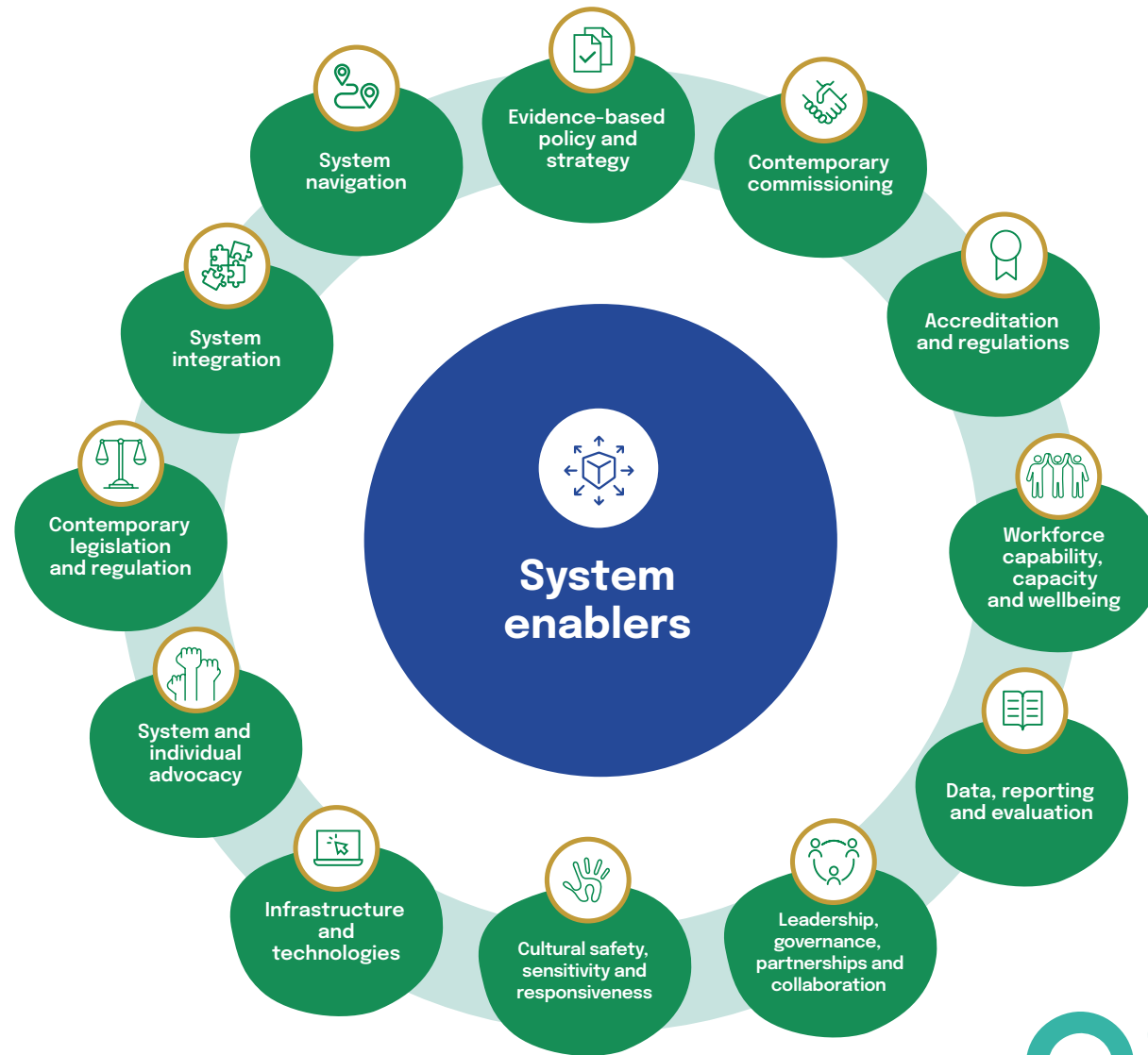


Figure 5 - System enablers



○ Foundations for contemporary, people-centred systems

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 and cultural safety.

To achieve the Strategy’s Aspirations, a genuine commitment from all sectors towards longer-term, sustained and transformative cultural 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. Both aim to shift towards outcome-focused commissioning practices, that are culturally safe and tailored to community needs. This is further supported by the [Independent Governance Review](#), which calls for the integration of lived and living experience perspectives.

This means involving people in more diverse ways across 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 create lasting cultural change, organisations must prioritise readiness through policies, supports, education and workforce planning. Recognising the differences between the mental health and alcohol and other drugs peer workforces, as well as the unique challenges, will help shape modern effective workforce planning.

Organisational cultural change also requires contemporary commissioning processes that place people, families, carers, significant others and communities at the centre, to ensure 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 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 and behaviours, and influence policy, a particular focus on stigma reduction is also required to recognise and convey equal dignity, value and respect.

A specific focus on aligning commissioning and policy development to the Western Australian Aboriginal Empowerment Strategy, National Social and Emotional Wellbeing Framework and Closing the Gap reforms must be prioritised to deliver improved outcomes for Aboriginal people. This requires 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.”
- AODCCC member

○ Foundations for contemporary, people-centred systems

💡 Example: Lived Experience (Peer) Workforce Framework

The Western Australian Lived Experience (Peer) Framework³⁸ 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 6**).



Figure 6 - Organisation actions to support Lived Experience (Peer) workforces

🕒 Five-year future focus

- Organisational change across public mental health and alcohol and other drugs 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 drugs services.
- The Commission's person-centred Outcomes Measurement Framework for mental health and alcohol and other drugs 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 support partnerships with communities and 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 drugs use issues and/or mental health issues.

○ Foundations for contemporary, people-centred systems

Focus Area 19

Robust and accountable leadership, governance, partnerships and collaboration

Driving people-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 are essential to support the wellbeing of all Western Australians.

This will require Western Australia’s mental health and alcohol and other drugs governance arrangements remaining contemporary and fit-for-purpose in order to deliver on the Strategy. Lived Experience leadership will continue to be a part of governance structures and decision making.

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

The recently established Office of Alcohol and Other Drugs will continue to inform, develop and oversee the State Government’s system-wide strategic policy reform in relation to alcohol and other drugs, prioritising the development of a shared framework for action.

For state government agencies, particular attention is required for cross-government partnerships that support coordinated approaches that address the determinants of health, such as housing and homelessness and social inclusion, in addition to issues such as family and domestic violence.

Strong partnerships across all sectors are required to ensure 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 drugs 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.

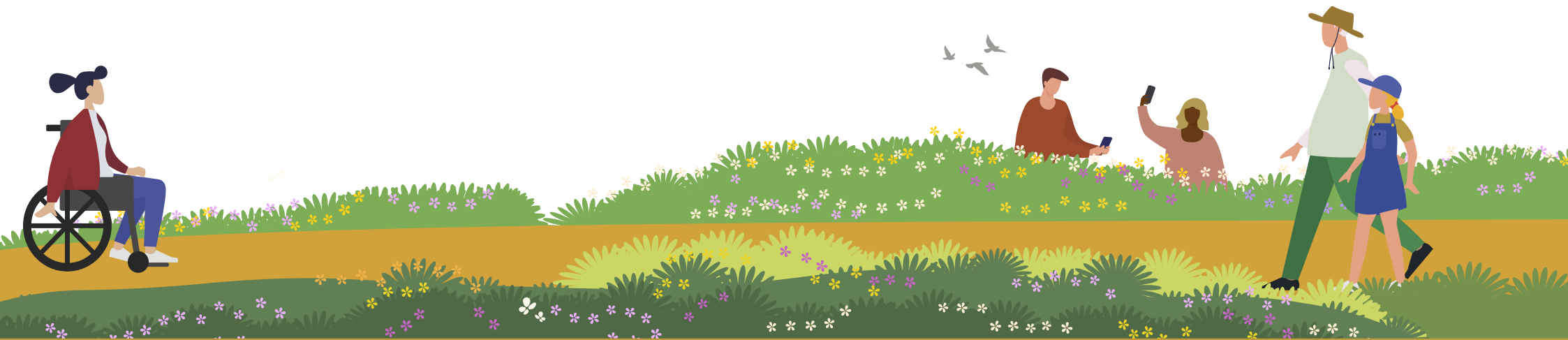
“An optimal mental health and alcohol and other drugs support system would be one that is joined together and accessible, integrated and person-centred, supporting individuals holistically from early intervention through long-term recovery.”

– Service provider

○ Foundations for contemporary, people-centred systems

🕒 Five-year future focus

- Initiatives of the National Mental Health and Suicide Prevention Agreement and the development of future approaches to meet the needs of Western Australians.
- Australian Government, Primary Health Networks and state government agencies joint planning and commissioning, including negotiating for funding initiatives through arrangements under a new National Agreement.
- Responsive and contemporary local mental health and alcohol and other drugs governance structures that progress state government and ministerial priorities, as well as fit-for-purpose national governance structures.
- 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 peak bodies and contemporary advocacy services that support and advocate for the needs of the sectors.
- Sector and system-wide reform through the consolidation of the Office of Alcohol and Other Drugs and its delivery of the Strengthening Alcohol and Other Drugs Governance in Western Australia plan.
- AIM Plans for the Strategy to provide transparency of achievements and planned initiatives.



○ Foundations for contemporary, people-centred systems

Focus Area 20

Complementary and coordinated state and national strategies

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, carers, significant others and communities. Importantly, these strategies provide clarity of directions in coordinating efforts, partnerships and investments.

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

There is also a need to support services to meet accreditation processes and regulations to ensure quality mental health and alcohol and other drugs service provision, inclusive of robust evaluation and quality assurance mechanisms. Ongoing work to transition mental health non-government organisations from the National Standards for Mental Health Services 2010,³⁹ to the more contemporary, National Safety and Quality Mental Health Standards for Community Managed Organisations 2022 will continue to be prioritised.

💡 Example: 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.⁴⁰

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

Rainbow Futures was 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, people-centred systems

💡 Example: Integrating mental health and specialised disability services

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

This is important for people with disability, who experience barriers in accessing services and rate their health poorer than other Australians.³⁸

A Western Australia for Everyone: State Disability Strategy 2020–2030 (Disability Strategy)⁴¹

This outlines key priorities for ensuring 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 highlights that positive outcomes for people with disability can be achieved through proactive interagency and service collaboration, particularly between mental health and specialised disability services. Adopting an integrated approach to health, mental health and disability services is also a key priority in other government strategic documents, including the Sustainable Health Review.



○ Foundations for contemporary, people-centred systems

🕒 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 health promotion and prevention, alcohol and other drugs and suicide prevention with a 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 Statement⁴² 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 the Act is contemporary and fit-for-purpose.
- The *Mental Health Act 2014*, including legislative amendments, operational enhancements and compliance actions to further strengthen consumer rights and access to culturally appropriate care.
- The *CLMI Act 2023* 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.
- Mental health and alcohol and other drugs services meeting the accreditation requirements to ensure quality and accountability of service provision.

○ Foundations for contemporary, people-centred systems

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 system navigation and service access, regardless of a person's circumstances.

Ensuring people can access information, navigate complex systems, and access services close to home will be strategic priorities over the next five years.

Efforts will be directed towards service navigation functions and access to online services and peer support initiatives. Improving accessibility requires strong digital technologies, and addressing ongoing challenges with digital access in some regional and remote areas.

Infrastructure also continues to be a key barrier to accessing services and supports close to home. Acquiring 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 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 and 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 and transition between 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 Program, Broome Sobering Up Centre and Step Up/Step Down services.

○ Foundations for contemporary, people-centred systems

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 people-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 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 drugs, mental health and other social issues in a way that is evidence-based, people-centred, trauma-informed, recovery-oriented, and free from stigma and discrimination.⁴³

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 drugs harm reduction. By integrating peer workforces into multidisciplinary teams this can also assist in reducing clinical intervention, allowing clinical staff to respond to those needing their support.

