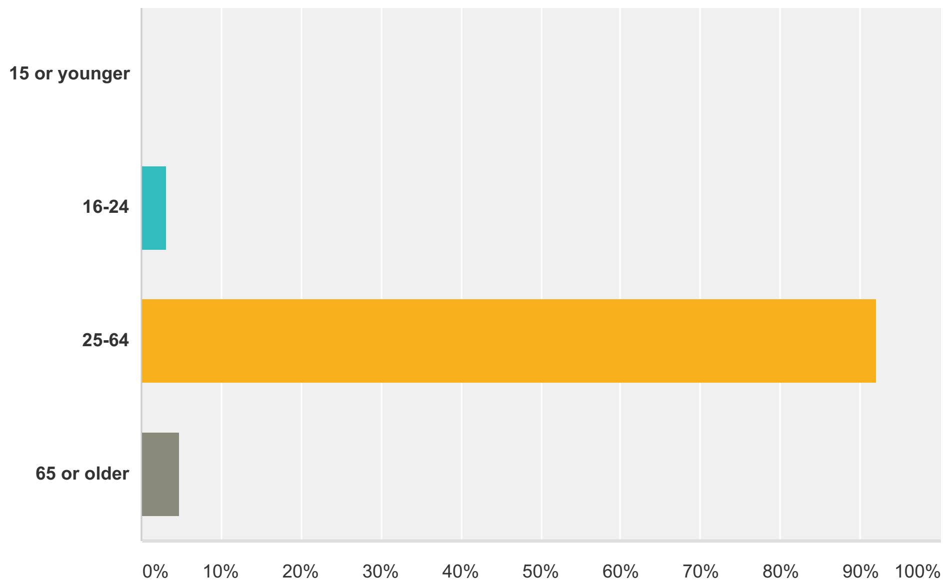
Q1 What is your age? (optional)

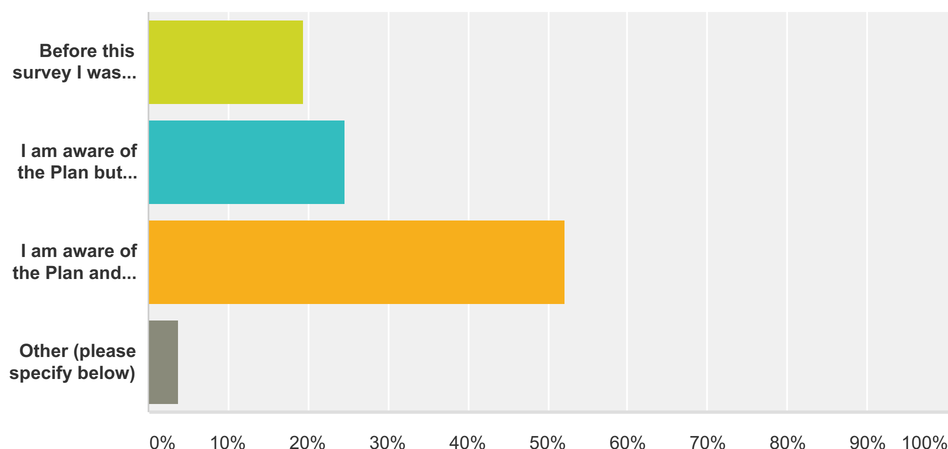
Answered: 227   Skipped: 18



Answer Choices	Responses	
15 or younger	**0.00%**	0
16-24	**3.08%**	7
25-64	**92.07%**	209
65 or older	**4.85%**	11
Total		**227**

Q2 What is your level of awareness of "The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (the Plan)"?

Answered: 243 Skipped: 2

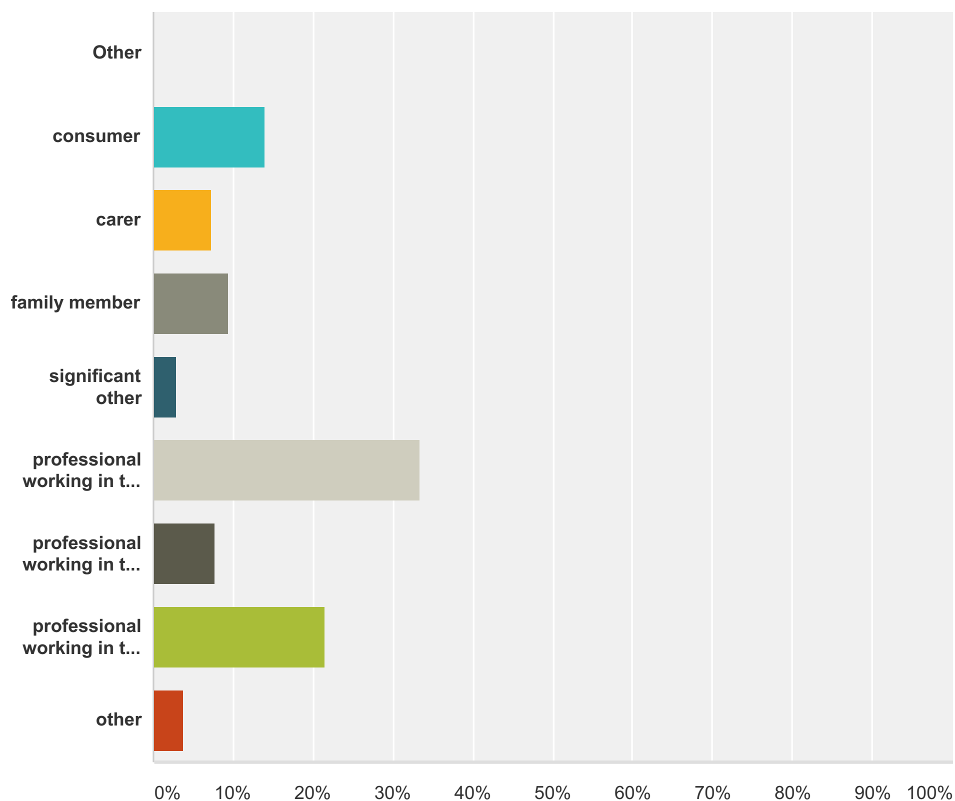


Answer Choices	Responses	
Before this survey I was NOT aware of the Plan	**19.34%**	47
I am aware of the Plan but have NOT read it	**24.69%**	60
I am aware of the Plan and HAVE read it	**52.26%**	127
Other (please specify below)	**3.70%**	9
Total		**243**

#	Other (please specify below)	Date
1	Aware of the Plan and have read sections of it	3/18/2015 12:08 PM
2	have read the 8 pg summary	3/16/2015 6:27 PM
3	Staff were provided with a summary of and access to a printed copy of the Plan and fact sheets on each stream. Responses indicated that approximately 45% of staff who participated in the internal survey were aware of the plan, approximately 31% had a low level of awareness of the content of the Plan and approximately 23% were previously not aware of the Plan and had not read it.	3/16/2015 11:48 AM
4	Listened to the video's.	3/7/2015 1:10 PM
5	Havent read but listened to video's.	3/7/2015 1:01 PM
6	Aware and read some sections	2/28/2015 11:29 PM
7	I am aware of the plan, have read the summary and skinmmed through the larger document	2/4/2015 10:04 AM
8	read summary	2/3/2015 11:15 AM
9	minimal	12/3/2014 3:58 PM

Q3 In what capacity are you providing your views?

Answered: 243 Skipped: 2



Answer Choices	Responses	
Other	**0.00%**	0
consumer	**13.99%**	34
carer	**7.41%**	18
family member	**9.47%**	23
significant other	**2.88%**	7
professional working in the mental health sector	**33.33%**	81
professional working in the alcohol and other drug sector	**7.82%**	19
professional working in the general health sector	**21.40%**	52
other	**3.70%**	9
Total		**243**

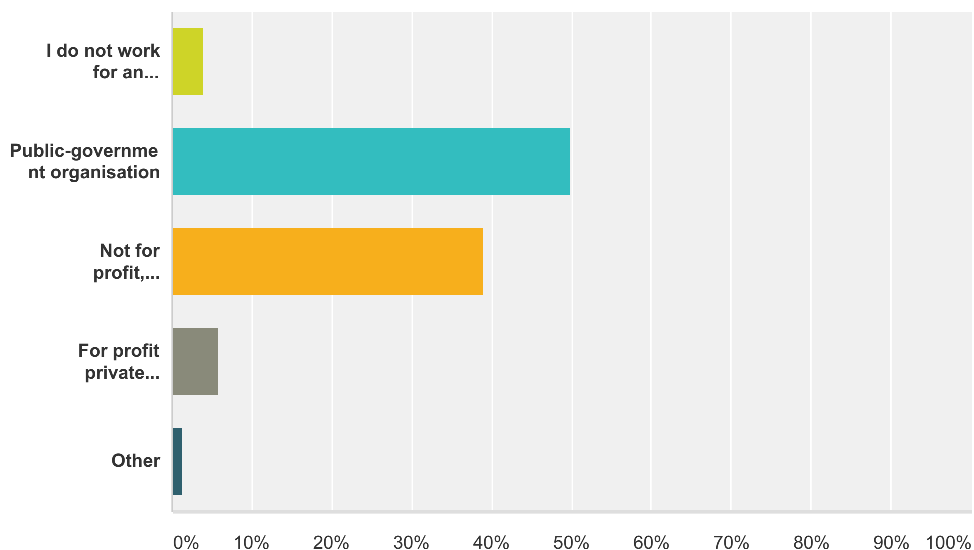
#	Other (please specify below)	Date
1	Hospital Chaplain	3/30/2015 5:04 PM
2	Service Provider working in the Mental Health Sector	3/30/2015 4:04 PM
3	Local Government	3/30/2015 2:47 PM
4	professional working in the education sector in mental health of children	3/29/2015 9:19 PM
5	Executive Officer of the Women's Community Health Network WA	3/29/2015 5:37 PM
6	Consumer, carer, family member and COPMI (Child of a parent with a mental illness) all my personal lived experience views	3/27/2015 5:25 PM

7	professional working across mental health, children and family sectors	3/27/2015 4:08 PM
8	Professional on behalf of an organisation	3/27/2015 10:03 AM
9	Consumer, significant other and public servant at the Department of Health	3/19/2015 5:47 PM
10	Student who has studied cert 4 mental health in 2014, currently studying diploma in community services in 2015	3/19/2015 10:52 AM
11	The views expressed in this survey are those of the Public Advocate, Pauline Bagdonavicius. The Public Advocate undertook consultation with the staff of the Office of the Public Advocate and the responses of staff were used to inform the Public Advocates views.	3/16/2015 11:48 AM
12	GP	3/14/2015 3:28 PM
13	headspace centre representing the headspace model	3/14/2015 10:17 AM
14	TEacher	3/13/2015 11:41 AM
15	No 'Other' box to tick and it would not allow me to continue. I am a professional in the education sector and the tick above is not correct.	2/28/2015 11:29 PM
16	Professional working in the Mental health and Alcohol and other drug sector	2/25/2015 8:19 PM
17	as an interested onlooker.	2/23/2015 4:10 PM
18	professional working in the child protection sector	2/21/2015 6:34 PM
19	Homelessness sector	2/20/2015 1:06 PM
20	Child Protection Worker	2/20/2015 2:13 AM
21	mental health advocate	2/18/2015 2:34 PM
22	Professional in the health sector and consumer	2/17/2015 9:21 PM
23	Previously have worked in Mental Health sector	2/16/2015 3:28 PM
24	work in education and health	2/15/2015 3:25 AM
25	Also a family member	2/12/2015 3:51 PM
26	and personal experience as a significant other	2/12/2015 12:34 PM
27	Executive Officer not for profit organisation	2/11/2015 4:02 PM
28	Proefssional working with homeless males.	2/11/2015 6:21 AM
29	Primary Care	2/9/2015 10:35 AM
30	Previously Deliberate Self Harm Senior Social Worker ED Fremantle Hospital	2/6/2015 10:31 AM
31	it will not allow me to tick 2 boxes i am also a carer for a relative with serious MH issues	2/4/2015 1:34 PM
32	Also as a family member and professional in mental health - sometimes we are more than just one stakeholder....	2/4/2015 12:04 PM
33	also consumer and person with lived experience	2/4/2015 7:19 AM
34	professional working in the disability sector and also a consumer	2/3/2015 6:54 PM
35	Mental Health Postgraduate student	2/3/2015 6:51 PM
36	Education and policy	2/3/2015 3:44 PM
37	and professional in general nursing	2/3/2015 3:36 PM
38	Professional working in the community sector	1/12/2015 1:42 PM
39	Youth Worker	1/12/2015 11:34 AM
40	carer advocate and ex- professional mh clinician and experienced AOD counsellor	1/11/2015 4:14 PM
41	Professional working in Prisoner Rehabilitation Service	1/8/2015 4:39 PM
42	Mediation in sparation and divorce	1/8/2015 1:45 PM
43	Professional working in aged care	1/8/2015 1:44 PM
44	Significant other is the only box I do not tick. I can and would tick all other boxes.	1/8/2015 12:49 PM
45	Active Listening Service	12/28/2014 7:24 PM
46	consumer involved in the setting up and co-ordination of two incorporated organisations:1.Anxiety Disorders Foundation 2.Anxiety Self Help Association.Received Order of Australia in relation to work in this field.	12/17/2014 10:49 PM
47	Local Government	12/16/2014 10:32 AM

48	You can be a professional AND a consumer, carer or family member - this question is poorly designed	12/8/2014 8:33 AM
49	Treasury	12/3/2014 3:07 PM

Q4 What category best describes the PRIMARY organisation you work for in the Mental Health and/or Alcohol and Other Drug Sectors?

Answered: 154 Skipped: 91

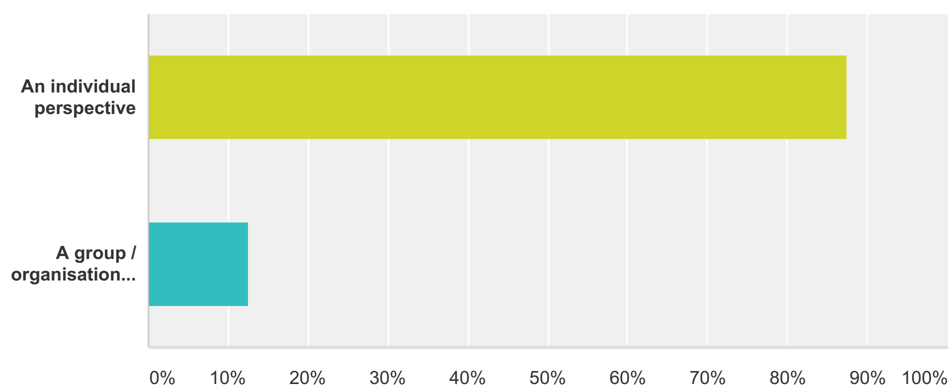


Answer Choices	Responses	
I do not work for an organisation	**3.90%**	6
Public-government organisation	**50.00%**	77
Not for profit, non-government organisation	**38.96%**	60
For profit private organisation	**5.84%**	9
Other	**1.30%**	2
Total		**154**

#	Other (please specify below)	Date
1	local government	3/30/2015 2:58 PM
2	The staff at the Office of Public Advocate (OPA) provide help and suppport to adults who have a disability that affects their capacity to make decisions in their own best interests.	3/16/2015 11:52 AM
3	Gereral Practice	3/14/2015 3:30 PM
4	abc	3/4/2015 3:12 PM
5	Hampton Road Service	2/10/2015 4:46 PM
6	Much of the work I do is as a consequence of being known in the community, particularly the Aboriginal community and assisting then.	1/8/2015 12:50 PM
7	Educational	12/4/2014 3:27 PM

Q5 Do the responses to this survey represent an individual or group / organisational perspective?

Answered: 233 Skipped: 12



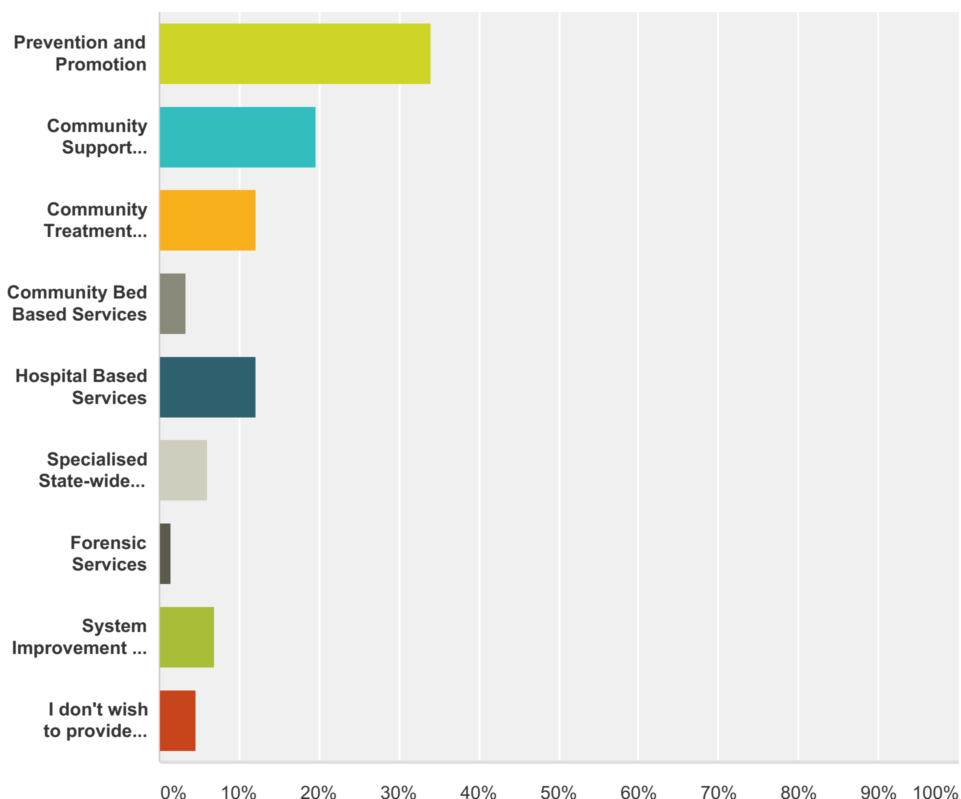
Answer Choices	Responses	
An individual perspective	**87.55%**	204
A group / organisational perspective (please specify the name of your organisation below)	**12.45%**	29
Total		**233**

#	A group / organisational perspective (please specify the name of your organisation below)	Date
1	Chief Health Professions Office	3/30/2015 11:38 PM
2	Medibank Health Solutions	3/30/2015 4:04 PM
3	Shire of Manjimup	3/30/2015 2:58 PM
4	Women's Community Health Network WA	3/29/2015 5:38 PM
5	Ruah Mental Health Perspectives on children families and mental health	3/27/2015 4:09 PM
6	Neami National	3/27/2015 10:04 AM
7	Anglicare WA	3/25/2015 8:47 AM
8	Anglicare WA	3/18/2015 4:23 PM
9	The Office of the Public Advocate	3/16/2015 11:52 AM
10	Samaritans Inc t/a Samaritans Crisis Line	3/14/2015 5:58 PM
11	The headspace National Youth Mental Health Foundation	3/14/2015 10:18 AM
12	ASDAD AS	3/13/2015 11:41 AM
13	abc	3/4/2015 3:12 PM
14	Samaritans Inc t/a Samaritans Crisis Line	3/2/2015 8:11 PM
15	Complex Needs Coordination Team - South Metro Health	2/26/2015 3:25 PM
16	The Drug and Alcohol Withdrawal Network	2/25/2015 4:04 PM
17	south west emergency care for children inc	2/21/2015 6:35 PM
18	Survivor Foundation Inc	2/19/2015 12:49 PM
19	asadsd	2/17/2015 4:10 PM
20	Investing In Our Youth Inc	2/11/2015 4:03 PM
21	Palmerston, Outcare and DAWN Capacity building project	2/4/2015 12:05 PM
22	Mens Outreach Service	2/3/2015 3:21 PM
23	SHBBVP	1/29/2015 2:12 PM

24	Alive & Kicking Goals Indigneous Suicide Prevention Project	1/27/2015 10:09 AM
25	SIDS and Kids WA	1/19/2015 9:19 AM
26	sas	1/16/2015 4:40 PM
27	Samaritans	12/28/2014 7:24 PM
28	City of Nedlands	12/16/2014 10:32 AM
29	Treasury	12/3/2014 3:07 PM

Q6 What service stream do you want to provide feedback on, or want to know more about? (Please select only one)

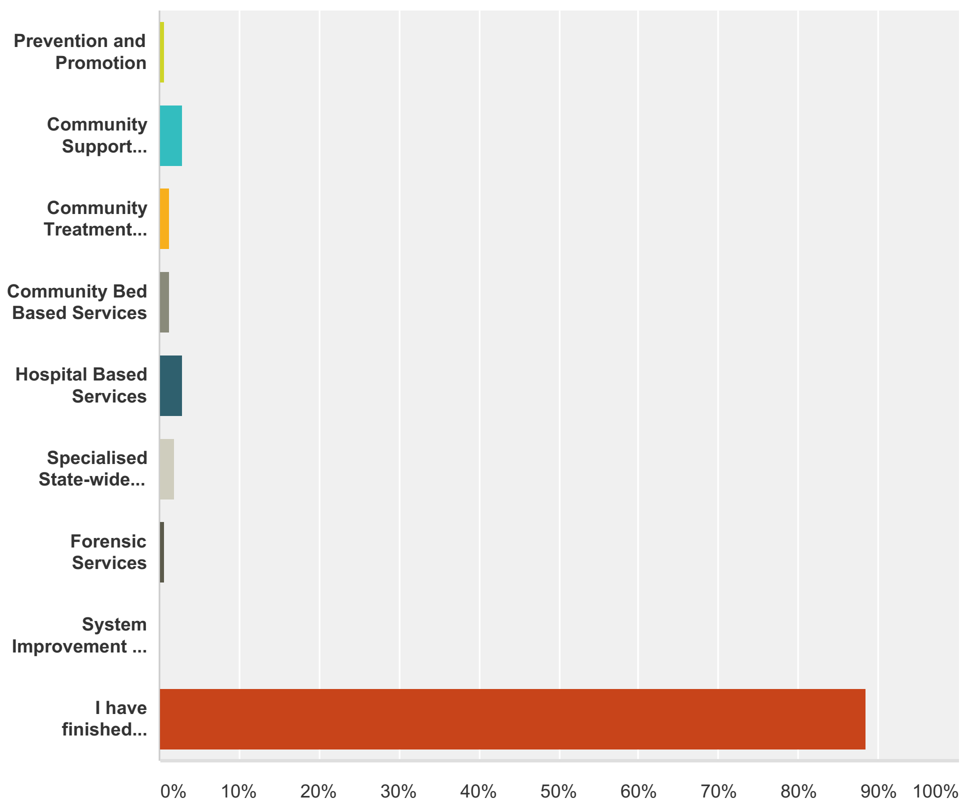
Answered: 215 Skipped: 30



Answer Choices	Responses	
Prevention and Promotion	**33.95%**	73
Community Support Services	**19.53%**	42
Community Treatment Services	**12.09%**	26
Community Bed Based Services	**3.26%**	7
Hospital Based Services	**12.09%**	26
Specialised State-wide Services	**6.05%**	13
Forensic Services	**1.40%**	3
System Improvement and Supporting Change	**6.98%**	15
I don't wish to provide feedback on the service streams.	**4.65%**	10
Total		**215**

Q7 What service stream do you want to provide additional feedback on, or want to know more about? (Please select only one) Select the "I have finished providing feedback" option when you are finished providing feedback on the Plan service streams.

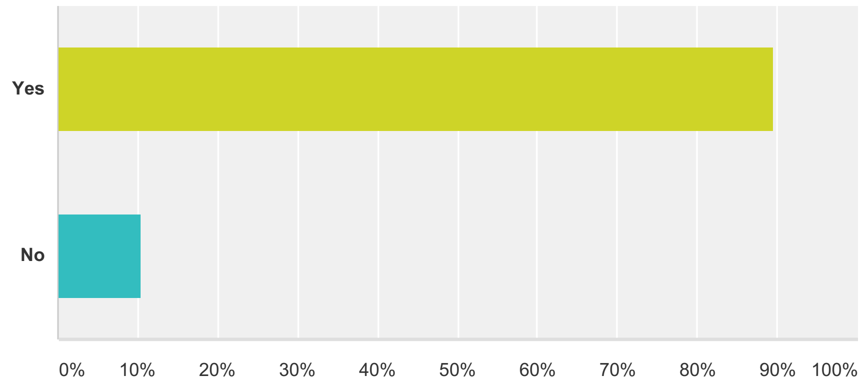
Answered: 166 Skipped: 79



Answer Choices	Responses	
Prevention and Promotion	0.60%	1
Community Support Services	3.01%	5
Community Treatment Services	1.20%	2
Community Bed Based Services	1.20%	2
Hospital Based Services	3.01%	5
Specialised State-wide Services	1.81%	3
Forensic Services	0.60%	1
System Improvement and Supporting Change	0.00%	0
I have finished providing feedback on the service streams. Proceed to the general feedback section.	88.55%	147
Total		**166**

Q8 Do you wish to provide feedback on Prevention and Promotion?

