Government of **Western Australia**
Mental Health Commission

WESTERN AUSTRALIAN MENTAL HEALTH, ALCOHOL AND OTHER DRUG SERVICES PLAN 2015-2025: BETTER CHOICES. BETTER LIVES.

PILBARA

OVERVIEW

The Pilbara region covers a total area of 498,000 square kilometres which represents 20% of the total Western Australian land mass. The Pilbara economy is crucial to the State, providing two of its largest export revenue earners – iron ore and liquefied natural gas. Most of the region's population is located in the western third (such as Karratha, Port Hedland, and Robourne), whereas the eastern third is largely desert with few inhabitants.

The Pilbara region had a population of 62,000 in 2014 (representing 2.4% of the State's population). By 2025, the population is expected to reach 66,000 persons. However, although the population will increase, the percentage of the State's population residing in the Pilbara will decrease to 2.1%. According to the Australian Bureau of Statistics, between 2013 and 2014 Karratha had one of the largest population growth rates in the State of 4.0% (or 750 people).

ABORIGINAL POPULATION

The Aboriginal population in the Pilbara totalled almost 8,000 persons in 2011, which represented 10.4% of the total Aboriginal population in Western Australia. This is expected to grow to 12,000 persons by 2025. However, although the population will increase, the percentage of the State's Aboriginal population residing in the Pilbara will fall slightly to 10.1%.

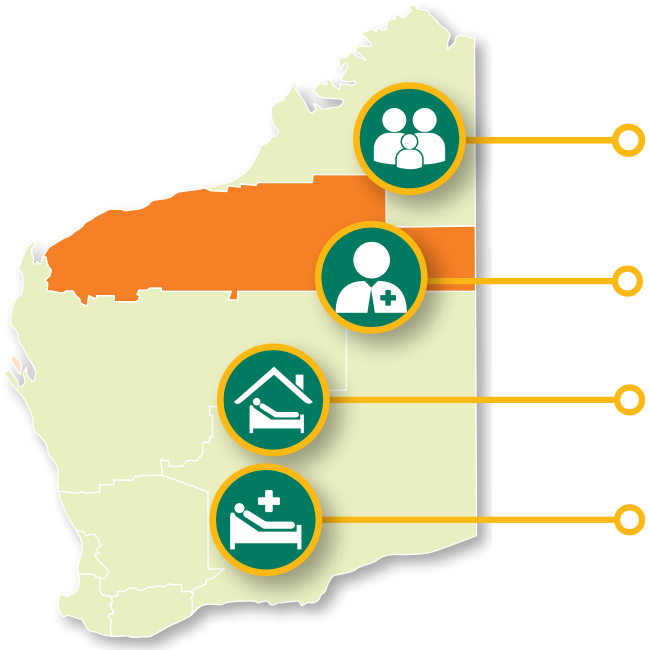
CONSULTATION FEEDBACK

During the consultation process for the Plan, people in regional areas raised a range of issues and priorities, including:

- a need for a greater level of detail about services for their region
- culturally secure services and programs for Aboriginal people
- the high proportion of children and young people in some areas and the need for early intervention
- challenges regarding transport and geographical distance.

Feedback from the Pilbara outlined that school-based education and intervention should be a priority. The Plan identifies this as a key action by the end of 2017: *identify opportunities to enhance existing prevention initiatives targeting children, young people, families and the broader community including (but not limited to) school-based programs which incorporate mental health, alcohol and other drug education, and resilience building* (see page 32 of the Plan).

Due to the feedback to support this priority, the action below has been moved from by the end of 2025 time horizon, to by the end of 2020 time horizon: *complete the rollout of school-based education programs on mental health, alcohol and other drugs, and resilience building until available to all schools* (see page 33 of the Plan).



NORTHERN AND REMOTE – PILBARA

SERVICE TYPE	2025
Community Support Services	
Hours ('000)	157
AOD only beds	46
Community Treatment Services	
Hours ('000)	181
Community Bed-Based Services	
Beds	51
Hospital-Based Services	
Beds	33

NOTES

MH = Mental health

AOD = Alcohol and other drugs

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

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

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.

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.

Community Bed-Based Services: provide 24-hour, seven days per week recovery-oriented care in a home-style setting, low medical withdrawal services and structured, intensive residential rehabilitation for people with alcohol and other drug problems, 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.

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.

SERVICES FOR THE PILBARA BY THE END OF 2025

The Plan models the level and mix of services required across Western Australia by the end of 2025. The need for services in the Pilbara by the end of 2025 includes:

- Significant increases in community-based mental health (to 149,000 hours per year) and drug and alcohol support services (to 8,000 hours per year). These include peer support, employment, education and training programs, housing, social opportunities and help with daily living tasks.
- Increase alcohol and other drug safe places for intoxicated people from 34 to 46 beds.
- Increase community-based clinical treatment services for mental health (to 113,000 hours per year) and alcohol and other drug problems (to 68,000 hours per year) including the expansion of drug and alcohol service hubs and increased outreach services.
- For the Northern and Remote Region (includes Goldfields, Kimberley, Pilbara and Midwest), the increase in community based clinical treatment services for mental health represents a 151% increase on current levels, and for alcohol and other drugs, a 168% increase.
- 22 community-based mental health beds, including six community subacute step-up, step-down beds planned for Karratha. The six community step-up, step-down beds could see an approximate 80 admissions per year.
- Increase the number of residential rehabilitation beds for drug and alcohol problems (from 18 to 27) and provide two additional community-based beds for low medical withdrawal.
- Increase mental health hospital and hospital-in-the-home (HITH) beds by 29 which will enable approximately 810 additional mental health admissions per year.
- Four additional hospital beds for medically supervised complex alcohol and other drug withdrawal will enable approximately 140 additional admissions per year.

MODELLING

The modelling which underpins the Plan has been undertaken according to the population in given geographical regions, including:

- North Metropolitan
- South Metropolitan
- Northern and Remote comprising of:
  - Goldfields
  - Kimberley
  - **Pilbara**
  - Midwest
- Southern Country comprising of:
  - Great Southern
  - South West
  - Wheatbelt

Exact locations and distributions of services will be determined by a combination of consultation processes and the assessment of relative feasibility to deliver the service. For example, if the modelling identifies one bed in a region, consideration will be given as to how that can be adapted or combined with other service types for the practicalities of service delivery in order to successfully and efficiently commission the services required for the region.

The modelling tools' output is provided in hours of service, hours of support or bed numbers; however, these are considered a proxy for the levels of service that will be provided in any given location. The modelled output does not specify the model of service or the service provider.

In consultation with key stake-holders (including consumers, carers, families, and clinicans), models of service will be developed to achieve a degree of standardisation throughout the State. This will enable a consistent standard of service provision, however, this must be balanced with the key aim of personalisation to meet individual needs and adaptability to meet local area characteristics (including service availability, population profile, diversity and cultural factors).