Lived Experience leadership roles across areas such as education, research, advocacy, management and decision-making roles is vital to meaningful systems reform. Whilst the alcohol and other drugs 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 drugs use and stigma. This must be supported with appropriate organisation readiness frameworks.



○ Foundations for contemporary, people-centred systems

🕒 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 drugs lived and living experience workforce, including professional development at all levels, supported by organisational readiness plans.
- State and national workforce governance structures to inform and guide workforce requirements within Western Australia.
- Aboriginal mental health and alcohol and other drugs workforces including traditional healers, aligned with the Aboriginal Mental Health Worker Framework.
- Aboriginal-specific learning and development programs, and consideration of the recommendations from the Statutory Review of the *Mental Health Act 2014*.
- Workforce data collection and analysis to inform learning and development and workforce pipeline requirements.
- Alcohol and other drugs 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 drugs 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 disability, CaLD people and LGBTIQ+SB people.



○ Foundations for contemporary, people-centred systems

Focus Area 23

Strengthening 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 drugs 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 drugs programs and services.

In suicide prevention, this is important for the coordination and planning of postvention responses, and requires strengthening monitoring at both service and system levels, as well as trends through population-based surveys.

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 given their role in providing transparent and accountable communication with other commissioning agencies, peak bodies, services and communities to facilitate service and infrastructure planning for community services. The Commission's Agency Commissioning Plan is underpinned by its Commissioning Framework, which details the approach in undertaking needs assessment and data collection to ensure evidence is at the centre of successful commissioning in both the design and evaluation of services.

The Commission's Mental Health and Alcohol and Other Drugs Outcomes Measurement Framework will aim to support a shift in culture by focusing on outcomes that truly matter to people and communities. Collaboration is required, including with ACCOs and researchers, to define and enhance SEWB outcomes for Aboriginal people.

Supporting the rights of Aboriginal people to govern the collection, ownership and use of data about their people and communities will continue to be explored through Closing the Gap.



○ Foundations for contemporary, people-centred systems

💡 Example: The State Commissioning Strategy for Community Services⁴⁴

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 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.
- People-centered outcomes for alcohol and other drugs and mental health programs and services, as well as defining SEWB outcomes 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 Mental Health and Suicide Prevention Agreement initiatives that promote data sharing and reporting, including the National Mental Health Information Sharing Framework and experience of service data collection.
- Population monitoring through initiatives such as the Australian Secondary School Alcohol and Other Drug survey, Health and Wellbeing Surveillance System surveys and Attitudinal Surveys.
- Shared access to data and information for Aboriginal people and communities, aligned to Closing the Gap Priority Reforms.



What this means for regional and remote Western Australia

Western Australia is vibrant and diverse. Each regional area has its own unique strengths, opportunities and challenges.

Whilst this Strategy provides a statewide approach to address priorities to improve mental health and alcohol and other drugs outcomes for people, it is well understood that the needs of each geographic region differ depending on local circumstances.

Despite these challenges, local communities are best placed to understand what is required to improve their own wellbeing. Supporting place-based approaches that involve community-led initiatives to address complex issues will help achieve better outcomes for the people living in those communities.

It is acknowledged that Western Australia is made up of many different and distinct Aboriginal groups and that Aboriginal cultural notions and depictions of the regions are rooted heavily in diverse perspectives and traditional cultural beliefs. The many Traditional Custodians from across Western Australia and their enduring and continuing connection to Country and Culture are respected and acknowledged.

○ What this means for regional and remote Western Australia

What are some of the challenges of regional Western Australia?

Whilst it is acknowledged there is great diversity across and within the regions, there are also several challenges that are common to most areas.

Some of these include:

- Travelling long distances to receive or provide services.
- Lack of anonymity and stigma associated with accessing services.
- Difficulties in attracting, developing and/or retaining local workforces.
- Technological barriers, impacting access to virtual care options.
- Funding structures impacting on service sustainability and flexibility.

What are the regional priorities?

While the Strategy's Focus Areas include the priorities for all of Western Australia, the regional profiles recognise the unique needs and mental health and alcohol and other drugs priorities specific to each area ([Appendix G](#)).

The regional priorities were developed based on key insights acquired from the Strategy's consultation processes in regional areas, key outcomes from previous consultations, data and mapping of State and Australian Government funded services. These priorities will support planning for services and initiatives in each, whilst also recognising how people living in the regions may need to access metropolitan-based specialised health services either in-person or through virtual care.

○ What this means for regional and remote Western Australia

🕒 Five-year future focus

Specific actions outlined in the Strategy that will support better outcomes for people who live in the regions, include:

- Access to virtual care, including online, video conference or on the phone.
- Alternatives to digital and virtual support for people in remote areas unable to access digital technology or communication networks.
- Equity of access, including access to statewide services and bed-based services that are only available in the metropolitan region.
- Place-based approaches applied across the metropolitan area and regional areas.
- Transition support (including assisted transport support, warm referrals and specialist support for clinicians) when people return home.
- Community mental health bed-based services, including finalising construction and operation of all Step Up/Step Down services.
- A review of supported accommodation options, including crisis accommodation, to ensure commissioned services are contemporary and meet an individual's personal and cultural needs.
- Embedding of Lived Experience (Peer) workforces in services.
- Place-based and community-led suicide prevention and alcohol and other drugs preventive initiatives that build the capacity and resilience of local communities.
- Localised plans and partnerships that support a coordinated and collaborative approach to strengthening SEWB 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.
- Community and hospital-based alcohol and other drugs services, including withdrawal services.
- Comprehensive range of alcohol and other drugs harm reduction initiatives.

**"Country WA ... is
incredibly diverse...
containing diverse
communities with
diverse needs."**

- Northam stakeholder



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 drugs policy, programs and practices. Flexibility is important to ensure responsiveness to changing needs and adaptation to localised service delivery contexts, including 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 outline the key actions led or supported by the Commission, along with major initiatives led by other State Government agencies, to advance the Strategy's Aspirations 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, non-government organisations and communities, significant activities delivered in partnership with stakeholders, as well as other key strategy documents, will be identified.



○ Making a meaningful difference to people and communities

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 complement the Commission's Annual Report.

To achieve systems transformation, the Strategy needs to be focused on the outcomes for people, families and communities.

The Commission's person-centred Mental Health and Alcohol and Other Drugs Outcomes Measurement Framework provides one approach for reviewing alcohol and other drugs and mental health outcomes in the Western Australian population (**Figure 7**). Consideration of specific SEWB outcomes is also important for Aboriginal people and communities, as well as the outcomes achieved through services.

Through considering outcomes, meaningful insights can be generated on how to improve outcomes for people, families and communities, and to identify areas for future focus.

"It is important that the system can actually measure/confirm that procedures and services are reaching and getting results."

- Bunbury stakeholder

○ Making a meaningful difference to people and communities

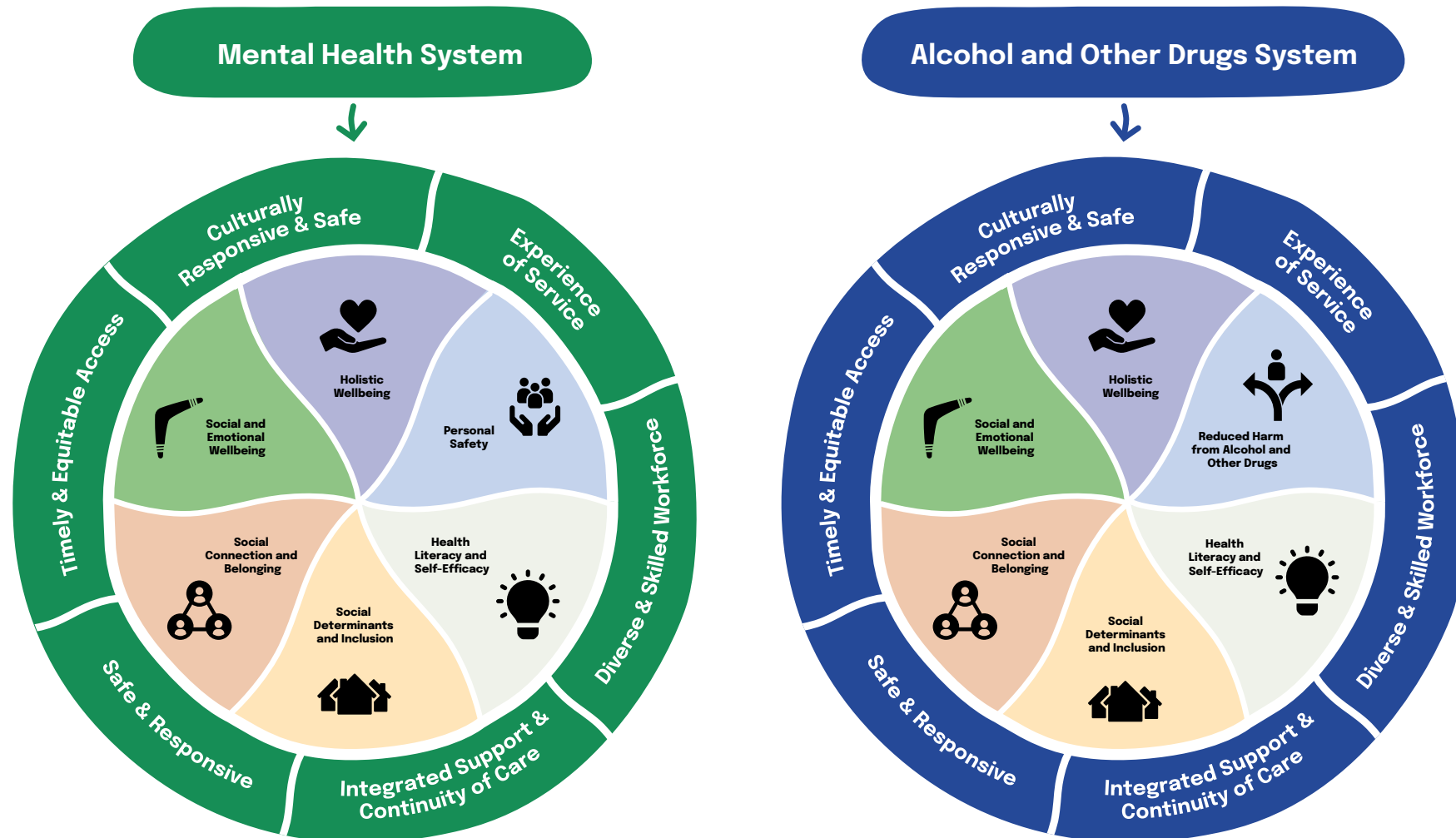


Figure 7 - Twelve domains of the mental health and alcohol and other drugs Outcomes Measurement Framework wheels

○ Making a meaningful difference to people and communities

Governance and oversight

Contemporary and responsive mental health and alcohol and other drugs governance arrangements will assist the Commission in overseeing the implementation of the Strategy and monitoring progress.

As the state government agency facilitating the delivery of mental health and alcohol and other drugs services and programs in Western Australia, the Commission plays a key role in guiding systems transformation.

Governance arrangements need to be fit-for-purpose, providing high level, system-wide, collaborative decision making and oversight for the delivery of whole-of-systems priorities. This requires expert advice from people with Lived Experience and clinical expertise, as well as from sector representatives such as peak bodies, academics and others.

Cross-government collaboration is required to drive coordinated action in addressing intersecting issues. This is also required at a national level through working with the Australian Government and national governance arrangements.

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

The current mental health and alcohol and other drugs systems governance arrangements are detailed in [Appendix H](#).

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 who will be critical in contributing to delivery. The Strategy is intended to help guide 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.



Conclusion

The Strategy guides 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.

The Strategy reflects the voices of people with lived and living experience, their families, carers and significant others, service providers, government and non-government agencies and communities.

It is a statewide and cross-sector document, which outlines the Aspirations for the mental health and alcohol and other drugs systems into the future. The Focus Areas outline what action is required for this systems transformation to occur.

The Strategy is aspirational and broad, and will be supported by AIM Plans that detail specific actions across whole-of-systems priorities, from strategies to promote wellbeing for everybody and supporting people to stay well in the community through to specialised supports and services.

