



Government of Western Australia
Mental Health Commission

*We're working for
Western Australia.*

Young People's Mental Health and Alcohol and Other Drug Use: Priorities for Action 2020-2025

December 2020



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Cover artwork

'Nature' and 'Dog Park' by Hannah Chandler, aged 16

Acknowledgement of Country

The Mental Health Commission acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of our State and its waters. The Mental Health Commission wishes to pay its respects to Elders both past and present and extend this to all Aboriginal and Torres Strait Islander peoples seeing this message.

Acknowledgement of Lived Experience

The Mental Health Commission acknowledges the individual and collective expertise of those with a living or lived experience of mental health, alcohol and other drug issues. We recognise their vital contribution at all levels and value the courage of those who share this unique perspective for the purpose of learning and growing together to achieve better outcomes for all.

The Mental Health Commission would in particular like to acknowledge young people with lived experience of mental health and alcohol and other drug-related issues, together with their families and carers, who contributed to the Young People's Mental Health and Alcohol and Other Drug Use: Priorities for Action 2020-2025.

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Photographs of young people

All photographs featured in this document are of Western Australian young people and unless individually captioned have been taken by or for the Mental Health Commission. Thank you to our partners Act Belong Commit and Healthway for images of young people participating in programs funded by the State Government of Western Australia.

Disclaimer

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All quotes by young people in this document are sourced from: Youth Affairs Council of Western Australia (2020). Mental Health Commission the Young People's Mental Health and Alcohol and Other Drug Use: Priorities for Action 2020-2025: Youth engagement report, unless otherwise cited.

All quotes by carers in this document are sourced from: Youth Affairs Council of Western Australia (2020). Mental Health Commission the Young People's Mental Health and Alcohol and Other Drug Use: Priorities for Action 2020-2025: Carer engagement report, unless otherwise cited.

All other quotes and claims made in this document, that have not been separately referenced, have been sourced from, and referenced in, the Young People's Mental Health and Alcohol and Other Drug Use: Priorities for Action 2020-2025: Supporting Paper (Supporting Paper).

Where quotes have been provided, these have not been altered, and are reflected in the true voice of the individual(s). It is acknowledged that the Mental Health Commission may not use some of the language and terminology as portrayed in these quotes, however, it is important that the voice of consumers and carers is reflected accurately.

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Minister's Foreword

There is no greater purpose than looking after the health and wellbeing of our young people. They are our current and future parents, leaders and workers.

Even before the COVID-19 pandemic, addressing the needs of young people with mental health, alcohol and other drug (AOD) issues was a priority of the Government, as identified in the WA State Priorities Mental Health, Alcohol and Other Drugs 2020-2024.

Now, our young people are bearing the brunt of the economic uncertainty and social disruption during a vital time in their lives. Young people have been identified as a priority from a whole of government perspective in the WA Recovery Plan, which includes initiatives for job creation (including apprenticeships and traineeships), place-based prevention and diversion programs from the justice system, telehealth services to help young people with mental health issues, youth support and community centres, and a new mental health and AOD youth homelessness service.

I am pleased to release the Young People's Mental Health and Alcohol and Other Drug Use: Priorities for Action 2020-2025 (YPPA).

The YPPA will guide the State Government, the Mental Health Commission and other agencies, the mental health and AOD sector, and other stakeholders across the community, in supporting and responding to the mental health and AOD needs of young people aged 12 to 24 years. This age range is critical to ensuring young people are supported to reach the best outcomes for their future. Additional work will be occurring in the future to look more closely at the needs of the 0 to 11 year age cohort.

I would like to acknowledge the Mental Health Commission for leading the development of the YPPA, and thank the service providers, government agencies and non-government organisations for their contributions.

Most importantly, I would like to thank the young people of Western Australia, their families, carers and support people for the valuable insights they have provided. We have heard you and we are committed to action.

By working together now to support young people, we are investing in the future of our State.

Hon Roger Cook MLA

Deputy Premier; Minister For Health; Mental Health

Commissioner's Foreword

I am proud to release the Young People's Mental Health and Alcohol and Other Drug Use: Priorities for Action 2020-2025 (YPPA).

The Mental Health Commission has listened to the voices of our young people and we are committed to taking this body of work forward to drive real change in the mental health and AOD sector in Western Australia.

The YPPA builds on the significant work that has already been done across Government and the sector to understand the impact of mental health and AOD issues on young people in our community, including the Western Australian Mental Health and Alcohol and Other Drug Services Plan 2015 – 2025.

The YPPA will inform our work going forward, in partnership with our service providers and other stakeholders, as we develop new ways of working to achieve better outcomes for young people.

