Government of **Western Australia**
Mental Health Commission

Mental Health Commission

Mental Health 2020:
Making it personal and everybody's business

Reforming Western Australia's mental health system

" Artwork from Western Australian artist David Giles is used throughout Mental Health 2020. David says he 'came out' about his mental illness in 2005 as a community service to show that people with mental health issues can still be happy and successful.

For many people with a lived experience of mental illness, self expression through art can be an important part of their recovery. "
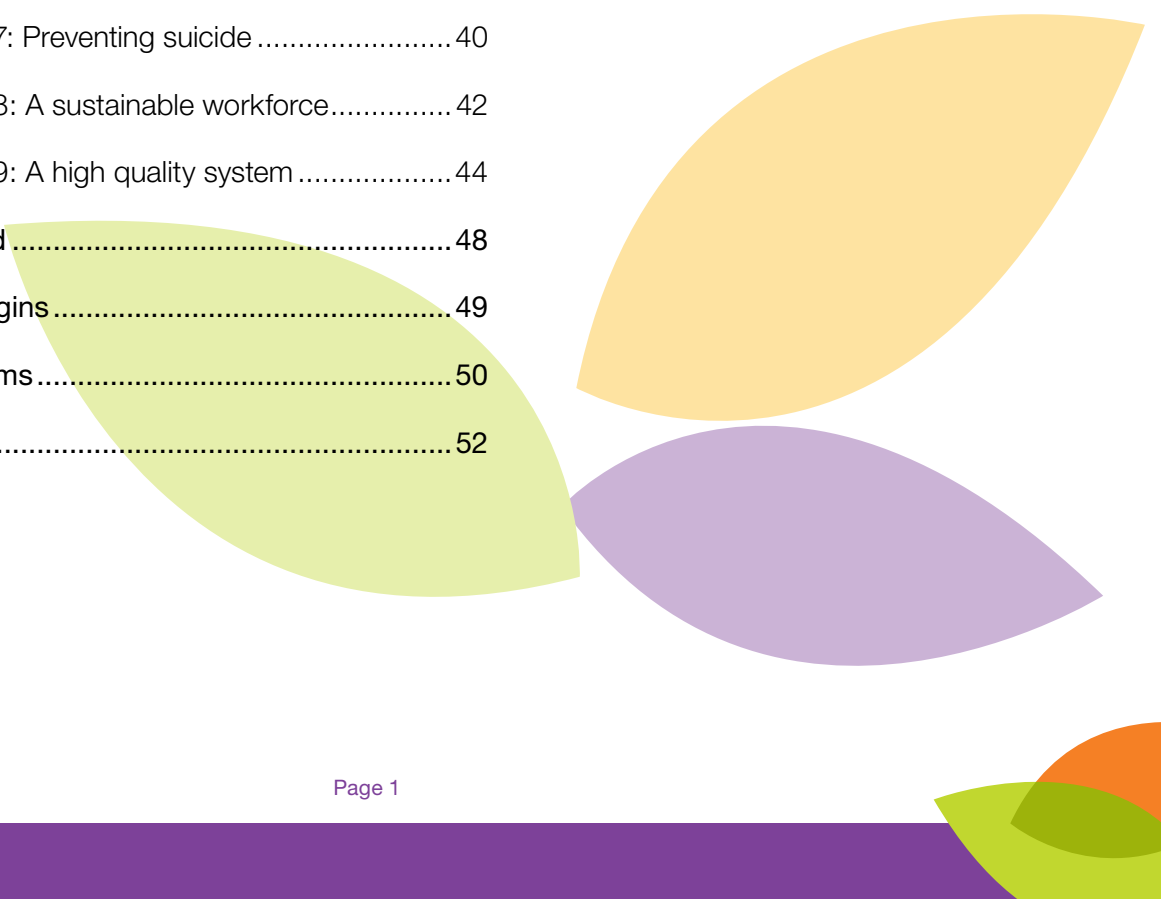
David Giles

Contents

VISION

A Western Australia where everyone works together to encourage and support people who experience mental health problems and/or mental illness to stay in the community, out of hospital and live a meaningful life.

Background

All Western Australians want a good life shared with family and friends and with opportunities to get involved and make a contribution across all aspects of life.

Good mental health is a cornerstone to build and maintain a good life. Yet one in five Western Australians experiences mental health problems each year and nearly half the population will experience a mental health problem at least once in their lifetime. This means that every Western Australian will be affected by poor mental health at a personal level or as a family member, friend, neighbour or colleague.

Most people with mental health problems and/or mental illness experience one-off or intermittent occurrences of poor mental health and are able to sustain family, work and community lives with support from primary health care services. Around two percent of the population, however, experience recurring mental illness which significantly affects their quality of life.[1] Specialist mental health services are available to provide treatment through clinical support and to facilitate longer term support from primary health services and significant others including family, carers, friends, employers and communities.

A small number of people experience lifelong mental illness that significantly impairs every facet of their lives, requiring periods of hospitalisation and ongoing support from community mental health services. For some, mental illness is coupled with additional challenges including alcohol and drug problems, disability, interactions with the criminal justice system and physical health issues. The stigma associated with mental health problems and/or mental illness can result in shame and isolation for some individuals experiencing a mental health problem and/or a mental illness and their families and carers.

Like the nation as a whole, Western Australia faces many challenges in relation to mental health. Key examples are:

- On average, 240 Western Australians take their own lives through suicide each year, well above the average annual road toll of 191 people.[2]
- Our young people are particularly vulnerable to developing mental health problems and/or mental illness, often combined with misusing drugs and alcohol. In fact, 75 percent of all severe mental illness begins before the age of 24 years.[3]
- Surveys conducted in the Magistrates' Court found that over half the defendants reported experiencing mental health problems.[4]

- Aboriginal people comprise five percent of people in specialised mental health inpatient services.[5]
- It is estimated that 43 percent of people in specialised mental health hospital beds could be discharged if housing and other appropriate support services were available.[6]

Over the past two years, many people invested time and energy sharing their experiences of living with mental health problems and/or mental illness, the ways they are supported, the areas where more support is needed and the changes they would like to see. People who experience mental health problems and/or mental illness, their families, carers, service providers, government agencies and community sector organisations shared their perspectives with the Mental Health Commission during this comprehensive community consultation program.

Reviews of contemporary research and literature complemented and reinforced the messages from stakeholder consultations, identifying important issues for the Minister for Mental Health and the Mental Health Commission to consider in developing a modern and effective mental health system for Western Australia.

Together these responses shaped the development of five key principles underpinning reform, three key directions for reform and nine priority areas for action.

> "My husband was diagnosed with drug resistant paranoid schizophrenia over 19 years ago. He is a wonderful husband and brilliant father, who happens to have an illness that can make everyday tasks difficult. But my story is about hope: that you can cope with having a family member with a mental illness; that you can have fulfilling relationships. I wouldn't change the last 20 years of my life for anything."

Bardi Aboriginal Woman Allison Fillery, with her husband (left) and son

Key principles

Mental Health 2020 is underpinned by **five key principles.**

1

Respect and participation

People with mental health problems and/or mental illness, their families and carers are treated with dignity and respect, and their participation across all aspects of life is acknowledged and encouraged as fundamental to building good mental health and to enriching community life.

2

Engagement

People with mental health problems and/or mental illness, their families and carers are engaged as genuine partners in advising and leading mental health developments at individual, community and service system levels across Western Australia.

3

Diversity

The unique needs and circumstances of people from diverse backgrounds are acknowledged, including people from Aboriginal or from culturally and linguistically diverse (CaLD) backgrounds, people with disability and people of diverse sexual and gender orientation, and responsive approaches developed to meet their needs.

4

Quality of life

By developing personal resilience and optimism, maintaining meaningful relationships, having access to housing and employment, opportunities to contribute and engage within the community and access to high quality mental health services when needed, individuals can build a good and satisfying life despite experiencing mental health problems and/or mental illness.

5

Quality and best practice

Mental health programs and services are statewide, based on contemporary best practice, easily accessed and delivered in a timely and collaborative way.

Reform Directions

Western Australia was among the first in the nation to create a dedicated Ministerial portfolio for mental health. This initiative, combined with establishing the Mental Health Commission in 2010, paves the way for the significant reform initiatives set out in this document. The establishment of the Commission, the first in Australia, is a key step in creating a modern and effective mental health system that has the individual and their recovery at the centre of its focus. The Commission has responsibility for strategic policy, planning, purchasing and monitoring of mental health services in Western Australia. In addition, the Commission seeks to raise public awareness of mental wellbeing, promote social inclusion and address the stigma and discrimination affecting people with mental health problems and/or mental illness.

"When someone close to you is going through mental illness the best thing is to get them professional help. If you're not coping you need to find someone who can help you too. There's no shame – it's really important to find someone to talk to!"

Bridget Turner (left) Arts facilitator

Three key Reform Directions underpin the future of supports and services for people living in Western Australia who are affected by mental health problems and/or mental illness.

1 Person centred supports and services

The unique strengths and needs of the person experiencing mental health problems and/or mental illness are the key focus of individualised planning, supports and services.

2 Connected approaches

Strong connections between public and private mental health services, primary health services, mainstream services, businesses, communities, individuals, families and carers help achieve the best outcomes for Western Australians living with mental health problems and/or mental illness.

3 Balanced investment

A comprehensive and contemporary mental health system provides a full range of support and services, ranging from mental health promotion and prevention activities, through to early intervention, treatment and recovery.

These directions impact upon every aspect of the current mental health system – enhancing high quality and established treatment services, building on fledgling supports and developing innovative recovery and early intervention services where there are few or none available.

The Reform Directions align with state government directions to create a person focused, whole of government approach to mental health and a strengthened community sector that is well placed to deliver individualised supports and services. They are also consistent with national directions driving reform across Australia, with a strong focus on early intervention and recovery.