For genuine transformation to be realised, a commitment to cultural change across all sectors is required to ensure lived and living experience, culture and diversity is at the heart of mental health and alcohol and other drugs services planning and delivery. This requires growing a diverse workforce, which includes the Aboriginal and Lived Experience (Peer) workforce, as well as contemporary commissioning and a greater shift to measuring what matters to people and communities.

Whilst longer-term, sustained transformation will take time and commitment, the implementation of this Strategy guides stakeholders, including government, non-government and the community, to continue on the pathway to achieving the Aspirations for stronger mental health and alcohol and other drugs systems that empower people, families and communities in their wellbeing.



Appendices

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Appendix A

Glossary of terms

Carer

A carer is a person who provides care or assistance to a person with disability, chronic illness, mental health challenges, alcohol or other drug dependencies, or who is frail. This care is unpaid and not part of a volunteer or work contract. A carer can be any age, even between 0–25 years (young carer).

Clinicians

Clinicians are professionals engaged in the provision of mental health and alcohol and other drugs 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

Cultural awareness is the knowledge and understanding of differences between cultures.

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 and Linguistically Diverse (CaLD)

The term 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. 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 and there are different approaches to identifying and reporting 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.⁴⁵

○ Appendix A - Glossary of terms

Dignity of risk

Dignity of risk means that individuals have the right to make choices and take risks. It is often used to describe how service providers should support and work with individuals to understand and manage chosen risks, while respecting their decisions.

Equity

Equity involves providing resources based on need to help people achieve their full potential and have the same opportunities as others, taking into consideration historical and social boundaries for marginalised groups. In this context, equity means everyone can access the same outcomes.⁴⁶

Health Service Provider (HSP)

A HSP is a 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, intersex, queer or questioning, asexual plus other, sistergirls and brotherboys 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

This term refers to any person who identifies as having a current or past personal experience of psychological or emotional issues, distress, mental health and/or alcohol and other drugs issues, and/or suicidal crisis (including thoughts, feelings or actions).

This is 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'.

○ Appendix A - Glossary of terms

Lived and living experience (cont.)

The Strategy uses the term lived and living experience, families, carers and significant others 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

The Strategy uses the term 'older adult' to refer to people aged 65 and over or Aboriginal people aged 55 and over.

○ Appendix A - Glossary of terms

People-centred

People-centred care is an approach that places individuals, their families, carers, significant others and communities at the heart of health and wellbeing systems. It recognises that people live and recover in connection with others, not in isolation. It ensures that services are responsive to people's comprehensive needs, respect their preferences and values, and are co-produced, integrated, coordinated, and continuous throughout the trajectory of distress and recovery.

In the mental health, alcohol and other drugs, and suicide prevention contexts, people-centred care acknowledges that experiences of distress, wellness and recovery are shaped by relational, social, cultural and environmental factors. It involves intentionally including relevant supports where this is desired by the person in ways that preserve autonomy, dignity, and safety, while recognising that some individuals may wish to direct or experience care independently.⁴⁷

Primary care

Primary care is healthcare provided in the community by a variety of healthcare professionals, including general practitioners, nurse practitioners and other community-based healthcare providers for people seeking initial or ongoing advice or treatment.

Recovery

There is not a shared definition of recovery. Recovery means different things for alcohol and other drugs and mental health. In this Strategy, recovery is defined as: 'a process of change through which people improve their health and wellbeing, live a self-directed life and strive to reach their full potential'. It is relational, holistic and grounded in human rights. It encompasses personal, social, and cultural dimensions of wellbeing, including employment, education, housing, and participation in family and community life.

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.

In the alcohol and other drugs context, recovery reflects a broad and diverse range of experiences and goals. It may include harm reduction, stabilisation and improved quality of life, not necessarily defined by abstinence. Recovery in alcohol and other drugs services is often non-linear and deeply shaped by individual meaning, choice and social context.

Recovery also aligns with Aboriginal and Torres Strait Islander people's models of wellbeing, which emphasise relational and collective understandings. These view recovery as occurring within kinship, community and culture, and are inclusive of family-led and culturally grounded practices.

Ultimately, recovery is about creating and living a meaningful and contributing life in a community of choice, with or without the presence of mental health or alcohol and other drugs use challenges.

○ Appendix A - Glossary of terms

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 and 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, specialised services can refer to eating disorders services or gender diversity services.

Specialist

A specialist is 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

This Strategy uses the term 'youth' to refer to people aged 16 to 24.



Appendix A

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

LGBTIQ+SB	Lesbian, Gay, Bisexual, Transgender Intersex, Queer or questioning, Asexual plus other, Sistergirls and Brotherboys
NDIS	National Disability Insurance Scheme
SEWB	Social and Emotional Wellbeing



Appendix B System maps

Map of the mental health system

The current mental health system in Western Australia comprises a range of prevention, psychosocial, community-based, emergency and bed-based services. The delivery of services within this system is complex, involving the Australian Government, State Government and privately and philanthropic funded programs and services. The key elements of Western Australia’s current mental health system are depicted in **Figure 8**.

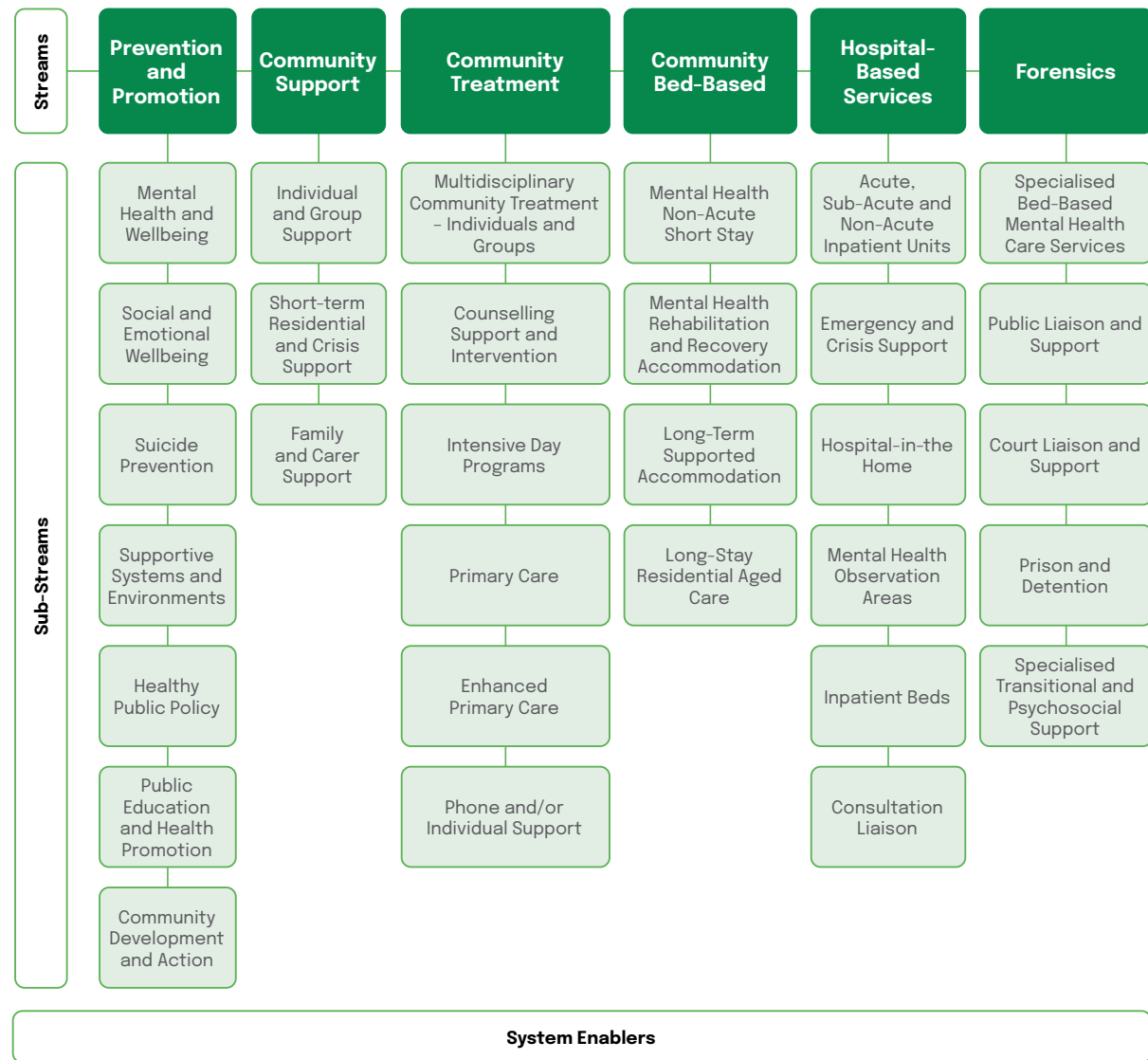


Figure 8 - Mental Health System Map

○ Appendix B - System maps

Map of the alcohol and other drugs system

Most alcohol and other drugs services in Western Australia are provided through non-government and community-based services, and are funded by either the State or Australian Government. Primary care or acute hospital services provided for people experiencing harm from alcohol and other drugs are mostly funded by the Australian Government. There are also several privately funded services, and investment can also be provided through philanthropy. The key elements of Western Australia’s current alcohol and other drugs system are depicted in **Figure 9**.

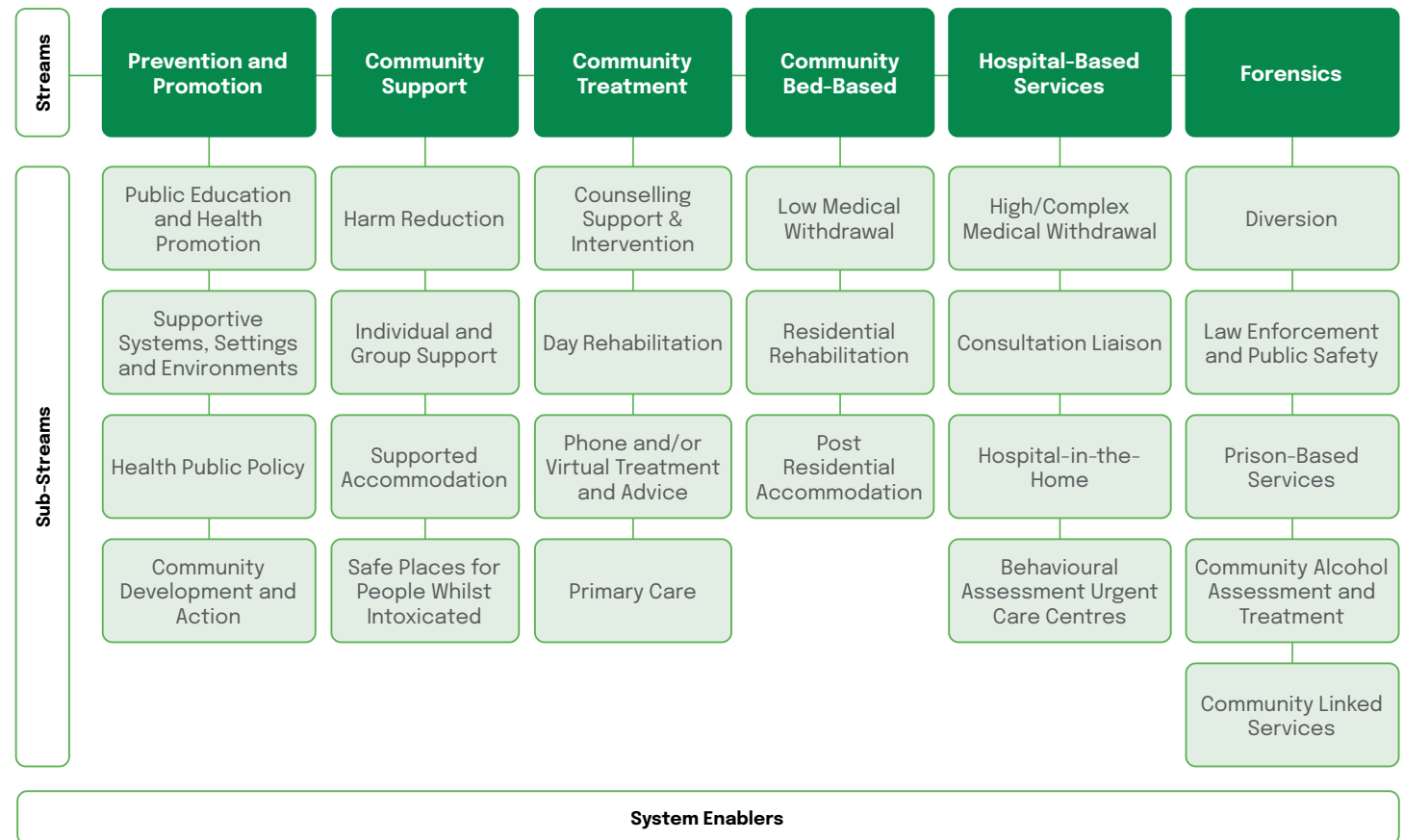


Figure 9 - Alcohol and Other Drugs System Map

Appendix C

Determinants of health

The risk and protective factors that influence mental health and alcohol and other drugs use are present in everyone’s lives.