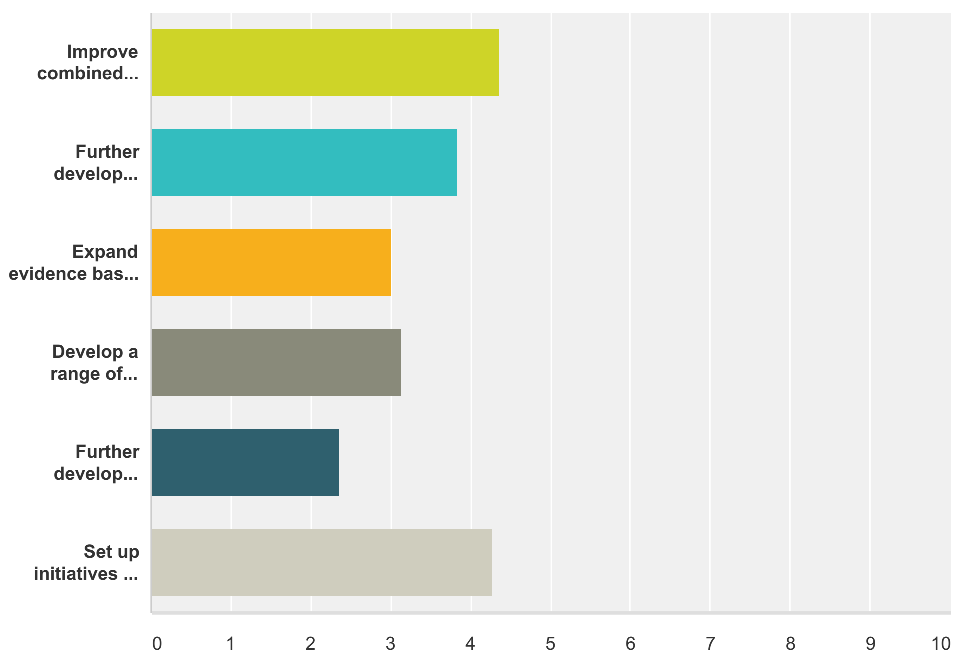
Answered: 114 Skipped: 131



Answer Choices	Responses	
Yes	**89.47%**	102
No	**10.53%**	12
Total		**114**

Q9 Please rank the following Prevention and Promotion initiatives in order of priority from 1-6, with 1 as the highest priority and 6 as the lowest priority.Note: As you rank initiatives, they will automatically align in order of highest priority to lowest priority based on your selections.

Answered: 97   Skipped: 148



	1	2	3	4	5	6	Total	Score
Improve combined prevention initiatives that address mental health, alcohol and drug problems.	**23.71%** 23	**28.87%** 28	**20.62%** 20	**18.56%** 18	**4.12%** 4	**4.12%** 4	97	4.37
Further develop initiatives to decrease the suicide rate.	**15.46%** 15	**19.59%** 19	**28.87%** 28	**14.43%** 14	**13.40%** 13	**8.25%** 8	97	3.85
Expand evidence based programs used to prevent alcohol and drug problems.	**5.15%** 5	**14.43%** 14	**15.46%** 15	**24.74%** 24	**21.65%** 21	**18.56%** 18	97	3.01
Develop a range of initiatives to promote social inclusion.	**12.37%** 12	**12.37%** 12	**10.31%** 10	**20.62%** 20	**29.90%** 29	**14.43%** 14	97	3.13
Further develop initiatives that improve the physical health of people with mental health, alcohol and drug problems.	**6.19%** 6	**5.15%** 5	**11.34%** 11	**12.37%** 12	**25.77%** 25	**39.18%** 38	97	2.36
Set up initiatives to intervene early to reduce mental illness and the harmful effects of alcohol and drugs on infants, children, adolescents and youth.	**37.11%** 36	**19.59%** 19	**13.40%** 13	**9.28%** 9	**5.15%** 5	**15.46%** 15	97	4.28

Q10 Please specify below any areas that have been missed in the Prevention and Promotion initiatives that you believe should be a priority.

Answered: 46 Skipped: 199

#	Responses	Date
1	Mental illness and problematic drug and alcohol use are psychosocial caused, not genetic/chemical imbalance. Raising awareness, promotion is the key to prevention as the cure is uncertain in traumatised individuals. A healthy community is one of mutual respect, not trying to transfer our unhappiness onto others (victims). Alcohol and drugs are used to deal with problems and will go away when the individual no longer requires escape. Fixating on these issues evades the real issue, the cause of the drug/alcohol problem. Lots of people use these substances without problem except those with mental health probs. Wowserism and obsession with drugs is a waste of time and resources. Prohibition only feeds crime. Pot will soon be legal in America.	4/9/2015 5:34 PM
2	In utero additions, research to assist cycle break and generational change. Social, emotional and economic impact on carer/families.	4/9/2015 5:22 PM
3	I would like to see direct acknowledgment of the spiritual dimension in caring for people's healthy growth and support through mental illness. This dimension is often ignored even while giving broad acknowledgment to the range of cultural influences through family and community support bodies, churches and other religious agents or groups that can support individuals and family networks through difficult times and crises.	3/30/2015 5:09 PM
4	The P & P section is broad and vague, the strategies do not sit within a framework for prevention and promotion but rather seem a 'grab bag' of statements. There is very little substance in the strategies and little detail on how these particular strategies have been selected. The P & P section is not well-structured, the objectives, strategies and actions are not articulated in a logical flow but written in a way that intermixes these. A more thorough and correct sequence within the document would allow its readers to provide more constructive feedback. This is a very difficult section to provide comment on given the poor standard. The ranking of these initiatives on the online consultation survey tool is over simplistic. All of these are important and none should be excluded at the expense of others. Strategy 6.5.6 is the only reference to infant, children and youth. Again the wording of this statement implies no programs are established.	3/30/2015 4:21 PM
5	Extend health research to include the examination of the statistics for cardiovascular disease, smoking or other health risks for Carers. Data already available foe Consumers. Study into the long term sustainability and effectiveness of fitness programs for Carers and Consumers	3/30/2015 12:35 AM
6	provide community services that act to assist, engage, and address mental health issues. not just prevention through awareness raising education campaigns, but greater emphasis on the use community development in prevention	3/30/2015 12:07 AM
7	A lot of this focuses on people who have a mental health issues/AOD issue, ie initiative to improve the physical health of people with MH/AOD issues. This requires identification of the MH/AOD issues for eligibility to access this support, also in my experience this would be region specific. This needs to include people at risk of developing MH/AOD issues too to catch those that may not be aware of an existing MH/AOD issue and ideally prevent it from occurring/being exacerbated if they dont already have it. There is no consideration of COPMI -Children of Parents with a Mental Illness despite the significant rates of them developing a mental illness. If you want to prevent mh/aod focus on ensuring support for these people and families.	3/27/2015 5:31 PM
8	children of people experiencing mental health or drug and alcohol issues are at significantly increased risk of poorer social emotional development and education outcomes than other children. COPMI are 2-3 times more vulnerable. There is a growing evidence base that suggests a variety of strategies and interventions which will improve lifelong outcomes for children and support parental recovery from mental illness. Paying attention to the ways in which people already receiving services are responded to as parents would be an excellent prevention initiative and support service improvement	3/27/2015 4:19 PM
9	Education for GP's, school psychologists, teachers on recognising when and to where to refer a child if an eating disorder is a possibility, therefore enabling proper diagnosis, early intervention, hopefully by current evidence based methods for treating eating disorders	3/26/2015 12:08 PM
10	Suicid e prevention is particularly important. Anglicare WA is concerned about regional and remote areas in the Kimberley which have been hit hard by suicide in recent years, in communities where there are a myriad of factors impacting on people's wellbeing, including high youth unemployment, and a paucity of services available. For example, the Fitzroy Valley, where there is currently little or no suicide prevention activity taking place. We look forward to the launch of a new suicide prevention strategy in WA and its connection to the 10 year Mental Health Plan.	3/25/2015 8:53 AM
11	protection of self/community from effects of drugs/alcohol/mental health issues. eg. Do not allow to drive/keep under observation for long enough as to not harm selves/family.	3/21/2015 6:33 PM
12	Develop initiatives to promote positive body image	3/18/2015 12:20 PM

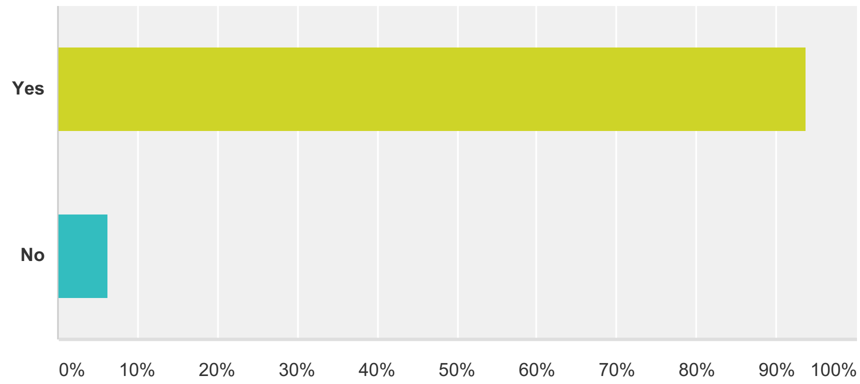
13	There is a preference by OPA staff for the consolidation of preventative programs in the areas of mental health, alcohol and drugs.	3/16/2015 11:57 AM
14	Samaritans Crisis Line agrees and supports an expansion of prevention and promotion initiatives with the aim of minimising the prevalence of mental illness and suicide. We also agree that the harmful effects of alcohol and other drugs plays a significant part in the incidence of mental illness and that further focus on school based education programs and social marketing programs to reduce their consumption is highly appropriate (particularly to offset advertising by the powerful alcohol industry). However, we also believe that other factors, such as bullying for adolescents and child abuse (and loneliness), remain critical risk issues that can ultimately lead to mental illness and suicide, and which must continue to be the subject of our collective focus. To that end, we are greatly encouraged by the Plan's focus on school based resilience training, which we think is a critical (and indeed central) component of an effective plan to enable youth to cope with their transition to adulthood and help prevent the onset of mental health issues. More social marketing is also needed, more generally, to "de-stigmatise" mental illness – particularly for young males – and promote the steps necessary to have the best chance of achieving positive mental health. Samaritans Crisis Line has offered (MHC funded) school based education and suicide awareness programs for over 20 years and is currently focused on further expanding and refining its school based services to support the Plan's objectives.	3/14/2015 6:00 PM
15	Initiatives specifically relating to children and adolescents	3/13/2015 3:28 PM
16	Support for the children of parents with mental illness or AOD problems. The overall goals of the plan cannot be achieved without the inclusion of this key group.	3/12/2015 2:04 PM
17	using videoconferencing and on-line technology is the default position for health and mental health. In Rural and remote areas the technology only works 40% of the time. This is waste of time and effort to try to participate and results in people lack of willingness to participate in the future. Upgrade this technology, train the presenters so they are effective with the remote audience instead of just saying hello at the beginning and then forgetting we are there. Have a presentation standard that is engaging for the remote audience so that they actually listen and the money is not wasted. restructure some of the drug and alcohol initiatives to include mental health eg PDIS - this is a fantastic service which could include mental health carers. It provides training, is cost effective as it is a volunteer service, and should include rural and remote trained carers - this could be part of their capacity building. In rural and remote it could be structured like St Johns which has a central call section which then feeds out to rostered co-ordinators and volunteer officers.	3/9/2015 6:36 PM
18	Expand evidence based programmes used to prevent serious mental illness/hospital admission in primary care.	3/9/2015 4:50 PM
19	child care, who is caring for the children while mum & dad are at work. Developmental stages of the child need to be met. 24 hour quality care in child care centres, and highly qualified workers who understand the needs of the child. quality child care will and early intervention will help prevent problems down the track. Look after the child and we will have high functioning adults.	3/4/2015 1:53 PM
20	As the use of recreation drugs causes so much damage and mental illness we should be spending 50% or more of the budget on prevention. By the time you need treatment the horse has bolted and most of the money spent on treatment of AOD is a waste.	2/27/2015 6:29 PM
21	What is going to happen to those who recurrently arrive in ED who have been refused housing/treatment before due to "failing", who are arrested and just wait until sedated enough to leave, only to return again the same?	2/22/2015 4:47 PM
22	AOD is a mental health issue- it is not separate. Many people take medications to help deal with their mental health issues- some prescription/ some not. It doesn't change the fact that AOD is a mental health issue not separate or apart from.	2/20/2015 1:20 PM
23	Emotional intelligence and stress management education focus. Taught at school, University and adult education courses.	2/19/2015 4:39 PM
24	Perintal and Infant Mental Health provides an opportunity for primary prevention of mental illness in the next generation. Interventions can be delivered universally or to targetted groups with success and relatively low cost. The UK has released a report by Bauer et al for the Centre of Mental Health that states perinatal mental disorder cost the UK 8.1 billion pounds per year in health and societal cost. 28% of these costs relate to the mother and 72% to the infant. This population is easy to capture via obstetric and child health services, with regular opportunites to identify and treat, but also to provided quality information and support with evidence that it can reduce the occurence and severity of morbidity. Infant mental health interventions can be delivered universally as parenting programs and are increasingly being shown to reduce the risk of many childhood attachment disorders and even developmental disorders such as autism spectrum disorders. Western Australia has this expertise but it must be built in alongside those that deliver the perinatal care and care for infants.	2/19/2015 10:34 AM
25	Stigma issues as this can help with the employment and housing issues which in turn can prevent people becoming unwell	2/18/2015 2:57 PM

26	I feel that lumping 'mental health' in with 'alcohol and other drugs' adds to the stigma experienced by those with a mental illness, many who do not drink and have never done drugs. I suggest a need to explore alternatives to the use of police. Mental health consumers are not automatically criminals and should not be treated as such, this adds to stigma. E.g. My personal reputation was ruined in my neighbourhood when my neighbours saw me collected by the police and thought I had gone for a stint in jail for a crime, when I had only been hospitalised for a health condition, how can the public be expected to think people with mental health conditions are any different to criminals when they are treated the same? I suggest a greater focus on social role valorisation principles, use of plain clothed police, plain vehicles, and employed by the services where they are needed, if they are deemed absolutely necessary. There needs to be less assumptions made by psychiatrists that a 'failure to comply with treatment' = unwell and dangerous. There are many factors involved in an individual's failure to comply, including cultural and religious beliefs, which need to be given greater respect. There needs to be a greater focus on follow up care, which is person centred and holistic, involving access to psychologists, peer support, OT, and social work. I have found OT and psychology most helpful in my recovery process but there is no mention Of these in the plan. Drugs and psychiatrists treatments have been the least helpful and more traumatising than anything. Hooray for a person centred approach, it is about time that mental health services align with the standards within disability services which promote dignity, self determination, and personal choice and control. I would like to see mental health services modelled after the principles and standards within the disability services, and all of those at all levels of mental health service provision adhering to them!	2/17/2015 9:37 PM
27	Perinatal and infant mental health is an example of primary prevention and has a sound evidence base. It is well known that an insecure or disorganised attachment at the age of 18 months leads to a much higher risk of psychopathology in childhood, adolescence and into adult hood. Early support, education and treatment from the preconception stages through to postnatal period increases the chance of a secure attachment . Insecure attachment and disorganised attachment can occur in parents without mental illness and substance use, although is more likely in the latter. There needs to be early detection and response to risks in the perinatal period, with continuity of service from preconception to childhood.	2/16/2015 8:43 PM
28	Provide increased support to children at risk who are living with parents or other family members with mental illness. Ensure they are properly cared for, and establish positive role models/ mentors in their lives. Stop the cycle from reoccurring with the children. Work with the schools and education department to identify children at risk physically, socially, emotionally and acedemically. Provide assistance in the education system, a large part of childrens lives. The teachers are there to teach, but more assistance is needed for children/teens at risk. Develop and maintain positive school cultures in secondary schools, (not just short term programs), there is a strong culture among the youth that support self harm, alcohol/drugs, anxiety, depression and other issues. Schools are no longer just a place of education, as society becomes more isolating, school is a young persons community and as such needs a positive culture in order to grow positive people.	2/15/2015 4:08 AM
29	Schools should be much more involved in targeting mental health and substance abuse.	2/13/2015 9:44 AM
30	I believe it is very important to provide a sense of belonging and respect/achievement for young people. I believe it is wrong to condemn drugs and alcohol but to inform and educate. I believe that drugs and alcohol are PAINKILLERS for emotional traumas and the reason behind it need to be addressed. I believe we can do better by giving hope and love in this time of isolation and stress. I believe we need to be open minded to find a new better way of dealing with a problem that is rising.	2/13/2015 9:10 AM
31	Education and innovation	2/12/2015 12:42 PM
32	specifically - immediate increase in the proportion of the MHC budget allocated to prevention. resource delivery of evidence based early intervention programs in schools such as MindUP resource localised support groups for women impacted by post natal depression provide more information to the community on Deliberate Self Harm Services in the SW are Bunbury-centric. More equity in service delivery is required.	2/11/2015 4:07 PM
33	Provide opportunities for youth to access community support/ drop in centres where there are health professions available to provide counselling and risk assessment.	2/11/2015 3:17 PM
34	Mindfulness based interventions (specifically Mindfulness Based Stress Reduction, and Mindfulness Based Cognitive Therapy) have a significant evidence base behind them demonstrating their effectiveness in both treating existing mental health and addiction issues, and promoting resilience and wellbeing in non- clinical populations	2/6/2015 8:29 AM
35	Self Harm and Suicide are different but both need to be a priority for WA	2/5/2015 2:44 PM
36	Apart from initiatives, some compulsory training for nurses and all health professionals in regards to suicide prevention would be greatly appreciated.	2/4/2015 3:26 PM
37	Improving social connectedness and increasing individual responsibility	2/4/2015 1:46 PM
38	cultural awareness and sharing the opportunity to comment ont eh survey in a range of other formats incl Auslan, braille, CaLD languages and face to face. people with intellectual disabilities also need to have a say with opportunity for an advocate or family member to support in this process if they wish. Align mental health plan with national disability strategy and NDIS	2/3/2015 7:01 PM
39	Particularly like the focus on web based/and on line strategies and interventions, and the focus on school based programs . Youth would particularly utilise these approaches	2/3/2015 1:53 PM

40	1) A focus on high risk groups with mental health 2) focus on peer-education models with MH - youth to youth, ATSI to ATSI 3) A focus on evidence based suicide prevention 4) A focus on ATSI owned/directed community based suicide prevention 5) Increased funding for ATSI suicide prevention (as some communities experience the high rates of completed suicides globally)	1/27/2015 10:13 AM
41	Cultural wounds require cultural healing so therefore further expansion and dvelopment in cultural based practices and prevention as well as increasing community initiatives to reduce alcohol and drug problems.	1/12/2015 3:23 PM
42	i can not change the raking scale	12/18/2014 1:51 PM
43	Increased preventative mental health and suicide prevention awareness campaigns/projects in regional and rural areas of WA where statistically the problems are far more challenging than the metro area. Allocate realistic resourcing to facilitate regional and rural lived experience voices are present and heard at every level of mental health decision making.	12/9/2014 4:09 PM
44	The capacity to integrate research into clinical practice infuses all of these initiatives. WIthout a well-skilled research service and research knowledgable workforce the pace of change will be slow.	12/8/2014 8:42 AM
45	Expand aussi optimism and other known resilience building programs in schools; offer short term funding for every rural area to deliver the resilience building programs missing in their area, like drumbeat for aboriginal children, or social visits for the elderly to reduce their social isolation.	12/6/2014 11:53 AM
46	forced institutionalisation for those who are chronic users of alcohol ,IVDU,to offer them a period of abstinance and begin the process of change for them.Many need someone else to impose this apon them as they are in the grip of the disease of addiction and unable to stop.Forced institutionalisation for at least 6 weeks so they can detox before being made to find their own way in the community.They are a danger to themselves and the community and I have personally watched many of these people die as a result of their drug and alcohol use and as a health professional had to stand back and allow this to happen.Inpatient services should be provided for these patients	12/4/2014 3:50 PM

Q11 Do you wish to provide feedback on the Community Support Services?

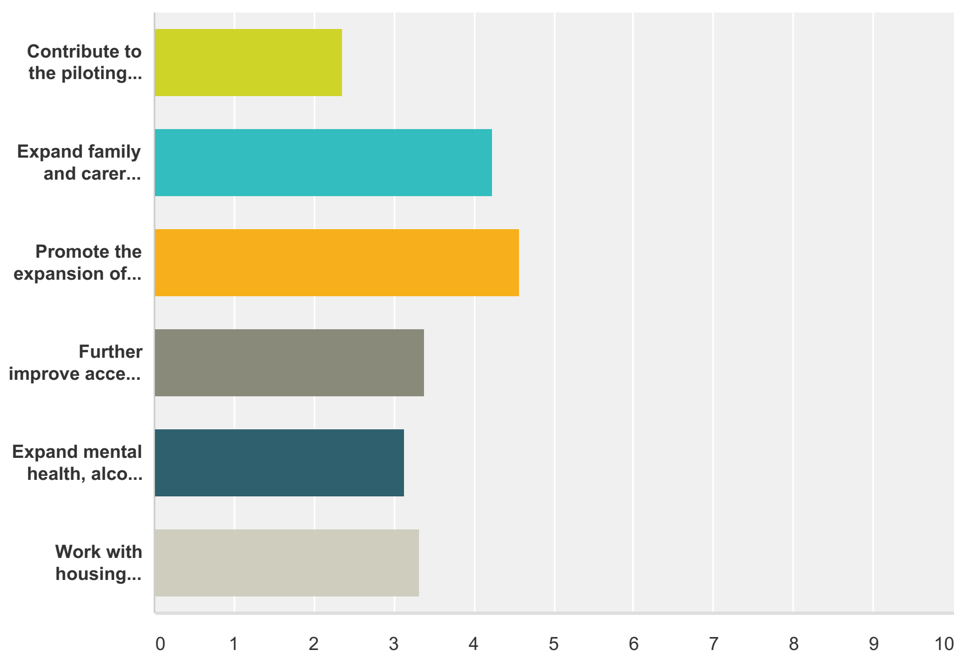
Answered: 110 Skipped: 135



Answer Choices	Responses	
Yes	**93.64%**	103
No	**6.36%**	7
Total		**110**

Q12 Please rank the following initiatives in order of priority from 1-6, with 1 as the highest priority and 6 as the lowest priority.Note: As you rank initiatives, they will automatically align in order of highest priority to lowest priority based on your selections.

Answered: 94 Skipped: 151



	1	2	3	4	5	6	Total	Score
Contribute to the piloting of the National Disability Insurance Scheme (NDIS) and My Way trials.	**8.51%** 8	**5.32%** 5	**10.64%** 10	**13.83%** 13	**12.77%** 12	**48.94%** 46	94	2.36
Expand family and carer information, support and flexible respite services.	**22.34%** 21	**26.60%** 25	**23.40%** 22	**11.70%** 11	**11.70%** 11	**4.26%** 4	94	4.23
Promote the expansion of recovery focused mental health services.	**38.30%** 36	**24.47%** 23	**12.77%** 12	**9.57%** 9	**10.64%** 10	**4.26%** 4	94	4.57
Further improve access to alcohol and drug community support services.	**8.51%** 8	**14.89%** 14	**23.40%** 22	**23.40%** 22	**19.15%** 18	**10.64%** 10	94	3.38
Expand mental health, alcohol and drug services for homeless people.	**8.51%** 8	**11.70%** 11	**13.83%** 13	**23.40%** 22	**35.11%** 33	**7.45%** 7	94	3.13
Work with housing providers to increase access to housing for people with mental health, alcohol and drug problems.	**13.83%** 13	**17.02%** 16	**15.96%** 15	**18.09%** 17	**10.64%** 10	**24.47%** 23	94	3.32

Q13 Please specify below any areas that have been missed in the Community Support Services initiatives that you believe should be a priority.