Mapping the Reform Directions

The critical importance of the **three key Reform Directions** can be understood by using an ecomap to depict the range of supports and services which are potentially available to Western Australians with mental health problems and/or mental illness and to explore the interrelationships between them.
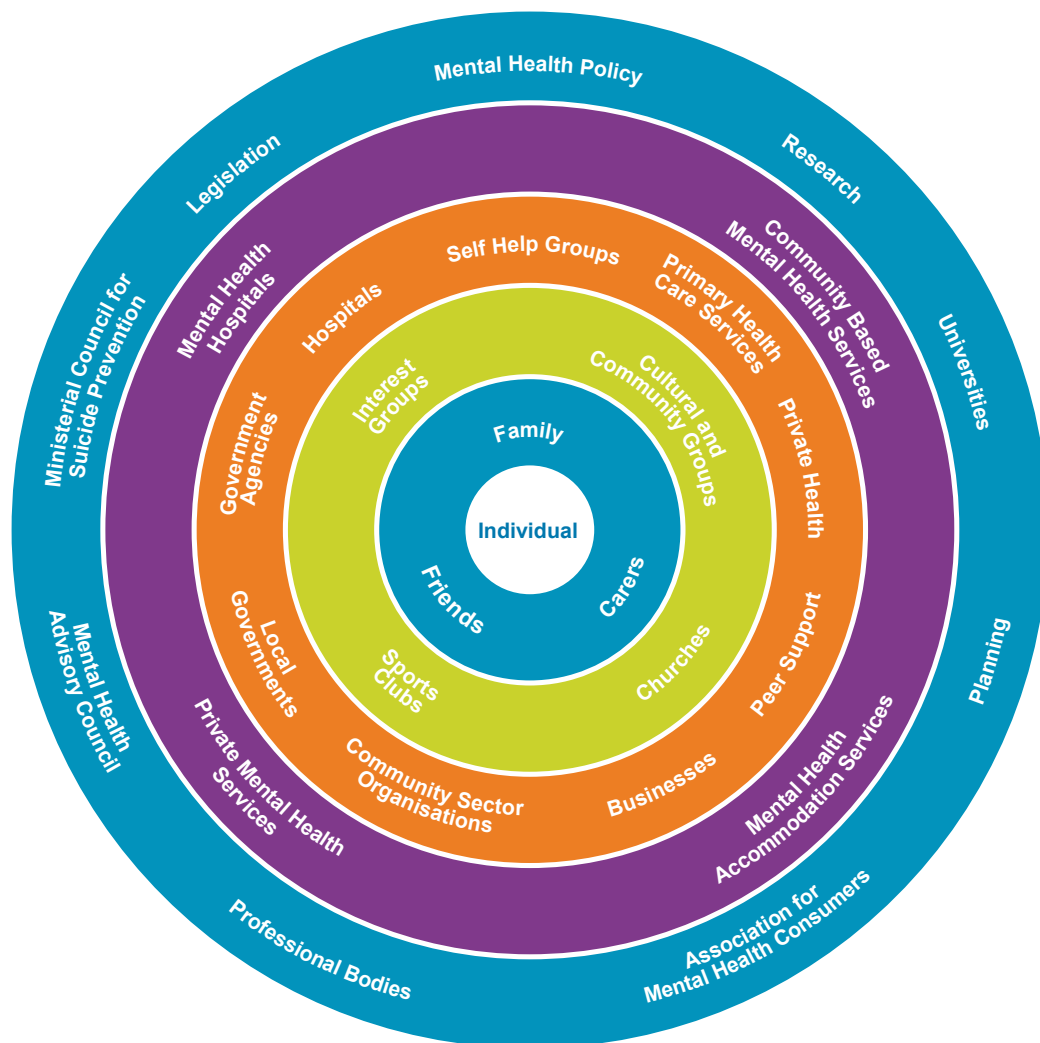
Ecomap of supports and services potentially available to people experiencing mental health problems and/or mental illness

Individuals who experience poor mental health are placed firmly in the centre circle to signify that relationships, supports and services, ranging from family and carer support to involvement with community activities and services received from mental health services, are responsive to their needs and strengths, interests and preferences. People with mental health problems and/or mental illness are empowered to have a central role in determining their own relationships and directing their own supports and services wherever possible.

Family members, carers and friends are placed in the next circle. These people include parents, siblings, spouses, extended family members, carers and close friends and are the significant individuals who often provide strong and lifelong support to foster a good life. Service providers and community activities may change focus, staff and programs, but meaningful relationships with family and friends can sustain individuals experiencing mental health problems and/or mental illness for the long term.

The large range of communities in Western Australia – cultural, sporting, churches and neighbourhoods – are placed next to families, signifying their importance in providing broader community support and meaning to people's lives. Meaningful activities, friendship and support enrich the life of a person who experiences mental health problems and/or mental illness and enables them to enrich the lives of others. The individuals and communities referred to within the second and third circles are often referred to as informal supports.

> '**Programs that are easily accessible, based in the community with strong links to existing universal services are likely to be the most acceptable, effective and least stigmatising.**' [7]

A range of government funded and private services including primary care health services (general practitioners, nurses, allied health, social workers and psychologists), education, police, justice, drug and alcohol, peer support and self help groups, and a range of community services sit in the fourth circle. As a guide, health services provide support to around 12 percent of the general population who experience mental health problems.[8] This circle represents the provision of formal services and paid support to Western Australians including people who experience mental health problems and/or mental illness.

The fifth circle represents specialist mental health services that are accessed by less than two percent of the general population with mental illness. In Western Australia, key specialist services currently include mental health hospitals, community based mental health clinics and a range of accommodation services. These services operate in collaboration with mainstream services and with individuals, families, carers and communities to achieve long term and positive outcomes.

The Reform Directions are driving the development of a significantly wider range of specialist prevention, early intervention, treatment and recovery supports and services.

The sixth and outer circle represents government policy advisors and decision makers who set the legislative, policy and funding frameworks for mental health and other government and regulated services. Government and agency policy, planning and research are located in this circle together with the Minister for Mental Health, the Mental Health Commission, the Mental Health Act, the Mental Health Advisory Council, the Association for Mental Health Consumers, professional groups and the *Mental Health 2020* strategy. These mechanisms direct and guide mental health reform in Western Australia.
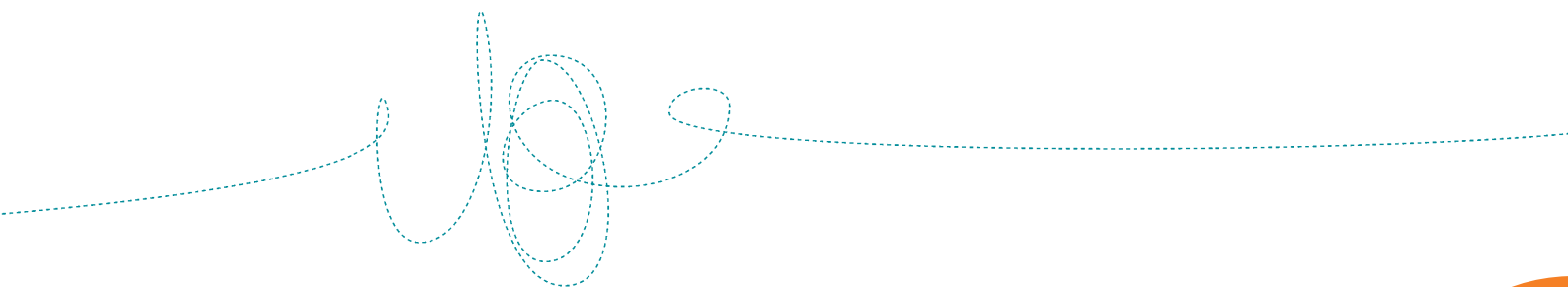
Person centred approaches

Every Western Australian who experiences mental health problems and/or mental illness is likely to want a person centred approach when they access supports and services. Along with other Western Australians, they wish to be recognised as an individual with their unique background, experience, interests, likes, dislikes and aspirations. They want to have a voice to make their ideas and wishes known and have important people in their lives – family, friends, cultural and community leaders, neighbours, teachers, doctors, employers, psychiatrists – listen, consider and respond.

Most people who experience a mental health problem and/or mental illness, also want to shape the essential supports and services that support their recovery. They want choice, flexibility and control in the services they receive and the ability to navigate and coordinate the right mix of supports and services. These elements are at the heart of a person centred approach.

" We heard you ….

'…I feel that the attitudes toward mental health need to be moved away from the idea of an illness and towards the idea of a diverse community which is just as 'normal' and part of everyday life as any other group of citizens.'[9]

Connected approaches

Connected approaches between public and private mental health services and the range of formal and informal supports and services in the first five concentric circles help to foster good person centred outcomes in prevention, early intervention, treatment and recovery.

Connected approaches are important to establish in many circumstances. For a number of people, the onset of mental health problems and/or mental illness results in relationship difficulties with family and friends, problems coping at school or work and diminished connections to community life. People may start to self medicate with alcohol or drugs which, in turn, leads to exacerbation of issues with family and work and greater withdrawal from community. Once this downward spiral becomes critical and individuals seek help, it can be difficult to mobilise the right mix of services to provide people with integrated supports and treatment.

Individuals, families and primary health care workers who make referrals need to be confident that, regardless of which service they contact – drug and alcohol services or mental health – a timely and effective response to both issues will be coordinated. Given the common occurrence of drug and alcohol issues coexisting with mental health problems, protocols between agencies that specify how to connect and facilitate a collaborative response are required.

❝ We heard you ….

'Factors that support mental wellbeing, such as housing, employment, physical health and self-management education were cited as essential components of the recovery journey.'[10]
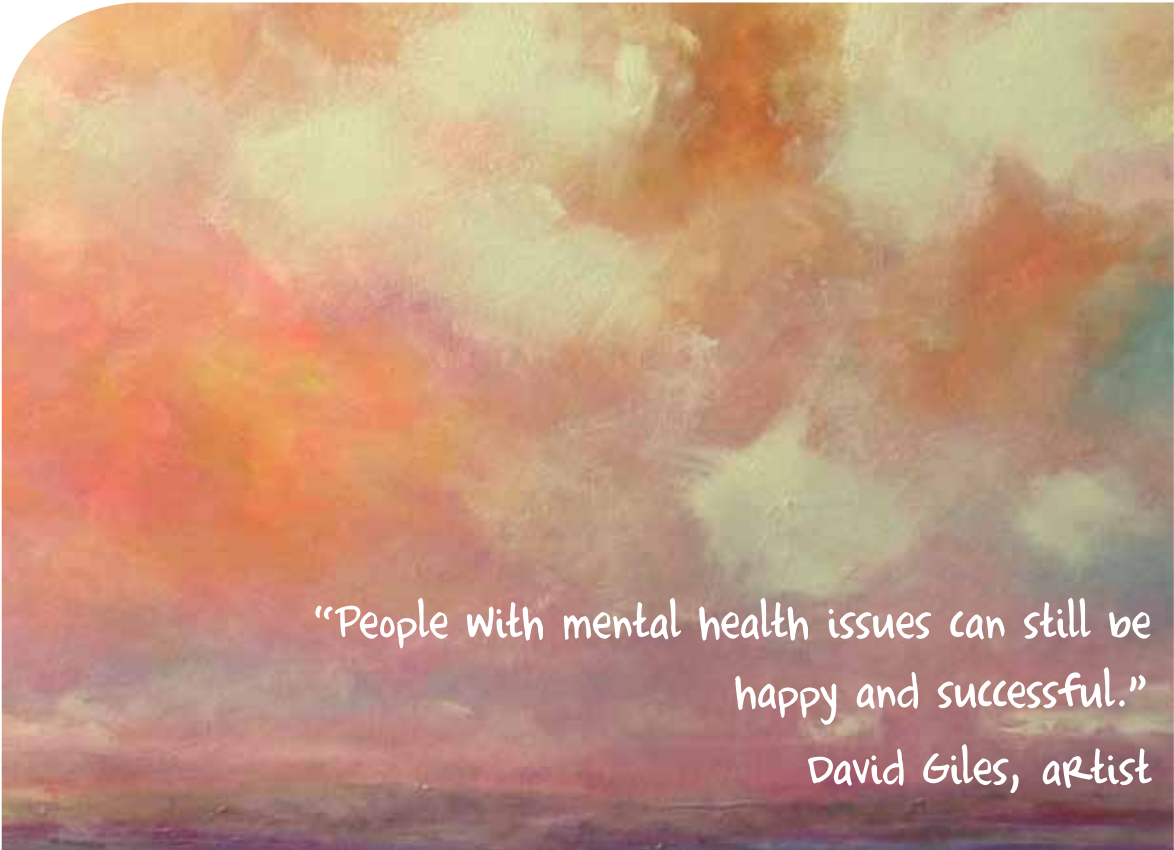
Connected approaches are also required at policy, program and service levels to achieve mental health reform. National and state governments achieving integrated commissioning of programs, strong connections forged across state government agencies to develop agreed protocols and conjoint approaches, and support from professional bodies, carers groups, peak organisations and universities are all required to develop best practice approaches. These initiatives are strong features of *Mental Health 2020*.