Risk factors and protective factors interact in complex ways, and experiences of these factors can be cumulative. It is important to acknowledge that the presence of risk factors does not automatically lead to a person experiencing low wellbeing, mental health issues or harm from alcohol and other drugs use. Similarly, a person may experience low wellbeing, mental health issues, or harm from alcohol and other drugs use even if there are multiple protective factors present in their life. The table below lists some examples of risk and protective factors that influence mental health and alcohol and other drugs use.

Determinants of Health	Factors (can be protective or risk)	Determinants of Health	Factors (can be protective or risk)	Determinants of Health	Factors (can be protective or risk)
Social	<ul style="list-style-type: none"> Housing Early childhood experiences Working conditions Social support and participation Family situation 	Economic	<ul style="list-style-type: none"> Education Employment and occupation Income Finances 	Commercial	<ul style="list-style-type: none"> Marketing and advertising Corporate political activities Corporate social responsibility strategies Supply chains
Environmental	<ul style="list-style-type: none"> Climate change UV radiation Air pollution Vector-borne diseases Urban design Water resources Transport 	Cultural	<ul style="list-style-type: none"> Connection to Country Self-determination and leadership Cultural expression and continuity Indigenous beliefs and knowledge Family, kinship and community 	Digital	<ul style="list-style-type: none"> Telehealth Digital platforms Data Diagnostic and therapeutic tools
Structural	<ul style="list-style-type: none"> Healthcare costs Systemic attitudes and practices Health literacy Geographic location 	Biomedical	<ul style="list-style-type: none"> Genetics, epigenetics and telomere biology Blood pressure, blood glucose levels, blood cholesterol and weight range 		

Table 2 - Examples of risk factors and protective factors across the determinants of health⁴⁸

Appendix D

Relevant Western Australian strategies and initiatives

The State Government has a range of strategies, initiatives and reforms that interact with mental health and alcohol and other drugs systems that this Strategy aligns to and builds on, including the following:

Mental Health and Alcohol and Other Drugs

- Mental Health Alcohol and Other Drug Workforce Strategic Framework 2020–2025

Alcohol and Other Drugs

- Western Australian Alcohol and Drug Interagency Strategy 2018–2022 Final report
- Full Government Response to the Western Australian Methamphetamine Taskforce Report

Mental Health

- Mental Health Clinical Workforce Action Plan

Prevention and Promotion

- State Public Health Plan for Western Australia 2025–2030
- Health Promotion Strategic Framework 2022–2026

- Western Australian Mental Health Promotion, Mental Illness, Alcohol and Other Drug Prevention Plan 2018–2025
- Sustainable Health Review Final Report
- Western Australian Mental Wellbeing Guide

Aboriginal

- WA Aboriginal Health and Wellbeing Framework 2015–2030
- Aboriginal Empowerment Strategy 2021–2029
- Aboriginal Community Controlled Organisation Strategy 2022–2032
- Aboriginal Family Safety Strategy 2022–2032
- Kimberley Juvenile Justice Strategy
- Commitment to Aboriginal Youth Wellbeing

Disability

- State Disability Strategy 2020–2030
- WA Disability Health Framework 2015–2025

Older Adults

- WA Strategy to Respond to the Abuse of Older People (Elder Abuse) 2019–2029
- An Age-Friendly WA – State Seniors Strategy 2023–2033

○ Appendix D – Relevant Western Australian strategies and initiatives

Children and Young People

- Infant, Child and Adolescent System Transformation Program
- At Risk Youth Strategy 2022–2027
- Young People’s Mental Health and Alcohol and Other Drug Use – Priorities for Action 2020–2025
- Koorlangka Bidi – WA Youth Action Plan 2024–2027
- Western Australian Government’s implementation of recommendations from the Royal Commission into Institutional Responses to Child Sexual Abuse

LGBTIQA+SB

- WA Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Health Strategy 2019–2024
- WA Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and Asexual plus (LGBTIQA+) Inclusion Strategy

Eating Disorders

- Western Australian Eating Disorders Framework 2025–2030

Housing and Accommodation

- A Safe Place – A Western Australian strategy to provide safe and stable accommodation, and support to people experiencing mental health, alcohol and other drug issues 2020–2025
- All Paths Lead to a Home: Western Australia’s 10-year Strategy on Homelessness 2020–2030
- Chief Allied Health Office Homeless Health Action Plan 2022–2025

Family and Domestic Violence

- Path to Safety: Western Australia’s strategy to reduce family and domestic violence 2020–2030
- Strengthening Responses to Family and Domestic Violence: System Reform Plan 2024 to 2029

Commissioning

- The State Commissioning Strategy for Community Services 2022



Appendix E

Relevant national strategies and initiatives

The Australian Government has a range of strategies, initiatives and reforms that interact with mental health and alcohol and other drugs including the following:

Alcohol and Other Drugs

- National Drug Strategy 2017–2026
- National Alcohol Strategy 2019–2028
- National Tobacco Strategy 2023–2030
- National Fetal Alcohol Spectrum Disorder (FASD) Strategic Action Plan 2018–2028

Mental Health

- Fifth National Mental Health and Suicide Prevention Plan
- Vision 2030 for Mental Health and Suicide Prevention in Australia
- National Mental Health Workforce Strategy 2022–2032
- Equally Well: Quality of Life – Equality in Life

Prevention and Promotion

- National Preventive Health Strategy 2021–2030

Aboriginal

- The National Agreement on Closing the Gap 2020
- The National Aboriginal and Torres Strait Islander Workforce Strategic Framework 2021–2031
- The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025–2035
- National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023
- Gayaa Dhuwi (Proud Spirit) Declaration Framework and Implementation Plan 2024

Disability

- Australia's Disability Strategy 2021–2031
- National Autism Strategy 2025–2031

Children and Young People

- National Children's Mental Health and Wellbeing Strategy
- Safe and Supported: The National Framework for Protecting Australia's Children 2021–2031

LGBTIQA+SB

- National Action Plan for the Health and Wellbeing of LGBTIQA+ People 2025–2035

Family and Domestic Violence

- National Plan to End Violence Against Women and Children 2022–2032

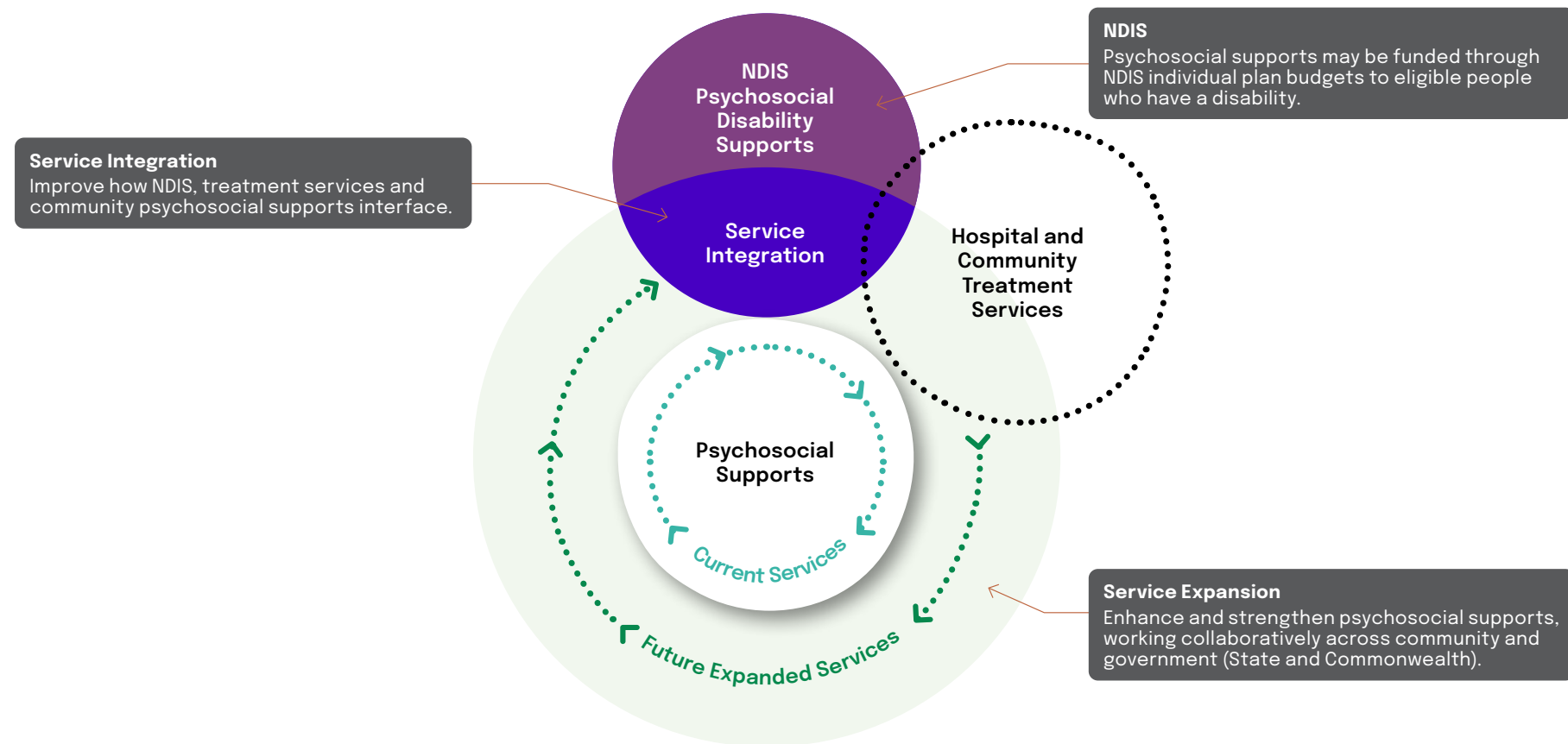
Commissioning

- National Mental Health and Suicide Prevention Agreement 2022

Appendix F

Psychosocial support eco-system

The following diagram represents a future enhanced and integrated ecosystem of psychosocial supports across both Australian and State Government reform activities.



