



# BETTER CHOICES. BETTER LIVES.

## WESTERN AUSTRALIAN MENTAL HEALTH, ALCOHOL AND OTHER DRUG SERVICES PLAN 2015–2025



This Plan outlines a comprehensive package of reforms to reshape the delivery of services to Western Australians with mental health, alcohol and other drug problems. A first of its kind for the State, the Plan sets a bold agenda to create a more connected, high quality and person-centred system focused on the provision of holistic care and support.

It provides a targeted and phased approach to investment over the next 10 years to deliver the optimal mix and level of services to meet the needs of the current and future population. This includes an increase in hospital beds and specialist care, a shift towards the provision of more services in the community and enhanced programs and strategies that prevent mental illness, reduce drug and alcohol-related harm, and that intervene early to reduce the development of serious illness.



### MINISTER'S MESSAGE

The Government has made mental health, alcohol and other drug services a high priority since 2008 because consumers and their families in Western Australia should have access to personalised, modern and high quality services that are close to their homes.

Hon Helen Morton MLC,  
MINISTER FOR MENTAL HEALTH

Over the past six years we have established the ministerial portfolio for mental health, created the Mental Health Commission and delivered a record 68 per cent increase in investment in the mental health, alcohol and other drug services sector. We have set up mechanisms to strengthen the voice of mental health consumers and passed the *Mental Health Act 2014* to further drive reform.

Substantial change has already taken place, but we have much more to achieve. Extensive transformation and significant investment is needed to address decades of accumulated poor targeting and underinvestment. Unfortunately, individuals still too often experience poor outcomes

as a result of a service system that does not meet their needs. The current system is complex and difficult to navigate leaving people unsure of how to access the help they need.

Despite these challenges, staff have remained committed and I admire, and am extremely grateful for, the unwavering dedication shown by staff who work in a system that often makes their jobs challenging.

Looking forward, we need to resource the system properly and progress system-wide improvement to achieve better outcomes for individuals, families and the broader community. I am therefore pleased to present the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025* (Plan).

Combining research, evidence, expert opinion, world's-best practice and some of the latest planning tools, we are now able to estimate the optimal mix of services required over the next ten years.

The reform will require all levels of government, the private and non-government sector as well as clinicians, consumers, families, and carers to work together. The Plan provides us with a clear direction, guiding our investment in capital and other resources, our policy and process development and implementation so we bring real changes at a whole of system level for those people with an alcohol or drug problem, mental disorder or illness and their families and carers.

Minister for Mental Health  
**Hon Helen Morton MLC**



## OUR VISION

To build a Western Australian mental health, alcohol and other drug service system that:

- prevents and reduces mental health problems, suicide and suicide attempts;
- prevents and reduces the adverse impacts of alcohol and other drugs;
- promotes positive mental health; and
- enables everyone to work together to encourage and support people who experience mental health, alcohol and other drug problems to stay in the community, out of hospital and live a satisfying, hopeful and contributing life.

### OVER THE NEXT TEN YEARS WE PLAN TO:

- reduce the number of people developing mental health, alcohol and other drug problems
- reduce suicide attempts and halve the number of people who die by suicide
- increase the number of people treated and supported in community-based, recovery-oriented settings that meet holistic needs, including housing, education and employment
- provide services in outer metropolitan and regional areas wherever possible, in order to increase the number of people treated closer to where they live
- ensure consumers, families, carers and clinicians are involved in the planning, design and review of services
- help Aboriginal people to engage with, and access services, by ensuring services are culturally secure and staff are culturally competent
- deliver a diverse range of modern bed-based services that provide options outside of hospital settings
- make it easier for people to transition between services, including between bed-based and community treatment and support services



- reduce demand on emergency departments and reduce avoidable inpatient admissions
- improve long-term accommodation options that provide a safe place for vulnerable people to live and receive appropriate supports
- provide improved forensic services that offer early intervention, such as liaison and diversion, as well as services that support recovery, rehabilitation and reduced recidivism
- improve social and economic participation of people living with mental health, alcohol and other drug problems
- increase the number of people who feel they are treated with dignity and respect and have their rights and choices acknowledged and respected
- increase the number of families and carers who feel more supported in their caring roles, and have their rights and responsibilities recognised
- progress the staged divestment of services from Graylands Hospital and Selby Older Adult Service as contemporary services are developed across the State, with some located on this site.