Balanced investment

A balanced investment across the mental health system ensures that critical resources needed to support people with acute and chronic mental illness are in place and that investment in specialist mental health services will be complemented by investment in a range of formal and informal supports and services which focus on prevention, early intervention and recovery. Historically, most investment has been made in mental health hospitals and community based clinics. Although these services are crucial for treating acute mental health illness and facilitating recovery in a small percentage of the population, they cannot alone build and sustain better community lives for the people they treat or for people in the wider community.

The World Health Organisation has developed a framework to provide guidance to countries on how to organise services for mental health.[11] The framework, known as the optimal mix of services pyramid, aligns closely with the balanced investment reform being undertaken by *Mental Health 2020*. The pyramid shows that the majority of mental health care can be self managed by an individual, their families, carers and friends, or managed by informal community supports. These are the same informal sources of support described in the first three circles of the ecomap.

"People with mental health issues can still be happy and successful."

David Giles, artist

Where additional mental health expertise and support is needed, primary health care services provide for most people. These are shown at the third level of the pyramid, which equates to the fourth circle of the ecomap. Specialist community mental health services and psychiatric services in general hospitals, located in the next level of the pyramid, cater for a smaller number of people who need more intensive support. Long stay mental health services cater for an even smaller number of people with the highest need and are shown in the apex of the pyramid. These specialist services are also depicted in the fifth circle of the ecomap.
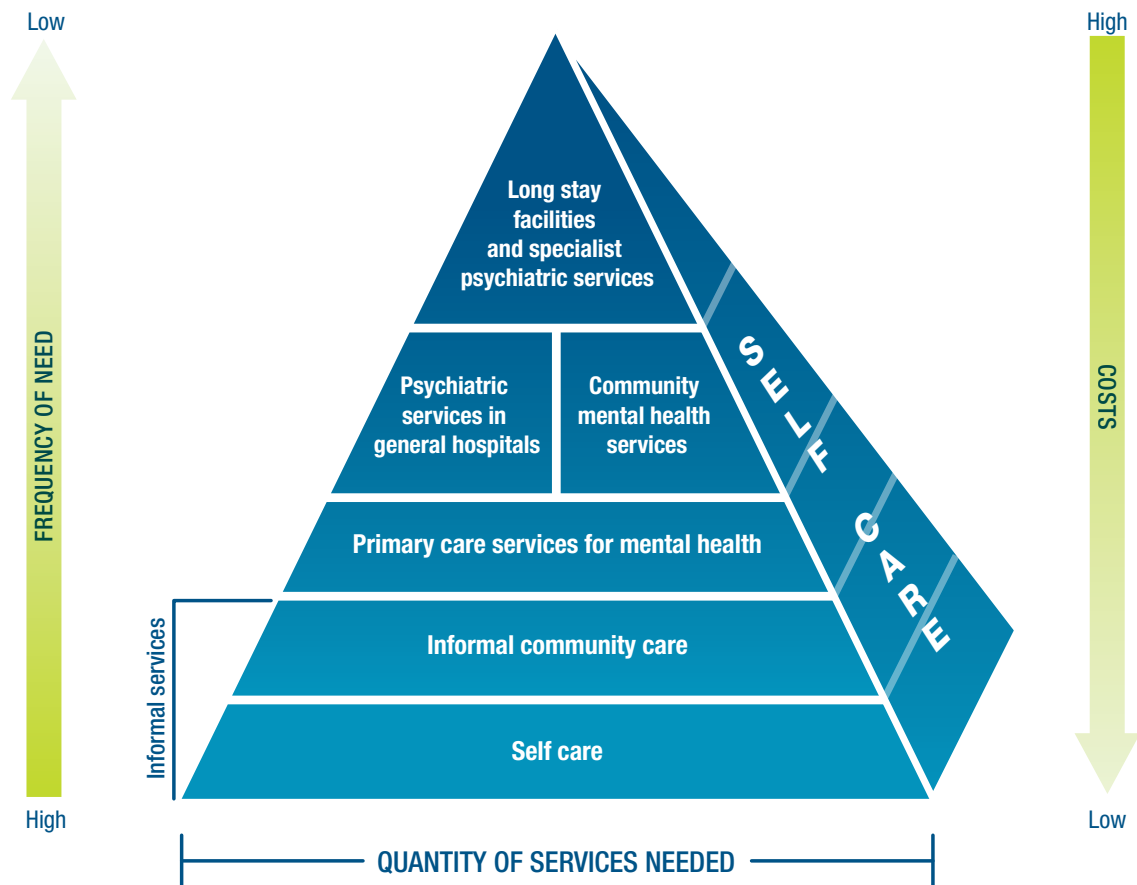
Across the globe, mental health hospitals and specialist services are costly to run and are the service most often provided, yet are the least frequently needed. This contrasts to minimal investment in self care and informal community support which are most frequently required to sustain good mental health and can be provided at a relatively low cost.

The World Health Organisation recommends a balanced approach whereby investment in mental health hospitals is capped and complemented by investment in all other levels of the pyramid. This includes an emphasis on prevention and early intervention initiatives, in addition to treatment and recovery services. The integration of mental health services into local primary health services is a good investment to increase access, treat health and mental health issues holistically and reduce stigma. Likewise, the investment into the important roles of teachers, police and community sector organisations to prevent people with mental health problems entering the specialist system and to support people who are discharged from hospital, clinics or leaving prison represents a focus on investment in prevention initiatives.

Self care is encouraged as the most substantial form of support. People are encouraged and supported to manage their own mental health problems with help from family or friends. This involves learning to monitor their own mental health, maintain a preventive lifestyle, manage emotional problems as they arise and know when and where to seek help.

Strategic coordination

FREQUENCY OF NEED (Low → High)

COSTS (High → Low)

Pyramid levels (top to bottom):
- Long stay facilities and specialist psychiatric services
- Psychiatric services in general hospitals | Community mental health services
- Primary care services for mental health
- Informal community care
- Self care

SELF CARE (right side of pyramid)

Informal services (bracket covering Informal community care and Self care)

QUANTITY OF SERVICES NEEDED

World Health Organisation service organisation pyramid for an optimal mix of services for mental health (2007)

The Mental Health Commission is also making a more balanced investment within Western Australia's mental health system. Through the Commission's role and responsibility for purchasing supports and services, investment will be made to ensure that funded specialist and community services complement and support the important roles of primary care, informal community care and self care. Individuals, families and carers will have access to more flexible funding and self directed services. In doing so, Western Australia will lead mental health reform in providing the best mix and quality of prevention, early intervention, treatment and recovery services and supports.

Action Areas

There are many actions that can be taken to implement the three Reform Directions of *Mental Health 2020*. Nine Action Areas have been identified as priorities to implement the Vision and the Reform Directions. Each Action Area relates to a greater or lesser extent to each of the three reform directions.

Action Areas

1 Good planning

2 Services working together

3 A good home

4 Getting help earlier

5 Specific populations

6 Justice

7 Preventing suicide

8 A sustainable workforce

9 A high quality system

Reform Direction 1:
Person Centred Supports and Service

Reform Direction 2:
Connected Approaches

Reform Direction 3:
Balanced Investment

Vision

A Western Australia where everyone works together to encourage and support people who experience mental health problems and/or mental illness to stay in the community, out of hospital and live a meaningful life

Action Area 1: Good planning

A person centred approach places a person experiencing mental health issues at the helm, making choices, shaping the direction of supports and services and taking control of their life, however challenging this may be and however long it may take. A person may not be able to make informed life choices during a period of acute illness, however during recovery, opportunities exist to shape decisions, often with guidance from family members, carers or advocates.

A person with limited networks and poor mental health may not want to engage or know how to begin. Family and carers, too, may feel overwhelmed and powerless. Person centred planning and coordination is important for everyone with a mental health problem and/or mental illness, regardless of the extent to which poor mental health affects their lives. Person centred planning starts from where the person is at and helps them progressively acquire the ability to make decisions, develop relationships and take greater control over their lives.

People discharged from hospital after a period of severe mental illness, for example, are likely to need a range of supports and services engaged and their efforts integrated. In addition to needing clinical treatment, a person may face a range of life challenges including threat of rental eviction, loss of job, lack of funds to fix their car and pay bills, child related issues at school and day care and a partner with ill health. A person centred approach to planning at discharge ensures that these challenges are identified and a range of supports and services mobilised to address the needs of the individual. Assisting individuals to secure and maintain employment in particular, is important to achieving financial security and building a good life.

" We heard you ….

'The consultation revealed a lack of both structured discharge plans and mental health management plans, which hindered recovery and increased the risk of relapse. There was also limited assessment of family or other support available upon discharge and often there was poor engagement with community services before discharge from acute services.'[12]

Person centred approaches to planning and individualised approaches to coordination and funding are being embedded within the mental health service system. People with a severe mental illness who have been living in inpatient facilities are being helped to establish a home of their own in the community, supported by personalised support and individualised funding.

Action Area 1: Good planning continued

Community coordination will be established as a locally based approach to support early intervention and recovery for individuals and to facilitate collaboration across services at local level. Community sector organisations are undertaking training and development in person centred approaches and introducing these approaches to young people and adults.