Appendix G

Regional profiles

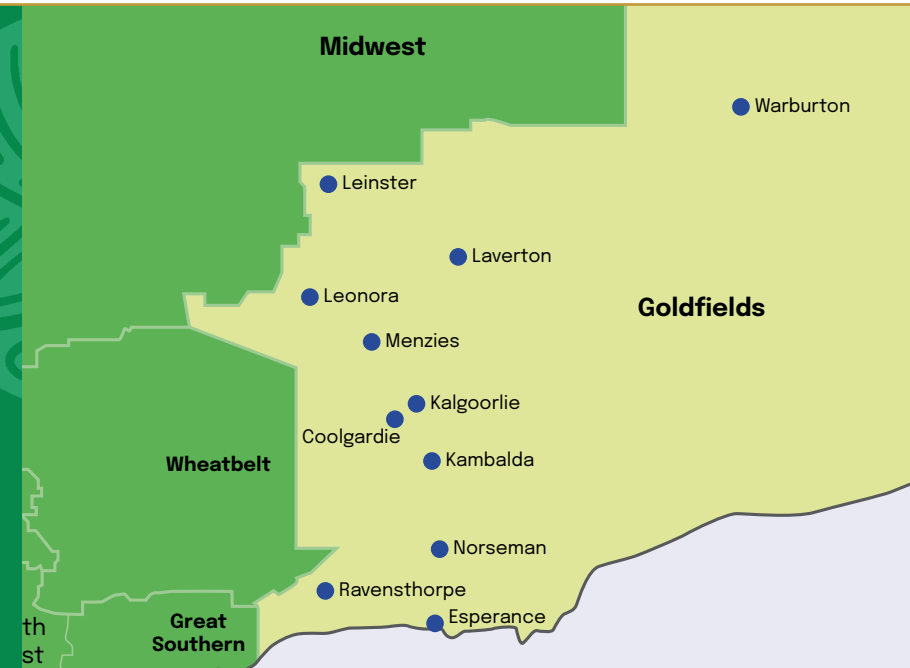
In this section

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5 Pilbara	142
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Goldfields

The Goldfields region is located in the south-eastern corner of Western Australia and covers 770,488 square kilometres (including offshore islands), spanning Wiluna and Ngaanyatjaraku from the north, down to Esperance and Ravensthorpe in the south. It is the largest geographical health region in Western Australia.

The region had an estimated population of 57,215 people in 2023,⁴⁹ which is predicted to grow to 61,090 people by 2036, in line with population growth.⁵⁰ In 2022, 12.6% identified as an Aboriginal person, compared to 4.4% statewide, 20% of the population were aged under 15 years and 12.7% were aged 65 years and older.⁴⁹



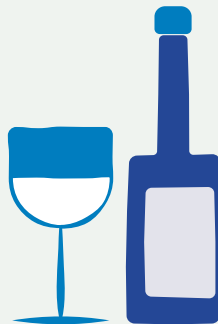
Key facts

In 2023, of adults aged **16 years and over** in the Goldfields region:⁵¹

37.7%

reported consuming alcohol at levels placing them at risk of harm

(compared to 35.5% for the State).



11.6%

reported using illicit drugs in the last 12 months

(compared to 11.8% for the State).



19.2%

experienced high or very high levels of psychological distress

(compared to 18.3% for the State).



○ Goldfields

21.0%

reported having a mental health condition

(compared to 22.5% for the State).



11.6%

reported having suicidal thoughts over the past 12 months

(compared to 8.2% for the State).

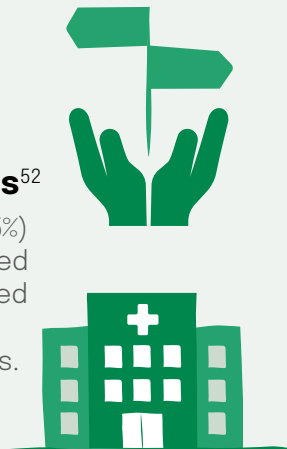


In 2023, a total of **2,330 people** (4% of the population) received support from public mental health services in the Goldfields region, which included:

1,186

mental health-related hospital separations⁵²

of which 172 (15%) were discharged from specialised mental health inpatient wards.



2,292

mental health-related emergency department attendances⁵³



626

self-harm or suicide risk emergency department attendances⁵⁴



22,188

public community mental health service contacts⁵⁴



47

hospitalisations for self-harm or suicidal ideation⁵²



○ Goldfields

In 2023, a total of **466 people** (1% of the population) received support from alcohol and other drugs services from non-government organisations contracted to deliver services in the Goldfields region. There were:



○ Goldfields

🔍 Local themes

Key themes identified by local stakeholders throughout the Strategy's consultation process included:

- The importance of integration between mental health, alcohol and other drugs services, and other public services.
- The challenges in delivering healthcare in regional settings.
- The need for youth mental health and alcohol and other drugs services and community-based withdrawal services.
- The value of culturally appropriate and accessible services, particularly for Aboriginal people and people from CaLD backgrounds.
- Access to sobering up services in the region.

🕒 Five-year future focus for the Goldfields

- Short-term mental health crisis accommodation and support services such as alternatives to emergency departments.
- Community mental health bed-based services, including interface with the current Kalgoorlie Step Up/Step Down service.
- Withdrawal services that are appropriate to the needs of the community, including young people.
- Community and hospital-based alcohol and other drugs services.
- SEWB programs, including the consolidation and evaluation of the SEWB pilot site in Kalgoorlie.
- Safe spaces for people who are intoxicated in locations where there is demand.

Great Southern

The Great Southern region borders the Southern Ocean and extends 200km inland. It has a total land area of 39,007 square kilometres, representing approximately 1.5% of the State's total land area.

The region had an estimated population of 65,218 people in 2023,⁴⁹ which is predicted to increase to 75,290 people by 2036, in line with state population growth.⁵⁰ In 2022, 5.4% identified as an Aboriginal person, compared to 4.4% statewide, 17.7% of the population were aged under 15 years and 23.2% were aged 65 years and older.⁴⁹



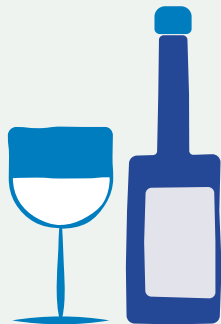
Key facts

In 2023, of adults aged **16 years and over** in the Great Southern region:⁵¹

37.7%

reported consuming alcohol at levels placing them at risk of harm

(compared to 35.5% for the State).



14.9%

reported using illicit drugs in the last 12 months

(compared to 11.8% for the State).



24.5%

experienced high or very high levels of psychological distress

(compared to 18.3% for the State).

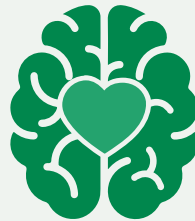


○ Great Southern

25.5%

reported having a mental health condition

(compared to 22.5% for the State).



11.4%

reported having suicidal thoughts over the past 12 months

(compared to 8.2% for the State).

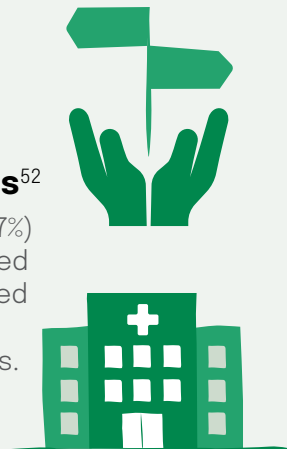


In 2023, a total of **3,069 people** (5% of the population) received support from public mental health services in the Great Southern region, which included:

1,671

mental health-related hospital separations⁵²

of which 290 (17%) were discharged from specialised mental health inpatient wards.



1,991

mental health-related emergency department attendances⁵³



485

self-harm or suicide risk emergency department attendances⁵⁴



35,794

public community mental health service contacts⁵⁴



73

hospitalisations for self-harm or suicidal ideation⁵²



○ Great Southern

In 2023, a total of **448 people** (1% of the population) received support from alcohol and other drugs services from non-government organisations contracted to deliver services in the Great Southern region. There were:



🔍 Local themes

Key themes identified by local stakeholders throughout the Strategy's consultation process included:

- The importance of expanding place-based, person-led and recovery-focused services.
- Consideration of initiatives that prevent young people entering, or re-entering into the justice system.
- The impact of access to housing and accommodation on people's ability to access services.
- Regional access with a focus on developing community-oriented and culturally appropriate withdrawal and residential rehabilitation options.
- Increasing representation of people with lived and living experience among workers and service providers, including greater support for the peer workforce.
- Providing services that are appropriate for a diverse range of populations, including older adults, Aboriginal people, families, carers and significant others.

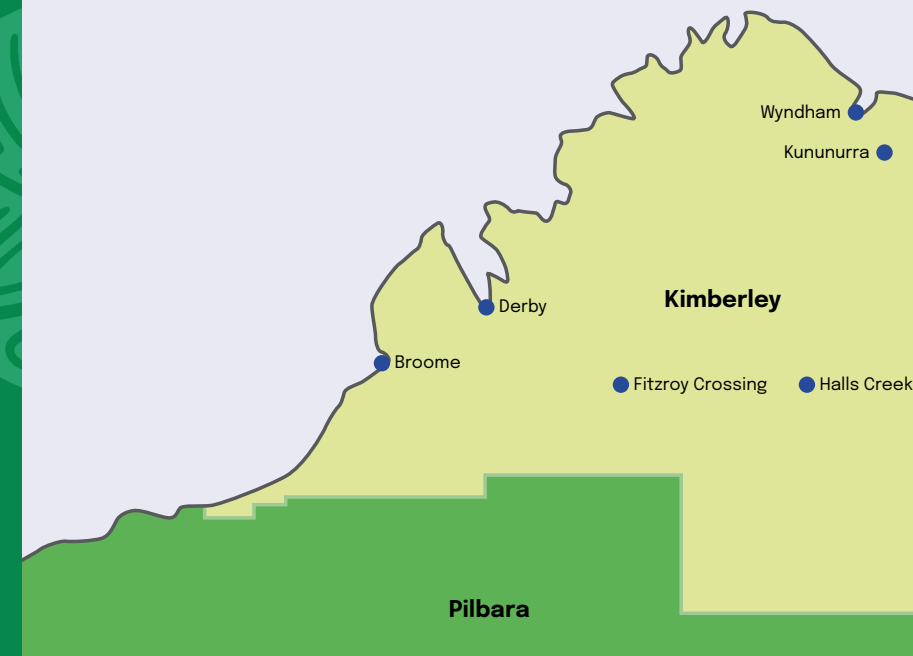
🕒 Five-year future focus for the Great Southern

- Culturally responsive alcohol and other drugs residential and withdrawal services.
- Rapid and intensive crisis response in the community for children and adolescents experiencing a mental health crisis, including support to families and carers through the establishment of an Acute Care Response Team.
- Supported accommodation appropriate to the demands of the region, including for older adults.
- Expansion and support of peer workforces across mental health and alcohol and other drugs services.

Kimberley

The Kimberley region is the State's most northern region bordered by the Pilbara to the south and the Northern Territory to the east. The Kimberley encompasses an area of 424,517 square kilometres, almost twice the size of Victoria.

The region had an estimated population of 39,389 people in 2023,⁴⁹ which is estimated to grow to 44,850 people by 2036, in line with state population growth.⁵⁰ Half of the population identified as an Aboriginal person and live in more than 100 Aboriginal communities. In 2023, 23.0% of the population were aged under 15 years and 7.9% were aged 65 years and older.⁴⁹

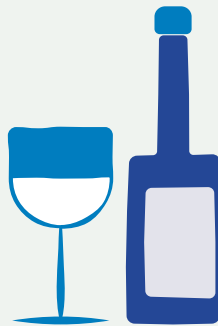


Key facts

In 2023, of adults aged **16 years and over** in the Kimberley region:⁵¹

47.8%
reported
consuming
alcohol at
levels placing
them at risk
of harm

(compared to 35.5%
for the State).



16.8%
reported
using illicit
drugs in
the last
12 months

(compared to
11.8% for the State).



19.1%
experienced
high or very
high levels of
psychological
distress

(compared to 18.3%
for the State).



○ Kimberley

18.6%

reported having a mental health condition

(compared to 22.5% for the State).



6.9%

reported having suicidal thoughts over the past 12 months

(compared to 8.2% for the State).