Answered: 43 Skipped: 202

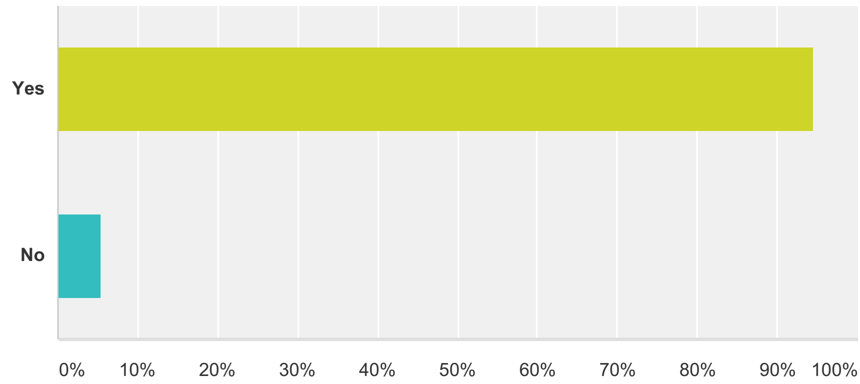
#	Responses	Date
1	Community should support all citizens behaving in an appropriate way. A myth to think that consumers are excluded.	4/9/2015 5:35 PM
2	Access to specialist care housing (in-house care) in regional areas. CSRUs.	4/9/2015 5:23 PM
3	cut down on the number of businesses that sell alcohol	3/30/2015 9:39 PM
4	Often there has been prejudicial reaction against the inclusion of religious persons or the spiritual dimension relating to people with mental health difficulties owing to Freud and his followers. However, more recently, negative perceptions of the influence of spirituality in relation to mental illness have been challenged (qv Larson et al. 1993, referred to in Mental Health In Australia: Collaborative Group Practise, G Meadows, B Singh, M Grigg 2006. Pastoral care workers or Chaplains in mainstream hospitals are often positively involved in offering pastoral, emotional and where appropriate, spiritual support to people in crisis or their family members. This could be beneficially extended into community services. Supportive education needs to be provided to local religious and spiritual providers to enhance the broader emphasis on community engagement closer to home for the clients in the future.	3/30/2015 5:16 PM
5	In the Annual Operational Costs in 2025 by Service Stream (2012-13 terms) table the area of Prevention has no figure for "Other Funding". Perhaps further funding should be sought for what seems a fundamental strategy to prevent rather than have to provide strategies later.	3/30/2015 12:55 AM
6	I have not found services that I require to suit my needs, home based services are not flexible enough to meet my needs, I require assistance with dealing with mail, and managing a household, the services I require are unavailable to me. In addition, there is inadequate funding for legal services for people with mental health issues, as there is only funding for certain things, and this changes regularly. There are not adequate services to support family members to support their loved ones, mediation services to assist families to distribute the caring role should be considered. Greater emphasis should be made on community activities that support wellbeing.	3/29/2015 11:33 PM
7	The focus of the NDIS and My Way trials seem to be for disabilities and then a tiny aspect of mental health. Carer, family and COPMI - Children of parents with a mental illness are not really considered mostly due to the requirement of funding being to have a "permanent disability causing- persistent and long term issues". This immediately eliminated preventative programs and any supports for a COPMI person, family member, carer or parent with a mental illness until too late. I am concerned with the MHC focus on "individualized funding" the focus remains on the individual with illness therefore inclusion of children, families and carers are still at the individuals choice which can be limited by capacity, knowledge, self stigma and an avoidance acknowledging the impact their illness is having on others. If the MHC was to focus on the NDIS/MY Way approach I have no confidence this would be approach with an equal consideration of carers, family and COPMI young people.	3/27/2015 5:38 PM
8	The sector does not recognise the needs of children affected by parental mental health and drug and alcohol issues. The recognition of the role of family and friends as 'carers' or young carers' is often at the expense of work with or service to support the family as a whole. this service system design often unintentionally disrupts and undermines the families capacity to plan together, work together and recover together. Holistic approaches and integrated services that bear the whole family in mind are to be encouraged	3/27/2015 4:27 PM
9	Neami National is keen to see strengthening of access and interaction between Community Mental Health Support services and the justice and child protection systems. In relation to the area of Carers, we believe it is important to expand the concept of response to carers to a focus on Family centred practice. Contemporary models suggest that the concept of Recovery needs to be applied to the whole informal support network to ensure that consumers and carers do not become trapped in mind sets associated with those roles - and instead see each other as part of an organic system within their particular social context.	3/27/2015 1:54 PM
10	7.1 We strongly support working with housing providers to ensure available housing to those with mental health issues who are able to live independently; however this commitment needs to be matched by increased investment in housing, as the current public and community housing system is severely stretched. An opportunity presents to invest funds from the sale of the Graylands asset into housing. 7.6.4 – We encourage establishment of new safe places for young people who are intoxicated. Whilst such services should be established with the support of local WA Police, Anglicare WA would encourage that these services not be operated in direct partnership with police, in order to increase access by young people and to avoid the criminalisation of young people in local communities.	3/25/2015 8:58 AM
11	One of the biggest problems in our society is having places for the client to go after rehab. or help with their mental health issues-we need to include people in our community and break down the stigma of alcohol and drug services and mental health-making places of support places a that are friendly and include people.	3/24/2015 12:46 PM

12	Help for university students as well. The services on-campus are mostly-absent and appalling with dismissive 'professionals' and two-hour waits for 15-minute 'triage' appointments. headspace can provide help, but it can be difficult for a young person to get help. headspace told me the name of a health service and gave me a referral letter. When I politely called up the Fremantle health service, even after telling them I had a referral, the practice manager who answered was very rude to me. I needed headspace to help me get an appointment. There was no follow-up from either service. This happened in 2010 and 2011.	3/19/2015 5:54 PM
13	The emphasis on the need for appropriate housing for people with decision making disabilities was reflected in the results of an internal survey completed by staff. This is a fundamental requirement, particularly for people with exceptionally complex needs. There was less emphasis on the importance of NDIS by OPA staff, possibly because the mental health aspect of NDIS has not yet been introduced.	3/16/2015 12:01 PM
14	Samaritans Crisis Line strongly endorses the Plan’s belief that there is a crucial place for community support programs to help people manage their mental health, alcohol and other drug problems. However, the Plan in our view does not recognise the critical role of volunteer staffed telephone help-lines as a key community support service of this very nature. Whilst we strongly agree that in many cases, people with mental health issues are best served by support from their immediate peers/ family/ community groups, it is also the case that sometimes people need to talk to someone in the broader community anonymously to address their personal challenges which may be as simple as loneliness initially. We have found, from our work over some 48 years, that the “community connection” between the anonymous caller and ourselves (because they talk to a trained volunteer who is essentially just there to help out a fellow member of the community) is a vital feature of our service that enables people to safely reflect on their challenges and often self-identify the best personal solutions, (including appropriate alcohol, gambling and drug treatments) without the sense they are being “treated” or “counselled”. This can be extremely self-empowering for our callers and, in our view, aligned to the Plan’s focus on personal recovery oriented practice. We contend that, in an age of ever increasing demands on available resources, the importance of volunteer staffed help-lines is greater than ever to cost-effectively assist in reducing the strain on the system by filtering out those persons with mental health/emotional support needs who primarily just need someone to listen to them and feel supported in their immediate moment of need.	3/14/2015 6:03 PM
15	helping families with their own children,babysitters etc my husband is chroniallly ill. i am alone ,struggling with 2 children . when we entered this world . i didnt know what any thing meant .respite .DSC.etc with my head spinning i couldnt understand what anyone was saying . this information really needs to be explained in simple terms . people like my self ..alone need help with children .not just my disabled husband . it effects everyone . someone to pick them up from school or take them to sport classes .or to come in and child mind a night or 2.in my case family sit as my husband cant look after the kids and the children are too young to look after themselves or their dad.	3/14/2015 5:39 PM
16	There is an urgent need to have accessable housing for people with mental health and/or drug and alcohol problems within the Pilbara. Excessive crowding and having no where to live inhibits the recovery model.	3/11/2015 4:02 PM
17	i don't really know whar recovery focused mental health services are, am not sure if i have seen them so not sure what the future service will look like.	3/9/2015 7:01 PM
18	I particularly want to stress inclusion criteria for housing and EMPLOYMENT support services. Currently my son is ineligible for ICLS and ISP (employment program) as he is being treated in the private mental health sector. The current support services are unavailable to a considerable portion of the population with diagnosed mental health conditions.	3/8/2015 3:04 PM
19	many of the patients i see are homeless, the need for supported accomadation is high, mental health,drug & alcohol is often made worse if the person has no where to live and to feel safe.	3/4/2015 2:01 PM
20	Increase Peer support services for Adults with Eating Disorders	2/27/2015 4:50 PM
21	Making sure GPs new to perth are aware of the local services and support agencies available and how to access them	2/27/2015 4:16 PM
22	Reduce barriers for homeless people with mental health and AOD issues from accessing services (eg. DO NOT ask them to quit smoking).	2/20/2015 1:23 PM
23	Long term apartment accommodation in groups of 40-100 staffed by mental health professionals 2-4 hours a day and intense 8-24 hours a day during episodes of need for care. The aim would be to support people with episodic mental health illnesses to work full-time. This service would not be determined by income in order to encourage full time work participation.	2/19/2015 4:41 PM
24	Perinatal and infant support services can prevent and change the trajectory of an emerging mental illness in the parent and potentially the child to be. The obstetric care must be well connected to the child support services for optimal results. WA has some services that can already provide this but they lack the infant mental health expertise but the existing workforce could easily be upskilled.	2/19/2015 10:38 AM
25	Need strong link and cross-over between mental health and alcohol and drug programs and services. No mention of services for people with Acquired Brain Injury and those with complex needs.	2/18/2015 3:06 PM
26	There is a need to start now with looking at the NDIS approach to mental health. There appears to be a need for education of NDIS service providers, which suggests a lack of understanding and misperceptions about mental health conditions. I have seen individuals attempt to seek out service but get refused because they are not unwell all the time, there is a lack of understanding that people experience episodes of illness and periods of wellness. It seems if the illness is not ongoing, there is possibly no funding. I worry that those who are high functioning during periods of wellness, like myself may get missed, overlooked or fall through gaps.	2/17/2015 9:41 PM

27	Whilst providing support in any or all of these areas is necessary, consider how to make this happen without creating a dependance. Recovery process needs to include an outcome of independance and utimately even contributing positively to society, not just providing ongoing bandaid services to make things a bit better for that timeframe.	2/15/2015 4:22 AM
28	Prevention Education and innovation	2/12/2015 12:41 PM
29	Suicide recovery programs.	2/9/2015 12:35 PM
30	Mindfulness Based Interventions (specifically Mindfulness Based Cognitive Therapy) has a strong evidence base pointing to the effectiveness of depression relapse in particular. The UK National Institute of Clinical Excellence (NICE) has recommended MBCT as the treatment of choice for people experiencing depression.	2/6/2015 8:31 AM
31	For there to be Actual services and that they be held accountable and that they give written accountability to the consumer and to a higher governing body. Below is a real life example of NO ACCOUNTABILITY. Inside the PHAMS service, many people are "exited" before their defined goals have even started to be worked on. People are just told - "You are being exited from the program" I have the written document of my goals that were outlined. Luckily i kept a copy, and then two weeks later, I was "exited from the program" without any explanation. That is very frustrating, confusing and does NOT support the person suffering with Mental Health issues. People with current Mental Health issues feel powerless as it is and this just lowers their self esteem by being treated so badly. I have know many people that have been treated like me. They all say, " I have been exited from the program" cos that is the only sentence they use to say goodbye. They just repeat it when you ask WHY My goals have not even been worked on??? Very abusive treatment of vulnerable persons in our community. I am a four year trained primary teacher and I could see many holes in the way persons are mishandled.	2/5/2015 2:27 PM
32	I am concerned that as I am currently not diagnosed with a severe mental illness, that my limited access to services from my gp will result in me having to escalate to severe to render me eligible for community based support	2/4/2015 11:11 AM
33	see previous comments- link ndis and m/h plans so silo reduces and maze reduces	2/3/2015 7:04 PM
34	The fucus on the homeless population and young carers is important for the community support services	2/3/2015 1:55 PM
35	Access to AOD, housing and general welfare and promotion of dignity and respect to street based/present persons	1/27/2015 4:43 PM
36	1) A focus on high risk groups with mental health 2) focus on peer-education models with MH - youth to youth, ATSI to ATSI 3) A focus on evidence based suicide prevention 4) A focus on ATSI owned/directed community based suicide prevention 5) Increased funding for ATSI suicide prevention (as some communities experience the high rates of completed suicides globally)	1/27/2015 10:14 AM
37	Enhance engagement, interface and collaboration between Clinical and Community Services	1/8/2015 4:43 PM
38	Peer support services which provide practical support on discharge from inpatient facilities	1/5/2015 2:48 PM
39	My family dissolved with incest in the 1980's. Child adolescent Centre Psychiatrists said my kids would never be 100% and I should be prepared to lose them. I had cracked up from the abuse also which they saw very negatively and, indeed favoured the perpetrator for a while. My kids did drugs, petty crime and alcohol and were suicidal. They grew up a bit and partially engaged in life doing a bit of education and jobs but persued mostly their drug and alcohol habits.Two had children. Then, after 20 years they paid the ultimate price of life threatening physical illness which they are all currently surviving. Due to the lack of any appropriate support my health has also declined to life threatening. I persued a career as aping pong ball between services for 20 years taking the brunt on myself of the inability of services to deal with the dilemmas. Now there is a new teenage group, my grandchildren, at risk. The support is not only in ping pong it is not appropriate to the needs. ie after being introduced to drugs by his stepfather at 14 my son joined the happy tokers until he cracked up at 25 then failed housing after housing until 2 years ago when he got Cancer of the Throat which he has survived so far and , after a year in so called supported accommodation which I had to ring to say he needed to be hospitalized, or to stop him giving away all his possessions, or to say he needs to sleep in after all that cancer threatment - which they couldn't figure out, I would just like to say it has all been inadequate and totally stuffed. If you cant join those that treat them as errant plebes that need agood dose of "tough love' and all will be well, then you may as well give up coz there aint no help out there. You can stick the DAO who now cant help my son who cant get a life going outside what he has known, the drug culture because they said he no longer has a problem with drugs and alcohol as he no longer uses, but is tragically stricken mentally without its support. And that's one child you should hear about the other two.	1/2/2015 8:42 PM
40	We need faster access to community support services. It would be good if the family was seen together as its not just the drug addict that suffers and needs help.	12/29/2014 7:09 PM
41	Development of Self-Help groups	12/17/2014 10:56 PM
42	Support groups for children with mental health issues.	12/15/2014 9:02 PM
43	Ensure contracts with service providers are specific and robust so that expectations are realistic, services are provided as described, with penalties for not meeting provisions Action to improve inclusion of and communication between all community service providers	12/9/2014 11:24 PM

Q14 Do you wish to provide feedback on the Community Treatment Services?

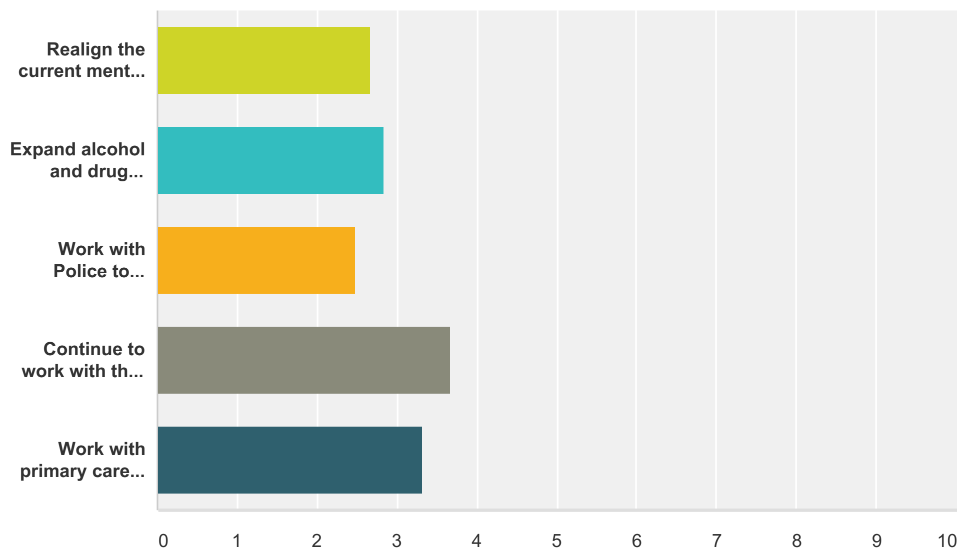
Answered: 93 Skipped: 152



Answer Choices	Responses	
Yes	**94.62%**	88
No	**5.38%**	5
Total		**93**

Q15 Please rank the following initiatives in order of priority from 1-5, with 1 as the highest priority and 5 as the lowest priority.Note: As you rank initiatives, they will automatically align in order of highest priority to lowest priority based on your selections.

Answered: 79 Skipped: 166



	1	2	3	4	5	Total	Score
Realign the current mental health community teams to new age streams: Infant, Child and Adolescent (0-15 years); Youth (16-24 years); Adult (25-64 years); Older Adult (65 years and above).	**17.72%** 14	**13.92%** 11	**17.72%** 14	**18.99%** 15	**31.65%** 25	79	2.67
Expand alcohol and drug treatment services to meet the needs of the growing population.	**12.66%** 10	**20.25%** 16	**25.32%** 20	**21.52%** 17	**20.25%** 16	79	2.84
Work with Police to develop and commission a mental health co-response program.	**13.92%** 11	**6.33%** 5	**20.25%** 16	**34.18%** 27	**25.32%** 20	79	2.49
Continue to work with the Department of Health to improve the 24 hour mental health crisis and emergency response, triage, assessment, and treatment services.	**31.65%** 25	**34.18%** 27	**13.92%** 11	**11.39%** 9	**8.86%** 7	79	3.68
Work with primary care providers such as doctors and pharmacists to improve the services delivered to people with mental health, alcohol and drug problems.	**24.05%** 19	**25.32%** 20	**22.78%** 18	**13.92%** 11	**13.92%** 11	79	3.32

Q16 Please specify below any areas that have been missed in the Community Treatment Services initiatives that you believe should be a priority.

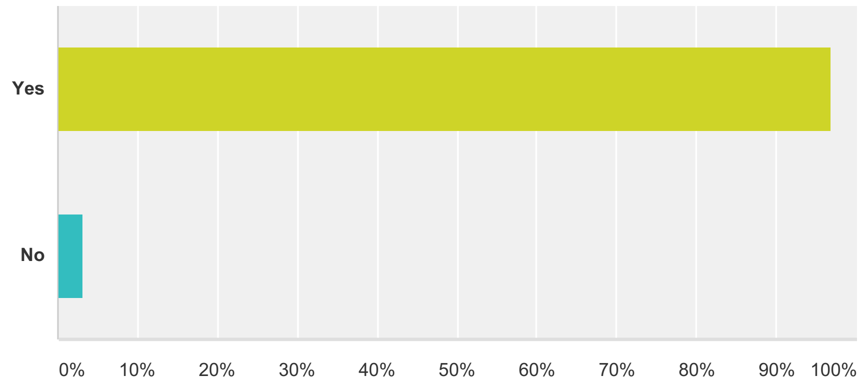
Answered: 33 Skipped: 212

#	Responses	Date
1	Collaboration plans to promote effective care and transition accross NGO's and regional boundries.	4/9/2015 5:24 PM
2	As mentioned above, I would like to see community treatment staff, including psychiatriests, clinical psychologists and social workers recognizing that from time to time it will be beneficial to look to professional pastoral or spiritual practitioners to complement their care of individuals and groups. I am most disappointed to see the expanded alcohol and drug response service directly linked to the Mental Health Commission/Service. Whilst often very appropriately aligned and benefitting from a close collaborative working arrangement, at other times, especially in children's work, it seems to be retrograde to link Mental Health issues automatically with alcohol and drug problems.	3/30/2015 5:20 PM
3	In relation to 8.6.6 - Has the Commission considered the inclusion of alternate methods of contact for the 24/7 Mental Health crisis and emergency response service? Consumers and carers may wish to contact the service via alternate methods such as SMS or email.	3/30/2015 4:11 PM
4	multidisciplinary programs and supports such as social work, housing access should be expanded to both private and public patients	3/29/2015 11:39 PM
5	It was hard to separate my priorities for this one, I hope that despite the priorities listed there is a semi-equitable distribution of funds in all of these areas.	3/27/2015 5:39 PM
6	Any change or realignment of services creates opportunities to consider service system design issues. For example resourcing services to use resources and the emerging practice evidence bases to take a whole of family approach.	3/27/2015 4:58 PM
7	A withdrawal unit in The Kimberley region.	3/27/2015 2:37 PM
8	A client needing acute care can often have a long wait in the ED before admission even when it is not a first presentation and the past medical history is known to the hospital	3/19/2015 6:06 PM
9	Increase and improve public community-based eating disorder services, particularly for Youth (aged 16-24)	3/18/2015 12:18 PM
10	Ensure that every community has access to staff on the ground. Our area with a population of about 6000+ has no residential mental health service since 2009, but a high rate of mental health problems and suicides. The visiting service is stretched to the limits and not available at short notice.	3/16/2015 6:43 PM
11	Many people who are the subject of guardianship orders (represented persons) need to access mental health crisis and emergency services on a regular basis. The availability or otherwise of these services has a major impact on the short and long term health outcomes for this group and is a major area of focus for OPA staff.	3/16/2015 12:03 PM
12	please note there is NO 24 hrs mental health crisis service to be IMPROVED, it needs to be ESTABLISHED first before it can be improved. please don't pretend something exists when it doesn't!	3/9/2015 7:06 PM
13	See evidence from the UK: Drug dependency clinics in primary care removing responsibility/specialism away from GP's and towards specialist drug treatment teams. Particularly where there is known mis-prescribing and a known gap in knowledge, training and knowledge of GP's.	3/9/2015 4:59 PM
14	Development of a framework for clinical rehabilitation in WA mental health	3/1/2015 7:30 PM
15	DAWN should be included in the plan against Community Treatment Services	2/25/2015 4:23 PM
16	Significantly educate MHERL to stop discriminating & dismissing clients with Mental Health and AOD problems as being an AOD issue and therefore not a mental health one. ie. a client who is experiencing psychosis and has AOD issues is automatically assumed to be experiencing psychosis because of AOD use. MHERL needs to understand mental health and AOD are one in the same.	2/20/2015 1:28 PM
17	Perinatal must be connected to infant mental health services. The potential for disorder in a three year old is often apparent even antenatally and early intervention can change trajectory - but it requires treatment of the mother and the relationship with the baby.	2/19/2015 10:40 AM
18	Again the cross over for people with a mental health issue and drugs and alcohol contribution to that illness is not covered. People are evicted from psychiatric hostels for drink and drugs and doctors say that it worsens their mental health but they are not provided with help to stop or reduce their useage.	2/18/2015 3:10 PM
19	Look at what other countries do in Europe! Holland, Germany, Norway... They have Houses where people can go to take drugs and stay the night.... At least they are off the street and safe. Calming, colourful, inviting places with social workers embracing their pain...	2/13/2015 9:16 AM
20	Prevention education and innovation	2/12/2015 12:42 PM

21	It is efficient to build onto the infrastructure that is already working, e.g. The GP and Chemist. The police do need to NOT see persons with mental health issues as dangerous, if anything they are usually very frightened and overwhelmed. Police need training in how to remain calm in the situation and not treat the person as a criminal (no tasser or shooting as has happened in Australia) but as a vulnerable part of our community. For example, treat the individual with presenting issues with some respect and not lock them in a paddy wagon, like a criminal, but allowing them to ride in the back seat and drop them off at an appropriate service.	2/5/2015 3:08 PM
22	Ensuring that any fee's for service are affordable for low income households. Currently people are not able to cover the gap left after medicare payments.	2/4/2015 9:30 PM
23	Focus on the integration of mental health and AOD services to prevent the gap where MH may not see due to drug and alcohol issues and visa versa. Careful development of streams to ensure developmentally appropriate (i.e., chronological age does not always fit developmental age). Research into evidence based practice to reduce ice epidemic.	2/4/2015 1:53 PM
24	Initiative 1.The lack of appropriate crisis options is nothing less than disgraceful. I frequently hear stories about people being left for days in ED's because there are no beds for them. another iteration of MHERL or whatever it is that it is called these days will not help, if there is no safe place to put distressed people. Initiative 2. You could publish the Duty to Care report (2001) with today's date and the results would be the same. There continues to be a flagrant breach of the duty to care by all health services in this matter. No one wants to take responsibiltiy for the iatrogengic health consequences of psychotropic medications and polypharmacy. Until and unless it is mandatory for prescribers to regularly give physical health checks, with legal consequences if it isn't done, then nothing will change in the foressable future. Lastly I just want to say that who ever instuituded the changes to services over the last 3 years has clearly never heard of change management. I can see and hear the despair and demoralisation in both public and NGO sectors. The funding cuts have been brutal. The uncertainty cerated has been badly managed. The reorganisation (or should I say re-disorganisation) has resulted in a great deal of distress for staff, which must translate into poorer care for clients. The monumental waste of money spent on the independent living program is incomprehensible. Spending $500,000+ to buy a house for one person and then supply support services to maintian it is ridiculous, when there are so many people on the housing wait lists. that money could have been much bertter spent in supporting people in tenanacies. And more people would have been housed.	2/4/2015 10:37 AM
25	Bringing in mandatory reporting of data for community programs. The ambulatory data is an absolute mess, which makes it very difficult to use in service planning and reporting how well programmes are working.	2/3/2015 6:55 PM
26	work with community based organisations in educating young people about anxiety, depression, stress and who they can talk to. We need services like headspace (Broome) in all Kimberley towns and communities- drop in clinics and counselling for all especially young people	2/3/2015 4:25 PM
27	The focus on establishing attractive youth community mental health treatment services should be an important priority for young people in Western Australia Youth Community treatment services co-located with generic youth services would benefit youth in the metropolitan area.	2/3/2015 1:59 PM
28	Enhance collaboration between community support services, community treatment services, inpatient treatment services and MDT approach to case management.	1/8/2015 4:46 PM
29	detox, rehab facilities should be provided in regional areas so clients do not have to be displaced whilst undergoing treatments	1/8/2015 2:13 PM
30	From the above initiatives - it is not seen as a possibility that the Community Managed Sector could provide mental health crisis and emergency response, assessment and treatment services - this is very limiting especially as this works very well in other countries. The specification that clinical treatment is provided by the Health Dept or primary health care providers only does not encourage any innovation in the system!	12/30/2014 12:26 PM
31	Why combined MentalHealth & Drug Service has been dismantled in December 2013?	12/12/2014 12:34 PM
32	Age specific streams are already in place and are extremely costly in terms of duplication of management activities. If this structure is to be expanded statewide action must be taken to reduce duplication of management	12/9/2014 11:32 PM
33	Expand community mental health services in the metropolitan and country areas, particularly intensive community treatment services that visit young people and adults at home every day for a week or two until the individual is better. This will keep people out of hospital and help them to stay well for longer.	12/6/2014 11:47 AM

Q17 Do you wish to provide feedback on the Community Bed Based Services?