Timothy Marney  
MENTAL HEALTH COMMISSIONER

## NOTE FROM THE COMMISSIONER

I am proud to release the Plan which provides the State with a clear picture of the optimal mix and level of mental health, alcohol and other drug services required for the population. For the first time the mental health, alcohol and other drug sector is able to quantify gaps in services and identify areas where investment and reform is required, through the use of nationally agreed, evidence-based modelling tools. I am committed to ensuring this document has bi-partisan support and trust future Governments will accept this Plan as the blueprint for the future mental health, alcohol and other drug service system.

I thank the consumers, families, carers, clinicians and service providers who have assisted in the development of this Plan. I feel fortunate to have heard firsthand not only feedback on the draft Plan, but also their experiences and personal stories. Visiting towns and meeting with locals has given me a new appreciation of the challenges of delivering and accessing services in regional and remote areas as well as the difficulties faced in the metropolitan area in regards to system integration and navigation. I also heard loud and clear the need for greater access to 24-hour crisis treatment and support as well as housing and accommodation across the State.

Implementation of the Plan will require partnerships with all key stakeholders. It will guide how we grow the system by articulating where and what type of services are required to be established or expanded by the end of 2025. It would be pre-emptive for the Mental Health Commission, or any other Government department, to prescribe how the Plan should be implemented.

I envisage the implementation process will be highly collaborative, evolving over time with changing trends, new evidence and experience. The years ahead will be challenging but also exciting as we work together to better meet our communities' needs.

Development of this Plan has involved numerous staff from across the Mental Health Commission, the former Drug and Alcohol Office, the Department of Health and the Department for Corrective Services. I thank all who have dedicated many hours to sharing ideas, writing and refining the Plan to ensure it is robust, evidence-based and reflects best practice.

Mental Health Commissioner  
**Timothy Marney**

## A PATHWAY FOR CHANGE

- The Plan is an important first step along the pathway to change, and improve the mental health, alcohol and other drug system in Western Australia to achieve the best outcomes for people with mental health, alcohol and other drug problems, and establish a sustainable system for future populations
- In partnership with key stakeholders, the Mental Health Commission will lead the implementation of the Plan over the next 10 years. Models of service and operational aspects of the services will be decided in partnership with clinicians, service providers, consumers, carers and their families
- Implementation of the Plan and investment in reform is dependent on Government's fiscal capacity and is subject to Government approval through normal budgetary processes
- Revised activity targets, population and resource estimates will be produced every two years to guide investment by the end of 2025 and to ensure the Plan remains relevant and responsive to emerging trends.