In 2023, a total of **3,604 people** (9% of the population) received support from public mental health services in the Kimberley region, which included:

2,643

mental health-related hospital separations

of which 211 (8%) discharged from specialised mental health inpatient wards.⁵²



3,603

mental health-related emergency department attendances⁵³



1,106

self-harm or suicide risk emergency department attendances⁵⁴



36,835

public community mental health service contacts⁵⁴



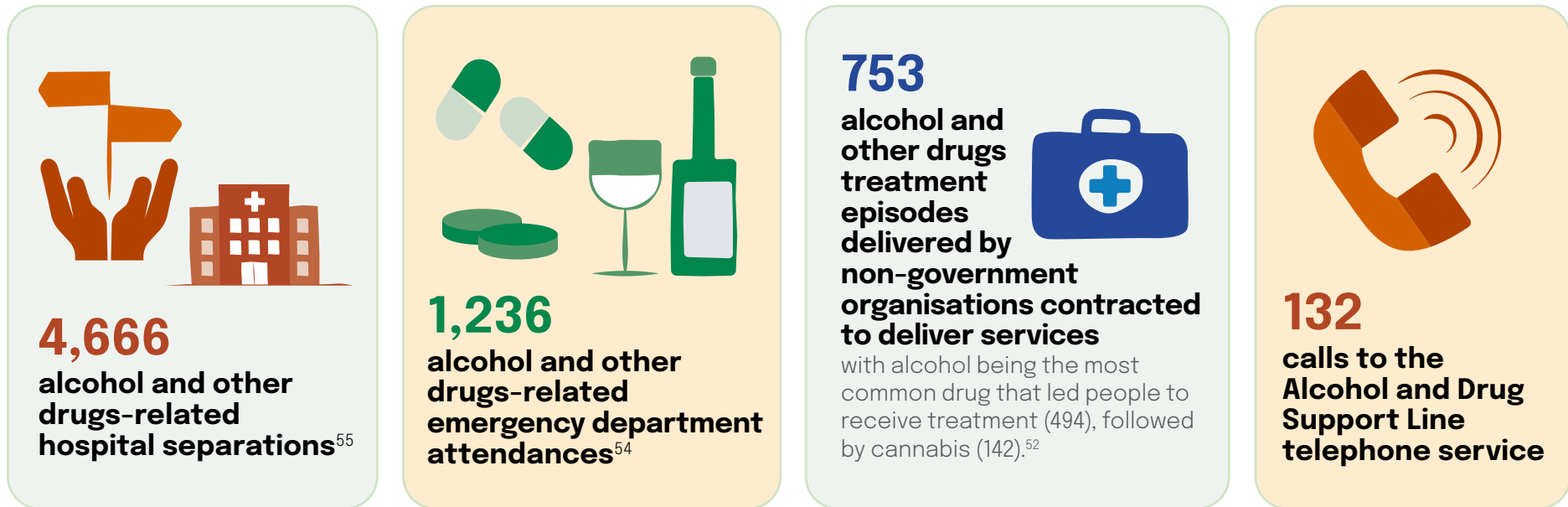
150

hospitalisations for self-harm or suicidal ideation⁵²



○ Kimberley

In 2023, a total of **705 people** (2% of the population) received support from alcohol and other drugs services from non-government organisations contracted to deliver services in the Kimberley region. There were:



🔍 Local themes

Key themes identified by local stakeholders throughout the Strategy's consultation process included:

- The importance of lived experience within a community-driven system that recognises community and individual needs,
- More culturally appropriate services that value Aboriginal knowledge and systems, and are easily accessible for Aboriginal peoples and communities.
- A focus on ensuring the system is holistic and reliable, inclusive of a greater focus on alcohol and other drugs.
- A need to increase the understanding of the service landscape to build on local strategies and initiatives to address current challenges.

🕒 Five-year future focus for the Kimberley

- Alcohol and other drugs community treatment and withdrawal services, including for young people.
- Localised plans and partnerships that support stronger integration between programs and services, including the Kimberley Alcohol and Other Drugs Management Plan and the formation of the Kimberley Aboriginal Regional Body.
- Appropriately located safe places for people who are intoxicated, including the construction and operation of the Broome Sobering Up Centre.
- SEWB programs and holistic services that are developed and delivered in partnership with local Aboriginal communities, including the SEWB pilot and new Derby Wellness Centre.
- Mental health bed-based services, including finalising construction and operation of the Broome Step Up/Step Down Service.
- Hospital-based mental health and alcohol and other drugs services for those who require specialised care.

Midwest

The Midwest region covers more than 600,000 square kilometres, nearly one fifth of the State. Its population is concentrated along the coast, with over half of the population residing in Geraldton. The other major population centres include Dongara, Kalbarri, Morawa, Meekatharra, Mullewa, Carnarvon and Exmouth.

The region had an estimated population of 68,509 people in 2023,⁴⁹ which is projected to grow to 76,560 people by 2036.⁵⁰ In 2022, 13.7% identified as an Aboriginal person, compared to 4.4% statewide, 18.7% of the population were aged under 15 years and 19.2% were aged 65 years and older.⁴⁹

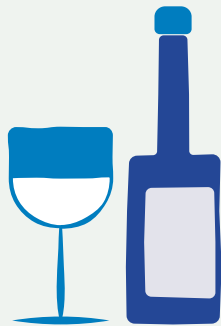


Key facts

In 2023, of adults aged **16 years and over** in the Midwest region:⁵¹

38.6%
reported
consuming
alcohol at
levels placing
them at risk
of harm

(compared to 35.5%
for the State).



13.2%
reported
using illicit
drugs in
the last
12 months

(compared to
11.8% for the State).



21.1%
experienced
high or very
high levels of
psychological
distress

(compared to 18.3% for
the State).



○ Midwest

26.7%

reported having a mental health condition

(compared to 22.5% for the State).



9.6%

reported having suicidal thoughts over the past 12 months

(compared to 8.2% for the State).

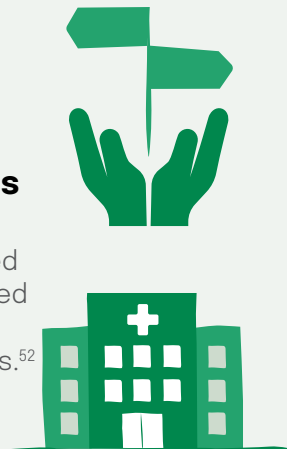


In 2023, a total of **3,369 people** (5% of the population) received support from public mental health services in the Midwest region, which included:

2,023

mental health-related hospital separations

of which 218 (11%) discharged from specialised mental health inpatient wards.⁵²



2,633

mental health-related emergency department attendances⁵³



738

self-harm or suicide risk emergency department attendances⁵⁴



36,261

public community mental health service contacts⁵⁴



101

hospitalisations for self-harm or suicidal ideation⁵²



○ Midwest

In 2023, a total of **670 people** (1% of the population) received support from alcohol and other drugs services from non-government organisations contracted to deliver services in the Midwest region. There were:



○ Midwest

🔍 Local themes

Key themes identified by local stakeholders throughout the Strategy’s consultation process included:

- The importance of an integrated system to ensure inclusivity and accessibility of services.
- The intersectionality of experiences which is a service barrier for different groups of people.
- The need for greater availability of services for Aboriginal people, especially young people.
- Reducing the impacts of stigma and understanding the role of determinants of health in service access and effectiveness.

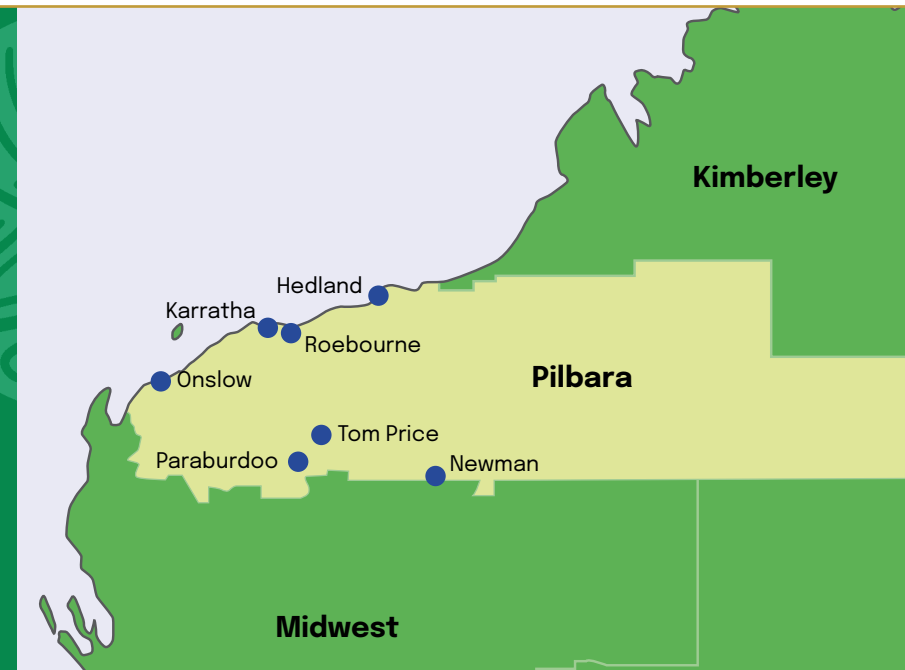
🕒 Five-year future focus for the Midwest

- Medical withdrawal services to complement alcohol and other drugs residential rehabilitation services in the region.
- Mental health and crisis support services that are accessible to the community.
- Community mental health beds, particularly for older adults.
- SEWB programs, including the consolidation and evaluation of the pilot site in Geraldton.
- Hospital-based mental health and alcohol and other drugs services for those who require specialised care.
- Contemporary models for safe spaces for people who are intoxicated.

Pilbara

The Pilbara region is bordered by the Indian Ocean to the west and the Northern Territory border to the east. It extends north east across the Great Sandy Desert towards the Kimberley and south to Newman near the Midwest border and the Goldfields region. The region covers a total area of 507,896 square kilometres.

The region had an estimated population of 59,961 people in 2023,⁴⁹ which is projected to grow to 64,500 people by 2036.⁵⁰ In 2022, 20.2% identified as an Aboriginal person, compared to 4.4% statewide, 22.8% of the population were aged under 15 years and 3.7% were aged 65 years and older.⁴⁹

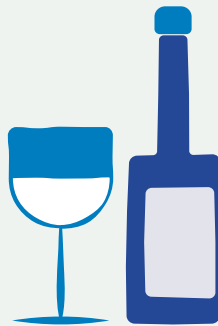


Key facts

In 2023, of adults aged **16 years and over** in the Pilbara:⁵¹

41.1%
reported
consuming
alcohol at
levels placing
them at risk
of harm

(compared to 35.5%
for the State).



18.1%
reported
using illicit
drugs in
the last
12 months

(compared to
11.8% for the State).



19.2%
experienced
high or very
high levels of
psychological
distress

(compared to 18.3%
for the State).

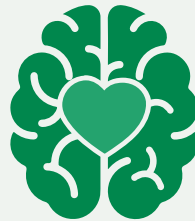


○ Pilbara

22.0%

reported having a mental health condition

(compared to 22.5% for the State).



13.2%

reported having suicidal thoughts over the past 12 months

(compared to 8.2% for the State).

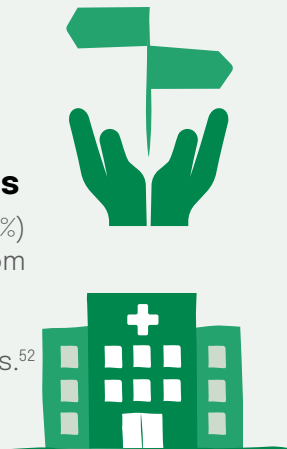


In 2023, a total of **2,118 people** (4% of the population) received support from public mental health services in the Pilbara region, which included:

1,118

mental health-related hospital separations

of which 110 (10%) discharged from specialised mental health inpatient wards.⁵²



2,372

mental health-related emergency department attendances⁵³



713

self-harm or suicide risk emergency department attendances⁵⁴



28,263

public community mental health service contacts⁵⁴



80

hospitalisations for self-harm or suicidal ideation⁵²



○ Pilbara

In 2023, a total of **475 people** (1% of the population) received support from alcohol and other drugs services from non-government organisations contracted to deliver services in the Pilbara region. There were:



🔍 Local themes

Key themes identified by local stakeholders throughout the Strategy's consultation process included:

- Greater flexibility with commissioning and contracting to recognise the local service context.
- A need to strengthen efforts to address the prevalence of volatile substance use.
- Embedding Aboriginal culture, security and empowerment into commissioning practices and policy development.
- The need for safe places and alternatives to emergency departments.
- The need to strengthen cultural security within existing services.
- Stronger integration across all services.