" We heard you ....

'Programs that are easily accessible, based in the community with strong links to existing universal services are likely to be the most acceptable, effective and least stigmatising.'[13]

These initiatives focus on supporting individuals, their families and carers to play a major role in planning and directing their own mix of formal and informal supports, including individualised funding. Over time, a more balanced investment will create a broader range of community supports and services for individuals to access. With greater choice and a broad range of support, people with mental health problems and/or mental illness will have improved outcomes and be less likely to require inpatient facilities.

Looking forward means:

- Person centred approaches to planning and service coordination adopted by mental health services to facilitate treatment, discharge and recovery.
- Training and support for people with mental health problems and/or mental illness, their families, carers and service providers to understand and participate in person centred approaches, individualised funding and the mobilisation of informal supports and formal services.
- Individualised treatment and recovery plans developed for people experiencing mental health problems and/or mental illness when they are discharged from hospital and inpatient facilities and when commencing other important life transitions.
- Increased access to flexible and individualised funding and self directed service approaches.
- Individualised planning and wraparound approaches for people with exceptionally complex needs.
- Community coordination to facilitate individualised planning, coordination and the development of local responses.
- Increased involvement of individuals, families and carers in the design of policy, planning and service delivery within mental health services and systems.

Action Area 2: Services working together

Strong connections forged across Commonwealth, state and local governments, professional bodies, peak organisations, private and community sector organisations are fundamental to implementing *Mental Health 2020*. Agreement to work together to tackle mental health priorities at policy, program and service delivery levels can foster the suite of supports and services required for prevention, early intervention, treatment and recovery.

There are many factors that affect the extent to which a person who has experienced mental health problems and/or mental illness is able to recover and live a satisfying life. Access to the right mix of primary health services, private and community based mental health, agency and community sector supports is required. Depending on personal circumstances and needs, the coordination of justice services, specialised disability services, drug and alcohol supports, education, employment, recreational pursuits and other activities may also be required. These services need to work together and/or with mental health services to extend recovery to home and community over the long term, seeking to build good lives for individuals and prevent further acute periods of mental illness.

" My memories of growing up in a single parent family with a mum suffering from clinical depression are tinged with frustration and a huge sense of isolation from the "normal" life experiences my friends seemed to be having.

However, I know that I would not have been exposed to many positive experiences if mum had never been sick. Often the greatest gifts come at the greatest prices. "

James Pengelly, young carer

" We heard you ….

'Activities to support mental health in communities should include mental health literacy, activities like Act-Belong-Commit, initiatives like KidsMatter and MindMatters, and projects which encourage partnerships across sectors (e.g. health, mental health, sport and recreation, education).'[14]

Different forms of collaboration are needed to support people in different circumstances and with different needs. People living in rural and remote areas use tele and video conferencing to enhance collaboration between metropolitan based and country based services and practitioners. People from Aboriginal and CaLD backgrounds require mainstream services, mental health services and Aboriginal or multicultural services and organisations to work together. People who have a disability require a coordinated approach between mental health services and disability specialist services. People who experience coexisting problems arising from alcohol and drug use, having a disability or living with chronic or physical health issues have a particular need for the development of appropriate policies, programs and protocols developed across responsible agencies.

People who experience mental health problems and/or a mental illness, frequently have poorer physical health outcomes than the general population. It is recognised that improving physical health enhances recovery from mental illness and that access to smoking cessation, nutrition and physical activity programs need to be integrated into the services and supports available as part of recovery. In addition, mental health service providers require a more holistic approach in identifying and addressing coexisting physical health risks and problems and in working collaboratively with primary care providers to improve physical health outcomes.

Western Australian agencies and organisations are already collaborating to address significant issues for people with mental health problems and/or mental illness. A multi-agency approach to planning, service coordination and monitoring progress, for example, has been introduced for people with exceptionally complex needs and is overseen by senior agency executives. Supports and services are uniquely designed to wrap around individuals and in so doing, reduce offending, drug abuse, self-harm and other challenging issues while building more positive lives.

To address the needs of young people and adults who experience mental health problems and/or mental illness co-existing with drug and alcohol abuse, the Commission is collaborating with the Drug and Alcohol Office and other service providers to create better information, early intervention and integrated services to people experiencing these dual life challenges.

Action Area 2: Services working together continued

The Mental Health Commission has a key role to educate, influence and facilitate other government agencies, community sector organisations, private providers and communities to work well together, reducing gaps and inconsistencies in access and delivery, and cooperating to achieve common outcomes. There are many existing initiatives where agencies and services work creatively and effectively together. Continuing and strengthening this work is a strong priority of *Mental Health 2020* and will be vigorously promoted at policy, planning, funding, program and service delivery levels.

Looking forward means:

- Key stakeholders working together at policy, funding, program and service delivery levels to achieve common outcomes for mental health including prevention, early intervention, treatment and recovery initiatives.
- Collaborative partnerships between funding bodies across local, state and Commonwealth departments to commission integrated services and assist in effective service planning.
- Agencies and community sector organisations working with each other and with individuals, families and communities to mobilise unique combinations of informal and formal supports which meet individual, family and carer needs.
- People with exceptionally complex needs having access to cross-agency planning and wraparound approaches overseen by senior agency staff.
- Emergency clinical services working with primary care and community based services to support people with acute mental illness within the community in place of seeking hospitalisation.
- Improved access to employment, educational, and vocational training to support community participation and economic security.
- Increased focus from mental health service providers on the physical health needs of people with mental health problems through improved linkages to services, and access to information, guidelines, protocols and workforce development.

The Mental Health Commission has a key role to educate, influence and facilitate other government agencies, community sector organisations, private providers and communities to work well together...

Action Area 3: A good home

Having a stable form of accommodation is widely recognised as one of the most significant factors in achieving recovery for a person with a mental health problem and/or mental illness. A stable home helps people keep in touch with family and friends and form new relationships with neighbours and local communities. It provides a basis for other areas of a person's life to fall into place, such as getting back to work, finding a new job, or taking up sport, education and other activities.

For many people who experience mental health problems and/or mental illness, finding and maintaining life in a stable home can prove difficult. Some people move from house to house or become homeless. People in rented homes can be at risk of losing their home during periods of mental health instability.

" We heard you…

'Access to decent, stable and affordable accommodation with appropriate levels of support geared to individual needs is of critical importance to persons with mental illnesses.' [15]

A range of accommodation options are currently available to support people with mental health problems and/or mental illness after they leave hospital, when they are homeless or when they need an alternative place to live. Some options offer emergency, respite or short to medium term accommodation in community, hostel or residential facilities. Others provide permanent long term accommodation with high levels of support in group homes, hostels or residential facilities. There are also further options which link clinical and recovery services to a community home for as long as needed.

" Did you know?

Surveys estimate that in Western Australia, 43 percent of people in specialised mental health hospital beds could be discharged if housing and/or other appropriate support services were available. [16]

Supported housing options are currently available, however, more needs to be done as many people are still missing out or have few choices. Placing increased emphasis on recovery and early intervention requires a greater range of accommodation services to be available with each option linked to a suite of services that promote and sustain a good life.

Protocols and agreements between services will be strengthened to support early intervention for people with mental health problems/and or a mental illness at risk of losing their living arrangements.

Action Area 3: A good home continued

Mental Health 2020 has prioritised two significant developments. Firstly, the provision of transitional accommodation for people with mental health problems and/or mental illness who need either an intermediate step between hospital and home or a short term base to coordinate early treatment to avoid admission to hospital. Known as step-up, step-down approaches, this form of accommodation provides a solid base from which to stabilise treatment and arrange individualised planning and coordination. This will ensure that people are connected to the supports and services they need to re-establish a good life. Step-up, step-down facilities and home based options are being developed in Joondalup, Rockingham and Broome with additional services in key areas across the state as funds become available. An aim of these services will be to provide as 'home-like' an environment as possible, for any necessary specialist treatment.

The second development involves establishing independent homes for people who are homeless or at risk of homelessness with strong links to community based and clinical support. A total of 50 homes were made available in 2010. An additional 100 houses are being provided in 2011/2012 for people with severe mental health problems and/or mental illness to leave inpatient facilities, each home complemented by individualised support packages. The packages will enable individualised planning, coordination and funding to create a mix of informal and formal supports, including clinical services which are needed to establish long term recovery.

An increase in the number of independent houses and individualised packages over the long term paves the way for decreases in inpatient and hostel accommodation as people have access to a wider range of accommodation and support. These options allow more people to be discharged earlier from hospital and provide an unprecedented opportunity to establish stable homes and community lives.

Looking forward means:

- Strong collaboration between the Mental Health Commission, the Department of Housing, public, private and community sector organisations to establish and support people with mental health problems and/or mental illness in independent homes.
- People with mental health issues having increased access to:
  - stable homes complemented by the right combination of supports and services to build a good life;
  - affordable homes for rent and purchase;
  - subacute step-up and step-down services; and
  - specialised housing and community support packages for people living in mental health inpatient units for long periods or at risk of homelessness, to build good community lives.
- More people with mental health problems and/or mental illness living in their own homes with access to individualised support which connects them to family, friends, neighbours and communities and to a local network of services.

Action Area 4: Getting help earlier

Most Western Australians are aware of community programs aimed at preventing serious health issues or encouraging people to recognise risk factors and take action. For example, it is commonplace to see campaigns to prevent lung cancer by quitting smoking, encouraging children and young people at risk of obesity to eat well and exercise, and promoting routine screening for breast cancer. Western Australians have become increasingly at ease talking about and responding to public messages and programs in these areas. They are much less comfortable about acknowledging and acting to prevent mental health problems, or knowing how to seek effective help when the signs and risks of mental illness manifest. Earlier intervention promotes more effective recovery, can reduce the duration of an illness and decreases the negative impact of mental illness on people, families and communities over the course of their life. Early intervention is a cost effective strategy in reducing the need for hospitalisation and inpatient facilities.

" Did you know?

'Based on incidence of First Episode Psychosis per year in Australia, and assuming treatment was universally applied and maintained over the 'critical period' of five years after the first episode, it has been estimated that the net present value of savings for each year's cohort … would be $212.5 million '[17]

People experiencing initial or recurring signs of poor mental health, their families and carers often feel shame, stigma and fear of rejection, and as a result, do not seek help. Others, including colleagues, friends and other family members may not be sufficiently informed or confident to provide advice or support, or to help people access the right services.