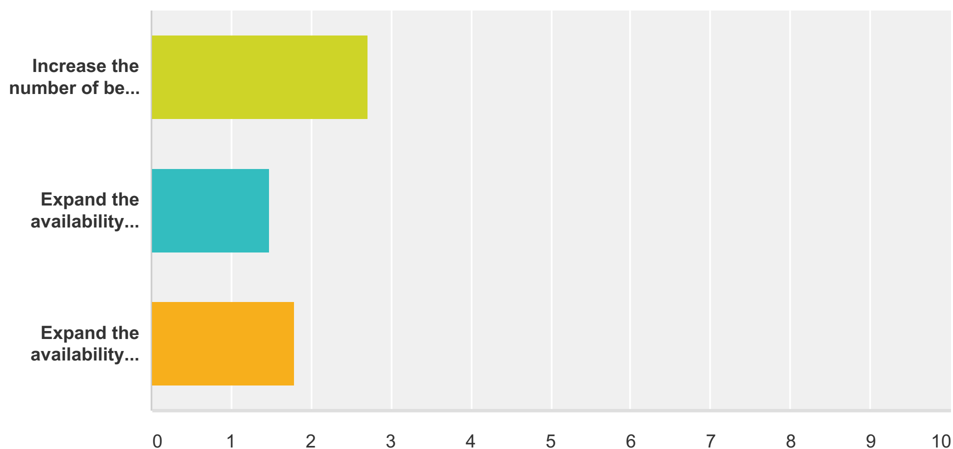
Answered: 64 Skipped: 181



Answer Choices	Responses	
Yes	**96.88%**	62
No	**3.13%**	2
Total		**64**

Q18 Please rank the following initiatives in order of priority from 1-3, with 1 as the highest priority and 3 as the lowest priority.Note: As you rank initiatives, they will automatically align in order of highest priority to lowest priority based on your selections.

Answered: 60 Skipped: 185



	1	2	3	Total	Score
Increase the number of bed based mental health services in the community.	**75.00%** 45	**21.67%** 13	**3.33%** 2	60	2.72
Expand the availability of older adult Mental Health Community Bed Based Services (nursing home based).	**3.33%** 2	**41.67%** 25	**55.00%** 33	60	1.48
Expand the availability of low medical withdrawal and residential rehabilitation services for people with alcohol and drug problems.	**21.67%** 13	**36.67%** 22	**41.67%** 25	60	1.80

Q19 Please specify below any areas that have been missed in the Community Bed Based Services initiatives that you believe should be a priority.

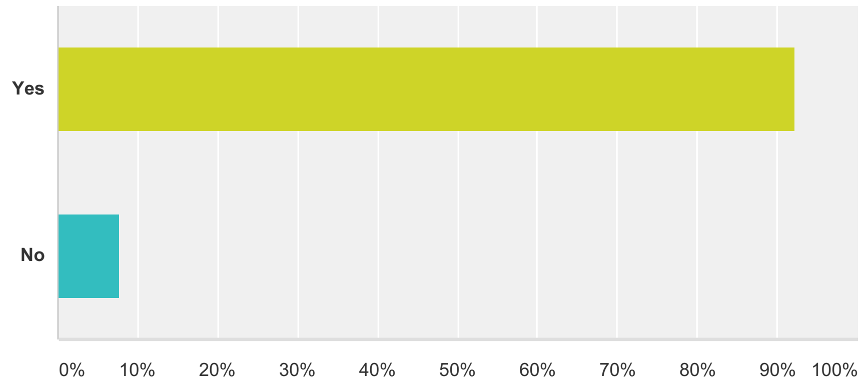
Answered: 21 Skipped: 224

#	Responses	Date
1	Provision of community bed based services in more rural centres customised to meet the needs of regional and rural Consumers to support early intervention through respite or transition from hospital to home eliminating financial, physical and emotional stress on the family and Consumer	3/30/2015 12:45 AM
2	Given our increasing population, lack of community based services (not just community based mental health teams who may be able to check in on client medication compliance), and then the lack of community based mental health teams we need a significant increase in beds. But more than that we need to make the stay in a hospital worth while, most times people opt out of therapeutic activities, chill out and watch tv and then get board, a break and medical monitoring are good but tend to be the only benifits of being in hospital which for the timeframe and cost is not really a good option. But as there are not enough ongoing support for people with mh/aod issues or step up/step down programs its a yoyo effect of going in and out of hospital or not getting the hospital support because your less of a risk than another person rather than not a risk. Would be do the same thing with other forms of health care? If someone had a near death incident would they be turned away or sent home the next day? Even if we did have adequate community based services there would be the few that would still need hospitalization t times. This need is semi related to population - which is increasing. We are not going to need less beds for the less cases will be balanced with the increase in population.	3/27/2015 5:47 PM
3	As many people who may need to access or benefit from utilising community based step up/ step down or rehab beds are also parents that the Mental Health Commission work with the commonwealth and the Department for Child Protection and Family Support to create acceptable voluntary out of home care services so that parents and confident and able to access the services. Parents often refuse services because they put looking after their children first. Parents do not currently have access to community based care options so that they can make good choices (or any choices) about who is able to care for their children during the time they need additional treatment support.	3/27/2015 5:06 PM
4	Neami believes it is important to consider what the role and function of bed-based services is. In our understanding these services play a role in either averting in-patient admission or facilitating an earlier discharge, or permitting an intensive intervention in a controlled environment. Our view is rather than define this group of services as bed-based that it may be more useful to see them as intensive support options. This then allows for consideration of various modes of delivery. Bed-based services are expensive to run and for many reasons may not be the best response to consumer need. For example if the consumer has parenting or carer responsibilities. In other states intensive home based care is an option and we would encourage a range of options are considered for delivering intensive supports.	3/27/2015 10:44 AM
5	The plan notes that “for mental health community beds, the greatest expansion is required in the long-stay beds”, and actions noted include increasing the subsidy provided for subacute long-stay (nursing home) places for older adults with mental illness, and increasing the total number of mental health community beds. The Plan is unclear regarding what degree of support and care will be provided in these settings, and it is crucial that these be addressed otherwise there will be significant flow-on effects felt within hospital-based (acute) services. The specific needs of younger adults with severe and persistent mental illness and associated disabilities (cognitive impairment and problematic behaviours for example) requiring subacute long-stay facilities do not appear to be clearly identified. It is essential that the Plan reviews the necessity for specialist clinically staffed community ‘beds’, and ensures that there are is a sufficient number of appropriately clinically staffed Community Care Units.	3/23/2015 8:16 PM
6	Our nearest planned Community Bed Based Services are planned in Karratha. However, the road to Karratha is dirt road half the way, or a long detour, RFDS is based in Port Hedland and not Karratha, there is no public transport between Karratha and Tom Price. It is much easier and quicker, but much further, to get to Perth than to Karratha. Logistics need to be interlinked to make the Community beds accessible.	3/16/2015 7:17 PM
7	The availability of bed based mental health services is a critical need for many represented people and this is reflected in the responses from OPA staff. However, the Public Advocate wishes to emphasise the importance of expanding the availability of older adult, nursing home based services. The reason for this is that that by the time a represented person with alcohol abuse issues is placed in a nursing home those issues are often secondary to the consequences of the alcohol abuse itself. Many of this cohort develop severe acquired brain injuries from alcohol abuse and related issues such as Korsakoff's dementia (a neurological disorder caused by a lack of thiamine (vitamin B1) in the brain or viral encephalitis. The onset of Korsakoff's dementia is linked to chronic alcohol abuse and/or severe malnutrition).	3/16/2015 12:06 PM
8	In the Pilbara there is a urgent need to provide accommodation at all levels as there is no available accommodation for clients in any setting (besides the hospital). Supported accommodation would be most benefical to the area	3/11/2015 3:56 PM

9	I have a paper re required beds for a specific cohort I wish the Commission to consider	3/9/2015 10:12 AM
10	DAWN is not being represented under low medical detox beds. Low medical detox is described in the plan as a 5 - 7 day stay and with 24 hour supervision? That is not low medical detox in my experience. This appears to be describing the Inpatient Unit (which is not low medical) or Harry Hunters. There is no mention in the plan about home based detox/withdrawal and I think it should be fully included. DAWN should also be included in Community treatment.	2/25/2015 4:20 PM
11	Life smoking bans immediately. Banning smoking from these facilities is potentially costing lives. The number of clients with Mental Health and AOD issues who smoke is very high and to expect them to quit smoking when they are wanting to address their AOD issues is unrealistic- resulting in high numbers of clients refusing to enter the service or exit shortly afterwards. Terrible, terrible top down policy putting higher barriers between services and those wanting to make use of them.	2/20/2015 1:32 PM
12	A day stay or weekday residential facility for perinatal and infant mental health should be a priority. Home based interventions are hard to deliver effectively in a house hold with young children and babies. The parent needs the space to effectively manage the treatment. It could also be used as a step down/step up facility for the MBUs.	2/19/2015 10:42 AM
13	There needs to be a greater variety of "beds" and people with exceptionally comples needs (who are often kept on mental health wards for many months) need to be specifically adressesed. The current standards of hostels avaialble to people with mental illness also need to be significiantly improved both in terms of the facility and the type of care received. Some hostels need to be closed.	2/18/2015 3:12 PM
14	However community beds these will not occur in isolation, they can only be progressed with concomitant develoment and enhancement of both state funded community mental health services and further development of NGO psychosocial support and clinical care capability	2/17/2015 3:25 PM
15	detox and rehab facilities are non existence in regional areas, also consideration must be made for a community detox programme in the home if structures are not commissioned	2/17/2015 11:10 AM
16	Ensure there is good access to beds by community base organisations.	2/4/2015 1:54 PM
17	I don't really know how to rate these as they all should be a priority. it is very clear that there are insufficient beds and staff. The funding cuts the Liberal government have made have decimated the public MH service. these days the bottom budgetary line seems to be more important than the cost of human suffering. People are discharged before they are ready becasue there is a shortage of beds.	2/4/2015 10:27 AM
18	In particular the northern regional and remote areas of WA. The Pilbara now has a residential rehab but the community is desperate to fill the rehab with people experiencing acute and complex mental health concerns who are homeless or at risk of becoming homeless. We do not have the resources to provide a safe and adequate service to this cohort. Because substance use in the Pilbara is the "norm" the demand for rehabilitation facility is far surpassed by the demand for adequate accommodation and care for people with complex mental health concerns. Unfortunately the prison is usually where people with these concerns end up living when they are not presenting to ED in crisis. There is not a mental health ward at the Sth Hedland campus. Considering the complex and generational trauma experienced by the people of this region, as a worker new to the region I am confused and beginning to experience the same sense of hopelessness that the service providers and consumers must have been experiencing for some time now.	2/4/2015 7:30 AM
19	The Youth sub acute service is an important priority for Western Australia. There are a number of young people being discharged without appropriate support at present, particularly to the Homeless youth accommodation sector	2/3/2015 2:02 PM
20	the plan is about services rather than being about people	1/5/2015 2:54 PM
21	Youth longer stay rehabilitation	12/9/2014 3:29 PM

Q20 Do you wish to provide feedback on the Hospital Based Services?

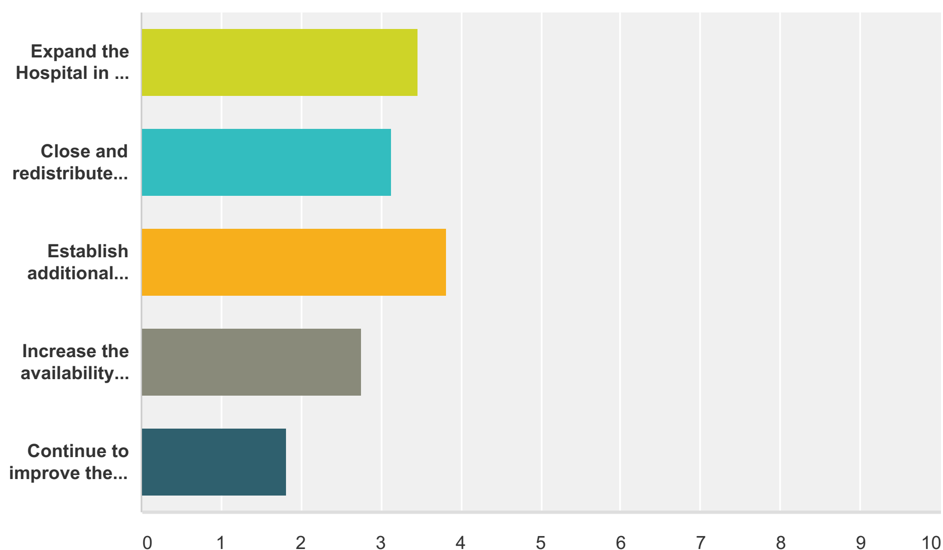
Answered: 78 Skipped: 167



Answer Choices	Responses	
Yes	**92.31%**	72
No	**7.69%**	6
Total		**78**

Q21 Please rank the following initiatives in order of priority from 1-5, with 1 as the highest priority and 5 as the lowest priority.Note: As you rank initiatives they will automatically align in order of highest priority to lowest priority based on your selections.

Answered: 68 Skipped: 177



	1	2	3	4	5	Total	Score
Expand the Hospital in the Home (HITH) program.	**25.00%** 17	**29.41%** 20	**19.12%** 13	**20.59%** 14	**5.88%** 4	68	3.47
Close and redistribute beds and services from the Graylands Hospital site to locations that are closer to where people live.	**29.41%** 20	**22.06%** 15	**7.35%** 5	**14.71%** 10	**26.47%** 18	68	3.13
Establish additional mental health, alcohol and drug services in hospital emergency departments.	**30.88%** 21	**32.35%** 22	**26.47%** 18	**8.82%** 6	**1.47%** 1	68	3.82
Increase the availability of withdrawal beds for people with alcohol and drug problems.	**10.29%** 7	**13.24%** 9	**27.94%** 19	**39.71%** 27	**8.82%** 6	68	2.76
Continue to improve the transport service for people requiring transfer under the Mental Health Act.	**4.41%** 3	**2.94%** 2	**19.12%** 13	**16.18%** 11	**57.35%** 39	68	1.81

Q22 Please specify below any areas that have been missed in the Hospital Based Services initiatives that you believe should be a priority.

Answered: 27 Skipped: 218

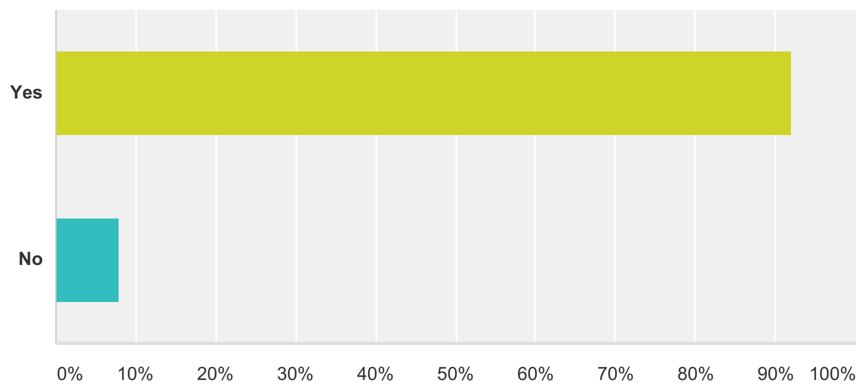
#	Responses	Date
1	I dont think that Graylands Hospital should be closed.More funds should be spent on it to bring it up to code so that people with mental illnesses can be treated in a caring and competent environment which maximises the chances that they make a recovery to good mental health.People experiencing mental illness have as much right to a hospital bed and access to excellent medical treatment as people with physical illness.They have the right to not be discharged prematurely.Sadly, there are many instances of suicide or worse shortly after release from hospital.If the hospital were to be sold the funds may end up in consolidated revenue with very little of it expended in the Mental Health sector.	3/29/2015 6:18 PM
2	There needs to be a focus on mum and bub centres, family rooms in hospitals, ensuring the accessibility/use of alternative hospital therapy rooms such as sensory rooms to prevent incident escalation,	3/27/2015 5:49 PM
3	Resources services to respond to the whole family where they present with or are in hospital because of mental health and drug and alcohol issues. Evidence suggests that responding in a timely fashion and providing access to good information and supports for all , including children in the family, will improve recovery and reduce short and longer term negative impacts on all. Building collaborative working relationships between services and sectors will support service innovation and improvement.	3/27/2015 5:19 PM
4	Designated beds with designated staff for child/adolescents suffering from eating disorders	3/26/2015 12:03 PM
5	That clients with depression not be treated on the acute ward where they are often exposed to angry,violent, psychotic clients which can be frightening. There can also be the threat of sexual assault by other clients in the mixed gender accommodation.	3/19/2015 6:04 PM
6	Again, consider transport options in the north of the state when establishing beds. Our regional beds are in Broome, 1000km away with no public transport and by road a 12 hour drive, whereas Perth is reachable in 3 hrs (1.5 hrs flight).	3/16/2015 7:24 PM
7	The ranking of additional mental health, alcohol and drug services in hospital emergency departments as the most important initiative in this stream reflects that these services have a major impact on people represented by OPA staff. The Public Advocate has an interest in ensuring that there is a smooth transition for represented people when Graylands Hospital closes and new facilities become operational. There is also a critical need to develop options for represented people who must be supervised in the community, some of whom at the moment are placed in Graylands Hospital. The Public Advocate is concerned to ensure that there are measures in place to manage these represented people appropriately in the community after the closure of Graylands Hospital.	3/16/2015 12:08 PM
8	Children and adolescents	3/13/2015 3:26 PM
9	New mental health facilities in WA are still being built along the same treatment principles as the newer facilities in Graylands. There is only one very old ward left in Graylands which needs closing. Closing the whole site and particularly the newer facilities is counter productive. The culture of Graylands is indemic in WA; it's the staff and mh nurse education, as well as hospital desigh and treatment pathways that need to change.	3/9/2015 5:10 PM
10	Please see my submission - it covers both hospital and community beds	3/9/2015 10:11 AM
11	We need to stop wasting money on patients who are not prepared to cease alcohol and drugs. Stop allowing hospital admissions, beds and treatment until clean and kick them out of programs if they are not compliant. Only treat those who are ready for help. Stop operating on actively using drug addicts - such as the patient I saw shooting up in RPH reception yesterday, who was down from the ward with his IV attached - too much wasted money - stop the waste!	2/27/2015 6:33 PM
12	How much have emergency departments been involved in this plan?	2/22/2015 4:53 PM
13	Ensure clients accessing withdrawal services are able to smoke while receiving treatment.	2/20/2015 1:25 PM
14	Long term apartment accommodation in groups of 40-100 staffed by mental health professionals 2-4 hours a day and intense 8-24 hours a day during episodes of need for care. The aim would be to support people with episodic mental health illnesses to work full-time.	2/19/2015 4:35 PM

15	Education of health professionals, including psychiatrists, providing services in the hospital system. There is a great need! Need for more understanding and education about links between domestic violence, how to spot the signs and what to do. Not just presuming an individual is lying about a DV situation because they are unwell and refusing to document anything about it, which I have experienced numerous times! Particularly with regards to emotional abuse and impact on mental health, physical abuse signs are obviously less subtle and easier to identify. There is a need for more culturally sensitive practice which includes recognition and respect for a person's religious and spiritual beliefs. It is the rare psychiatrist that respects the impact of religious and personal beliefs on treatment choices and works with the person to find a suitable solution that respects the persons beliefs and dignity and promotes choice and personal power. People are not 'unwell' because their personal beliefs about treatment differ from a psychiatrists, in my instance, my personal beliefs about treatment and the wish to avoid psychotropic medications are the same regardless or whether I am well or unwell. I am lucky to have a treating practitioner that understands this and works with me, but I did not get this same respect by many in the public system. I believe there should be a more balanced mental health review board. I have had panels with two psychiatrists and a lawyer, and a community member who hardly appeared to have a say. I did not feel represented by any one on the panel, my voice not heard or regarded. It is sickening and disheartening and totally disempowering, and traumatising! Panels should be bigger involving number one - the person, number two - carers, and others such as consumers, health professionals who know the individual, and relevant other people in the persons life, such as religious ministers, or whoever the person wants present all working together to get the best outcome for the person. Not some random strangers who don't know the person from a bar of soap or what is best for them. I would like to see a consumer body with the same influence as the chief psychiatrist in making decisions that affect consumers and provsion of services, otherwise it all just becomes one sided, and not person centred at all. There needs to be a strong system of peer accountability in the hospital system to prevent abuse occurring, as I have also experienced in hospital. Those who are in it for power and control need to be weeded out, and there are many! More regular consumer feedback and reviews of services with consumer feedback needs to occur and be acted on. There is also a need to review the use of personal guard, which are used indiscriminately in anyone who refuses to comply with medication, again with no consideration of factors such as whether the person has been a danger to themselves or others in the past. There also needs to be strong education of individuals employed as guards in principles of humane treatment and respect and understanding of indivudals with mental health issues. Do they do an orientation that educates them in values they need for the job? I know this is inherent in orientation training for all staff within disability services. Education, education, education! I would also like to suggest stationing of chaplains within acute hospital services. the spiritual aspect of mental health conditions continues to be ignored and under rated, I have many times felt this would be more useful to me than anything else when in hospital, and would like to have had my spiritual requirements represented in my treatment considerations and someone to help me to voice these and to act as an advocate on these issues.	2/17/2015 10:06 PM
16	re-development of graylands to provide additional beds for acute mental health inpatient stay	2/11/2015 11:58 AM
17	Improving communication between hospital based services and primary care needs to be improved. Historically this has been very poor and is often cited by GPs as a barrier to improving care. The walls between mental health and primary care need to be broken down.	2/9/2015 10:39 AM
18	People who do not have an ongoing psychiatric illness will slip through the cracks as there is no specialised service that can offer a follow up in the health setting. Previously I offered this service at Fremantle Hospital.	2/6/2015 10:36 AM
19	I can't see a bed for withdrawal lasting 7 days to be in any way long enough for the consumer to gain the skills and self-esteem required to break their drug habit. The need for the drug is still there. Most people are aware that to create a new habit requires anywhere from 21 - 30 days. The shutting of Heathcote and now Graylands is of great concern and will have lasting negative effects in our community. The resources are not in place and they are just shutting it down. Highly questionable.	2/5/2015 3:08 PM
20	there is no mention of provision of adequate numbers of locked beds and the establishment of locked units that do not look like prisons and where the facilities are respectful and offer accomodation with a level of human decency . This is a huge deficit in the plan and without a section on this need it is largely meaningless. There are inadequate suitable beds for this group where they can be cared for properly. Assuming that other services will compensate is not an option and this must be addressed in the plan. I have read it and cannot find anything re involuntary patients. There also needs to be a costing of the HITH option which I cannot see.	2/4/2015 1:42 PM
21	Mental health observation and complex withdrawal in the community. We have a mental health service attached to the health campus in the Pilbara but no dedicated inpatient unit. We have a residential rehabilitation facility but nowhere for people with complex withdrawal needs. Methamphetamine is a huge problem in the Pilbara making it's way into the communities and into the Western Desert communities. We are having to try to utilise PATS to send people to acute withdrawal units like Next Step then try to transport them back to the pilbara to attend the rehab. It is a comedy of errors with huge gaps where we lose the majority of people seeking treatment. The community is having to try to support and house these people and fear is palpable within the families attempting to support their family members.	2/4/2015 7:38 AM
22	reducing stigma- modern person focused services not old fashioned institutional divisions-recogniton someone with a mental health concern may also have a disability visible or not and this needs addressing when in supported service too- not ignored or isolated one or other. Human rights based framework.	2/3/2015 7:12 PM
23	The provision of youth inpatient beds will be important for Western Australia, particularly with the Perth Childrens Hospital only taking children up to 15 years and 11 months. The provision of youth inpatient beds , particularly for 16 and 17 years olds is important . A dedicated Youth Hith service would be important in both the north and south Perth metropolitan area	2/3/2015 2:06 PM

24	co-morbidity from a mental health admission to hospital perspective. The services are overloaded and confusing. With predicted continued increase of ice/speed/amphets; preparation is needed NOW to accommodate the axillary effects. secondly; hospital admissions need to address the harm reduction perspective of opioid dependant consumers not ready to give up as well as accommodating mental health consumers that are already on ORT more appropriately address stigma and discrimination from staff toward AOD consumers approach discharge in a more holistic manner i.e. accommodation, DSS issues, ORT if required: prescribing and dispensing, mental health based follow up	1/27/2015 4:41 PM
25	Increase in-patient units - such as in the East Kimberley (Kununurra)	1/27/2015 10:16 AM
26	Expansion of C-l psychiatry services which should be managed under general health	1/22/2015 9:41 AM
27	An area that is attatched to the police department would be more appropriate for alcohol and drug withdrawal especially because many patients know that if they say they are suicidal police currently have to bring them to the Emergency Departments for assessment where they cause major problems by assualting staff and then go home the next morning with nil consequences for their actions.Thus costing taxpayers large amounts of money and continuing the behaviour of drug use then hospitalisation and abuse of staff and the general public.A determination of whether a person is just intoxicated can not be determined until they are sobered up People who are not mental health should be held financially accountable .They can afford drugs and alcohol so they can also afford to pay for the medical care they have used.	12/4/2014 7:55 PM

Q23 Do you wish to provide feedback on the Specialised State-wide Services?