🕒 Five-year future focus for the Pilbara

- Mental health community bed-based services, including finalising construction and operation of the South Hedland and Karratha Step Up/Step Down services, and greater integration with other community support and community treatment support.
- Partnerships and integration between services to prevent and respond to volatile substance use.
- SEWB programs, including the consolidation and evaluation of the pilot site in South Hedland.
- Availability of appropriately located safe places for people who are intoxicated.
- Supported accommodation, including medium and long-stay residential care and transitional housing.
- Short-term mental health crisis accommodation and support services such as alternatives to emergency departments.
- Alcohol and other drugs withdrawal and rehabilitation services in the community.
- Hospital-based mental health and alcohol and other drugs services for those who require specialised care.

South West

The South West region covers an area of 23,970 square kilometres and includes major population centres in Bunbury, Collie, Busselton, Manjimup and Margaret River.

The region had an estimated population of 197,587 people in 2023,⁴⁹ which is projected to increase to 249,150 people by 2036.⁵⁰ In 2022, 3.7% identified as an Aboriginal person, compared to 4.4% statewide, 18.6% of the population were aged under 15 years and 20.9% were aged 65 years and older.⁴⁹

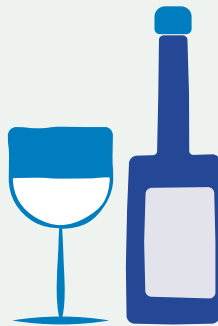


Key facts

In 2023, of adults aged **16 years and over** in the South West region:⁵¹

39.9%
reported
consuming
alcohol at
levels placing
them at risk
of harm

(compared to 35.5%
for the State).



13.0%
reported
using illicit
drugs in
the last
12 months

(compared to
11.8% for the State).



23.6%
experienced
high or very
high levels of
psychological
distress

(compared to 18.3%
for the State).



○ South West

27.4%

reported having a mental health condition

(compared to 22.5% for the State).



9.7%

reported having suicidal thoughts over the past 12 months

(compared to 8.2% for the State).

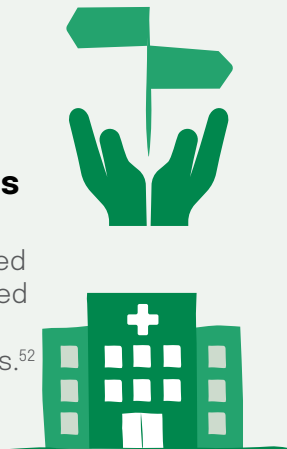


In 2023, a total of **6,444 people** (3% of the population) received support from public mental health services in the South West region, which included:

4,238

mental health-related hospital separations

of which 11,825 (25%) discharged from specialised mental health inpatient wards.⁵²



5,034

mental health-related emergency department attendances⁵³



1,429

self-harm or suicide risk emergency department attendances⁵⁴



56,321

public community mental health service contacts⁵⁴



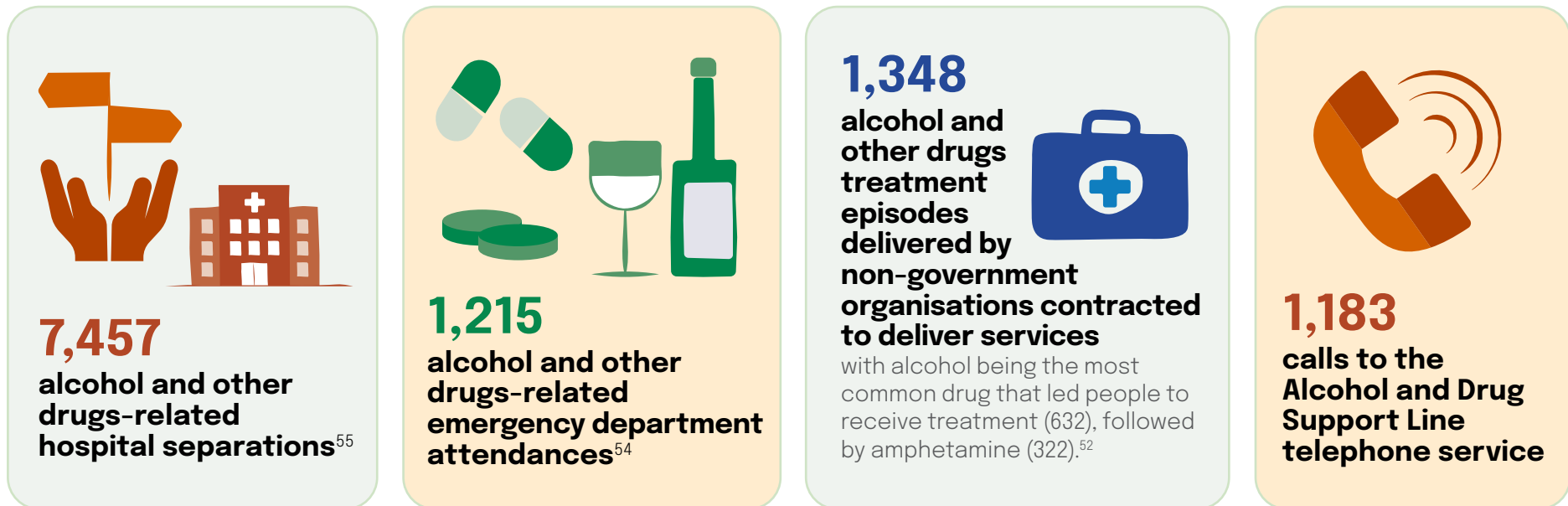
301

hospitalisations for self-harm or suicidal ideation⁵²



○ South West

In 2023, a total of **1,179 people** (1% of the population) received support from alcohol and other drugs services from non-government organisations contracted to deliver services in the South West region. There were:



○ South West

🔍 Local themes

Key themes identified by local stakeholders throughout the Strategy's consultation process included:

- Removing barriers to access through a more integrated system, including between mental health and alcohol and other drugs services.
- Increasing the cultural safety of services, particularly through growing the Aboriginal workforce.
- Local services, particularly residential withdrawal services and alternatives to the emergency department.

🕒 Five-year future focus for the South West

- Rapid and intensive crisis response in the community for children and adolescents experiencing a mental health crisis, including support to families and carers through establishment of an Acute Care Response Team.
- SEWB wellbeing programs, including the consolidation and evaluation of a pilot site in Bunbury.
- Ongoing development and evaluation of the community Infant Child and Adolescent Mental Health Service (ICAMHS) hub.
- Community services (including accommodation) for individuals experiencing a mental health crisis.
- Community mental health beds for specific population groups such as older adults.
- Alcohol and other drugs withdrawal and rehabilitation services in the community.
- Mental health and alcohol and other drugs services in hospitals for those who require specialist care.

Wheatbelt

The Wheatbelt region extends north from Perth as far as Jurien Bay, east to Southern Cross and south to Narrogin and Lake Grace. The region covers 155,256 square kilometres (including islands) of the State and contains most of the State's grain growing areas.

The region had an estimated population of 79,553 people in 2023,⁴⁹ which is projected to increase to 83,660 people by 2036.⁵⁰ In 2022, 6.2% identified as an Aboriginal person, compared to 4.4% statewide, 17.3% of the population were aged under 15 years and 23.4% were aged 65 years and older.⁴⁹

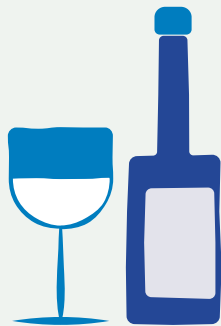


Key facts

In 2023, of adults aged **16 years and over** in the Wheatbelt:⁵¹

41.8%
reported
consuming
alcohol at
levels placing
them at risk
of harm

(compared to 35.5%
for the State).



15.9%
reported
using illicit
drugs in
the last
12 months

(compared to
11.8% for the
State).



21.5%
experienced
high or very
high levels of
psychological
distress

(compared to 18.3% for
the State).



○ Wheatbelt

22.2%

reported having a mental health condition

(compared to 22.5% for the State).



10.1%

reported having suicidal thoughts over the past 12 months

(compared to 8.2% for the State).

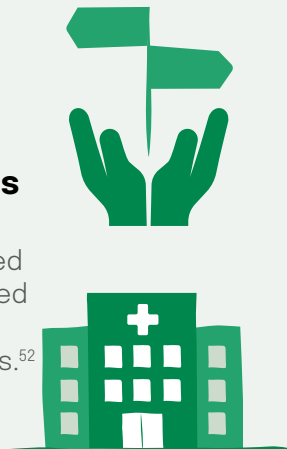


In 2023, a total of **3,126 people** (4% of the population) received support from public mental health services in the Wheatbelt region, which included:

1,897

mental health-related hospital separations

of which 276 (15%) discharged from specialised mental health inpatient wards.⁵²



2,001

mental health-related emergency department attendances⁵³



668

self-harm or suicide risk emergency department attendances⁵⁴



35,865

public community mental health service contacts⁵⁴



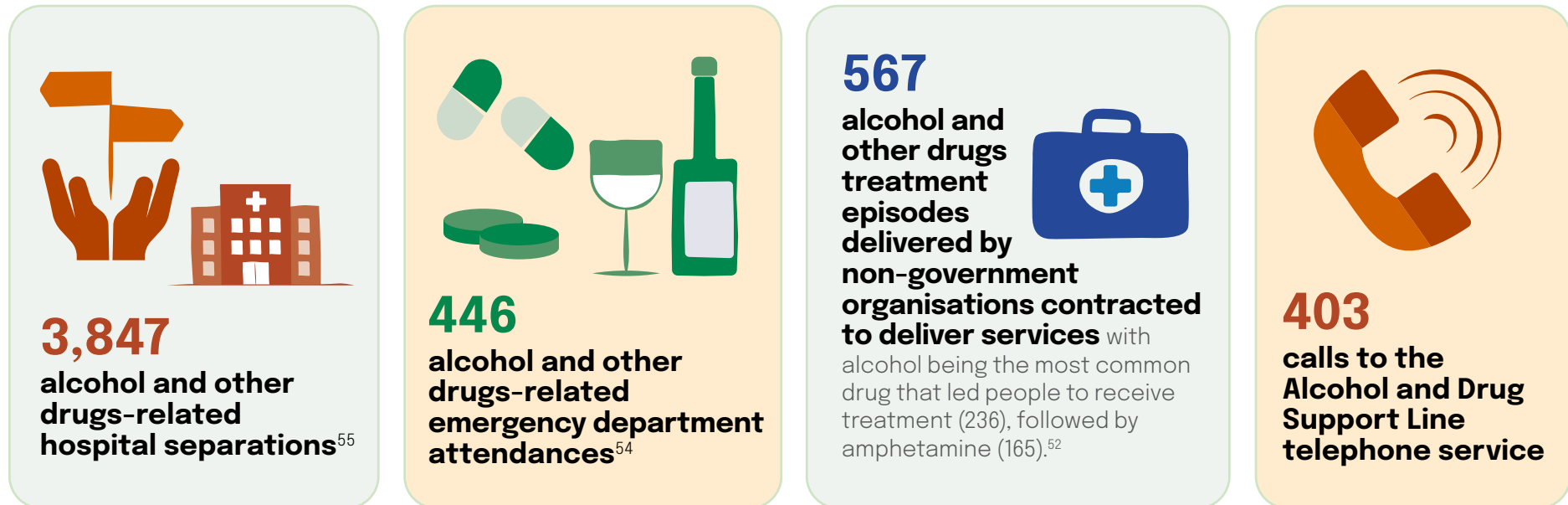
86

hospitalisations for self-harm or suicidal ideation⁵²



○ Wheatbelt

In 2023, a total of **495 people** (1% of the population) received support from alcohol and other drugs services from non-government organisations contracted to deliver services in the Wheatbelt region. There were:



○ Wheatbelt

🔍 Local themes

Key themes identified by local stakeholders throughout the Strategy’s consultation process included:

- The need for stronger integration at multiple levels, including across:
 - Mental health and alcohol and other drugs systems, to better support people with co-occurring needs.
 - Clinical and non-clinical services, to help people get the right support when needed.
 - The region, so services and people accessing services can communicate regularly.
- The importance of place-based approaches with flexible service models to ensure people have immediate access and support.
- The need to increase access to more community support services and groups.
- Contemporary commissioning approaches applied to new services ensuring they meet the needs of the diverse population groups within the region, including expansion of the Lived Experience and peer workforce.