" We heard you…

'Stigma leads to increased isolation with many carers feeling silence is better than reactions from admitting they care for someone with a mental illness.'[18]

Action Area 4: Getting help earlier continued

The large majority of people who experience mental health problems and/or mental illness and who access services, do not receive services from the public specialist mental health system but do so from primary health care services including GPs, psychiatrists, psychologists, social workers and allied health workers. The primary health care sector is ideally placed to identify mental health problems at their early stages including disorders such as anxiety, depression and co-occurring problems like physical problems, health and alcohol and drug problems. There are well known risk factors, predispositions, assessments and screening programs for mental health which can be used to identify people who require early intervention.

> " Mental illness is indiscriminate. It happens to the best of people, including those you would least suspect; your family member, neighbour, friend, teacher, favourite artist and doctor. There is no place for shame or blame. "

Andrew Miller, (left)
occupational therapist and friends

"We heard you ….

'…twenty-four hour help lines are good because people can talk without fear.' [19]

"We heard you…

'Carers are forced to watch consumers wait until their conditions become sufficiently florid to demand the attention of the largely hospital-based acute care system currently in place.' [20]

Mental Health 2020 has strong commitment to addressing prevention and early intervention priorities by complementing and building on existing programs.

- beyondblue is an organisation whose primary goal is to increase community awareness and understanding of depression, anxiety and substance use disorders and reduce stigma through personal contact with those whose lives have been directly affected.

- Western Australia's Curtin University has developed the Act-Belong-Commit program, a world first mental health promotion campaign to strengthen individual resilience and build mentally healthy communities. Act-Belong-Commit encourages Western Australians to foster mental health by keeping physically and mentally active, having a sense of belonging, and committing to goals and causes that provide meaning and purpose in life.

- Western Australians have access to early intervention telephone services that offer 24 hour services by trained volunteers or mental health staff.

- Although restricted geographically, early intervention programs are offered to young people and adults experiencing a first psychotic episode, adolescents who have extreme behaviour problems and are involved with the juvenile justice system, and for women experiencing perinatal stress, anxiety and depression. These programs pave the way for more broadly based interventions.

Mental Health 2020 will take strong steps to inform and educate Western Australians about mental health issues, preventive lifestyles and the best ways to get information and seek assistance for themselves, a family member or someone they know. Furthermore, communities will be encouraged to sustain their relationships with people who have mental health problems and/or mental illness and to include new people into their networks and activities. People who experience mental health problems and/or mental illness, their families and carers will be encouraged and supported to share their stories without shame and to continue or re-establish key relationships and community involvement.

Action Area 4: Getting help earlier continued

Looking forward means:

- Increased understanding by Western Australians in relation to:
  - mental health issues, preventive lifestyles and the best ways to seek assistance for people who are at risk; and
  - valuing and including people who have mental health issues into their family circles, neighbourhoods and communities.
- Increased capacity of community based medical and other services to respond to people with early signs of mental health problems and/or mental illness.
- Mental illness prevention and mental health promotion initiatives including community education and awareness campaigns, Mental Health First Aid training and local and targeted community based projects.
- More equitable access to appropriate mental health promotion, illness prevention, specialist treatment and support services through using population based planning to direct and allocate resources for mental health.
- More positive attitudes and beliefs about mental illness across the community and across all government agencies and community sector organisations.

I have had to "recover" from drug abuse, mental distress, physical illnesses and chemotherapy. In time I worked for a recovery oriented organisation, delivering training and speaking nationally and internationally. Now I have my own consulting business helping others find a place in the workforce.

Lyn Mahboub consumer advocate

Action Area 5: Specific populations

Mental health issues have a unique impact upon certain groups of people within the Western Australian population and require specialised responses. Although it is acknowledged that there are many groups with specific needs, *Mental Health 2020* focuses on the following specific populations:

- Aboriginal people;
- People from culturally and linguistically diverse backgrounds (CaLD);
- People living in rural and remote regions;
- Fly-in/Fly-out workers and their families;
- Infants and children;
- Youth;
- Older adults; and
- People who experience a range of co-occurring problems.

Aboriginal people

Aboriginal[a] people comprise around three percent of the population, are culturally diverse, have numerous language groups and are more evenly distributed across Western Australia than the general population. Many Aboriginal people experience economic, social, educational and health disadvantages and are overrepresented within the mental health system. Aboriginal people are hospitalised for mental health illness at significantly higher rates than the general population and have higher rates of suicide. Aboriginal women often are overburdened as they assume the major caring role for a number of family members with mental health, health, disability, alcoholism, justice and other issues.

> " The Aboriginal concept of mental health is holistic. It doesn't just mean the physical wellbeing of the individual but refers to the social, emotional and cultural wellbeing of the whole community. "

Professor Pat Dudgeon, University of Western Australia, (left) and colleagues

a   The term Aboriginal is used throughout the Strategy and refers to both Aboriginal and Torres Strait Islander people as Indigenous Australians. The Capital 'A' in Australian Aboriginal distinguishes them from other aboriginal peoples. The authors acknowledge the considerable cultural diversity throughout Western Australia and the term Aboriginal is not intended to imply cultural homogeneity.

Action Area 5: Specific populations continued

❝ Did you know?

While Aboriginal people comprise three percent of the population in WA, they make up five percent of the population who received specialised mental health inpatient services. [21]

The needs of Aboriginal people, families and communities are a key priority within *Mental Health 2020*. A number of initiatives are being established including a statewide specialist Aboriginal mental health service to provide a culturally responsive 'whole of family' approach for people with a significant mental health problem and/or mental illness. This service will support Aboriginal people to access mainstream mental health services and increase the capacity of these services to be more culturally responsive. In addition, services will be increased in regional and remote areas, cultural brokers will be employed and culturally responsive services will be fostered throughout the state.

Looking forward means:

- A statewide specialist Aboriginal mental health service for people with serious illness providing a comprehensive 'whole of family' approach.
- Aboriginal people with mental health and other issues including justice, drug and alcohol and health issues having access to improved culturally responsive co-ordination and support.
- Increased services in regional and remote areas, including the use of cultural brokers and the implementation of culturally responsive services.
- Increased cultural awareness for all mental health workers and service providers.
- An increase in the number of Aboriginal health workers.
- Increased focus on mental illness prevention and mental health promotion in Aboriginal communities.
- Linked models of care management between mental health and primary health care.
- Improved partnerships between Aboriginal communities and service providers.

Action Area 5: Specific populations continued

People from Culturally and Linguistically Diverse backgrounds

Western Australia's population is drawn from rich and varied cultural, linguistic and historical traditions. Over a quarter of the population were born overseas in more than 200 different countries and now live, work and study in Western Australia. Western Australians speak some 170 different languages and identify with more than 100 religious faiths.

People from CaLD backgrounds who experience mental health problems and/or mental illness together with their family and carers often confront barriers that result in reluctance to access services. These include barriers of language, a different cultural understanding of mental illness which can result in shame and isolation, lack of information about mental health services and how they operate in Western Australia and lack of support from immediate or extended family who may be in other countries. Newly arrived refugee groups, although small in number, may face additional issues such as poverty and unemployment. They have often experienced significant hardship or trauma and require culturally responsive mental health services.

Implementing strategies which focus on de-stigmatising mental illness and creating culturally sensitive mental health services are important steps in implementing the Vision of *Mental Health 2020*.

Action Area 5: Specific populations continued

" We heard you…

'Recovery coordination requires cross-sectoral buy-in. In the case of Culturally and Linguistically Diverse (CaLD) consumers, it also requires an understanding of religious and cultural norms.' [22]

Looking forward means:

- Development of culturally responsive mental health workers and services.
- Increased focus on mental health promotion, prevention activities, and the reduction of stigma in CaLD communities.
- A strengthened central planning and coordination role for CaLD services in Western Australia.
- Collection of data on the prevalence of mental illness and treatment rates in CaLD communities to inform future mental health prevention and treatment initiatives.
- Outreach initiatives to provide early identification and intervention for at risk groups, particularly those arriving through humanitarian programs.

Rural and remote areas

People living in rural and remote areas often face significant challenges to accessing appropriate and timely services as a result of geographical isolation. Recent consultation, for example, highlighted the reduced opportunities for mental health interventions due to limited availability of primary health care services, private psychologists and psychiatrists.

Technology is increasing access to mental health services, particularly in rural and remote communities. The new and expanding area of telepsychiatry offers video-conferencing between people in rural sites and metropolitan based psychiatrists. A confidential telephone service, Rurallink, offers a single point of contact for people in rural and remote areas to obtain information and advice from experienced community mental health staff.

Mental Health 2020 is committed to developing statewide mental health services and supports in ways that meet the diverse and unique needs and circumstances of rural and remote communities.

Action Area 5: Specific populations continued

Looking forward means:

- The support and development of innovative approaches to service delivery in rural and remote communities which draw on partnerships with local and metropolitan services and use state of the art technologies to facilitate services.
- Improved statewide emergency response and crisis services.
- Promotion of mental health issues in rural and remote regions in order to cultivate awareness and more resilient communities.
- The development of a database of Western Australian mental health services which operate in regional areas.

Fly-in Fly-out workers

The mining industry in Western Australia requires a large number of people to fly from their hometown to mine sites or other remote locations on a cyclical basis.

While these jobs pay well, they require long shifts and separation from family and friends, often for weeks at a time. This lifestyle impacts not only on workers but also on families who are left without one parent on a regular basis. Both workers and their spouses are considered at risk of developing mental health problems. Fly-in Fly-out workers are also considered to be at risk of misusing drugs and alcohol.

Looking forward means:

- Expansion and development of suicide prevention community action plans to address the needs of Fly-in Fly-out workers.
- Mental health campaigns targeted at the wellbeing of Fly-in Fly-out workers and their families.
- Increased focus on mental illness promotion and prevention for Fly-in Fly-out workers.

Infants and Children

Childhood is a time of rapid development when key building blocks for lifelong health, development, learning and wellbeing are being set in place. Families have significant impact on infant and child development. They need financial security, supportive family, friends and communities and access to health, child care and other key services. The engagement of vulnerable infants, children and their families during the formative early years is a high priority for *Mental Health 2020*.

" We heard you…

'The provision of universal parenting support and education is highly effective in supporting positive mental health outcomes for both parents and children.'[23]

A community based approach which reaches into homes and other natural settings can engage families and foster mental health wellbeing in infants and children. This involves partnering with universal supports including playgroups, child care, child health services, schools and parent support services to foster dedicated and connected supports and services. Community based, multi-agency and multidisciplinary hubs supported by specialist services are emerging and can be expanded and strengthened.

Infants and children whose parents have a mental health problem and/or mental illness are at greater risk of developing mental health problems, particularly in sole parent families. Specialist services are needed which provide dedicated support to children, counselling to families, training for mental health workers and which facilitate collaboration across government and community sector services.

