



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

GOLDFIELDS

OVERVIEW

The Goldfields region is located in the south eastern corner of the State and covers 754,000 square kilometres, which constitutes 30.3% of the total Western Australian land mass. It is the largest of the State's nine regions and is more than three times the size of the State of Victoria.

The Goldfields region had a population of 58,300 people in 2014 (representing 2.3% of the State's population). By 2025, the population is expected to reach almost 60,000 people. However, although the population will increase, the percentage of the State's population residing in the Goldfields will decrease to 1.9%. According to the Australian Bureau of Statistics, between 2013 and 2014 the population of the Goldfields declined by 1.8% (or 800 people), with the largest decline in Kalgoorlie (270 people).

ABORIGINAL POPULATION

The Aboriginal population in the Goldfields was approximately 6,000 people in 2011, which represented 7.8% of the total Aboriginal population of Western Australia. This is expected to grow to almost 9,300 by 2025.

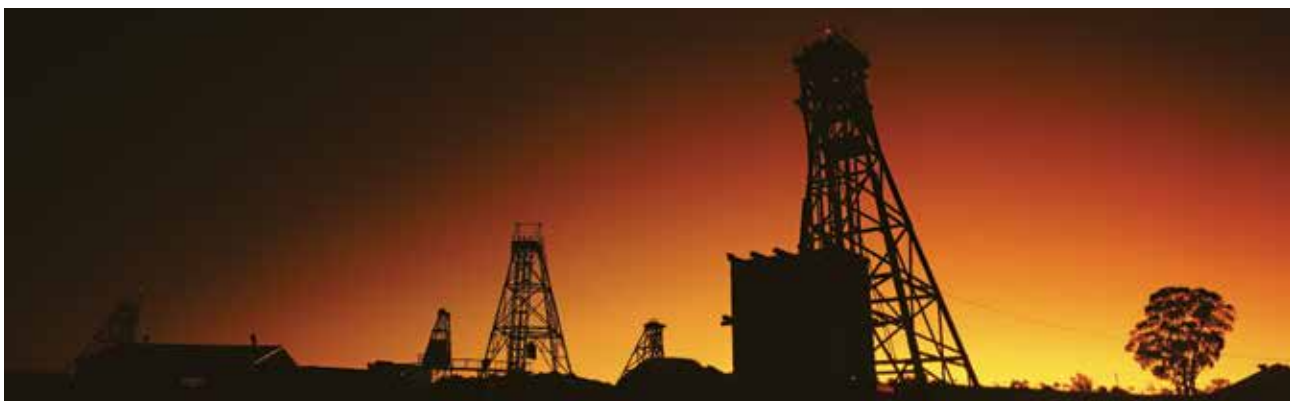
CONSULTATION FEEDBACK

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

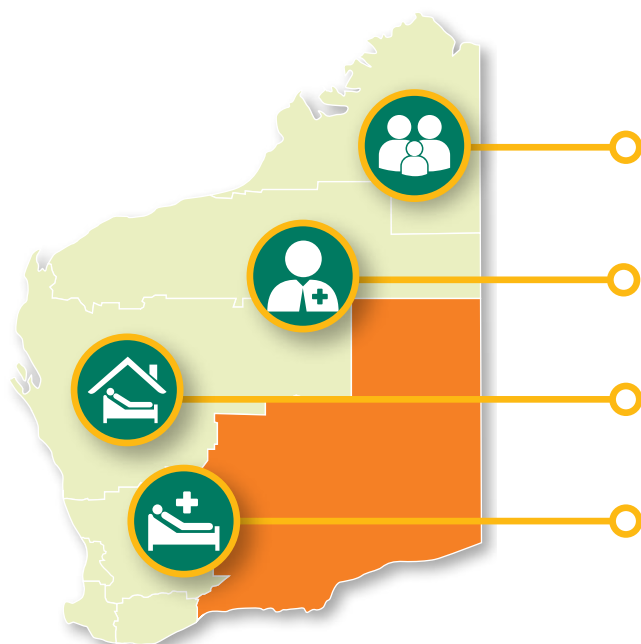
- a need for a greater level of detail about services for their region
- culturally secure services and programs for Aboriginal people
- the high proportion of children and young people in some areas and the need for early intervention
- challenges regarding transport and geographical distance.

During the Plan consultation period, feedback from the Goldfields region indicated that stakeholders in the area want to see the *Criminal Law (Mentally Impaired Accused) Act 1996* (CLMIA Act) updated.

The MHC has included an additional strategy and action in the Forensic Services section of the Plan to review the CLMIA Act by the end of 2017 (see pages 97-98 of the Plan).



NORTHERN AND REMOTE – GOLDFIELDS



SERVICE TYPE	2025
Community Support Services	
Hours ('000)	142
AOD only beds	18
Community Treatment Services	
Hours ('000)	153
Community Bed-Based Services	
Beds	43
Hospital-Based Services	
Beds	28

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 GOLDFIELDS 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 Goldfields by the end of 2025 includes:

- Significant increases in community-based mental health (to 133,000 hours per year) and drug and alcohol support services (to 9,000 hours per year). These include peer support, employment, education and training programs, housing, social opportunities and help with daily living tasks.
- Increase community-based clinical treatment services for mental health (to 99,000 hours per year) and alcohol and other drug problems (to 54,000 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 represent a 151% increase on current levels, and for alcohol and other drugs, a 168% increase.
- Double the number of community-based residential rehabilitation beds for drug and alcohol problems (from 10 to 20) and provide additional community-based beds (two beds) for low medical withdrawal.
- 21 community-based mental health beds, including six community subacute step-up, step-down beds already announced for Kalgoorlie/Boulder. The six community step-up, step-down beds is estimated to have around 80 admissions per year.
- Increase mental health hospital and hospital-in-the-home (HITH) beds (from six¹ to 25 beds) which will enable approximately 530 additional mental health admissions per year.
- Three additional hospital beds for medically supervised complex alcohol and other drug withdrawal will be provided and will enable approximately 110 additional admissions per year.

¹ Kalgoorlie currently has six mental health beds within Kalgoorlie Regional Hospital (rather than seven beds as outlined in the Plan as at 30 June 2014). The difference in numbers is because of the reclassification of one bed within the system in early 2015.



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 stakeholders (including consumers, carers, families, and clinicians), 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).