🕒 Five-year future focus for the Wheatbelt

- Alcohol and other drugs withdrawal and rehabilitation services.
- Access to localised harm reduction initiatives.
- Access to mental health support services in the community.
- Community support (including accommodation) for individuals experiencing a mental health crisis.
- Medium and long-term supported accommodation and transitional housing aligned to local demand.
- Community mental health bed-based services.
- Mental health and alcohol and other drugs services in hospitals for those who require specialist care.

Metropolitan

The Metropolitan region had an estimated population of 2.3 million people in 2023,⁴⁹ which is projected to increase to 2,911,900 people by 2036.⁵⁰ In 2022, 2.7% identified as an Aboriginal person, compared to 4.4% statewide, 18.5% of the population were aged under 15 years and 15.7% were aged 65 years and older.⁴⁹

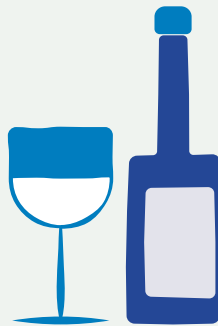
The Metropolitan region contains East, South and North Metropolitan regions.



Key facts

In 2023, of adults aged **16 years and over** in the Metropolitan region:

34.2%
reported
consuming
alcohol at
levels placing
them at risk
of harm



(compared to 35.5% for the State).

11.2%
reported
using illicit
drugs in
the last
12 months



(compared to 11.8% for the State).

17.3%
experienced
high or very
high levels of
psychological
distress



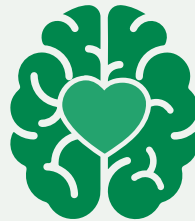
(compared to 18.3% for the State).

○ Metropolitan

22.0%

reported having a mental health condition

(compared to 22.5% for the State).



7.6%

reported having suicidal thoughts over the past 12 months

(compared to 8.2% for the State).

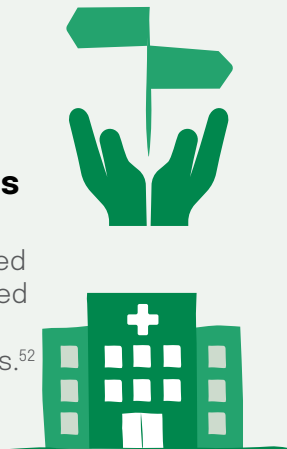


In 2023, a total of **60,562 people** (3% of the population) received support from public mental health services in the Metropolitan region, which included:

48,260

mental health-related hospital separations

of which 11,825 (25%) discharged from specialised mental health inpatient wards.⁵²



39,647

mental health-related emergency department attendances⁵³



14,680

self-harm or suicide risk emergency department attendances⁵⁴



780,774

public community mental health service contacts⁵⁴



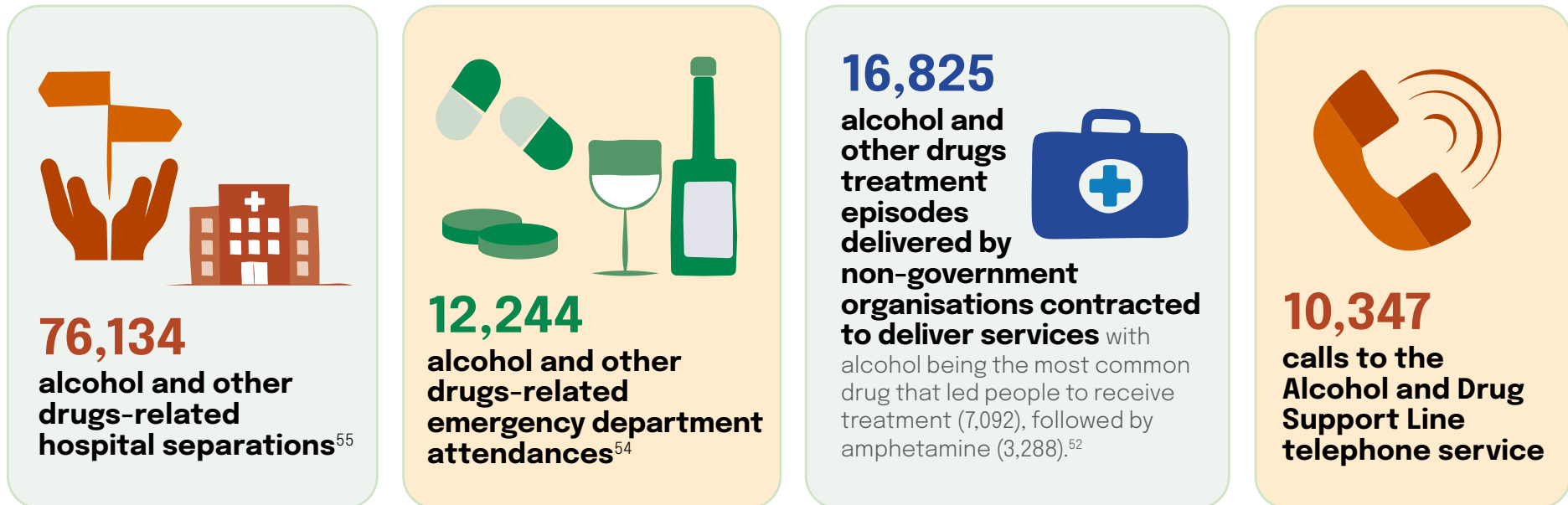
2,601

hospitalisations for self-harm or suicidal ideation⁵²



Metropolitan

In 2023, a total of **13,380 people** (1% of the population) received support from alcohol and other drugs services from non-government organisations contracted to deliver services in the Metropolitan region. There were:



○ Metropolitan

🔍 Local themes

Key themes relating to the Metropolitan region are also included across the Strategy's Focus Areas. However, for more complex and co-occurring issues, people who live in the regions may need to access metropolitan-based health services either in person or through virtual care.

Key themes identified by local stakeholders throughout the Strategy's consultation process regarding regional access to metropolitan services included:

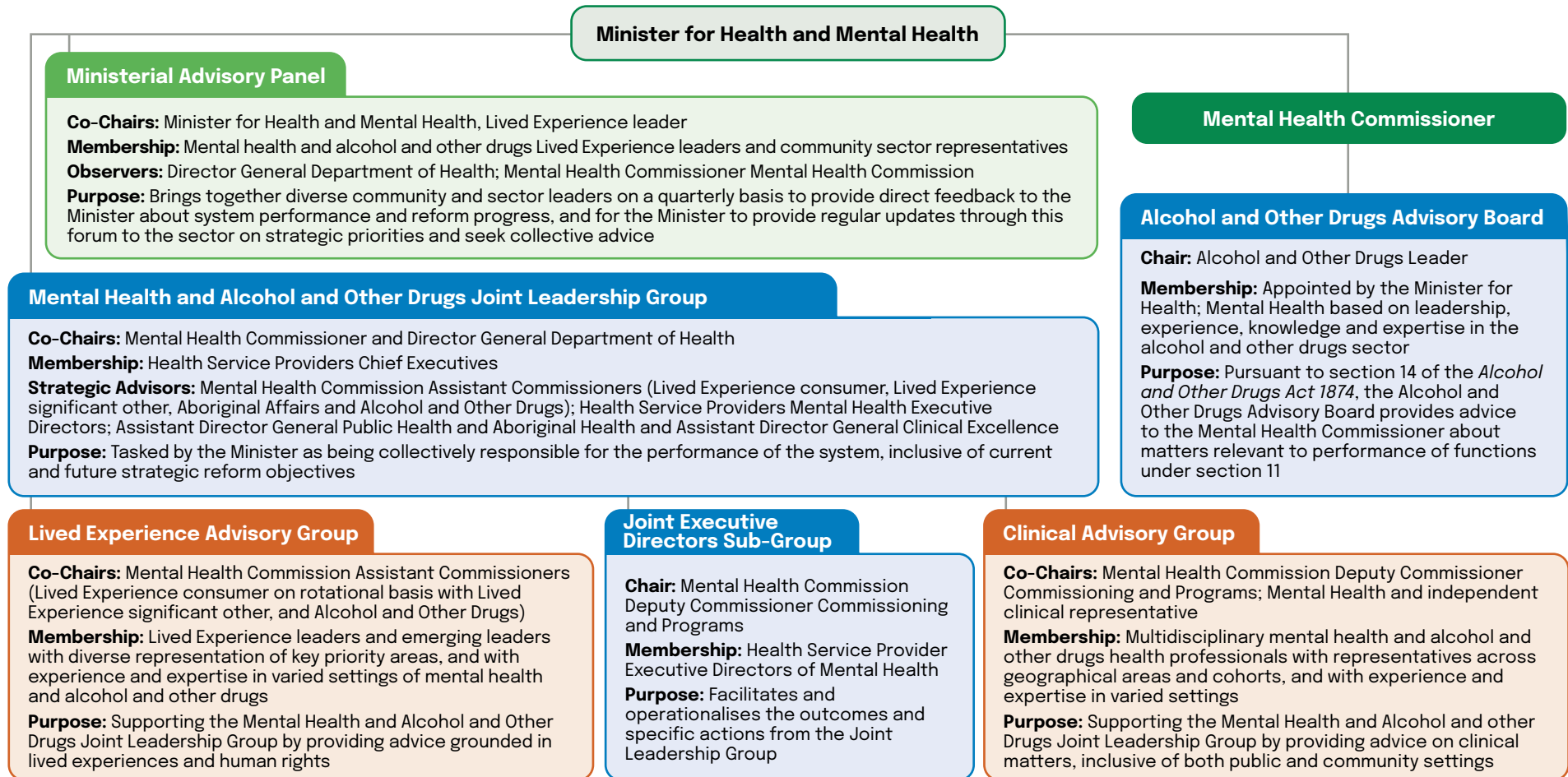
- The need to enhance access to virtual care (online, video conferencing or on the phone).
- The importance of providing supported transition for people as they 'step up' or 'step down' from bed-based care in the metropolitan area and return home in the regions.
- The importance of patient assisted transfers, warm referrals and handovers, and specialised support to clinicians and families in regional communities.
- Equity of access for people living in regional areas to specialised statewide services that are based in the metropolitan region.
- Contemporary commissioning approaches applied to new services ensuring they meet the needs of the diverse population groups within each region that they service, whether it be the metropolitan region or a regional area. This includes recognising that service models may need to vary according to the unique needs of each region.

🕒 Five-year future focus for the Metropolitan region

- Transition support (including assisted transport support, warm referrals and specialist support for clinicians) when people return home.
- Access to virtual care, including online, video conference or on the phone.
- Equity of access, particularly for statewide services and bed-based services that are only available in the metropolitan region.
- Place-based approaches that are applied across the metropolitan and regional areas.
- Community mental health bed-based services, including finalising construction and operation of the Youth Step Up/Step Down service.
- Supported accommodation options, including finalising the purchase of properties for the Youth Transitional Housing and Support Packages program and exploring options for forensic supported accommodation.
- A review of supported accommodation options to ensure commissioned services are contemporary and meet each individual's personal and cultural needs.

Appendix H

Mental health, alcohol and other drugs governance structure (as at February 2026)



○ Endnotes

Endnotes

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