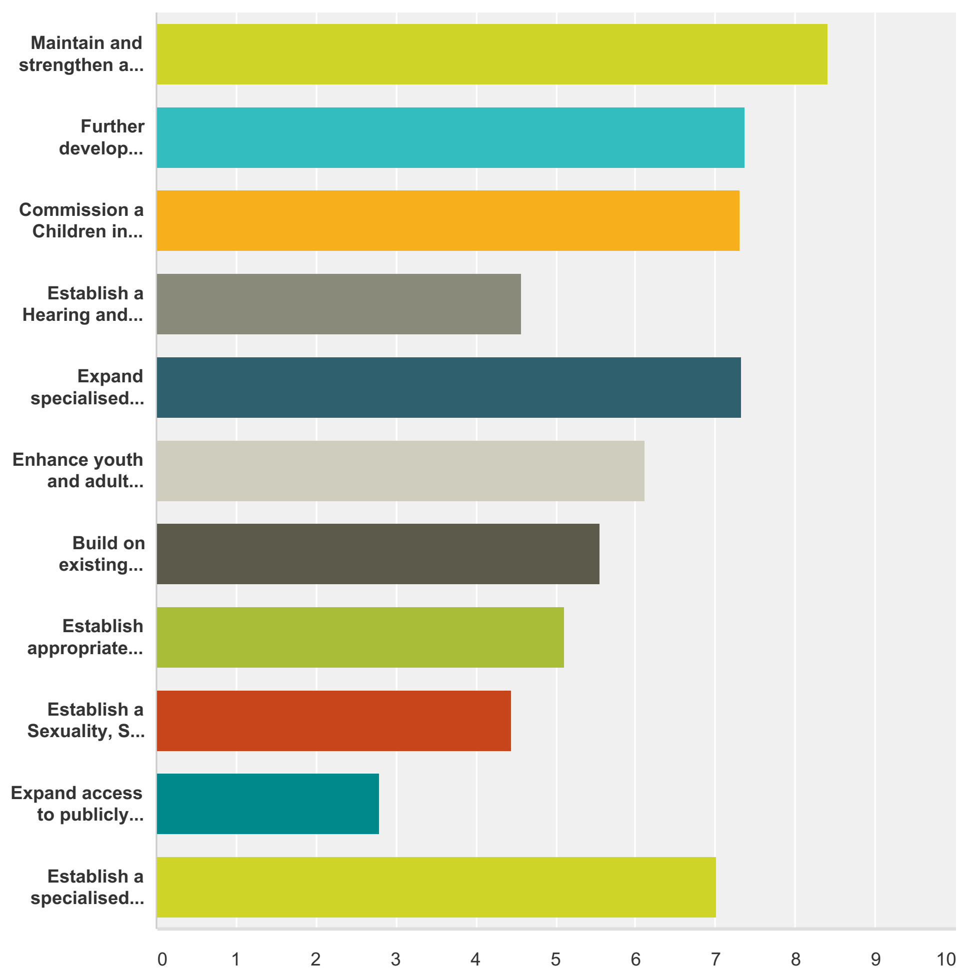
Answered: 75 Skipped: 170



Answer Choices	Responses	
Yes	**92.00%**	69
No	**8.00%**	6
Total		**75**

Q24 Please rank the following initiatives in order of priority from 1-11, with 1 as the highest priority and 11 as the lowest priority.Note: As you rank initiatives they will automatically align in order of highest priority to lowest priority based on your selections.

Answered: 66 Skipped: 179



	1	2	3	4	5	6	7	8	9	10	11	Total	Score
Maintain and strengthen an appropriate Aboriginal mental health service.	**22.73%** 15	**28.79%** 19	**15.15%** 10	**4.55%** 3	**6.06%** 4	**7.58%** 5	**3.03%** 2	**1.52%** 1	**3.03%** 2	**4.55%** 3	**3.03%** 2	66	8.41
Further develop transcultural mental health services.	**9.09%** 6	**9.09%** 6	**24.24%** 16	**15.15%** 10	**4.55%** 3	**10.61%** 7	**12.12%** 8	**7.58%** 5	**4.55%** 3	**3.03%** 2	**0.00%** 0	66	7.36
Commission a Children in Care Program.	**9.09%** 6	**4.55%** 3	**21.21%** 14	**16.67%** 11	**16.67%** 11	**10.61%** 7	**6.06%** 4	**9.09%** 6	**3.03%** 2	**1.52%** 1	**1.52%** 1	66	7.30
Establish a Hearing and Vision Impaired service.	**0.00%** 0	**3.03%** 2	**1.52%** 1	**6.06%** 4	**9.09%** 6	**12.12%** 8	**19.70%** 13	**13.64%** 9	**18.18%** 12	**4.55%** 3	**12.12%** 8	66	4.58

Expand specialised homelessness service capability.	**10.61%** 7	**7.58%** 5	**12.12%** 8	**19.70%** 13	**19.70%** 13	**7.58%** 5	**10.61%** 7	**4.55%** 3	**3.03%** 2	**4.55%** 3	**0.00%** 0	66	7.32
Enhance youth and adult eating disorders services.	**12.12%** 8	**6.06%** 4	**3.03%** 2	**3.03%** 2	**9.09%** 6	**18.18%** 12	**15.15%** 10	**22.73%** 15	**4.55%** 3	**6.06%** 4	**0.00%** 0	66	6.11
Build on existing perinatal specialised services.	**7.58%** 5	**6.06%** 4	**4.55%** 3	**7.58%** 5	**10.61%** 7	**6.06%** 4	**15.15%** 10	**15.15%** 10	**16.67%** 11	**3.03%** 2	**7.58%** 5	66	5.56
Establish appropriate neuropsychiatry and neurosciences specialised services.	**9.09%** 6	**6.06%** 4	**4.55%** 3	**6.06%** 4	**9.09%** 6	**6.06%** 4	**3.03%** 2	**10.61%** 7	**19.70%** 13	**18.18%** 12	**7.58%** 5	66	5.11
Establish a Sexuality, Sex and Gender Diversity Service.	**3.03%** 2	**9.09%** 6	**1.52%** 1	**7.58%** 5	**4.55%** 3	**9.09%** 6	**4.55%** 3	**7.58%** 5	**13.64%** 9	**25.76%** 17	**13.64%** 9	66	4.44
Expand access to publicly funded Attention Deficit and Hyperactivity Disorder (ADHD) services.	**1.52%** 1	**4.55%** 3	**1.52%** 1	**3.03%** 2	**0.00%** 0	**4.55%** 3	**7.58%** 5	**0.00%** 0	**7.58%** 5	**22.73%** 15	**46.97%** 31	66	2.80
Establish a specialised service to meet the needs of people with co-occurring mental illness and intellectual and developmental disability, including autism spectrum.	**15.15%** 10	**15.15%** 10	**10.61%** 7	**10.61%** 7	**10.61%** 7	**7.58%** 5	**3.03%** 2	**7.58%** 5	**6.06%** 4	**6.06%** 4	**7.58%** 5	66	7.02

Q25 Please specify below any areas that have been missed in the Specialised State-wide Services initiatives that you believe should be a priority.

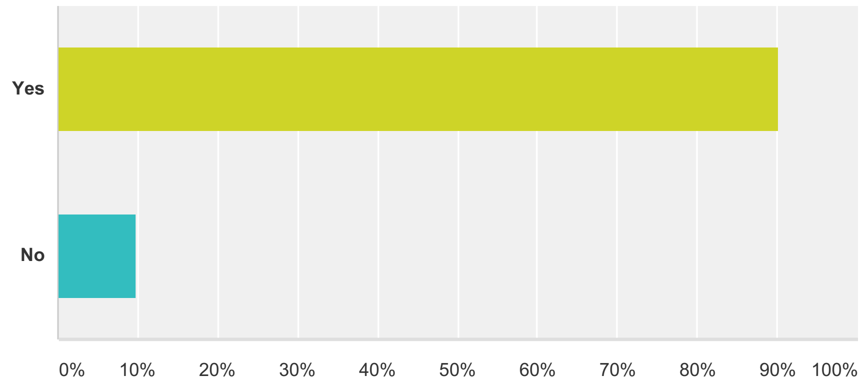
Answered: 21 Skipped: 224

#	Responses	Date
1	ADHD - my father thought that this illness was a fiction and I would agree labelling and pathologising human distress again bipolar schizophrenia depression etc.	4/9/2015 5:37 PM
2	The importance of giving culturally appropriate services to indigenous people in different settings across the state is an important priority, even though it is a complex one. It needs to be provided in conjunction with other allied service providers from government and non-government agencies. The importance of providing culturally relevant services to people from CALD backgrounds, such as Africa, Asia, the Middle East and central Europe continues to be important and needs to be enhanced.	3/30/2015 5:25 PM
3	There is no consideration of COPMI - Children of parents with a mental illness or family and carers. 67% of COPMI young people will develop a mental illness. 33% of the wa youth suicides investigated by the ombudsman were by COPMI young people, More than 42% of child protection cases have parental mental illness as a primary reason for departmental involvement... with appropriate COPMI and family interventions this can be decreased or prevented. But this can not be adult based programs, ie for the parent alone... there needs to be a focus on the children getting support, information and services as well. Furthermore the long term impacts and complex nature of the COPMI experience require more than just once off or 6 psychology sessions. This simple approach to complex issues is not adequate. Also these long term impacts lead to issues in adulthood for these adult COPMI people which then require services to assist such as long term counselling, parenting assistance, information and education, etc.	3/27/2015 5:54 PM
4	Although Perinatal Mental Health may imply Infant Mental Health it cannot be assumed. Infant mental health is mentioned in the service realignment across age groups however it is critical to keep these two areas connected. Specialised responses to women (and men) with a pre existing mental illness in both the antenatal and post natal period is a key point of intervention to reduce intergenerational transmission of poor social emotional wellbeing and mental health. This may be particularly important for Aboriginal families and communities. The availability of culturally appropriate and whole of family approaches during this time may reduce the numbers of infants being taken into the care of DCPFS.	3/27/2015 5:38 PM
5	It very positive that the Plan identifies the long unmet need for services for people who require support with their gender issues (including linking with Endocrinology services where required). It is very positive that the Plan identifies the need to support mainstream services in providing environments in which lesbian, gay, bi-sexual, transgender and intersex (LGBTI) people and people with gender identity issues feel comfortable and welcome.	3/23/2015 8:18 PM
6	Meet the needs for an inpatient psychotherapeutic service for Depression/Anxiety (such as Perth Clinic) for rural patients from areas with lacking services to avoid drug abuse and suicide.	3/16/2015 7:31 PM
7	The establishment of appropriate neuropsychiatry and neurosciences services to meet the needs of represented people with co-occurring mental illness and intellectual disability will be fundamental to an effective mental health service for this group of people. Its importance is highlighted by issues which are caused by current delays in represented people accessing these services. Many represented people have substance abuse issues and degenerative diseases such as dementia and Alzheimer's which require assessment and treatment via these services.	3/16/2015 12:11 PM
8	Personality disorder services- these need to expand to meet the need in WA. People with personality disorder do not do well on waiting lists and can cost $1000s in inappropriate admissions to hospital as well as the toll taken on inpatient teams when trying to manage a patient who would be better managed in the community.	3/12/2015 5:52 PM
9	Of concern to carers in rural and remote areas is access to My Way services/assessment for people with psychosocial disabilities. As there is a fundamental lack of acknowledgement of mental illness etc within the disability sector this is quite understandable. In rural and remote areas carers find it impossible to get any assistance for the disabled family member with co-occurring intellectual disability and mental illness.	3/9/2015 6:44 PM
10	All of the above are very important; however evidence suggests that developing a specialist state wide primary care mental health service for mild/moderate problems should be a priority.	3/9/2015 5:15 PM
11	My concern with respect to the ED plan is that the beds planned are for youth and adult, which is a positive step, however despite the perception that PMH provides beds, these beds need to become dedicated and specialised and accounted for in the plan, funding and population growth. Also, providing beds needs to be back up by communtiy services and workforce development across the sector with eating disorders being the most lethal and costly mental health condition. Also Bridges Eating Disorder Association needs dedicated funding to provide a support and information service, WA is the only large state with out such a community service.	3/6/2015 1:44 PM

12	the description 'people with gender identity issues' used in the plan is problematic as it frames transgender people and gender diversity as 'concern' that needs to be fixed rather than a diversity of human nature. Alternative phrasing could be 'people who require support around their gender identity' or 'people with diverse gender identity'	3/4/2015 10:17 AM
13	Perinatal specialist services must be aligned or create within, infant mental health services. The perinatal period is a high risk time of mental disorder in the parent but also a time that the neurodevelopment of the infant can be affected deleteriously but the parental state. This can lead to mental disorder in that child and even as they become an adult.	2/19/2015 10:45 AM
14	Aquired Brain injury unless it is covered by co-occurring intellectual disability	2/18/2015 4:59 PM
15	I am concerned that a neuropsychiatric service will place people with mental health conditions and limited voice and self determination at risk of experimental treatments with limited say on the matter. Many with a religious belief could be extremely concerned about being subject to treatments involving implants, devices, or deep brain stimulation. Such treatments should only ever be considered for those who are fully capable of giving informed consent to such treatments, and this should be an element of the agreed service terms. I believe this should also be the case with ECT, it is barbaric to subject a person to this when they are unwell and incapable of giving informed consent. It is akin to torture. Never should neuropsychiatric surgery or treatment be imposed on another against their consent or will, not under any circumstances! If such treatments and newer discoveries involving surgery or implants become the 'in' thing within psychiatry, there should always be the option for individuals to indicate they do not consent, well or not. I would like to see advanced health directives available to those with a mental health condition, formulated with their treatment desires and preferences documented at periods when they are well, and given full respect at all times. The persons preferences for care and treatment should stand as documented, even if they become unwell, not overridden by someone else just because the person is unwell now.	2/17/2015 10:18 PM
16	State wide is a misnomer in this context, these are predominantly small metro based services, some of them may be sub-specialty, many should be part of general mental health servcice delivery rahter than niche (eg perinatal mental health services) i note that the SSAMHS is curently spending an inordinate amount of money for no outputs or outcomes, a very poorly managed service that merely ticks the box	2/17/2015 3:23 PM
17	We need to develope speciality services to support and treat those suffering from Borderline Personality disorder.	2/10/2015 4:49 PM
18	WA is a huge state. However with the use of phones, faxes, email and computers, there should be no problem in tracking and linking service providers so a consumer can have confidence that they don't have to keep repeating information and that a team of professionals are backing them which really helps when everything to the consumer seems out of control.	2/5/2015 2:50 PM
19	indigenous suicide prevention service	2/3/2015 3:31 PM
20	Eating disorders should be a priority for WA	2/3/2015 2:09 PM
21	The plan for specialised services for adults with autism is quite vague- we need clear treatment pathways and expert clinicians	1/13/2015 9:30 PM

Q26 Do you wish to provide feedback on the Forensic Services?

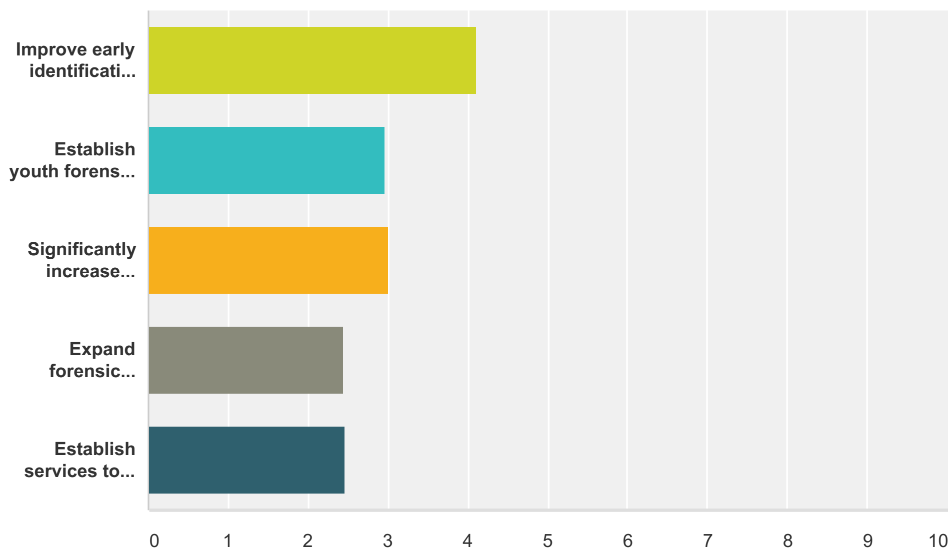
Answered: 41 Skipped: 204



Answer Choices	Responses	
Yes	**90.24%**	37
No	**9.76%**	4
Total		**41**

Q27 Please rank the following initiatives in order of priority from 1-5, with 1 as the highest priority and 5 as the lowest priority.Note: As you rank initiatives they will automatically align in order of highest priority to lowest priority based on your selections.

Answered: 36 Skipped: 209



	1	2	3	4	5	Total	Score
Improve early identification and prevention initiatives targeting offenders at risk of becoming involved in the criminal justice system.	**47.22%** 17	**25.00%** 9	**22.22%** 8	**2.78%** 1	**2.78%** 1	36	4.11
Establish youth forensic services.	**5.56%** 2	**22.22%** 8	**41.67%** 15	**25.00%** 9	**5.56%** 2	36	2.97
Significantly increase contemporary services for people in the criminal justice system and in-prison.	**25.00%** 9	**11.11%** 4	**16.67%** 6	**33.33%** 12	**13.89%** 5	36	3.00
Expand forensic hospital services to meet the needs of the growing population.	**11.11%** 4	**13.89%** 5	**13.89%** 5	**30.56%** 11	**30.56%** 11	36	2.44
Establish services to support for people transitioning from prison to the community.	**11.11%** 4	**27.78%** 10	**5.56%** 2	**8.33%** 3	**47.22%** 17	36	2.47

Q28 Please specify below any areas that have been missed in the Forensic Services initiatives that you believe should be a priority.

Answered: 10 Skipped: 235

#	Responses	Date
1	I would think that peer support workes would help new prisoners as well as old and help break down the "us and them" mentality that prevents rehabilitation and makes things hard for all. Like peer support in mental health can be rehabilitating for those who no longer feel angry and want to help the recidivists to not waste their lives. Reduce stigma of incarceration.	4/9/2015 5:40 PM
2	As mentioned elsewhere, the urgency of providing a multi-pronged support response towards indigenous people in prison or involved elsewhere in the 'justice system' is vital. This again continues to need inter-agency cooperation - not to delay and complicate the delivery of services, but in a timely and relevant fashion, to seek to provide a cohesive, positive social support to build community life and promote personal well being.	3/30/2015 5:28 PM
3	This includes the significant need to prevent children and family of these individuals from becoming involved with the criminal justice system too and supports to ensure they dont re-offend. Most cases there are significant family and social factors for those who re-offend. Rates of parents in prisons are significantly high for aboriginal women and appropriate supports and interventions for them and their children and family are needed to stop this cycle.	3/27/2015 5:57 PM
4	As the research suggests that children of parents with a mental illness are likely to be over represented in a number of areas including the justice system, that particular attention be given considering systematically responding to people as parents, and paying attention to how their children are doing as part of the considerations for early identification and prevention. The Mental health data collection system has the capacity to record parenting status and information about children. This is not currently a mandatory item but could provide very useful data for service planning and innovation particularly in relation to early intervention and prevention.	3/27/2015 5:49 PM
5	The availability of forensic beds in hospitals and specialist services in the community to ensure community safety while providing a lesser restrictive option is a critical issue facing some represented people. These people have complex needs with cognitive impairment in conjunction with significant mental health diagnoses and alcohol/drug abuse. Another critical issue for OPA staff is the risk management of represented people who leave prison and require immediate access to mental health, housing and other supports to ensure community safety as well as address their individual issues.	3/16/2015 12:13 PM
6	None of the above: Evidence from UK: Drug Treatment and Testing Orderes Mentally disordered offender assessment in police cells rather than ED	3/9/2015 5:19 PM
7	Aboriginal people make up the greater part of the population in prisons. They need much help in the families with children, youth, juveniles and repeat offenders. People learn what they live and Aboriginal people deserve a great proportion of support, especially for trauma, violence, alcohol and family problems.	2/5/2015 2:40 PM
8	I think these intiatives all have an equal priority. They are all important.	2/4/2015 10:40 AM
9	Reducing the high ATSI incarceration rate by looking at alternative programs and increased mental health & drug and alcohol preventative programs	1/27/2015 10:19 AM
10	reduce numbers, not increase those placed in prison	12/9/2014 4:04 PM

Q29 Please specify below any areas that have been missed in the System Improvement and Supporting Change section of the Plan that you believe should be a priority.

Answered: 35 Skipped: 210

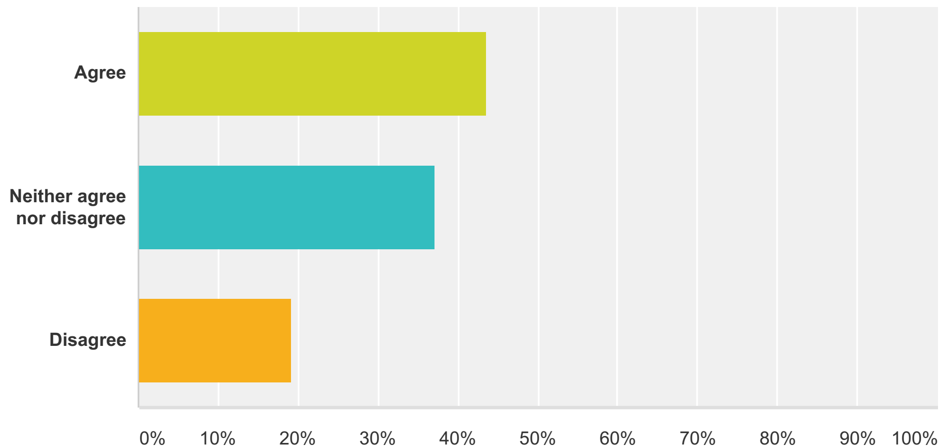
#	Responses	Date
1	Transparency of system for whole of community engagement and support (not just carers, consumers and service providers).	4/9/2015 5:26 PM
2	I am supportive of cohesive services to address mental health issues when they coexist with alcohol or other drug problems. However, I am most unhappy to see the constant linkage reinforced to the public at large and to consumers and especially to vulnerable children or distressed adults by constantly seeing 'Mental Health and Alcohol and Other Drugs' as a repeated heading and recurring theme in communications and signage. Is there not another way in both of these serious areas of public policy and unmet health needs could be meaningfully addressed, without always appearing to be under the same umbrella??	3/30/2015 5:32 PM
3	Consideration needs to be given and incorporated into the plan to education systems and staff as schools are a significant setting for mental health promotion and prevention.	3/30/2015 4:22 PM
4	The importance of the whole of family voices in the development, delivery and evaluation of services is missed in this section. This is not to minimise the importance and significance of the work involved in person centred recovery oriented approaches and consumer voices or a note about the involvement of family and friends. A whole of family approach suggest more and recognises that children may be a part of the story, it also recognises that the short and long term recovery of the person, and the family are inextricably linked, not add on optional extras. In order to support this approach then workforce development to support family inclusive practices and approaches will be key. A shift in emphasis to family inclusive practices will inevitably support primary prevention (perinatal and infant mental health), early intervention and service system innovation	3/27/2015 6:06 PM
5	COPMI and family. There is a considerable focus on consumer and individual services. Historically this has been needed, and still is, but the family and carers are even more forgotten and the children are the most forgotten of all. Even in youth services there is an expectation that the child or youths parents/guardians are supportive and able to make informed and rational decisions in the best interest of the child. Youth services are not given the resources or capacity to respond to complex family cases, such as when parental mental illness is involved, and do not have training in how a COPMI young person's experience may be different from other youth based mental illness. Ie even if they are well if their parent becomes unwell this may be a trigger, they may have caring roles, parent may refuse consent to a service, or parent may be in support of mental health services but the child opt out to care for parent. Without appropriate attention to COPMI - 67% develop a mental illness, 33% of youth suicides investigated were by COPMI people, ect we are simply just ignoring the next generation of "consumers".	3/27/2015 6:01 PM
6	Neami National is very supportive of the directions proposed in the report. We would also like to ensure that Plan includes a focus on supporting the expansion of peer work across all areas of service delivery. This requires specific strategies to build skill development and capacity building for staff and managers of services employing peer workers as well as supporting peer work itself. The other area which may require consideration is supporting research and evaluation particularly in the community mental health support sector, which has limited access to research funding. As an example, in Victoria the state Government established a Mental Illness Research Fund which has specifically targeted the piloting and development of new approaches to service delivery through cross-sectoral collaboration. The projects are seeking to pilot new approaches and create a capacity of services to generate practice based knowledge. Collaboration across clinical services, the university sector, NGO's, consumer and carer groups and adjoining sectors are fundamental to each project.	3/27/2015 10:52 AM
7	For many people living with a mental illness, their experience of illness is unlikely to neatly fit into the categories of response provided in the mental health plan. As such, Anglicare WA would encourage a stronger emphasis on true person centred support to those with mental illness; support and response should involve following a person through a continuum of support needs and providing services as directed by the consumer. Anglicare WA supports a personal recovery framework to understanding consumer's journeys. A personal recovery framework can challenge traditional clinical approaches to Mental health interventions, and will require some significant cultural shifts within more highly structured or medical based clinical mental health service delivery. We are very pleased to see a youth mental health stream of service delivery emphasised within the plan. Success will be strengthened by a focus on integrating this stream of service delivery with community based youth services and a collaborative approach to service delivery with the youth service sector. Anglicare WA supports an emphasis on culturally competent service delivery, an imperative in a context where Aboriginal people are over-represented in this sector.	3/25/2015 9:08 AM