# THE PLAN AT A GLANCE

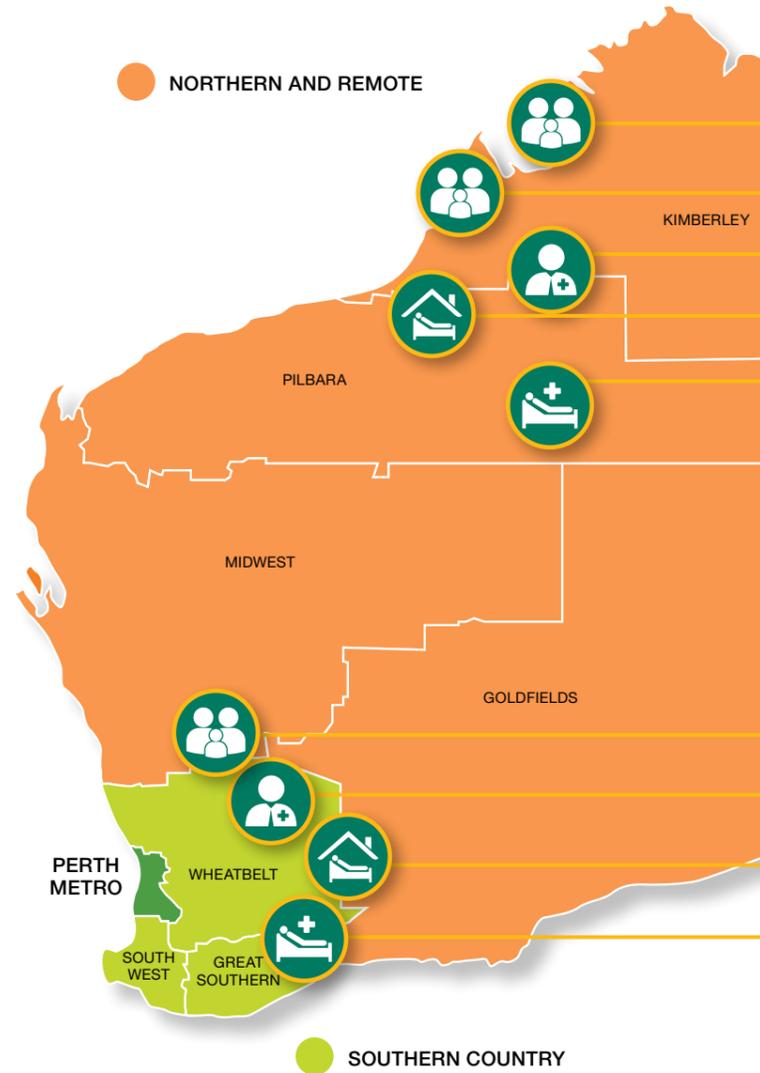
Statewide	2017	2020	2025
<b>Prevention</b> MH* only Percentage	2%	4%	5%
AOD only Hours ('000)	108	192	208
<b>Hospital Based Services**</b> Beds	34	38	40
<b>Graylands***</b> Beds	183	163	-
<b>Specialised Statewide Services****</b> MH only inpatient beds	40	54	75
<b>Forensic Services</b> MH only inpatient beds	38	38	92
Community Hours ('000)	134	206	302



NORTH METROPOLITAN	2017	2020	2025
<b>Community Support Services</b> Hours ('000)	515	1,299	2,120
<b>Community Support Services</b> AOD only beds	14	17	17
<b>Community Treatment Services</b> Hours ('000)	1,396	1,705	2,241
<b>Community Bed-Based Services</b> Beds	345	408	658
<b>Hospital Based Services**</b> Beds	241	306	423



SOUTH METROPOLITAN	2017	2020	2025
<b>Community Support Services</b> Hours ('000)	485	1,223	1,997
<b>Community Support Services</b> AOD only beds	-	12	12
<b>Community Treatment Services</b> Hours ('000)	1,142	1,494	2,095
<b>Community Bed-Based Services</b> Beds	255	379	615
<b>Hospital Based Services**</b> Beds	266	304	401



NORTHERN AND REMOTE	2017	2020	2025
<b>Community Support Services</b> Hours ('000)	326	415	672
<b>Community Support Services</b> AOD only beds	164	176	176
<b>Community Treatment Services</b> Hours ('000)	359	530	738
<b>Community Bed-Based Services</b> Beds	174	178	225
<b>Hospital Based Services**</b> Beds	48	68	135

SOUTHERN COUNTRY	2017	2020	2025
<b>Community Support Services</b> Hours ('000)	360	459	751
<b>Community Treatment Services</b> Hours ('000)	406	578	745
<b>Community Bed-Based Services</b> Beds	64	107	234
<b>Hospital Based Services**</b> Beds	50	76	151

## NOTES

MH = Mental health

AOD = Alcohol and other drugs

- : Service is not available

**Note:** All services are MH and AOD combined unless otherwise specified.

\* Percentage of total Mental Health Commission budget.

\*\* The beds outlined under the 'Hospital Based Services' stream (in all regions), includes beds which will replace those being gradually closed at Graylands.

\*\*\* Contemporary, personalised bed-based services will be retained on the Graylands site. Planning is underway and is part of the Graylands divestment planning.

\*\*\*\* Specialised Statewide Services refer to those services that are accessible to the entire State's population, but may be located in one specific location (e.g. the metropolitan area).

**Define:** Hours of Support (community support only): includes face-to-face time only. For example, hours a person spends in respite care, hours spent undertaking an activity, hours of face-to-face support with peer workers, or health, social and welfare support workers etc.