Looking forward means:

- Improved support for perinatal and early childhood mental health services.
- Specialist teams supporting universal and community based supports and services to foster mental wellbeing in infants, children and families.
- Increased services for children of parents who have a mental health problem and/or mental illness, including access to peer support and mentoring.
- Support for children of parents with a mental health problem and/or mental illness to sustain their education, friends, community networks, employment and recreation opportunities.
- Training for universal and primary care services about mental illness and its impact on families.
- Dedicated 24 hour emergency response services for children and adolescents.
- Research investigating the number of children who have parents with mental health problems and/or mental illness and the impact on families, extended families, carers and services.
- Increased training opportunities for child and adolescent psychiatrists to maintain specialist expertise to support children, young people and families.

Action Area 5: Specific populations continued

Youth

> ## " Did you know?

75 percent of all severe mental illness begins before the age of 24 years, with the peak onset between 18-24 years of age. [24]

> ## " We heard you…

Young people appreciate and value the opportunity to be involved in planning, designing and delivery of services and facilities that young people access in order to ensure they are youth-friendly. [25]

> " I really enjoy working with young people. From the outside looking in, the successes often seem quite small. However, given the life experiences of these young people, sometimes the smallest progress is the beginning of a major shift. "

Sara Dina Psychologist working in juvenile justice

Action Area 5: Specific populations continued

Services to support good mental health and wellbeing in young people are underdeveloped both nationally and in Western Australia. This is despite the fact that it is well known that young people aged 16 to 24 years are particularly vulnerable to developing mental health problems. In Australia, young people in this age group have the highest prevalence of mental disorder of any population group, with more than a quarter (26%) experiencing a mental health problem and/or mental illness each year.[26] In comparison, close to a third (31%) of young people in Western Australia experience a mental health problem and/or mental illness each year.[27]

Young people with mental health issues are more likely to use and misuse drugs and alcohol than other young people. As a result they are at risk of dropping out of school, losing their job, having conflict with family and isolating themselves from friends and community activities that foster wellbeing. If a strong and focused strategy is not developed, young people will carry their illness into adulthood and face significant economic, social and emotional costs across all aspects of life.

Mental Health 2020 promotes a new and comprehensive youth stream approach for young people with mental health problems and/or mental illness which is closely aligned with national and state recommended initiatives. As expressed by 2010 Australian of the Year, Professor Patrick McGorry, a comprehensive youth mental health early intervention approach is required to "turn off the tap" of young people entering emergency departments and hospitals unnecessarily. Young people will benefit from individualised planning and coordinated approaches as a priority as these approaches are established across the mental health service system. Information about mental health will be targeted towards young people, their families, communities, schools, employers and to a wide range of agencies and services. Specialist mental health services will need to work closely with the headspace centres across the state and build on a solid foundation of youth engagement in order to enhance help seeking behaviour.

Emergency and crisis response services for young people will include early intervention, outreach services and youth-friendly emergency departments and inpatient facilities. These services will be complemented by step-up and step-down facilities catering for the unique needs of young people, the provision of more housing and support packages and increased specialist youth forensic services for young offenders.

Action Area 5: Specific populations continued

> Music talks about mental health and so can you. This is the message of Music Feedback which has engaged thousands of young people across WA. Music has spread the message that it's important to seek help for any mental health problems and there is no stigma attached.

Looking forward means:

- Individualised planning and coordination for youth experiencing mental health problems and/or mental illness.
- Information about the needs of youth and ways to foster mental wellbeing provided widely across Western Australia.
- A youth mental health stream statewide that integrates specialist and community mental health supports and services for young people and their families.
- Home based care and assessment as well as mobile outreach services.
- Expansion of contemporary inpatient and step-up and step-down accommodation services for youth.
- Increased numbers of independent homes and support packages for young people, with a strong recovery focus.
- Young people actively engaged in peer support as well as the planning and evaluation of their mental health care.
- Increased training opportunities for psychiatrists and other professionals to develop specialist expertise to support young people and families.
- Expansion and development of diversionary options for young offenders including community based treatment responses and specialised forensic hospital facilities.

Action Area 5: Specific populations continued

Older Adults

The number of older Western Australians is steadily increasing. Adults aged 65 years and older will number almost half a million people within the next decade, representing an increase of over 80 percent in this age group. By 2021, around 16 percent of Western Australians will be aged 65 years and over.

Although this group is anticipated to be more active and healthier than former generations, there is a strong correlation between increased health issues as people age including the prevalence of mental illness and dementia. Older people are likely to experience multiple health issues and will require mental health initiatives for prevention, early intervention, treatment and recovery that are responsive to their unique needs and circumstances. These require specialist mental health services and primary health care services to work together with aged care providers to reach across the state into homes, retirement villages and aged care services.

Looking forward means:

- Funding models which promote age-responsive prevention, early intervention, treatment and recovery for older people with mental health problems and/or mental illness or who are at risk of developing mental health problems and/or mental illness.
- Service approaches which reach out to people living independently, with family or carers, in aged care facilities or in retirement villages.
- Information about prevention, identification of and early intervention for mental health issues tailored for older adults and provided in a range of mediums to reach them, their families, carers and communities.
- Increased capacity of primary health and aged care workers to identify mental health problems and provide early intervention to prevent further illness.
- A range of accommodation options for older people with mental health problems and/ or mental illness and behavioural disorders which minimise periods of hospitalisation and which include step-up and step-down options as care needs change.
- Increased access to residential high dependency units and intensive in-home treatment and support for older people with severe mental illness.
- Adoption of contemporary approaches to support people with dementia and associated challenging behaviours.

Action Area 5: Specific populations continued

People with multiple needs

Many people have mental health and other health or disability related needs. People who have a disability, a drug and alcohol problem, an acquired brain injury or physical health problems also have significantly greater likelihood of experiencing mental health problems and/or mental illness. People with coexisting needs often face discrimination from neighbours and communities due to facing multiple life challenges. They can also face discrimination when accessing housing, further education, employment and justice services.

Person centred approaches to planning, connected services and community education are of key importance to help people build better lives. Action Area 2 outlines the ways in which services need to work together effectively to improve mental health outcomes and is of high importance to sustaining people with coexisting needs.

Looking forward means:

- Innovative funding models which foster a coordinated approach between mental health and drug and alcohol services.
- Development and implementation of shared approaches between mental health and services for people with disability and acquired brain injury.
- Better outcomes for people with co-occurring problems and complex needs, through joint planning and protocols, common assessment frameworks, community brokers, case management and joint programs.

Action Area 6: Justice

Many Western Australians tend to associate mental illness with offending and criminal behaviour. The reality, however, is that a very small percentage of people with mental health problems and/or mental illness are involved in the justice system. Providing secure hospital facilities during periods of acute mental illness when people with mental illness are at risk of self harm or harm to others reinforces this association. So too, does the use of uniformed police and police vehicles when transporting people at severe risk to hospital. *Mental Health 2020* aims to reduce this unintended association with criminal behaviour and promote contemporary community messages.

Although people involved with the criminal justice system represent a small minority of Western Australians, people with mental health problems and/or mental illness are greatly overrepresented in courts and prisons. It is estimated that around 74 percent of people in prison have some form of mental health problem in comparison to around one-fifth of the general population, with a high proportion having complex mental health and associated needs which are under diagnosed and poorly managed.[28]

" Did you know?

A 2006 study of 189 Magistrates' Court defendants found that 55 percent reported experiencing a mental disorder.[29]

" We heard you ….

'There needs to be reform in legislation to take into account forensics and the criminally impaired …'[30]

Too frequently, people are inappropriately and expensively caught in the criminal justice system for minor offences when they should be receiving effective mental health care and other interventions. Even when people with mental health problems and/or mental illness are sentenced to prison or require a safe and secure facility after being found not guilty of a major offence due to mental impairment, there are currently insufficient forensic inpatient services available to deliver appropriate assessment, treatment, care and recovery services.

Experience from other parts of Australia and internationally demonstrates that a comprehensive and linked response to people with mental health problems and/or mental illness involved in the criminal justice system is required.

Action Area 6: Justice continued

Continuum of intervention opportunities						
Pre-offending Prevention	Pre-arrest Police Diversion	Arrest/ Police Lock-up	Court Diversion and Support	Prison and Detention	Specialised Forensic Mental *Health Inpatient and Community*	Community Linked Services

Passage through the criminal justice system offers a continuum of intervention opportunities. At the outset, initiatives and programs can be aimed at preventing offending behaviour. Many of the promotion, prevention and early intervention strategies outlined in *Mental Health 2020* seek to strengthen connections between children and adults with mental health problems, their families, carers, friends, communities and services to build productive and satisfying lives and reduce antisocial behaviours and mental health issues.

Next on the continuum, programs and services target the pre-arrest stage where mental health expertise is made available to police at the time they respond to complaints and incidents that involve people believed to have a mental health problem and/or mental illness.

Once a person with mental health problems and/or mental illness has been arrested and is awaiting court appearance, 24 hour mental health assessment, treatment and referral needs to be provided at police lock-ups.

At the time when a person with mental health problems and/or mental illness makes an initial appearance in court, a team of mental health professionals can be made available to assess needs and to make recommendations about treatment and broader intervention. In place of sentencing, the development of an intervention plan which includes treatment for mental health needs and links to community based supports and services to prevent offending can be offered.

In circumstances where custody is the only available and safe option, comprehensive and integrated mental health care in prisons, detention centres and 'declared' places of residence is essential.

Specialised forensic mental health services are required to support many of the elements along the continuum. Adequate secure inpatient assessment and care is needed for seriously ill prisoners, persons remanded by courts for psychiatric assessment, and for those who are mentally impaired, with dedicated facilities catering for the particular needs of young people, women and people from Aboriginal backgrounds. Many convicted offenders face a range of social, emotional and life issues that coexist and, at times, precipitate periods of mental illness. These need to be addressed as part of forensic care and at the time of developing and implementing individualised discharge plans.

Action Area 6: Justice continued

Community based forensic services and programs are also required for people who are sex offenders or who have other dangerous and problem behaviours. Specialist community services focus on consultation and collaboration with general mental health services and with government agencies and organisations providing corrective services, drug and alcohol programs and services for people with a disability. A wraparound service approach is required for people with multiple issues to treat mental health, offending and other issues while strengthening family and community supports and opportunities for education, employment, recreation and other activities.

Mental Health 2020 is addressing mental health and criminal justice issues as a strong priority. The continuum of intervention opportunities will guide the development of targeted forensic initiatives and programs in collaboration with key government agencies and community sector organisations.