8	Increased public awareness of issues associated with mental health, an approach that is factual, informative and non-dramatic. Media attention, advice and information focusing on publicising the services available to assist people in time of need - first points of contacts etc. "Information and communication technology improvements" generally covers it	3/22/2015 11:16 AM
9	Please put counsellors in every school- public or private. The teachers do not care or choose to only care about their favourite students. Please respect a young person's right to privacy as well, as some parents cannot be trusted, despite the act they put on, and are actually responsible for the client needing the service. Often siblings can be treated very differently in the same family.	3/19/2015 5:57 PM
10	seek feedback from co-providers, e.g. psychologists, GPs	3/16/2015 7:38 PM
11	Samaritans Crisis Line agrees with each of the principles enunciated above in respect of System Improvement. We already aim to deliver a service that places the consumer's voice at the centre, that adopts underlying principles of trauma informed care, and which places a particular focus on the quality of our volunteer training as a symbol of our organisational effectiveness. We also believe we play an important role in system integration and navigation, having been responsible for preparing and circulating the biannual "The Directory of Youth Services" for some 12 to 13 years & which has received positive feedback. However, we would like to provide some respectful words of caution in the context of the principles outlined. Firstly, an organisation such as ours (which is staffed approximately 98% by volunteers) is facing considerable challenges in aligning our benchmarking to the MHC's current model for the measurement of organisational effectiveness and efficiency. The current model, for example, does not recognise the inherent challenges of collecting data from anonymous & emotional telephone callers, or seemingly recognise that the performance measurement process may differ for an organisation which provides most of its day to day services via volunteers (rather than paid personnel). Hence, we are saying that the key focus needs to be on tailored and appropriate benchmarking to suit the service at hand (but which, of course, ensures that a high quality service offering is provided). Secondly, whilst we agree with the Plan's decision to re-align age streams and align resources to different age streams, we still think that there is a place for services that are prepared to (and capable of) servicing people of all ages. Help-lines are a good example of a service that needs to be prepared to assist all types of people immediately, irrespective of whether the helpline is "the preferred avenue of support" from the overall system's perspective.	3/14/2015 6:04 PM
12	Federally funded programs need to know their position and not work in isolation. Federal funding would have to increase to meet the plan. Collaboration in government sectors and NGOs/ partnerships are essential to make the plan work. DCSP requires a review with better representation particularly from mental health NGOs.	3/12/2015 5:56 PM
13	Recovery College. This was included as a specific item from the community support consultation group. The Recovery College is the only initiative that is premised upon co-production, would provide hope, choice, control and opportunity within a peer network and is extremely cost effective. In the UK where research demonstrates that a Recovery College saves millions of dollars in hospital costs. Capacity building for consumers and carers in rural and remote areas. If consumers and carers participate in the production of their care plans etc then they effectively become part of the 'workforce' but there are no plans to include them in the capacity building required for this participation. If this is to be the continued domain of services to provide this training then it continues the power imbalance this process is trying to address. Effectively the fox continues to run the hen house. The structure of the Plan continues the negative, medicalised approach to mental health. An educational framework would provide a sound basis for forward, innovative and positive momentum and take mental health initiatives across all of government. Educational worst-practice is the money wasted on one-off workshops. Without regular follow-up educational research shows learning is lost resulting in a failure of investment potential. Rural and remote regions continue to be hard to recruit and retain staff areas. Change policies and target these areas for capacity building so that locals can be employed as they already live there, do not require housing or incentives but do require training and supervision. Provide self-advocacy training for rural and remote consumers and carers who miss out on the participation opportunities of metro folk. Make this training accessible, positive and resolution focussed. Then they can be a constructive participant in the co-production process.	3/9/2015 6:35 PM
14	Development of primary care mental health and drug treatment services.	3/9/2015 5:21 PM
15	I would like to stress the need for all mental health clients (public and private) to be considered eligible for all services. I am particularly concerned with barriers to accessing community support services (housing and employment support programmes)	3/8/2015 3:18 PM
16	Pooling together the mental health and drug and alcohol services is not an accurate relfection on what is available. The pooling together implies that those experiencing either issue can seek help from any service. Currently this is definitely not the case - 'on the ground' services which are drug and alcohol services do not provide mental health services and visa versa. Therefore pooling together both community services, for example, does not make any sense except for budget purposes – unless there is a significant investment of time, resources and training to make sure that services can provide support to people experiencing any mental health or drug and alcohol areas.	2/25/2015 11:03 AM
17	There is a significant failure of Youth/Adolescent service provision outside of the tertiary hospitals. They appear very reluctant to support the peripheral units	2/22/2015 4:48 PM
18	IT communication improvement. Security systems and access improvement. Psychiatrist follow up systems improvement ie... if a patient does not turn up to 2 appointment in a row there is an automatic follow up by a social worker through the IT system.	2/19/2015 4:46 PM

19	NGO must be accountable for the work they do, with clear governance and transparency. Too often they attract funding but then have entry criteria that results in no real service being provided. Barriers to care must be at a minimum, even for NGO organisations. In perinatal and infant psychiatry the opportunity for intervention is sometimes brief and there are often already many barriers preventing access - so accessiblity should be considered a priority	2/19/2015 10:48 AM
20	Assist the currently underperforming overwhelmed NGO sector through service development investment assistance and workforce/industrial reforms to facilitate appropriate recruitment	2/17/2015 3:19 PM
21	I believe that there should be 'drop in centres' in every suburb eventually for young people to drop in during the day where social workers and psychologists are there (in jeans and sneakers) to play table tennis, watch a movie, talk, play etc. In Germany where I grew up we had them everywhere and it was a haven for many young people to feel safe without the stigma of "something is wrong with me and I need fixing with a councillor/psychologist". Young people, specially young man don't like admitting that they are 'wrong'. We need role models for young people, they need to have a place to fit in and to be OK. I only heard yesterday again from a friend and her son committed suicide...	2/13/2015 9:03 AM
22	Educating and supporting People on how to navigate the large number of current services particularly in a crisis and how to actually self determine level of emergency with mental health in friend or family member	2/12/2015 12:45 PM
23	Further engagement with Occupational Therapists recommended who are ideally situated under their professional scope of service to provide cost effective, holistic care in mental health.	2/11/2015 3:25 PM
24	For Service providers to Treat "Consumers" as real people with vulnerabilities. Only employ service providers who have a positive caring attitude toward them and not harboring underlying disrespect. Service providers must give the consumer respect and not promote the stigma of Mental Health through careless judgments and assumptions.	2/5/2015 2:36 PM
25	As a mental health from UK, specialising in AOD work, I find it bizarre that WA has not funded a dual diagnosis liaison nures for each Mental health team. Some areas have them (and they vwork brilliantly), others don't, and the result is widespread inconsisitency on whether the client is even seen for assessment. I find this archaic in this climate of co-occuring issues. Having a specific nurse to link in with from an AOD perspective provides consistency and ease of access, ensuring a prompt service for clients, improving safety, and promoting a sense of seamless care for the client and their families who struggle with these issues. The sharp reality is that some MH professionals are still not interested in supporting dual diagnosis clients. I would also like to see MH community teams do more linking and spending thime with AOD services to promote better understanding of each other's roles. I have seen much enthusiasm over the past few years from AOD services making efforts to reach out to MH colleagues, but not so much from MH services, which is sad as we have so much in common. I understand that many teams are short staffed, but unless funding improves, this will continue to be an issue, and will continue to be unhelpful to clients and families, which is why we are here.	2/4/2015 3:20 PM
26	priority needs to be given to the entire workforce involved in the plan receiving adequate training to enable them to deal with people in a compassionate and humane manner. No one should be shackled to a trolley for over 24 hours in an ED and until the plan states that is absolutely unacceptable for anyone then it is inadequate. Currently there are no consequences for any employee who deals with patients in Mh in this way. There are no safeguards to ensure adeuate care is given., patients and carers are disregarded and sadly just having a plan will not change that attitude. This last year my personal experiences I have been ashamed to be a health care professional in this state. Yes highly emotional but sadly true. A process to enable urgent review of checks and balances to reduce the abuse of their powers under the Act by psychiatrists is also required. It is a direct requirement in a governance sense and again I have no sense from reading the plan that this has been addressed or are we assuming it is already in place?	2/4/2015 1:54 PM
27	more inclusive and effective carer and family engagement	2/4/2015 10:37 AM
28	More training for aboriginal workers.	2/4/2015 7:40 AM
29	comorbidity- many people with disability- hidden or apparent may also have a mental health issue and people need person centred treatment rather than a silo mentality. holistic. transion stages need support. recognition people may slip back and forth between transition periods during their life	2/3/2015 6:57 PM
30	there is little assistance to families of those with mental health problems and who are admitted to a general hospital	2/3/2015 3:42 PM
31	Workforce development is a critical factor for success , particularly in providing contemporary evidence based care	2/3/2015 2:11 PM
32	The most effective cultural competence is development and expansion of peer-education models.	1/27/2015 10:21 AM
33	Improve accesibility to detox and rehab services for drugs and alcohol in regional Australia to provide culturaly appropriate care.	12/12/2014 12:37 PM
34	None that I am aware of.	12/10/2014 1:06 PM
35	Research and development supports system development/change as a continual process. If research and clinical practice are truly integrated then change will be made earlier and more efficiently. This will demand a different approach to workforce development and training.	12/8/2014 8:37 AM

Q30 Overall, do you agree or disagree that:"The vision of the Plan aligns with my expectations of the mental health, alcohol and other drug system in ten years time"

Answered: 140 Skipped: 105



Answer Choices	Responses	
Agree	**43.57%**	61
Neither agree nor disagree	**37.14%**	52
Disagree	**19.29%**	27
Total		**140**

#	Please provide any comments you have (if any) on the vision.	Date
1	About time recovery model has been articulated for some time, need to happen.	4/9/2015 5:42 PM
2	Urgent action is needed on the many issues highlighted in the comprehensive plan. As mentioned I would much prefer a separation of the Mental Health components from the mechanism to address Alcohol and Other Drug problems, without diminishing the capacity for joint interaction, learning and response when it is appropriate to do so.	3/30/2015 5:40 PM
3	Whilst I agree with the Vision the current draft Plan is not written in a way that will achieve the vision.	3/30/2015 4:24 PM
4	The vision seems to aim to prevent and reduce the impact the effects of drugs and alcohol but does not address the education to reduce the uptake of behaviours leading to the problems.	3/30/2015 1:19 AM
5	I want to ensure that the services available meet my needs, that services support my family to support one another, that emergency services are effective and available, and that psychiatric and clinical services are respectful of consumer voice and do not rely on medication, and have links to the community supports that I need. That supports are available to assist me and people like me to utilise other avenues outside of medication to improve wellness. I want supports to help me manage my condition, and assist me to participate in society. These would be supports that cater to my needs, not the generic supports available out there. I am involved in the private system and do not have access to the same supports and services available through the public system. and those available through community services are not what I need. I do not need services that pathologise, or that reinforce my illness. I need community services that support my wellness, these happen to be services only available privately that I cannot afford to undertake without assistance. I need access to sports programs, for my physical health and to help me be engaged socially within a mainstream setting, I need this to help me help my family members who are also mentally unwell engage also, i need support to support them to engage, I need to access other programs such as art programs that help support me to develop a sense of wellbeing and an outlet that helps my mental health. i cannot afford these without assistance. Without these things, my sense of wellbeing and purpose is lost. I need help with managing my home, to help me manage my mail, to sort through my things, to organise myself. I need help helping my family through their own mental illnesses.	3/30/2015 12:24 AM
6	There are too many bureaucrats making too much money out of the suffering of disadvantaged citizens of Australia. My view is that the priorities of our government are completely misaligned with the wishes of its people.	3/29/2015 6:33 PM

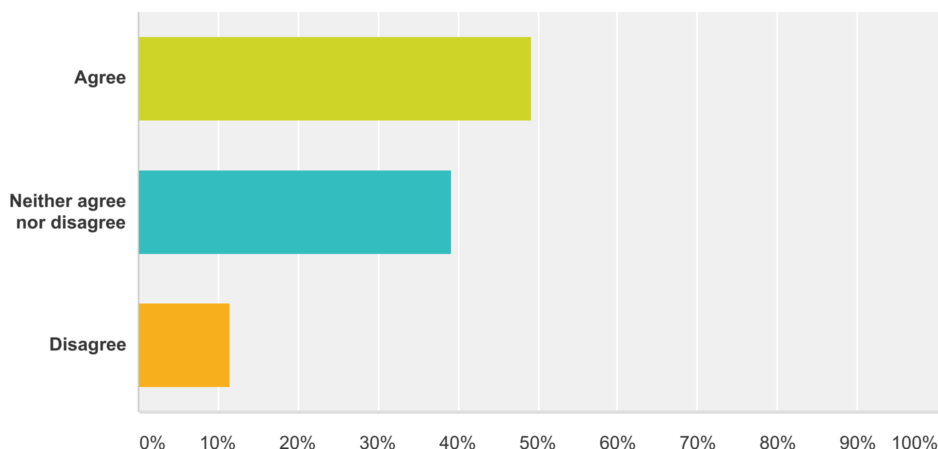
7	It is still siloed, For a preventative plan the focus is still on people who have a mental illness/aod issue rather than looking at the causes and factors associated with developing a mental illness/aod issue. The plan does not adequately provide community based support which is holistic and able to work with the person where they are at... to be able to focus on recovery requires an aspect of insight and capacity and is usually a longer term process. Furthermore simply increasing community clinics which provide in the home check ins to ensure medication compliance is not adequate community support you need in the home family holistic support. Wrap around services that look at the whole family system and work along side GP/Nutritionist-general health, education and employment, skills and development, financial planning and access to low cost options, and mental health and aod services. This is the only way to stop the cycles of poverty, mental health, aod, ect. Look at europe and canada they have similar more effective programs. They may be costly but the long term savings more than return any investments made.	3/27/2015 6:10 PM
8	Neami National welcomes the Plan and believes it offers great direction for the future. We believe its use of a population health model is particularly welcome and should ensure resources are allocated in response to need or local characteristics. We encourage consideration of a shorter time frame for the decommissioning of Graylands and believe this could be achieved through consideration of a broader range of service delivery approaches.	3/27/2015 3:47 PM
9	I am very disappointed and concerned that no designated beds have been allocated for child/adolescent sufferers of Eating Disorders. Current evidence points to early intervention with evidence based treatment reduces the severity and longevity of this illness that takes the lives of more Australians than any other mental illness. If treated well within the first 3 years after diagnosis in child/adolescent sufferers current research shows a marked increase in full recovery, therefore reducing the risk of the sufferer entering adulthood still suffering from an eating disorder. It seems to be just common sense to me that recourses should be targeting child/adolescent care, an age where most sufferers are first diagnosed, therefore reducing the need for adult care later. Of the 23 beds allocated in the 10 year plan, non have been allocated to child/adolescent services. At the moment it can take weeks to get a bed, the beds are on medical wards, staffed by nurses that may or may not have training/interest in mental illnesses, along side medical patients. Thus nursing staff are under unreasonable strain at times dealing with the issues arising from caring for a sufferer of a mental illness. I believe this puts patients at risk, staff under undue stress and does not provide the best care option in any way.	3/26/2015 12:30 PM
10	In order for this Plan to be implemented, a strong fiscal commitment required to make the significant difference which this plan outlines. Anglicare WA would hope that this plan receive bi-partisan support, so that the aims of the Plan can be achieved aver the 10 year period regardless of whether there is a change in Government in WA.	3/25/2015 9:08 AM
11	havnt seen the plan but needs to include clients more in the treatment also asking them what they want rather than telling them-include client.	3/24/2015 12:48 PM
12	I personally think there is always something that can be improved on, and in 10 years time we might have a whole new way of looking at mental and AOD.But for right now, I think it's quite good.	3/19/2015 10:58 AM
13	depends on the implementation, small changes can provide great benefit - look at every town and their logistics	3/16/2015 7:52 PM
14	The Public Advocate notes that the Plan proposes divestment of the inpatient forensic beds at Graylands Hospital over the life of the Plan and the establishment of a 92 bed inpatient service to replace it by 2025. The Public Advocate deals with a significant number of represented people who are in need of this service and is concerned to ensure that adequate services are established before the closure of Graylands Hospital. The Public Advocate submits that the provision of forensic beds needs to occur more quickly for people who are mentally impaired accused, have exceptionally complex needs or are dangerous sex offenders, all of whom may require access to these services.	3/16/2015 12:19 PM
15	unfortunately i feel there is just never going to be enough beds. the increase of mentaally ill,drug or alcohol ,to me,is increasingly rising higher and higher every year .and there just never seems to be enough help in the coommunity, although i know there are people trying	3/14/2015 5:53 PM
16	There needs to be acknowledgemnt for specific services relating to children and adolescents	3/13/2015 3:29 PM
17	More substance is required to the plan- it is too broad and general. The leadership described is aspirational and requires clear lines of accountability and responsibility.	3/12/2015 6:10 PM
18	The reduction in bed-based services is imperative. Glad to see that this is an objective of the plan.	3/9/2015 6:50 PM
19	I agree that there needs to be significan t change and a cohesive plan away from the current treatment and culture within mental health services	3/9/2015 5:29 PM
20	See paper	3/9/2015 10:13 AM
21	General principles are excellent but not enough detail on how implementation will occur to reach ALL mental health clients	3/8/2015 3:21 PM
22	Worried that Governments now and in the future will stop or decrease funding significantly....	3/7/2015 1:32 PM
23	Heading in the right direction	3/6/2015 1:44 PM
24	The plan focuses on quantity of services and less on how services will be provided. I found the focus to be too great on the alcohol and other drug sector at the expense of mental health.	3/1/2015 8:23 PM

25	It is good to have a plan. But spending 90+% of money on drug addicts who are not motivated to change is a waste of money. Lets use the money on prevention and treatment of the mentally ill, not waste it on drug addicts.	2/27/2015 6:36 PM
26	I thought there would be more of an emphasis on providing new 'treatment' options (not just 'support') in the community from a range of services but 'treatment still appears to be predominately bed - based and are still the only place to go if you are unwell for the next 10 years.	2/25/2015 11:04 AM
27	I appreciate the aim for more community care and the emphasis on prevention but at the moment there is a chronic shortage of mental health beds which causes widespread problems, every day in Emergency Departments and thus on other patients. The ideas in this plan are good but we need some improvement now and we need more beds to do this. If we integrate alcohol/drug services with mental health they will need even more beds and currently they are at 100% capacity always	2/22/2015 4:53 PM
28	Hospital in the home is emphasised too much. HACC program cannot be applied to mental health. The burden of care of a person with mental health problems is an issue. These virtual beds are not realistic and will lead to more suicides.	2/19/2015 4:59 PM
29	I still believe there will be significant gaps. The concentration just on suicide, whilst the rates are alarming, suicide, depression, anxiety among other mental health issues are the secondary symptom to the initial trauma. The initial trauma needs to be identified more thoroughly and supported towards recovery. Education around diagnosis for individuals is paramount of importance, education towards holistic healing and the integration of supporting trauma victims, their family members and carer's simultaneously is only offered by Survivor Foundation. Support needs to be offered to all not just certain ailments or diagnoses, educate individuals so that they do not define themselves by their trauma which in turn educates the broader community.	2/19/2015 1:02 PM
30	I agree with increasing community treatment but my experience has been that funding is given without adequate consideration and then the service funded adds little value to the mental health of patients.	2/19/2015 10:51 AM
31	I had expected better integration between mental health and drug and alcohol; the vision includes long stays on hospital wards (365 days) which is disappointing; housing and employment is not specified enough as part of the plan; there is not enough about the types of programs which might be offered which are new or progressive; and I had expected more detail.	2/18/2015 5:13 PM
32	I would like to see better protection built in for individuals against experimental treatments, greater education for health professionals and community on mental health, better application of social role valorisation principles within mental health settings, and greater collaboration between disability services and mental health, I would like to see mental health services model their principles of service based on those within the WA disability service standards. I would like health professionals to be more mindful Of how their actions, attitudes and treatment of people with mental health conditions contributes to the stigma experienced by those with mental health conditions.	2/17/2015 10:23 PM
33	It is not vision, just a collection of motherhood statements and good intentions	2/17/2015 3:27 PM
34	I believe that the time frame of 10 years is too long. This is seems like a huge document/plan, yet some of it still feels like a bandaid. If these things are identified as necessary to improve and reduce the growing problem of mental health problems and drug and alcohol, then it should be given a greater priority and implemented sooner. A lot can happen in 10 years. By the time it is fully implemented other needs will arise. Things will change, governments,funding and priorities will change, and therefore the time and energy invested in this plan will not reach its goal. The time frame for full implementation needs to be shorter	2/15/2015 5:26 AM
35	More investment in prevention and early intervention required NOW	2/11/2015 4:15 PM
36	we require more sevices for mental health, it seems that we are just transplanting beds with minimal growth in that time	2/11/2015 12:04 PM
37	The underlying premise of the "plan" was and still is, purely to save money. Where there was much political talk in 2012 about spending millions on a recognized abysmal mental health system, that didn't even happen, and WA was not part of the AUSTRALIA-wide mental health plan (Barnet refused to align WA with the rest of Australia - People with mental health issues - could only access "THE MY WAY" program trial that was only available in WA NDIS My Way is available in: the Lower South West from 1 July 2014 the Cities of Cockburn and Kwinana from 1 July 2015. I strongly disagree with the "plan" that is not even available in WA except for the few areas stated above. I strongly disagreed with not being aligned with the rest of Australia, and the plan is designed to save money, which has the trickle-down-effect of very few actual helpful services at all. NO, I am completely disappointed with our Premier and his decision cut WA out of the National Mental Health program. No one can access Barnet's choice of "The My Way" trail. Access is still restricted to a few outlying suburbs. There are a lot of charts and words in th 93page plan 2015-2025, but i still see no access or services actually out there. I only see that Graylands, like Heathcote was closed, and the prime real estate sold off to the lucky few. Heathcote had river and city views in Applecross. Graylands is situated in the prime position of CLAREMONT. Will the funds for selling the Claremont land, actually go into helping STOP our farmers and kids from suicide ? I think the funds from selling off Graylands is not mentioned anywhere in the 93 page plan... I am completely disappointed with the plan.	2/5/2015 3:37 PM
38	However, given the level of acuity and increased demand on Community Based Adult MH Services I'm concerned if these services are reduce significantly to fund others the community will experience incresed issues eg. more hospital presentations and increase in completed suicieds due to lack of timely response related to reduced service provision. We cant rob Peter to pay Paul... doesnt work but service redisgn I agree with to improve efficiency.	2/5/2015 8:16 AM

39	I think it is lipservice it has no real content none of the actions are timeframed and I suspect funding will not be available given the economic situation to achieve few if any of the aims in the next ten years.	2/4/2015 1:57 PM
40	I think there are some gaps but that is what this consultation process is about - by listening to feedback and fill in those gaps	2/4/2015 12:11 PM
41	I think that the plan has a great many motherhood statements. Many of which are unachievable either becasue they are so vague they can mean whatever you want them to mean or because they are prefaced with the statement 'as funds become available'. How exactly are you going to prevent the development of mental health problems when no one is seriously working to address the structural inequality in our society? Failing to plan is plannning to fail. I see no realistic propsect of increasing the peer workforce for example as no one seems inclined to fund positions for them. I have seen a number of plans over the years and not one of them has ever been fully realised.The recent reorganisation of the mental health sector by this government has resulted in funding cuts, lost FTE staff positions, demoralisation, uncertainty and chaos. Stressed staff cannot provive the level of care and kindness distressed people need. In 1620 the Poor Distracted People of Bedlam sent a petition to the British Houses of Parliament asking for better accommodation, food, and sanitary facilities. In other words that their human rights were respected. Today people with mental health problems are STILL asking for their human rights to be respected. What has changed?	2/4/2015 11:11 AM
42	I believe rural and remote areas need more attention.	2/4/2015 7:45 AM
43	mental health needs to change it's image in dealing with people with diagnosed mental health probelms and get out into communities to talk with young people and adults about their grief, anxieties, stresses in everyday life and how to manage them	2/3/2015 4:27 PM
44	I dont know enough about the PLAN to make an objective comment	2/3/2015 3:43 PM
45	Agree with the Principles but There is a need for early intervention with youth with alcohol and mental health difficulties to address the high burden of disease and the high suicide rate. Only focusing on severe mental illness misses the opportunity for early intervention and the opportunity for recovery for many young people	2/3/2015 2:17 PM
46	I have perused the summary. There doesn't seem to be anything related to removal of the advertisement of alcohol within print and television.	1/21/2015 9:55 AM
47	No. I want some clear outline of how service for people with autism and a mental illness will be improved. There is scant information on partnership with Commonwealth funded mental health sector.	1/13/2015 9:39 PM
48	There is lack of remote servicing transparency and little in the way of housing.	1/12/2015 3:31 PM
49	By the time the plan is implemented, it will have an indelible time lag. The rapid growth of dug induced mental illness, prevalence of drugs and substances require an urgent intervention or a rapid implementation of the plan.	1/8/2015 5:01 PM
50	regional facilities need greatly expanding, currently they are a 'BAND AID" approach	1/8/2015 2:21 PM
51	Normalize the the dilemma. Its all on a continuum anyway and whats the difference between eccentric and so called normal anyway, or total madness. Educate.	1/2/2015 8:53 PM
52	Visions are merely visions	12/17/2014 11:02 PM
53	How do you want to implement it with the budget cuts in whole government sector?	12/12/2014 12:38 PM
54	I still believe we need A central Psychiatric hospital such as Graylands. Mental health patients often receive the thin end of funding/service support in general public hospitals. There is a need for a central area of excellence and expertise. I am also concerned that funding for mental health will be consumed by the more politically "attractive" alcohol and drug initiatives.	12/6/2014 1:43 AM
55	There should not be a reduction in hospital beds as a trade off to increasing community support and community beds, this should be maintained and if anything increased as well as the additional services(based on figure 1, page 6 of the plan).	12/4/2014 1:50 PM

Q31 Do you agree or disagree that:"The principles identified in the plan capture those principles which I consider to be most important."