**Define:** Hours of Service (prevention, community treatment, specialised statewide services, forensics): includes face-to-face time between consumers/carers and staff, travel time, and time for other duties such as administrative requirements, training and research.

**Note:** the Plan articulates the overall intentions regarding service development and transformation of mental health, alcohol and other drug services over the next ten years. Exact locations and distributions of services as shown are subject to the Government's fiscal capacity and approval through normal budgetary processes, and will be determined by a combination of consultation process and the assessment of relative feasibility to deliver the service.

## Services

- Prevention** – increase investment in targeted initiatives to prevent mental health, alcohol and drug problems and to prevent suicide to approximately \$65 million for mental health and more than triple alcohol and other drug prevention services
- Community support services** – a six-fold increase in the level of personalised community support services that help people stay well and to participate in the community
- Community treatment services** – more than double services that provide clinical care in the community, prioritising 24-hour mental health emergency response services, and services for Aboriginal communities, infants, children and youth, and alcohol and other drug services in regional areas
- Community bed-based services** – increase personalised rehabilitation and recovery services almost three-fold, prioritising subacute step-up, step-down mental health services and alcohol and drug residential rehabilitation services
- Hospital based services** – develop and expand services in hospital and emergency departments that are accessible to people with complex and high-level needs, including withdrawal services
- Specialised statewide services** – services accessible to all Western Australians with particular conditions or complex high level needs (e.g. perinatal services)
- Forensic services** – provide in-prison subacute beds, more than double forensic hospital beds and a three-fold increase in forensic community treatment services

## WHAT ARE WE DOING RIGHT NOW?

- Progressing the development and opening new mental health community bed-based services approved by Government at:
  - Rockingham (Peel – 10 beds)
  - Broome (Kimberley – 6 beds)
  - Kalgoorlie/Boulder (Goldfields – 6 beds)
  - Karratha (Pilbara – 6 beds)
  - Bunbury (South West – 10 beds)
- Implementing the suicide prevention strategy, *Suicide Prevention 2020: Together we can save lives*
- Implementing the new *Mental Health Act 2014*
- Developing a new inter-hospital transfer service for people who require transport under the *Mental Health Act 2014*
- Opening a new alcohol and drug integrated community service in Joondalup
- Developing a strategy to address methamphetamine use
- Working with WA Police to implement a mental health co-response trial.

## TURNING THE SYSTEM AROUND

### PREVENTION

These initiatives and strategies, including mass media campaigns, target a specific priority group or the whole population with the aim of reducing the incidence and prevalence of mental health problems, suicide and suicide attempts, promoting mental health and resilience, and reducing the harmful use of alcohol and other drugs.

The Plan places a high priority on co-ordinated, evidence-based and targeted prevention activity and suggests investment in mental health prevention should increase from the current 1 per cent to at least 5 per cent of the Mental Health Commission budget by the end of 2025 – or to approximately \$65 million. Also, by the end of 2025 hours spent on preventing drug and alcohol-related harm need to treble from the current 66,000 to 208,000 hours.

To achieve this we will:

- lead the development and implementation of statewide evidence-based prevention initiatives
- expand programs for infants, children, adolescents and youth to reduce the incidence of mental illness and prevent harm from alcohol and other drugs
- halve the suicide rate in the next 10 years by monitoring suicide rates and build on existing or develop new programs and initiatives to decrease the suicide rate
- expand current evidence-based alcohol and other drug prevention programs
- develop and build upon a range of complementary prevention strategies to promote social inclusion
- establish and build upon targeted programs for groups at greater risk of developing mental health, alcohol and other drug problems.



Joondalup Community Mental Health Subacute Service



# KEEPING PEOPLE CONNECTED AND CLOSE TO HOME



Increasing community-based services, that are closer to where people live, helps them stay well and to access care earlier, in an environment best suited to their needs.

## COMMUNITY SUPPORT SERVICES

Community support services give people with mental health, alcohol and other drug problems the help and support they need to participate in their community. Support services can include programs that help people identify and achieve their goals and that assist them to access and maintain employment, education, housing and social interaction.