Looking forward means:

- New approaches to transporting people with a mental health problem and/or mental illness to and from hospital and court that do not involve uniformed police and police vehicles.
- Improved forensic prevention, diversion and treatment services for young people and adults with mental health problems who are involved with, or at risk of becoming involved with, the criminal justice system.
- Police and mental health teams working together to divert people with mental health problems and/or mental illness from being charged at the time of incidents.
- Court diversion programs for adults and children involving participation in treatment and rehabilitation programs as an alternative to prison sentences.
- Access to court advocates for offenders with mental health problems and/or mental illness.
- Increased forensic inpatient assessment, treatment and recovery services for prisoners with mental health problems and/or mental illness who are experiencing a high level of emotional disturbance.
- A safe and secure facility, or 'declared place', for the detention and treatment of accused offenders who are unable to stand trial or found not guilty because of unsoundness of mind.
- Forensic services to transition people with mental health problems and/or mental illness from prison to community mental health services and to person centred community supports.

Action Area 7: Preventing suicide

Each year in Western Australia, over 200 people die from suicide and for each suicide an estimated 20-30 people harm themselves in suicide attempts. Suicide is the leading cause of death for males under the age of 44 years and for females under the age of 34 years. The effects of suicide have profound and long term effects on the lives of family members, friends and colleagues who have been left behind.

" Did you know?

More than one in six participants in the 2005 Aboriginal Child Health Survey aged 12 to 17 years had seriously thought about ending their lives by suicide in the twelve months preceding the survey.[31]

Understanding the reasons why suicide occurs is complex. There is no single cause and no single solution, however, a comprehensive approach to addressing key known factors can prevent suicide and lower these disturbing statistics. Although significant areas of improvement have been made in recent years, such as the reduction in the overall rates of youth suicide and deaths in custody, it is clear that much more needs to be done in many communities across the state.

Suicide prevention strategies have recently been developed at national and state levels. In Western Australia, the Mental Health Commission is funding and coordinating a statewide suicide prevention strategy which aligns closely with national strategies and places particular emphasis on a range of high risk groups such as young people, young men, Aboriginal people and people who live in rural and regional areas.

" The impact of depression and suicide in my family has challenged me. My sister committed suicide. She had been depressed. Then my other sister took her own life. Tears would trickle for no reason and then cascade down my face. I was fearful this river would never stop. However, it's some years ago now, and my laughter is loud again. "

Sue Crock with her husband

Action Area 7: Preventing suicide continued

The Ministerial Council for Suicide Prevention is responsible for leading and overseeing the strategy which will improve the strength and resilience of communities, expand community knowledge of suicide, and support capacity building in communities at increased risk.

The WA Suicide Prevention Strategy 2009-13 has a strong focus on community action plans, led and owned by local communities. These will be complemented by a range of agency action plans and universal strategies, which will work towards building a safety net within organisations for people at risk of suicide as well as supporting sustainable local community action plans.

A community coordination approach is being adopted in communities experiencing early signs of suicide risk. Local community coordinators work with community members to develop action plans to identify existing suicide prevention activities and determine where additional initiatives are needed. Based on community action plans, strategies to strengthen existing community activities and create new initiatives can build comprehensive approaches tailored to the unique needs of local areas. *Mental Health 2020* is committed to supporting these significant suicide prevention reforms to reduce suicide and build better lives for young people and adults at risk.

❝ Did you know?

On average 240 Western Australians take their own lives each year, well above the average annual road toll of 191. [32] The age standardised rate of suicide has shown an increasing trend since 2005.

Looking forward means:
- Development and implementation of Community Action Plans and Agency Action Plans across Western Australia.
- Increased community awareness and information about suicide including ways to recognise, support and prevent young people and adults who are at risk.
- A strengthened statewide suicide emergency response service with information about the service widely disseminated.
- New initiatives to identify and support young people and adults at risk of attempting suicide, including telephone and online services.
- Education and training programs about mental health and suicide prevention for front-line emergency workers, police, welfare and other key service providers.
- Coordinated and connected suicide prevention initiatives across all levels of government, community and private sectors.

Action Area 8: A sustainable workforce

Implementation of the Reform Directions in *Mental Health 2020* requires a sustainable, well trained and capable workforce able to understand and meet the diverse needs of people with mental health problems and/or mental illness, their families, carers and communities.

Western Australia is experiencing a shortage of mental health workers from a range of disciplines. This is a global issue due to attrition from an ageing workforce and a shortage of generalist and specialist trained mental health professionals. Workforce shortages are magnified in regional areas of the state where services struggle to attract experienced practitioners.

Workforce development requires strategies for attraction, retention, professional development and training. Professional associations have a major role in developing capabilities through quality and safety, information dissemination, workforce development and promoting evidence-based practice. Implementing the reforms in *Mental Health 2020* also requires strong connections with government agencies, primary health care, professionals in private practice and community sector organisations to foster united and contemporary approaches. For example, workers within education, justice, public transport, disability services, general health, Aboriginal health and primary health care have significant roles in facilitating wellbeing, identifying people at risk of experiencing mental health problems, and participating in early intervention and recovery interventions.

" We heard you ….

'…Staff need to be invested in to encourage the move away from a medical model where mental health practitioners assume 'expert' status … Need formal training in how to partner with people.' [33]

A national workforce strategy for mental health provides guidance across five areas: supporting and developing the current mental health workforce, increasing workforce numbers, building the capacity for innovation and reform, facilitating health and community service providers to work effectively with individuals, their families, carers and communities, and maintaining quality workforce data. The strategy outlines a wide range of workforce training, development and supervision strategies, the training of workers who can respond to the diversity and complexity of communities and working closely with individuals and consumer and carer organisations in developing, implementing and monitoring developments.

Mental Health 2020 is committed to playing a key role in embedding these nationally agreed directions in Western Australia. The Vision and three Reform Directions place strong emphasis on person centred approaches, building connections and facilitating prevention, early intervention and recovery to complement treatment services. A workforce is required which embraces these directions and is skilled in implementing them across the full range of mental health services.

Action Area 8: A sustainable workforce continued

Looking forward means:

- Training and development for mental health workers working in government agencies and community sector organisations in relation to person centred approaches, building connections and facilitating prevention, early intervention and recovery.

- A workforce that is responsive to the diversity and complexity of Western Australians, including people of different ages, from Aboriginal and CaLD backgrounds, people with disability, people living in rural and remote locations and to the unique needs of other specific population groups.

- Adoption of a holistic approach to workforce development that results in increased mental health workforce recruitment, retention and job satisfaction.

- Investments in scholarships and training positions in areas of workforce shortages in mental health.

- Use of innovative workforce strategies and communication technologies to promote recruitment, training and retention of mental health workers in rural and remote areas.

- Greater participation of Aboriginal people within the mental health workforce.

- Peer support and mentoring as an accepted and valued part of mental health support and services.

- Involvement of individuals and consumer and carer organisations in the assessment, planning, delivery and review of services.

- A culture of innovation to foster and trial new practices and collaborative partnerships.

Action Area 9: A high quality system

A high quality mental health system ensures the rights of people with mental health problems and/or mental illness are protected and that they have access to high standards of contemporary treatment, supports and services. The Mental Health Commission has been established as the key commissioning body in Western Australia responsible for achieving a high quality mental health system. In doing so, the Commission is:

- engaging people with mental health problems and/or mental illness, their families and carers as partners in the development of service systems, programs and individual services;
- working with all stakeholders to achieve and sustain reform;
- funding a balanced mix of statewide services across government, community and private sectors;
- achieving value for money by balancing investment in inpatient facilities with investment in lower cost and effective primary health and community based services;
- fostering the development of a well trained and capable mental health workforce;
- implementing systems to protect the rights of people with mental health problems and/or mental illness; and
- developing a quality assurance system that monitors services against consumer focused standards and outcomes.

Action Area 9: A high quality system continued

A new Mental Health Act will enshrine, in law, the rights of people with mental health problems and/or mental illness, especially those people who are most vulnerable. It will form the basis for a strong governance and quality assurance system, building on the existing roles of the Chief Psychiatrist, the Council of Official Visitors and the Mental Health Review Board. This legislation will advance the rights of people with mental health problems and/or mental illness through the introduction of a Consumer Charter which is consistent with the United Nations Convention on the Rights of Persons with Disabilities and which complements the Carers Charter provided for under the Carers Recognition Act 2004.

At the time of establishing the Commission, the Mental Health Advisory Council was established to oversee mental health reforms. The Western Australian Association of Mental Health Consumers is also being established to strengthen the input of consumers into mental health policy and planning, complementing work already undertaken by strong carer associations and other consumer bodies. This body will continue to be consulted in planning, implementing and reviewing new priorities through the Mental Health Advisory Council and other collaborative relationships.

A high quality mental health system for Western Australia will have a balanced range and mix of services and investments in the following areas:

- Treatment: including acute inpatient hospital beds; step-up and step-down facilities; community mental health teams; primary care through GPs, allied health and private specialists; emergency departments and after hours services; and forensic mental health services in hospitals, prison and community.
- Accommodation: including individual homes, community supported residential units, community options houses, hostels and homeless units.
- Support services: integrated services; wraparound and individualised/self directed care packages; advocacy; rehabilitation; education and training; employment; peer support; community coordination and case management.
- Promotion and prevention: including promoting mental health and wellbeing; early intervention and reducing stigma; information, telephone and self care resources; and actions to decriminalise mental illness.

Each part of the mental health system is interconnected. Increasing the number of homes, individualised support packages and community based approaches will reduce reliance on inpatient facilities. Fostering a range of local informal and formal supports to complement the services provided by locally based primary health services will reduce reliance on specialist mental health clinics.

Action Area 9: A high quality system continued

Investing in the right mix is fundamental to achieving a high quality service system. The Commission will use its capacity as a purchaser to contract with the most appropriate government, community sector and private providers and increase the range of formal and informal choices available to people with mental health problems and/or mental illness. In doing so, the Commission will continually track progress and reflect on how it is improving the lives of people affected by mental health problems and/or mental illness. The person, not the system, will be the central focus.

Currently in Western Australia, the majority of state government funds are directed to public mental health services for people experiencing increasingly acute mental illness. Only 10 percent of funds are directed to community services provided by not for profit community organisations, even though it is well known that a main driver for people attending emergency departments and staying in hospital beds is the lack of community support services. The rebalancing of investment will need to see a stronger investment in community support services and housing as well as a stronger focus on early intervention though a comprehensive youth mental health stream and stronger support for infants and children.

The Mental Health Commission will work closely with the sector to design and specify a new mental health services framework based on current and projected population and demand. Partnerships will be strengthened with universities and researchers to enhance the evidence base for service planning and development. As part of this process, the Commission

will work to strengthen the sustainability, quality and value for money of current services as well as new approaches to innovation and self directed support.