Answered: 140 Skipped: 105



Answer Choices	Responses	
Agree	**49.29%**	69
Neither agree nor disagree	**39.29%**	55
Disagree	**11.43%**	16
Total		**140**

#	Please provide any comments you have (if any) on the principles.	Date
1	As highlighted earlier, I do think that both in hospitals and community settings, there is scope for constructive involvement of pastoral/spiritual carers to work collaboratively with other professionals and community members in providing support for clients and their families. The alcohol and illegal drug industries and networks hold immense power and influence in our society, and it is vital that the health and education sectors of government and the community work together to challenge destructive influences and promote individual autonomy within a respectful community that seeks to build mutual respect through tolerance and goodwill. Support for young families to promote healthy relationships and positive interactions that overcome breakdowns in relationships is vitally needed.	3/30/2015 5:40 PM
2	The principle of prevention is missing from this list. Given the strong vision statements that clearly articulate principles of promotion and prevention there is no reference to them.	3/30/2015 4:24 PM
3	Holistically the principles are sound, however they do not fully recognise the challenges of rural and remote areas - the limited availability of public transport and affordable accommodation for family and friends are serious barriers that are not considered. As is the lack of consideration for the additional stresses associated with geographical distance between treatment centres and family.	3/30/2015 3:17 PM
4	If the layers of bureaucracy were trimmed away more funds would be available to house people made homeless by mental illness issues and who are also turned away from public health facilities which are supposedly set up to help them...,	3/29/2015 6:33 PM
5	The majority of the principles I like, although I dont think all of the principles are supported by the actions suggested. I also feel there is a disproportional focus on "individualized services" rather than seeing a person not as an isolated individual but part of a community, family, etc.	3/27/2015 6:10 PM
6	a great deal hinges on the way changes take place and how services are delivered	3/27/2015 6:08 PM

7	The principles provide a comprehensive set of aspirational statements which are an important and exciting framework for service development. In particular Neami welcomes the focus on recovery oriented services and the emphasis on carer and consumer engagement in all aspects of design, delivery and evaluation. We also welcome the closure of Graylands and the redistribution of services across the state. It is not clear however that the implementation plan matches well to all of these. For example the principles of co-planning etc will require a significant financial commitment if this principle is to be realised. These processes are time intensive and this needs to be accommodated in both time frames and recognition of the additional expenses involved It is also important to recognise that reorienting the service system to a recovery oriented approach is not simple and requires a transformation, in particular to the way that clinical services are delivered. This is not a simple task and requires intensive leadership and reconfiguration of the way services are delivered . The implementation of the plan will require the development of a workforce with the skills and values to support its implementation. It needs to be accompanied by a workforce development strategy which specifically addresses the issues for rural and remote communities.	3/27/2015 3:47 PM
8	most principles accurate, emphasis needed on filling the proposed positions with suitable staff (the more rural the more experience needed) to provide a gap free service	3/16/2015 7:52 PM
9	The Public Advocate sees the funding of forensic beds for represented people as one of the most important principles in the Plan, particularly for mentally impaired accused and people with exceptionally complex needs. In general this is reflected in the Plan, although the Public Advocate would like to see this occur more quickly than planned.	3/16/2015 12:19 PM
10	I think that a community focus inititative will fail if there are not sufficient services put in to replace current options	3/13/2015 3:29 PM
11	The roles for NGOs is a welcome one as is the creation of a youth steam. It is interesting then that headspace only receives one mention in the whole document. The consumer directed care is welcome as long as this is done consistently across the state and rural and remote areas do not miss out on these opportunities.	3/12/2015 6:10 PM
12	The emphasis on co-production is in line with international research but the underpinning capacity building to achieve this is not clear in this plan and requires further refinement.	3/9/2015 6:50 PM
13	I think the plan captures some very important principles but misses the issues in primary care, tighter controls on prescribing in primary care and the private sector, and clinical education.	3/9/2015 5:29 PM
14	The principals should be on based on what the community identify as they are more aware of what is needed..	3/7/2015 1:32 PM
15	Somewhat	3/6/2015 1:44 PM
16	The terminology of 'recovery' feels a bit tokenistic. The use of terms like 'recovery programs' show that the meaning of recovery as a personal journey is lost. Likewise the idea of peer workers is encouraged but their role is not well captured (they are described as assisting people with practical tasks rather than their true value of mentoring and role modelling recovery.)	3/1/2015 8:23 PM
17	The Plan is a step forward and can be used to reform the system but it could also be used to as a way of doing more of what we have already done. It is important that the Mental Health Commission is strong about funding new and innovative supports and treatments that are based in a thinking which promotes recovery and dignity rather than just treatment of symptoms.	2/25/2015 11:04 AM
18	Empowerment is a core principle that lacking in the principles. Independent living should be a step in the health care journey. There are not enough carers so early intervention is key as we have an ageing population. A 45 year old with psychosis with no family and ageing parents is at risk of homelessness, so more residential long term low care facilities in regional sub sectors nectar to emergency wards are key.	2/19/2015 4:59 PM
19	There are a number community services that are funded, and whilst they do incredible work, are not front-line support with a tangible service that ultimately empowers and educates a whole community. A streamline of services with collaboration amongst groups will provide a greater impact. On a whole the plan is sound but my fear is the same community groups will receive the majority of the funding whilst the community services that actually improve lives will continue to be overlooked.	2/19/2015 1:02 PM
20	Prevention is the key and perinatal and infant mental health is the way to prevent the familial transmission of disorders. Neurodevelopmental wiring for emotional disorders is complete by age 3-5 - school based, youth interventions are TOO LATE. A little goes a long way with motivated parents and the children benefit in the long run.	2/19/2015 10:51 AM
21	A person centred, recovery focused model is most important, with the person and their carers at the centre. More services provided by people with a lived experience of mental Illness will help contribute to this.	2/17/2015 10:23 PM
22	Much of the plan is a big step forward, and any improvement to services provided is definitely a good thing. I would like to see a greater focus on prevention,in order to stop the continuing cycle within families.	2/15/2015 5:26 AM
23	The plan is well considered but early intervention and prevention investment will pay huge dividends and should have a greater proportion of the total investment.	2/11/2015 4:15 PM
24	establishment of and expansion of community services and inpatient acute services, increased streamlining and facilitating of acute patients post acute phase to have rehabilitation or placement for accomodation	2/11/2015 12:04 PM
25	Time will tell whether these plans achieve the desired results.	2/6/2015 10:38 AM

26	The recovery model is none existent currently, patients only hope is medication and avoiding hospital if they can. That is not treatment it is a holding mechanism. The concept of hope and recovery does not seem to have reached WA.	2/4/2015 1:57 PM
27	The invovlement and expansion of specialised services and inclusion of peer workers and other peer related services - so important for recovery	2/4/2015 12:11 PM
28	As above. Service delivery is disconnected in the rural and remote area, in particular and from experience, the pilbara. I believe that this is a crucial area needing attention, especially as the land becomes consumed by the mining industry and remote communities are trying to find palces to live in built up areas like Karratha and Port Hedland, Newman, Onslow and all outlying areas.	2/4/2015 7:45 AM
29	I dont know enough about the PLAN to make an objective comment	2/3/2015 3:43 PM
30	see above	2/3/2015 2:17 PM
31	I'm concerned that we are creating another sledgehammer to crack a hard walnut.	1/21/2015 9:55 AM
32	It sounds quite good but where is the commitment from government to actually do it.	1/13/2015 9:39 PM
33	The principles i beleive are an adjustment of past goverment findings and require a cultural context of significance.	1/12/2015 3:31 PM
34	The prinicples have a focus on the service system and the plan outlines these principles by demarcating the services within the system by trying to draw a line between hospital based and community based or non-clinical and clinical.	1/5/2015 4:10 PM
35	You are good at theory but not at implementation!	12/12/2014 12:38 PM
36	Evidence-based practice (i.e. research based practice) must be at the hub of a personalized, effective and efficient mental health service - this is not sufficiently evident in the principles of the plan.	12/8/2014 8:46 AM
37	My concern is that there will be insufficient funding for acute inpatients and long term rehabilitation patients. Some patients are not suitable for nursing homes or community based care due to the severity of their symptoms.	12/6/2014 1:43 AM
38	Aboriginal mental health and suicide rates/clusters are addressed.	12/4/2014 1:50 PM

Q32 Please provide any additional comments that you have about "The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025" in the comments box below.

Answered: 62 Skipped: 183

#	Responses	Date
1	Placing clients at the bottom of the ladder (Arnsteins) and treating them as objects is not theraputic and a waste of time and money.	4/9/2015 5:42 PM
2	Concern that in-home care will add strain to carers and families unable to continue intensive support residentially to consumers. Agression and maniphlation by consumers to carers and families often results in detrimental impact, socially, economically and mental on families and carers.	4/9/2015 5:28 PM
3	I will uphold the staff collating responses and the final government decisions in prayer, seeking God's blessing on the more equitable sharing of resources and building of a stronger and more harmonious Western Australian community in the years to come. Regards, Rev Ken Devereux Dianella WA	3/30/2015 5:40 PM
4	1. Consider recommendations from WA Commissioner for Children and Young People - Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia, May 2011. 2. Consider the Mental Health Promotion and Illness Prevention Policy, Office of Mental Health, Department of Health 2002. 3. Must link to national plans and nationally funded programs for better leverage 4. Consider the Hunter Institute of Mental Health (2015). Prevention First: A Prevention and Promotion Framework for Mental Health. Newcastle, Australia. 5. Do not "reinvent the wheel". There has been much good work across Australia in prevention and promotion work and many previous plans have not been fully implemented.	3/30/2015 4:24 PM
5	Medibank Health Solutions formally acknowledge our support for the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025.	3/30/2015 4:14 PM
6	SUB REGIONAL SERVICES • Regional service hubs need to truly support and be user friendly to the outlying areas that they service not 'Hub Centric'. • Any new service delivery needs to have a focus on being consumer, family and community friendly. • Negotiation with sub regional centres (i.e Manjimup) for community based treatment facilities outside sub regional hubs (i.e Bunbury) is essential. Land could be made available within the Shire of Manjimup for Mental health transitional facilities. • Manjimup is in a unique position to work in collaborative partnerships with the new hospital being built. Relationships are already in place with regional towns and agencies ie. Bridgetown Mental Health services. • The crisis response in areas serviced by regional hubs needs to be addressed. The current situation is that although a person may have a recorded pre-existing mental health condition, if they experience an episode that requires hospitalisation after 4.30 on a Friday and before 8.30 on Monday, the process for admission into the Mental Health unit is considerably longer, more difficult and disturbing. During the week Mental Health services (30 mins away) can be contacted, they then attend and take the person requiring assistance to the mental health unit in Bunbury, a system that works well and with minimal distress to the person in distress. After 4.30 on Friday any episodes or issue require police involvement to take the person to triage at the Emergency dept. at a regional hub hospital. After several hours the patient is then taken to the Mental Health Unit to undergo triage again. The weekend process is long, onerous and disturbing to the person suffering the episode as well as family and friends. • A process allowing persons with known conditions to access the psychiatric unit on weekends without first attending hospital would be take out a level of disturbance and delay in receiving help. • Residential and Detox facilities across the region are lacking. GENERAL SERVICES • Services need to be appropriate for the situation to aid recovery. i.e. Currently the voluntary admittance service in Bunbury is little different to those non voluntary services. It is difficult and onerous for visitors to access their loved one and where they need to travel distances to visit there is no facility for the visitors and patient to have the simple pleasure of having a cup of tea together. Cafe facilities close at 5.00pm and there are no tea or coffee facilities. The facilities are very similar to those in non voluntary admission and very 'prison like'. The on flow of this is discomfort for the visitor and patient, reduced family and friend contact, further distress for the patient. In comparison, in Perth voluntary admissions can come and go as they please. • People requiring bed based services may be there for different reasons including stand alone Metal Health Conditions, Autism, Mental Health issues around drugs & alcohol and Forensic services. Bed based services therefore need to be streamed according to patients' health conditions and needs. If not, as is currently the case, non-lucid patients may be more vulnerable to being financially abused and manipulated by persons who have greater capacity and lucidity to meet their ends, in particular around addiction. • Lack of services in rural areas for tackling sexuality related issues particularly amongst youth. EDUCATION • Stigma needs to be reduced to lessen the fear of seeking help and to be able to assist those who require support. • With suicide accounting for 23% of all deaths in our teenagers, curriculum school based education around Mental Health issues is required. • With 1 in 5 Australians suffering from a mental health condition at any one time, community education is a necessity. Providing community education through organisations would provide a ground swell of informed community members. Endorsing and making training around mental health affordable and accessible would build resilience and assist in breaking down stigma in the broader community.	3/30/2015 3:17 PM

7	I am very much in favour of increased support for MH, A & OD consumers and their families to allow these people to stay in their own homes, engaged with their support networks and leading a productive life. My main concern is the level of supervision of the services provided in the home - in a hospital staff behaviour is monitored and there are controls and systems. In the home it is harder to ensure staff are providing consistent, high quality service. Consumers may feel too vulnerable to report poor treatment so there is a signficant risk that poor or even dangerous care will not be readily detected. I would spend a higher proportion of funds on prevention / early detection. I think each $1 spent on an at risk child will give greater results for the individual and society as a whole and will also help to break the generational cycle of drug and alcohold dependency or mental health issues hopefully reducing the overall numbers of those suffering in the long run. Programs such as before and after school care which give a good breakfast, help with homework, sports/art/music opportunities to vulnerable children - as well as giving them good role models, trusted adults to look after them, love and support will surely result in huge benefits - and for a fraction of the cost of locking them up in later years. Just one program or kind figure in a young persons life can be the lifeline and the difference between giving up and spiralling into depression / eating disorders / substance abuse / crime and turning their lives around, gaining pride from achievements at school, feeling worthy and appreciated etc. I would very much support more money on this even if it means there is less left for adult sufferers as with limited funds there has to be a choice and our children must take first priority.	3/30/2015 3:15 PM
8	No peak body for Carers was listed in Appendix C Key Bodies. This is disappointing to see as Consumers of Mental Health WA and WAAHM were acknowledged. I understand many organisations representing Carers and hopefully individual Carers have contributed to the review.	3/30/2015 1:19 AM
9	If you are focused on improved outcomes and cost effectiveness there has to be a focus on COPMI- Children of Parents with a Mental Illness, family, carers, etc. All research shows you get more than the invested cost. Some research suggests for ever 1c invested you get $2 return in savings, this includes increased superannuation generated and taxes contributed by all family members, as well as a decreased burden on the justice system, education system, centralink, decreased general health/medical costs, decreased community services, housing services, mental health and alcohol services, etc.	3/27/2015 6:10 PM
10	Neami welcomes and would support even stronger focus on dual diagnosis . At the moment the strategies seem to describe Mental health and AOD working in a parallel rather than integrated way. In our experience there are strong synergies across the sectors and many people who have the need for support across both. Investment in dual diagnosis approaches would be welcome integrated teams particularly in remote and rural areas may be an option for consideration. This needs to be built into the implementation plans As an example, in Melbourne Neami is involved in a project targeting Aboriginal people who are homeless and have complex needs. The team is a collaboration between AOD specialist, Clinical Mental Health, Aboriginal Health and community support agencies. The co-location of formation of a dedicated cross-agency team has led to a highly effective service response to a group of people who have traditionally "slipped through the net". We also note in Section 13.6 that it fails to also recognise co-occurring ABI (including Foetal Alcohol Syndrome) and Intellectual Disability, both of which are significant in the mental health poulation and which lend themselves to specialist responses. Neami has a few comments on matters which we think could strengthen the plan and the response to consumers generally: - firstly we encourage thinking beyond bed-based and congregate approaches to service delivery, There are a few reasons for this. One is that capital development is expensive and slow to roll-out which has the potential to create a bottle neck in the system. In our experience most people are capable of living independently in the community if they have adequate wrap-around clinical and non-clinical support together with an appropriate (safe, affordable and responsive to their needs) housing option. We encourage a way of thinking about service delivery framed around the individual need rather than a facility based approach. This may be useful particularly in rural and remote areas, where different approaches to service delivery may be required. - we believe there is potential for efficiency gains, knowledge about service demand and improvement to service delivery through establishing centralised intake and entry points to the Community Support Sector. Currently consumers and carers report difficulties associated with service navigation and system fragmentation. A centralised intake with a triage component would ensure clear pathways and prevent re-trauamatisation for consumers and carers through having to tell their stories over and over again. Centralsied intake would ensure a clear pathway, consistency of prioritisation and the opportunity to assess service demand, service use and identify unmet need at a catchment level. The plan seems limited in its response to older people. This is an area that probably requires its own dedicated plan and a more comprehensive approach to need, in particular looking at the intersection across relevant service sectors. The plan also does not address the poor physical health outcomes of people with mental illness and the importance of a whole person approach to service delivery. We believe the plan could be strengthened by aspirational statements supporting targeted access in response to the physical health needs of people with mental illness, many of which stem from their mental health treatment. The other area which we believe requires attention us the area of children and young people, ensuring that there are a range of contemporary service delivery arrangements in place to support their needs. The other area we believe requires clarification is where the WA Government sits in relation to the NDIS and how it sees the emphasis on recovery oriented services sitting with the NDIS service delivery framework.	3/27/2015 3:47 PM
11	Before allocating all designated beds to the adult system, which I agree is terribly under serviced, consider the fact that there is a very high risk of suicide and death from Eating Disorders. Research currently available show that with early intervention, treatment with good evidence based guidelines, an adolescent treated within the first 3 years of diagnosis has a great chance of not entering adulthood with entrenched behaviours that are part of suffering from an eating disorder. Inpatient care for these children should be in designated beds, staffed by designated staff who have training and an interest in mental illnesses and eating disorders.	3/26/2015 12:30 PM
12	Anglicare WA works together with people, families and their communities to enhance their abilities to cope with the challenges of life and relationships. Our services to the community take a person-centred, community oriented and recovery approach. Anglicare WA congratulates the Mental Health Commission on	3/25/2015 9:08 AM

comprehensive, evidence based, quantified plan. • It is pleasing to see acknowledgement of the complexity of the current mental health system, and the difficulties consumers experience navigating within it; this reflects our observations and the experience of many of our clients. Measures within the plan which seek to address this difficulty are strongly supported by Anglicare WA. • Anglicare WA supports the community sector's important role in service coordination and integration, and shared commitment to person centred care. We would encourage the continued development of the principle of person centred approaches in the delivery of mental health services in WA; as well as an attitudinal approach, this will require the breaking down of sectioned approach to various areas of mental health service system. • Anglicare WA supports the notion of investment in community services through an expanded role in the delivery of services by the community based not for profit sector. However, such investment should not solely be made as an exercise in cost rationalisation; well developed and operated community support services require solid investment. • Service coordination is an important aspect of maximising coverage of supports available to consumers, and Anglicare supports this provided that there is not duplication of coordination with other frameworks, such as Partners in Recovery. In addition, it must be acknowledged that while improved coordination will lead to improved service coverage, the scale of unmet need in the community will require considerable new resources. • Anglicare WA supports the consolidation and expansion of services in rural and remote areas identified in the plan, and encourages that planning for this is undertaken in consultation with local stakeholders and is reflective of areas of need 6.4 The 10 year Plan outlines substantial investment in prevention and promotion. Anglicare WA commends the Mental Health Commission on this commitment and we look forward to seeing this commitment implemented incrementally in future years. We would support the notion that much of this investment be directed toward children and young people as a preventative measure. 6.5.6 We would encourage the emphasis on prevention and promotion programs with children and young people, supported by the statistic that 75% of mental health problems emerge by age 25. Suicide prevention is particularly important. Anglicare WA is concerned about regional and remote areas in the Kimberley which have been hit hard by suicide in recent years, in communities where there are a myriad of factors impacting on people's wellbeing, including high youth unemployment, and a paucity of services available. For example, the Fitzroy Valley, where there is currently little or no suicide prevention activity taking place. 6.6.4 Anglicare WA encourages the strategy of prevention and promotion within schools. Such an approach needs to be well integrated within the curriculum, and needs to ensure that teachers are not overburdened – this will otherwise not be an effective strategy. 6.6.1 We look forward to the launch of a new suicide prevention strategy in WA. 7.1 Overall, we believe that the community based not-for-profit sector has a great deal more to offer the WA community in the delivery of community support services. Anglicare WA would encourage the expansion of mental health and alcohol and other drug services delivered by the community based not-for-profit sector, primarily due to the strong connections these orgs have to their local communities. 7.1 Our long history in the provision of housing and homelessness support services tells us that there is a dire need for additional mental health support and resources to be directed toward homelessness and housing programs, due to the very high rates of mental health and alcohol and other drug issues amongst homeless people. For example, the recent 'Costs of Youth Homelessness in Australia Study' conducted by UWA, Swinburne and Charles Sturt Universities found that 55% of young homeless people had a diagnosed mental health issue, with many more undiagnosed. This represents a significant challenge and burden on services which are not designed as mental health specialist services. 7.1 We strongly support working with housing providers to ensure available housing to those with mental health issues who are able to live independently; however this commitment needs to be matched by increased investment in housing, as the current public and community housing system is severely stretched. An opportunity presents to invest funds from the sale of the Graylands asset into housing. 7.3 Anglicare WA encourages the expansion of the Transitional Housing and Support Program to those exiting bed-based mental health services with well established links to community treatment and community support services. This should be matched by new investment in housing. 7.5.2 Strongly support the involvement of parents and care-givers in the support of people with mental health issues. 7.5.3 We strongly support a recovery focus within service delivery, including the application of a peer workforce. If emphasis on peer work is to be achieved, funding contracts should reflect the expectation of a peer workforce in service delivery. 7.5.5 & 7.6.9 – Anglicare WA applauds the emphasis on alcohol and other drug and mental health in-reach to homelessness services. Our homelessness services, particularly residential services, find the demands of supporting people with very high rates of mental health issues a significant challenge. Well established in-reach to homelessness services will assist to decrease rates of homelessness, by ensuring that homeless people are linked effectively to mental health and AOD supports and treatments, will decrease rates of critical incidents within homelessness residential services and will decrease rates of stress amongst staff teams of welfare and youth workers within these services. An example of such in-reach is the Youth Reach South partnership with Anglicare WA's Y-shac (Youth Supported Housing and Crisis Accommodation service) in both Rockingham and Spearwood. Key features of this partnership include Youth Reach South providing input to case management meetings at the Y-shac service, providing advice and consultation on cases where there are diagnosed or emerging mental health issues. Youth Reach South staff are available to Y-shac staff to consult on support of young people with mental health issues. Streamlined referral pathways through to Youth Reach South (and from Youth Reach South to Y-shac) have been developed. There exists regular positive reinforcement of the value of the partnership and of the work that each service undertakes – building up the informal and formal relationships between the programs. Anglicare WA's Foyer Oxford support service enjoys a similar collaboration with Youthlink in order to provide effective mental health supports to young people who need it. 7.6.2 – We strongly support the emphasis on expanded community support services particularly in rural and remote areas and amongst young people. There exists a dire need for improved early intervention and prevention community based service provision to children and young people. This is clearly evident to our service delivery in the Kimberley, where suicide prevention initiatives are scarce. 7.6.3 – We encourage a significant expansion of recovery based services 7.6.4 – We encourage establishment of new safe places for young people who are intoxicated. Whilst such services should be established with the support of local WA Police, Anglicare WA would encourage that these services not be operated in direct partnership with police, in order to increase access by young people and to avoid the criminalisation of young people in local communities. 7.6.5. & 7.6.7 – Anglicare WA strongly supports the development of an accommodation

	strategy. This strategy will need to feature a commitment to increased supply of community and supported housing. The possibility of investing funds from the sale of the Greylands asset could form part of to this strategy in order to avoid the reallocation of housing supply from other housing projects. Overall – Anglicare WA supports moves to de-emphasise hospital based MH treatment services, which are resource intensive and in very high demand. 8.5.2 – Anglicare WA applauds the realignment of age streams within mental health community teams to include a new youth stream. Young people in the 16 to 24 year age bracket require particular approaches to treatment and support service delivery involving flexibility, energy and creativity; a requirement which can only be met through the establishment of a youth stream. 8.5.4 – A Police co-response program is supported by Anglicare WA. Improved coordination between mental health emergency response and police is needed, as an improvement in the ability of police officers to identify an incident as being a mental health emergency when called to attend. 8.6.1 – We support the plan to boost child and adolescent community treatment hours. Anglicare WA holds serious concerns for the current long waiting periods and high thresholds for access to CAMHS and the resultant negative impact on children and young people's mental health. This impact includes young people becoming homeless and we deal with this on a daily basis. The establishment of community bed based services needs to be sufficiently resourced and supported to be effective. We provide our support to the de-emphasising of bed based mental health services where a person can be receiving suitable treatment within the community, as well as the increase in youth acute and older sub-acute bed based services. The Plan comments that private bed based services cannot be comprehensively quantified. Anglicare WA would submit that, should the public system of bed based mental health services be improved, it may be that demand for these services will increase; it is our observation that consumers are currently accessing private community and hospital bed based services at higher rates due to the current undersupply of public bed based services in many areas; these people are more likely to access the public system should service provision improve. The sale of the Graylands asset provides an opportunity for investment in housing assets as part of the Plan's commitment to housing for those living with mental health issues. AWA supports the notion of better developed state-wide services in the areas listed in section 11.4 of the Plan. Targeting these particular areas of vulnerability is essential to improved responses to MH issues in our community as they provide an opportunity for highly skilled, specialised responses to complex areas of need. Anglicare WA would encourage the MHC to consider how these specialist state-wide services might operate in an integrated, seamless manner in order to maintain a person centred approach to services delivery. In particular, the maintenance and strengthening of an appropriate State-wide specialist Aboriginal mental health service, and expansion of homelessness service capability through both in-reach and outreach. For many people living with a mental illness, their experience of illness is unlikely to neatly fit into the categories of response provided in the mental health plan. As such, Anglicare WA would encourage a stronger emphasis on true person centred support to those with mental illness; support and response should involve following a person through a continuum of support needs and providing services as directed by the consumer. Anglicare WA supports a personal recovery framework to understanding consumer's journeys. A personal recovery framework can challenge traditional clinical approaches to Mental health interventions, and will require some significant cultural shifts within more highly structured or medical based clinical mental health service delivery. We are very pleased to see a youth mental health stream of service delivery emphasised within the plan. Success will be strengthened by a focus on integrating this stream of service delivery with community based youth services and a collaborative approach to service delivery with the youth service sector. Anglicare WA supports an emphasis on culturally competent service delivery, an imperative in a context where Aboriginal people are over-represented in this sector. Peer based workforce and involvement of other local stakeholders will be a good complement to progressing this. The plan establishes a coherent strategy with the potential to address many of the current unmet needs in relation to the provision of mental health services in Western Australia. A long term financial commitment toward the plans implementation, coupled with stability and certainty within service delivery agencies will be essential to maximise the benefits from this potential. Anglicare WA believes that the likelihood of such a long term commitment, and the necessary stabilty would be significantly enhanced by a bipartisan commitment to the plan. In order to ensure accessibility to those services specifically planned for regional centres, appropriate transport pathways will need to be provided, in a context of recognising that local community based service delivery is preferred. The plan refers to an approach which is person centred – this needs to be more clearly articulated in order to be more wholly understood by the mental health sector and the broader community. Providing a highly structured mental health and AOD system may well undermine attempts to provide a person centred, consumer self-directed response.	
13	e	3/20/2015 5:08 PM
14	It is great to see that more beds will be allocated to eating disorders. However, it appears that none of these have been allocated specifically to children and adolescents with eating disorders. This is important, given the high rate of eating disorders amongst this age group and what we know about improved chances of recovery with earlier intervention. I would also like to mention that it is important that these allocated beds come equipped with staff who have received intensive training around working with eating disorders. Individuals with eating disorders are, by nature of their illness, a challenging and (for lack of a better word) deceitful population. It is amazing what goes on in hospitals behind the backs of staff who are untrained in eating disorders, and due to their lack of understanding of the illness untrained staff are also frequently impatient and unhelpful towards individuals with eating disorders. Please also keep in mind that hospitalisation and weight stabilisation is only the beginning of the road to recovery from an eating disorder. An individual who is discharged after weight stabilisation and offered no follow-up treatment as an outpatient is highly likely to relapse and find themselves back in hospital, lengthening the duration of their illness and creating unnecessary pressure on hospital resources. Outpatient and community-based services for eating disorders are therefore also imperative, and wait-lists for these need to be reduced. A person with an eating disorder can become very unwell in the six months it often takes to access a service, and their chances of achieving full recovery are reduced. I write this from the perspective of a consumer with a lived experience of an eating disorder, and as a Provisional Psychologist currently employed in a community mental health organisation. I am happy to be contacted for more feedback on this aspect of the Plan at hardcastle.ashleigh@gmail.com	3/18/2015 12:37 PM