### BY THE END OF 2025 WE PLAN TO:

- promote the expansion of recovery-focused mental health community support services
- further expand access to alcohol and other drug community support services
- expand carer and family information, support and flexible respite services
- expand access to individual advocacy services
- work with housing providers to increase access to housing for people with mental health, alcohol and other drug problems
- contribute to the piloting of the National Disability Insurance Scheme and My Way trials
- establish targeted programs for priority, marginalised groups or groups with complex needs.

## COMMUNITY TREATMENT SERVICES

Community treatment services provide clinical care in the community. These services generally operate with multidisciplinary teams who provide outreach, transition support, relapse prevention planning, physical health assessment and support for good general health and wellbeing. Alcohol and other drug community treatment services also include pharmacotherapy, screening and counselling.

### BY THE END OF 2025 WE PLAN TO:

- develop a 'one stop shop' that will provide a 24-hour mental health emergency response service, training for frontline staff and assist system navigation
- engage with the primary care and pharmacy sectors to improve service continuity
- expand alcohol and other drug treatment services to meet the needs of the growing population
- deliver integrated mental health community treatment services and establish dedicated teams or programs where required
- establish a police co-response program
- maintain and strengthen an appropriate Aboriginal mental health service.

## COMMUNITY BED-BASED SERVICES

Community bed-based services provide 24-hour, seven days per week recovery-oriented services in a residential-style setting (in the case of mental health services) and structured, intensive residential rehabilitation for people with an alcohol and other drug problem (following withdrawal).

These services support people to improve their capacity to function independently following a stay at an inpatient unit or to avoid hospital admission where appropriate.

### BY THE END OF 2025 WE PLAN TO:

- expand the number of mental health community bed-based services, particularly in the regions
- increase the availability of low medical withdrawal and residential rehabilitation services for people with alcohol and other drug problems
- trial a compulsory alcohol and other drug treatment facility to respond to high risk methamphetamine dependency, pending establishment of appropriate legislation
- increase the availability of older adult services.



# ACUTE AND SPECIALISED CARE FOR THOSE WHO NEED IT

## HOSPITAL-BASED SERVICES

Hospital-based services include acute, subacute and non-acute inpatient units, emergency departments, consultation and liaison services, Hospital in the Home, mental health observation areas, and alcohol and other drug detoxification services.

### BY THE END OF 2025 WE PLAN TO:

- realign the type, quantity and location of hospital beds
- continue to expand the Hospital in the Home program
- progress the closure and divestment of Graylands Hospital
- further expand the availability of beds for withdrawal from drug and alcohol addiction
- establish additional mental health, alcohol and other drug emergency department services
- continue to commission a transport service for people requiring transfer under the *Mental Health Act 2014*
- continue to monitor mental health readmission rates.

## SPECIALISED STATEWIDE SERVICES

These include expert services for people with particular clinical conditions or complex and high-level needs.

### BY THE END OF 2025 WE PLAN TO:

- enhance youth and adult eating disorders services
- build on existing perinatal specialised services
- establish specialised neuropsychiatry and neurosciences services
- expand access to public services for Attention Deficit and Hyperactivity Disorder
- establish a specialised service for people with co-occurring mental illness and intellectual, cognitive or developmental disability (including autism spectrum)
- establish a Sexuality, Sex and Gender Diversity Service
- commission a Children in Care Program
- further develop transcultural mental health services
- establish a Hearing and Vision Impaired service
- expand specialised homelessness service capability.

## FORENSIC SERVICES

Forensic services aim to prevent people with mental health, alcohol and other drug problems becoming involved in the criminal justice system and also provide treatment and support at all stages through the system.

### BY THE END OF 2025 WE PLAN TO:

- boost early identification and prevention programs
- establish dedicated forensic services for young people
- increase contemporary mental health, alcohol and other drug services for people in prisons and detention centres
- expand forensic hospital services
- establish appropriate community-based services for individuals transitioning from prison to the community
- implement training initiatives for all non-mental health, alcohol and other drug frontline staff
- encourage collaboration and support capacity building to develop and maintain a well-trained and informed forensic workforce
- review the *Criminal Law (Mentally Impaired Accused) Act 1996*, and establish a dedicated facility in the community for people with a mental illness who are mentally impaired accused.



The Mental Health Commission's website has more information on the Plan including responses to frequently asked questions: [www.mhc.wa.gov.au](http://www.mhc.wa.gov.au)