The provision of high quality mental health services requires the specification and monitoring of service outcomes and standards. All service providers will be required to progressively implement and comply with the National Standards for Mental Health Services (2010). The quality system will be underpinned by a continuing collaborative partnership between the Mental Health Commission and the Department of Health. The partership will maintain the recognition of, and compliance with, general health quality assurance directions and processes in integrated services. This will continue consumer and carer focused quality outcomes.

The Commission will be responsible for monitoring all funded services at regular intervals and taking strong action to facilitate improvement when required. The quality system must embrace and complement the existing structures and processes that are well established in the hospital system in particular. It must guard against unnecessary bureaucracy but be sufficiently robust to ensure that there is an appropriate level of oversight commensurate with the complexity of the service.

Western Australia is taking reform seriously. The directions in this Action Area lay the foundation for a high quality system informed by what people with mental illness need across Western Australia, the most contemporary approaches to providing services and support, the involvement of individuals, families and carers and ongoing engagement with all stakeholders.

Action Area 9: A high quality system continued

Looking forward means:

- A new Mental Health Act that advances the rights of people with a mental health problem and/or mental illness.
- Development and monitoring of mental health service outcomes and standards for all government and community sector providers that align to the National Standards for Mental Health.
- Continuous service improvement in response to meaningful and regular feedback about service performance.
- A Mental Health Advisory Council to provide independent advice on mental health reforms.
- A strengthened consumer voice through the Western Australian Association of Mental Health Consumers.
- Implementation of a range of contracting reforms to build a responsive and sustainable not for profit sector in mental health.
- A strengthened information system across the sector to underpin services planning, funding methodologies, and integrated commissioning.
- A new mental health services framework that describes evidence based service elements and guides planning.

The road ahead

Mental Health 2020 describes wide ranging, ambitious and achievable future directions. In achieving these directions, the Mental Health Commission will continue conversations with people who have a mental health problem and/or mental illness, their families and carers, government agencies, community sector and private organisations, universities and professional bodies. The Commission will collaborate with all stakeholders to progress these critical and timely Reform Directions, embedding person centred, connected approaches and a balanced investment across mental health services in Western Australia.

The Reform Directions will be implemented in a staged approach to build enduring capacity and a strong foundation for future progress. Annual and multi-year business plans will be developed to secure the resources. To track and report progress, the Commission will produce the following plans and reports.

1. *Mental Health Action Plan 2011/12*—stage one implementation priorities and strategies, including a number of multi-year projects.
2. *Annual Action Plans*—an annual document listing key specific initiatives that the Commission and other stakeholders will undertake during a 12 month period.
3. A *Mental Health Services Framework* that describes evidence based service elements and guides planning.
4. Annual progress will be reported in the Mental Health Commission's Annual Report.

In addition, the Commission will regularly assess its service delivery programs to ensure that resources are being used effectively to improve the lives of people with mental health problems and/or mental illness, their families and carers. Comparisons will be made with other service systems across Australia to ensure Western Australia is producing high quality and cost effective outcomes. The Commission will also keep abreast of new and emerging trends that may need to be addressed during the reform process.

Through these well established processes to track, progress and ensure accountability, Western Australians can be very confident that *Mental Health 2020: Making it personal and everybody's business* will harness the commitment and resources required to create a modern and effective mental health system and support better lives for people who experience mental health problems and/or mental illness.
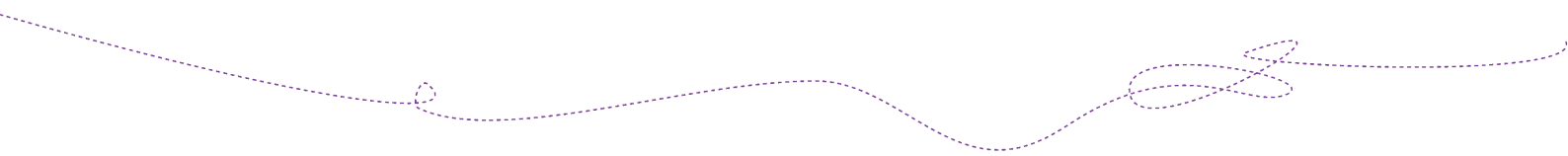
The journey begins

Mental Health 2020 provides broad strategic directions for the next decade. Many key actions have already commenced. The Minister for Mental Health has been appointed and the Mental Health Commission established as a new department in 2010 with a dedicated budget to drive the reform process.

Since the Commission was formed, it has played an important role in strengthening the voice of people with mental health problems and/or a mental illness, as well as their family, carers, friends and community. The Western Australian Association of Mental Health Consumers is being established and the Mental Health Advisory Council, made up of people from a wide variety of backgrounds from within the community is operational.

Many actions from Mental Health 2020, including investments made by the Government in the 2011-12 budget process are underway and there is a strong focus on collaborative partnerships and person centred services.

Early actions and investments include:

- Increased funding of $6.7 million 2011/12 for not-for-profit organisations *has supported investment in the growing partnership with the community* sector. Additional funding may be available to eligible organisations from July 2013.
- Commencement of the Statewide Specialist Aboriginal Mental Health Service, which is a comprehensive dedicated service for Aboriginal People experiencing mental health problems and/or a mental illness.
- *Suicide Prevention Strategy* funding of $13 million to support the Ministerial Council for Suicide Prevention implementation of 50 community action plans and 50 agency action plans statewide.
- Young people at risk of suicide and depression will receive greater focus and additional help with $1.2 million over four years to Youth Focus.
- Additional telephone counsellors for the Lifeline crisis line.
- Community housing options for 100 people who experience mental health problems and/or mental illness through new capital funding of $46.5 million.
- New funding of $25.18 million over four years for personalised packages of support and individualised funding to help 100 people make a successful transition from hospital inpatient care to living in the community.
- Capital funding of $12.8 million to build two intermediate care facilities, in Rockingham and Joondalup. These units will provide support when people are unwell providing an alternative to admission into acute inpatient care. They also provide options if additional support is needed after discharge from hospital.
- Drafting the new Mental Health Bill is well underway, including strong protection for the rights of consumers and carers.

Glossary of terms

Acute mental health services:
Acute mental health services provide specialist psychiatric care for people who present with acute episodes of mental illness. These episodes are characterised by severe clinical symptoms of mental illness that have potential for prolonged dysfunction or risk to self and/or others. The treatment effort is focused upon symptom reduction with a reasonable expectation of substantial improvement. In general, acute services provide relatively short term treatment.

Carer:
A carer is a person who *(without being paid)* provides ongoing care or assistance to another person who has a disability, a chronic illness or a mental illness, or who is frail.

Community mental health services:
Those services and teams that are delivering care outside of inpatient settings across the child and adolescent, adult and older people sectors.

Consumer:
A person who uses or has used a mental health service or who has experienced/is recovering from a mental illness.

Court diversion:
Court diversion or intervention programs recognise that a person has reached a crisis point when they appear in court charged with an offence. In partnership with community based services, court intervention programs to address the issues that underpin a person's offending behaviour in order to reduce the likelihood of reoffending.

Early intervention:
Responding early in life, early in the course of a mental health disorder or illness, and early in an episode of illness, to reduce the risk of escalation, have positive impact in the pattern of illness and minimise the harmful impact on individuals, their families and the wider community.

Evidence based practice:
Developing responses based on identified client needs and the best available evidence on effectiveness through research and evaluation.

Forensic mental health services:
Refers to mental health services that principally provide assessment, treatment and care of people with a mental health problem and/or mental illness who are in the criminal justice system, or who have been found not guilty of an offence because of mental impairment. Forensic mental health services are provided in a range of settings, including prisons, hospitals and the community.

Individual coordination:
Individual coordination provides a locally based approach to supporting people with mental health issues and their families to navigate, plan and coordinate access to the services and supports needed to live a good life.

Mental health:
A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

Mental health promotion:
Any action taken to maximise mental health among populations and individuals. It aims to protect, support and sustain the emotional and social wellbeing of the population. It is applicable across the entire spectrum of mental health interventions and is focused on the promotion of wellbeing rather than illness prevention or treatment.

Mental health services:
Refers to services in which the primary function is specifically to provide clinical treatment, rehabilitation or community support targeted towards people affected by mental illness or psychiatric disability, and/or their families and carers. Mental health services are provided by organisations operating in both the government and non government sectors, where such organisations may exclusively focus their efforts on mental health service provision or provide such activities as part of a broader range of health or human services.

Glossary of Terms

Mental illness:
A clinically diagnosable disorder that significantly interferes with an individual's cognitive, emotional or social abilities. The diagnosis of mental illness is generally made according to the classification systems of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD).

Outreach services:
An outreach service refers to a program or initiative that provides mental health services in a location removed from a central management site.

Peer support and peer support workers:
Social and emotional support, frequently coupled with practical support, provided by people who have experienced mental health problems and/or mental illness to others sharing a similar mental heath condition. Peer support aims to bring about a desired social or personal change.

Perinatal mental health:
The emotional and psychological wellbeing of women, encompassing the influence on infant, partner and family, and commencing from preconception through pregnancy and up to 36 months postpartum.

Person centred mental health services:
An approach to service which embraces a philosophy of respect for, and a partnership with people receiving services. A collaborative effort consisting of patients, patients' families, friends and mental health professionals.

Prevention:
Strategies to maintain positive mental health through pre-emptively addressing factors which may lead to mental health problems or illnesses. These strategies can be aimed at increasing protective factors, decreasing risk factors or both, as long as the ultimate goal is to maintain or enhance mental health and wellbeing.

Recovery:
A personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful and contributing life.

Resilience:
The positive capacity of people to cope with stress and adversity.

Social inclusion:
Social inclusion refers to policies which result in the reversal of circumstances or habits which lead to social exclusion. Indicators of social inclusion are that individuals are able to secure a job; access services; connect with family, friends, work, personal interests and local community; deal with personal crisis; and have their voices heard.

Stepped care:
A service system that is organised as a range of steps from the least intensive to the most intensive. The system is balanced by ensuring there is sufficient capacity at each of the less intensive service steps so as to limit the need for more intensive options. Costs are likewise graduated across the steps from the least expensive to the more expensive.

Stigma:
Stigma is a mark or label that sets a person apart. Stigma can create negative attitudes and prejudice which can lead to negative actions and discrimination.

Whole of government services:
Whole of government denotes public agencies working across portfolio boundaries to achieve a shared goal and an integrated government response to particular issues. Approaches can be formal and informal. They can focus on policy development, program management and service delivery.

Wraparound
An approach that envelops a person with mental health problems and/or mental illness (usually someone with complex and multiple challenges), and where relevant their family, with an array of integrated supports and services to build and maintain the person's (and their family's) strengths and address holistic and specific needs.

Please visit www.mentalhealth.wa.gov.au for a referenced glossary of the terms outlined in this document.

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