15	goes in the right direction, details of implementation critical, e.g. contact to other health care providers who do the job in a "service free area" like ours.	3/16/2015 7:52 PM
16	Other general feedback from staff of the Office of the Public Advocate included: • concerns about the rights of carers and how that will affect the authority of guardians; • concerns that there are insufficient beds to meet the needs of an increasing number of homeless people; • queries about how the Plan will be funded; • the level of training required for mental health clinicians; • support for the evidence based, whole of sector approach; • a request for collaboration with other State services such as Disability Services Commission and non-government agencies to support people with dual and/or multiple diagnoses; • reforms to ensure that private psychiatric hostels are required to adhere to standards similar to aged care facilities; • a suggestion that the Mental Health Diversion Court be expanded to service all major population area of the State.	3/16/2015 12:19 PM
17	We think the Plan is a fantastic and comprehensive plan for the future of mental health service delivery in Western Australia. As we have tried to outline in our response to other sections of the survey, we do however, think that the role of volunteer staffed telephone help-lines is somewhat under-appreciated in the Plan (to the extent it sees them only as avenues to direct people to other mental health services). We think they should be also viewed as an important part of the Plan's focus on shifting greater resources to prevention and community based support; because they provide an anonymous avenue for people (some of whom may not be suffering severe mental illness, but nonetheless may become so if not given appropriate support from their community) to seek timely assistance without "tying up" the considerably more costly components of the mental health system.	3/14/2015 6:05 PM
18	honestly i feel we need to be aiming way higher for beds . i know it alls comes down to budget . in my wordly experienece rich get richer and the poor suffer . support groups need to reach out for all ages . my husband is 40 yrs old ! he had a severe stroke 2years ago. i am between a rock and a hard place .we are with stroke support ,carers,groups ,they are all old people and it is depressing . we dont fit in severe disability .there really is not young age groups .... we moved to WA were here a year and he had a stroke. i really had 1 friend at the time and really still do . if i could find people to help with the kids great i have been doing all this on my own and we live 440 kms from perth . accomadation is cruel .it is so expensive and we are privoliged i guess .to stay in a room for DISABILITY actually cost more. and PATS only contributes a small amount to the cost . Many people under the illusion PATS cover the costs they contribute. We are now pensioners . i am forever diputed the cost factor to people that we ARE pensioners when paying admission cost. how many times i am told pensioners are 65 yr old ....ARE THEY!! there is no way i enjoy being on the pension!we have money for nothing ,we are lucky to just manage.'thank you.	3/14/2015 5:53 PM
19	About headspace Background headspace aims to improve young people's mental, social and emotional wellbeing through the provision of high quality, integrated services when and where they are needed. headspace was initiated in 2006 as a response to concerns that young people were not accessing mental health services despite a high level of need. As such, the headspace model of service has been developed in line with evidence on help-seeking behaviour in young people to help address and overcome the barriers to accessing appropriate services in a timely way. headspace centres and programs are intended to be engaging and developmentally appropriate for young people. A 'no wrong door' policy for all headspace services ensures young people are able to access supports when and where they need it and are not turned away when seeking help. Community awareness activities both from a national and local perspective also serve to reduce the time taken to access appropriate care by improving mental health literacy and understanding of pathways to care, with activities directed not only at young people but also those who are likely to support them accessing care such as family, friends and teachers. Training and professional development for headspace staff further ensures that services are engaging and responsive to the particular needs of young people, and are delivered in a developmentally appropriate way. Since 2006, headspace has helped more than 100,000 young people through its three major program areas, with over 90 headspace centres nationally providing GP, allied health and other psychosocial support services. The Commonwealth Government has given a significant commitment to rolling out the headspace platform more widely, with funding in place to deliver 100 centres around the country by 2016. headspace Key Activities: • Providing young Australians with a coordinated and integrated service which addresses health and wellbeing needs • Promoting local service reform to meet the needs of young people • Creating awareness and educating young people about how and when to seek help • Providing an extensive and accessible web-based resource targeting young people, but also providing resources for families, teachers and practitioners. • Reviewing evidence and interventions to provide Australians with the most up-to-date information on youth health, reported through our website • Giving young people a voice by providing opportunities to participate in shaping service delivery • Training professionals in working with young people • Ensuring that youth mental health issues are prioritised by influencing policy direction and service sector reform The first Independent Evaluation of headspace in 2009 was favourable in its view of the headspace model, its acceptability among young people, and the quality of care provided across the four core streams. A second major external evaluation is currently underway. Centres headspace centres are based on strong collaborative networks of community-based agencies, with each centre overseen by a consortium of relevant local services allowing for variation and flexibility to meet the particular needs of the local community. Agencies are often co-located within headspace centres, spanning the four core service streams of mental health, physical health, alcohol and other drug, and vocational support services. This creates the mechanism to locally weave together a range of Commonwealth and State funded initiatives that aim to support young people in a way that can respond to holistic needs through a single access point and create seamless pathways for young people. Youth participation Alongside the input and collaboration of community agencies, the headspace model actively seeks the participation of young people in service design and quality improvement. headspace practices a 'youth-centred' approach to youth participation, with young people meaningfully engaged in all aspects of the organisation's structure and working in collaboration with headspace staff from an individual level in shared decision-making across the continuum through to service improvement. A number of strategies have been developed to increase levels of genuine youth participation across headspace, an example of	3/14/2015 11:11 AM

	which is the headspace Youth National Reference Group (hYNRG). hYNRG comprises a diverse group of 24 national youth representatives from each state and territory, supported by a Youth Participation Advisor. hYNRG members feed information back to local youth reference groups at headspace centres and vice versa, enabling them to represent a large number of young people from around Australia. They consult with headspace National Office on key issues via social media, email, conference calls and regular face-to-face meetings. Members can also opt to be part of working groups providing input on policy and program development at National Office, and have advocated through the media and represented headspace at various external conferences and events. headspace programs The eheadspace program extends the reach of headspace by providing access to evidence-based mental health services online and via telephone for those young people who don't feel ready to attend a centre or who prefer to engage via online chat, email or phone. Specialist family support and vocational and educational support workers are also available via the eheadspace program to provide services to young people and their families and friends. headspace data has shown that approximately two thirds of young people accessing eheadspace have not previously engaged with any mental health care, suggesting that eheadspace is proving effective in improving access to services for young people. The headspace School Support service seeks to provide secondary schools across Australia with suicide postvention, prevention, and early intervention support in an effort to minimise the adverse consequences of a suicide. The service was established with funding from the Federal Government's Department of Health, and represents a world first in the area of support for schools affected by a suicide. The service is described as a suicide 'postvention' service, a term used to refer to the activities that serve to reduce the consequences of a traumatic event, such as suicide. The key objectives of the service are to: 1. Develop and deliver best practice with regard to suicide postvention, prevention and early intervention in schools 2. Assist secondary schools to manage their response to a suicide 3. Assist schools to identify and support students who may be at increased risk of suicide 4. Improve the knowledge, skills and confidence of secondary school staff in managing issues related to suicide 5. Build and strengthen the relationships between schools and their local networks in order to facilitate effective support and referral pathways for students at increased risk 6. Work with state, territory and national bodies to address policy and strategic directions, in order to improve the ways in which schools work with at-risk students These objectives are achieved through activities across the program's clinical, educational and preparedness components which are delivered via email, phone and face-to-face support in all Australian states and territories. The newly established headspace Youth Early Psychosis Program (hYEPP) has been developed to provide access to specialist early intervention services for young people experiencing or at risk of early psychosis and their family and friends. hYEPP services are delivered in the context of a youth-friendly culture which values youth engagement and participation, and are designed to be inclusive and supportive of the family and friends of young people within the program. The program is underpinned by the evidence based Early Psychosis Prevention and Intervention Centre (EPPIC) model of treatment, and represents an innovative approach to the delivery of specialist mental health services on a primary healthcare platform.	
20	Single entry points are not mentioned and should be addressed. The GP should be the first contact point. There is disparity and inconsistency currently across different networks which contributes to an already disjointed system. How will we share information across different sectors? Will Professor Stokes recommendations be completed and reported on under this plan? Huge cultural changes will be required in a landscape that resists change. There will be a large workforce development and capacity building requirement. Will there be scope for NGOs to deliver essential services more effectively, otherwise it may seem that the pie is the same - it is just being cut differently? The plan requires an outline for funding for to be better understood and supported. What opportunities will there be to contribute to specialist forums?	3/12/2015 6:10 PM
21	Decreasing stigma requires specific focus especially in the light of research that shows that mental health workers are part of the problem in their continuing negative attitude towards their clients - both consumers and carers.	3/9/2015 6:50 PM
22	I think the plan captures some very important principles but misses important issues in primary care, tighter controls on prescribing in primary care and the private sector, and clinical education. I believe the use of ED as a triage area for drug users is a poor use of resources and the criminal justice system should be more involved with assessment, treatment and rehabilitation of drug using offenders.	3/9/2015 5:29 PM
23	As above; see current barriers to community support services for patients treated in private mental health system. No mention of this group of clients in the proposed Plan	3/8/2015 3:21 PM
24	You say consultation was done by several people, no names other than the one's that did the video's, so what community in put was taken into account as this is most important as I have said in my above comment...... If you don't get it right their will be heads rolling and public uproar rightfully so as now you are wasting even more money with this stupid commission.....First problem with Gov., they waste so much money on more wages for too many bureaucrats who have University Degree's and NO common sense or have worked in any of the area's they are put in charge off.....Stop the waste of money.....	3/7/2015 1:32 PM
25	any plan is better than none, i believe we have got to look at making this world a safer place for children, then we will have a better outcome. we are not protecting our children, people i speak to often talk about horrific abuse suffered in childhood.	3/4/2015 2:07 PM
26	Congratulations on including LGBTI people!	3/4/2015 10:19 AM
27	- need for a framework for rehabilitation for WA - rehabilitation should be expanded to incorporate more than only AOD & residential programs - need to adequately resources services to ensure peer workers and consumer & carer representation is genuinely promoted - improve terminology (define recovery, define rehabilitation, psychosocial support) and ensure terms are not used incorrectly or interchangeably - people-first language should be used rather than consumer, carer etc.	3/1/2015 8:23 PM

28	It is a good idea, I hope it doesn't turn out to be just a huge money wasting program where useful resources are wasted. So much could be done with this. Good luck.	2/27/2015 6:36 PM
29	Doesn't matter what's in the plan if new GPs to WA don't know what resources are available or how to access them.	2/27/2015 4:17 PM
30	How much have emergency departments been involved in this plan?	2/22/2015 4:53 PM
31	Please seek to include the people this affects in the consultations and further development of policy rather than just telling them this is what has been decided.	2/20/2015 1:34 PM
32	There needs to be more residential care beds. Also a change in thinking towards supporting people with negative symptoms to have the opportunity to work while in residential care. These should not be exclusive.	2/19/2015 4:59 PM
33	A more wholistic approach would be to look outside of "Health" and see how other areas of government, community and society in general, can contribute to expand on this plan. You have made a strong focus on drug and alcohol services, great. Our society/culture are almost promoters of alcohol use, it is so very socially acceptable, yet so destructive to peoples health and lives (similar to smoking) Accessing more media coverage to change Australians view on the acceptability of high alcohol consumption could be valuable Schools can play a huge role in identifying children/youth at risk early. They have the most contact with them, yet have very little support to help. They are after all there to educate. Many young children living in homes where mental health problems are an issue, will learn similar negative social/emotional responses, that are then early signs of mental health problems in the child, this can be prevented and the continuing cycle stopped. Secondary schools can also play a large part in developing positive mental health and well being, and preventing drug and alcohol problems. Again, school has become the young persons main community, which has a very strong infuence on who they are, their outlook, how they mange,and the choices they make. Education programs are great, but developing a positive culture is equally important. There seems to be a need for "social/emotional educators" in schools, separate from academics.	2/15/2015 5:26 AM
34	Unfortunately, I am not very optimistic that this vision will ever be achieved as it is now 9 years that we care for a child now adult with a mental health disorder and substance abuse with basically no help from any public services (schools included). In fact it was the schools who made our situation so much worse. It is indeed very difficult to have a vision at all. What we found very furstrating is that there was a complete lack of communication either between community services or between care givers and parents. It was the most difficult journey ever and I wish I would have stayed in my country of origin.	2/13/2015 10:15 AM
35	The Plan acknowledges that 90% of people who use public mental health services have experienced trauma, but the identified aims and strategies do not focus on treating trauma. There needs to be a greater focus on identifying and treating trauma. If the underlying cause (i.e. frequently trauma) is not addressed, there will be very limited successful outcomes for consumers. Trauma Informed Care is referred to under ‘System Improvement’, but not captured in the individual service streams. TIC is referred to in relation to specific ‘programs’, but also needs to be referred to across services and systems (including government, non-government and private). To ensure quality trauma informed service provision, there needs to be a clear commitment to providing quality training to workers including generic trauma training to all workers plus role-specific trauma training. This should include ongoing training/ skill development in trauma treatment for relevant workers. There needs to be clear commitment to organisational support structures for workers (e.g. quality supervision, strategies to prevent vicarious trauma) in order to achieve sustainable quality service provision. Ideally, the establishment of a trauma training and advice team/unit would assist in the achievement of trauma informed approaches across services. If there is not a clear commitment to a trauma informed approach, services retraumatise consumers and do further harm, rather than assisting in their recovery. The claim that “We now fully understand the gaps in the system . . .” is too bold. There will always be gaps in systems and consumers that fall in these gaps. If this is not acknowledged, the needs of these consumers will not be recognised or addressed. There needs to be a) flexibility in programs and services to address gaps; b) mechanisms of appeal/special consideration for people who fall in the gaps; and c) processes for recognising and rectifying gaps in the system. Would like to see a much more comprehensive set of prevention strategies. Strategies to include prevention of violence (including fdv); and collaborative approaches to developing and delivering parenting programs aimed at reducing the incidence of childhood trauma. The rollout of school based education programs is a positive reform, however identified topic areas should ideally also include safety and positive relationships. It is very positive to see the inclusion of ‘Greater involvement of consumers, families and carers in the planning, design and review of services’. There needs to be more specific commitments to family/carer input at all stages of service provision (assessment, treatment, review, etc.) and a commitment from service providers to maintain quality and timely communication with family/carers. Improvement of system navigation is essential. It would be good to see widespread quality community coordination programs and a system of information sharing across services & systems. Without a commitment to a case management or community coordination approach, system navigation for consumers, family and carers is rarely achieveable- and family/carers are often already burnt out and struggling to cope. Much greater cross-industry collaboration is required to achieve real change.	2/12/2015 3:59 PM
36	need to read and digest the plan	2/12/2015 12:46 PM
37	Seems to be lacking in detail in regard to possible mental health early intervention and prevention programs and strategies for children aged 0-12 years. We have headspace in Bunbury but it caters for 12 and up. Our local primary school principals have identiifed mental health as a number 1 issue in their school and are open to adopting strategies and programs in to the curriculum. We could facilitate this if we had the resources to do so. If we can give children strategies to manage stress, understand and manage emotions, develop good personal skills and learn how to focus the mind, we will not only help children better engage with school, but help to ward off anxiety and depression.	2/11/2015 4:15 PM

38	I think that the principles and actions identified in the Plan go a long way in addressing current need. My concerns arise around the rural perspective. People in isolated or remote area's are often in great need due to the inaccessibility of services with severe impacts on families,carers and communities. I would like to see more detail in how these services are going to be delivered in rural/remote/isolated settings to ensure full inclusiveness. Many with Mental health, alcohol and/or drug issues are in the low socio economic demographic and lack the resources to travel the distances required to access help.	2/10/2015 4:22 PM
39	Section 8.6. The plan is a little hazy in regard to linking with primary care including General Practice. Mental Health services should be proactive in engaging with the new Primary Health Networks (Commonwealth) and WA Health Primary Care Health Network to create referal and discharge pathways, improve communication and continuity of care. At the very least, all metropolitan mental health services should cosider employing a Primary Care liaison officer.	2/9/2015 10:44 AM
40	My concern is that the only preferred treatments are drug related rather than providing psychological therapies, such as EMDR which is an evidence based psychological treatment.	2/6/2015 10:38 AM
41	My initial thoughts are positive. I believe we need to start investing in early intervention in MH Eg. perinatal, children and youth to reduce severity of mh disorders and ideally the amount of need for adult mh services in the future. I'd like to see incresed consultation with MH and AOD professionals who are directly delivering services in the community - talk to the workers, there is an incredible amount of skill and knowledge in MH and AOD services yet their voices are lost or not invited to be involved in service development and redesign. I'm sure there is considerable effort made for Directors to consult with their teams, who then consult with their community contacts and so on to ensure the information being recieved re community servcies is relevant. Unfortunately, this doesn't always include talking with those who are working with our consumers of AOD and MH services.	2/5/2015 8:16 AM
42	There is still a lot of focus on inpatient beds - these are needed to keep people safe but until you change the way that the hospitals help people (I use help instead of treat as you are still medicalising everything), then nothing will happen -	2/4/2015 12:11 PM
43	I just see this plan as generating another round of talk fests. What happened to the plan written after the consultation by PWC? As they say the more things change the more they stay the same.	2/4/2015 11:11 AM
44	I was a member of the consumer participation group providing input on the direction of the plan. I do hope we can see significant change in the provision of mental health and AOD services to rural and remote areas.	2/4/2015 7:45 AM
45	I dont know enough about the PLAN to make an objective comment Maybe it needs to be more widely spread so those with needs can have their comments	2/3/2015 3:43 PM
46	The focus on population planning is commendable	2/3/2015 2:17 PM
47	I don' think early intervention is still pronounced enough. Still not enough trained mental health workers recognize the behaviours of teenagers with severe mental illness and Look into why a person is drinking or taking drugs at 12 years old or earlier, look for mental health issues rather than D & A issues.My daughter self medicated at 12 with alcohol and mental health only looked at alcoholism not the real issue which was undiagnosed paranoid schizophrenia. People with the lived experience can recognise behaviours and symptoms before professionals can.	1/23/2015 11:13 AM
48	There seems to be detail missing on suggestions to cease the advertisement of alcohol in print and on television, and on promoting economic incentive - such as removing the alcohol tax on low strength beer, and on continued staged tax excise increases on full strength beers and other alcoholic products - such as wines and spirits; Make low strength beers cheap! Tax the hell out of the rest of the alcoholic products and stop advertising it in any form.	1/21/2015 9:55 AM
49	The mental health of Western Australians who suffer the tragedy of losing a baby or infant either through stillbirth, miscarriage or sudden infant death syndrome should be included in the Plan. While it may not be directly related to alcohola and other drug issues it is nonetheless a vital comonent for mental health for these families.	1/19/2015 9:27 AM
50	Please think about using technology to support rural clinicians to work with adult/young people who have autism and mental illness so they can have expert clinical supervision. So families won't have to drive to Perth to find an expert who can help. Use skype, use scopia, have formal support pathways. We don't want our family members experimented on by inexpert clinicians in rural areas. These people are at risk of a lifetime of ongoing mental illness. How are you going to work with Commonwealth funded Headspace?	1/13/2015 9:39 PM
51	Provide more support in the way of paid cultural leave to employees who are at the fore front in dealing with community issues so to prevent burn out and help build wellbeing and strengthen family connections.	1/12/2015 3:31 PM
52	1. There is not enough beds at Psychiatric units resulting in very short stay for people needing longer monitored treatment. 2. The current mental health psychiatric units are open 9 - 4pm when mental health challenges, triggers and relapses are a round the clock issue. This needs to be explored/ reviewed or at least have a rapid implementation of the community based treatment facilities proposed. 3. There is a no adequately equipped community support services to support people living with mental illness in their homes to enhance their quality of life, community inclusion and meaningful access to resources. 4. There is need for MDT approach type between Clinical Services, Community Service Providers and people accessing services. A community treatment approach under the Auckland District Health Board, Manukau District Health Board, Waitemata District Health Board and the various Community Mental Health and Drug and Alcohol Rehabilitation Services all in Auckland, New Zealand can be emulated. The set up works and is very effective.	1/8/2015 5:01 PM

53	Where is the "Closing the Gap" strategy for Mental Health. Where are the Mental Health Outcome Statements and how do the key indicators by Service Stream link to the Mental Health Outcome statements? The measurement of changes in the system will be difficult and given that some if not all nfp's struggle with the interface of measuring and delivering services and often do not have the infrastructure in place to capture the data and/or if they do there is little capacity in the organisations to analyse the data and make sense of this in terms of the service which is being delivered.	1/5/2015 4:10 PM
54	Its a sad epidemic, drugs don't just destroy the user's life, they destroy families, neighbourhoods and communities.	12/29/2014 7:55 PM
55	this is not true feedback I'm taking a look at the survey	12/24/2014 10:59 AM
56	Typical plan of merit but will never be properly implemented.	12/17/2014 11:02 PM
57	The City of Nedlands wishes to see the Graylands hospital site retained as a mental health facility into the future and not used for residential, commercial or other non-institutional uses.	12/16/2014 10:34 AM
58	There is no support groups in rural areas for the more serious mental health issues in children-teenagers. Looking at what happens when the child or teenager becomes to difficult to be at home in rural areas. There is no specialized mental health separate area for kids with mental health issues. At present they are put in a normal ward and then have a guard put on the door. Not really a healing environment for a child/ teenager dealing with these issues.	12/15/2014 9:13 PM
59	Very comprehensive and I hope it lives up to the promise.	12/9/2014 5:05 PM
60	I'd like to see a commitment to well resourced, needs-based HR training strategies implemented by the WA State Govt ASAP to ensure that mental health professionals, clinicians, facilities and NGO staff (eg peer support worker) have access to affordable, best practice training included in the plan.	12/9/2014 4:19 PM
61	The assumption that youth and adult community mental health teams have enough staff to meet the needs of the population for the ten years is wrong and not amending this assumption will lead to the majority of the population having less access to services and less responsive services over the next ten years. Only the small number of people under age 15 and over age 65 will have improved access to services.	12/6/2014 12:00 PM
62	Where are all these increased community services going to be based? Will they be attached to existing clinics or will new purpose built facilities be constructed? Where are the community and inpatient beds going to be allocated? How will the general public react to increased presence of community mental health, alcohol and drug clinics in their areas? How will increased severity of mental health inpatients in general public hospitals be received by the general public and other inpatients. What steps will be taken in the general system to maintain patients privacy and self esteem. How will absconding patients be dealt with.....the bigger the hospital the greater the likelihood of a patient absconding.	12/6/2014 1:43 AM