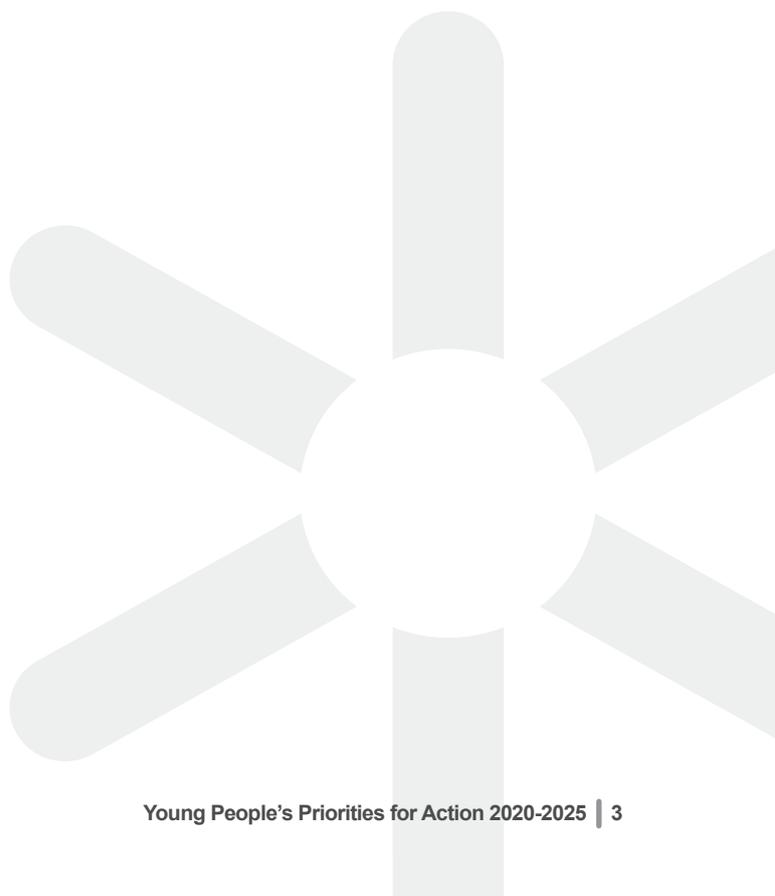
I acknowledge the Directors General Steering Committee and Senior Officers Working Group for ensuring across-Government collaboration and oversight of the YPPA. The input of the Mental Health Executive Committee and Community Mental Health, Alcohol and Other Drug Council were invaluable in consolidating a shared vision and set of priorities for the YPPA, and I thank them also.

I would like to extend my sincere gratitude to the young people who contributed to the development of the YPPA. Your voices are central to how we will work going forward, because this is all about you and how we can make sure that we are delivering the right services for you.

We must now continue to work together to improve the mental health and AOD sector, to ensure a brighter future for our young people in WA.

Jennifer McGrath

Commissioner, Mental Health Commission



Young People's Foreword

We would like the mental health, alcohol and other drug (AOD) sector, and people in general to understand what mental health conditions are and what supports people need. We want people to have compassion for those with mental illnesses and AOD problems and be able to accommodate the needs of those people. We want people to understand that mental health and AOD problems will manifest in different ways among different people, and that each individual's journey and coping strategies will vary.

We want people who are primary contacts for people with mental health and AOD problems to understand these various symptoms and causes and know how to support people, including appropriate referrals and information that young people can use rather than finding all that information themselves. We also want GPs to have appropriate training about the issues that minority groups face, and how these issues have an impact on mental health and AOD problems.

**Youth Voice Representatives -
Youth Mental Health Sub Network**

Carer's Foreword

Our young people need a system that can assess and refer them to appropriate services. They need all the staff involved in their care to see them, hear them, and treat them with kindness, dignity and respect. You must remember that what is happening to the young person is a frightening experience, they are feeling out of control and they don't know what to do.

Carers of youth experiencing mental health and AOD issues require support with education and guidance so that they can continue to maintain the care at home. Without adequate support for the carers, youth will require greater demand for medical resources.

Our system needs to empower our youth to heal, get stronger and return to good health. We need to catch them if they fall. They are our next generation.

**Carer representative -
Youth Mental Health Sub Network**



Ngakala Daa, Translation of speeches into Noongar language presented by Yirra Yaarkin in collaboration with WAYTco
By Della Rae Morrison. Courtesy of Healthway and Act Belong Commit

Introduction

As a young person, Mark had multiple admissions to hospital for suicidal ideation. He was discharged to his local mental health service, and following a period of treatment there, was then discharged to his GP. His mental health started to decline so his parents contacted their local mental health service who reportedly said they couldn't assist and suggested a private clinical psychologist. Mark was on a waiting list to see that private clinical psychologist but then attempted suicide again and was taken to an emergency department. After seven days of being in the hospital, Mark was discharged to his local mental health service still voicing suicidal ideation with an appointment scheduled for three days later. His parents were checking on him hourly through the night but on the second night he went missing. Mark was found during an attempt to harm himself and taken back to the emergency department where he waited six days for a hospital bed.

Stephanie is a 19-year-old transgender female, who was engaged with an array of community services including mental health and alcohol and other drug (AOD). Stephanie had polydrug use over a number of years, a significant history of mental health issues, and engaged in risky sexual behaviours, often to obtain drugs. Stephanie sought help for her AOD use, and was actively engaged in treatment. She would regularly attend appointments, and most of the sessions revolved around her love of music, safety planning, harm minimisation and preparing for admissions. Over a period of two and a half years, Stephanie was admitted to withdrawal services multiple times with several transfers to long term residential. She had a pattern of requesting an admission,

staying for a short time then leaving. Stephanie would often give a variety of reasons for wanting to leave. Some of the barriers identified by Stephanie were that she disliked hospital, was uncomfortable anywhere rural (related to trauma history), she identified as Lesbian, gay, bisexual, transgender, queer, intersex, asexual or questioning (LGBTQIA+) and had experienced transphobia in the past, and she thought most programs were either too strict or had religious undertones which did not fit with her identity and values. Stephanie had good help seeking behaviours and could identify that she had made significant changes including obtaining stable housing and having periods of relative stability. It was evident to those working with her that she was becoming more comfortable regarding gender identity and self-acceptance. One sad day, Stephanie was found deceased in her home. The cause of death appeared to be overdose but it is unclear if it was intentional or accidental. Stephanie was well known and liked, and her loss will be felt by those who knew her.

These are real life stories that happened here in Western Australia. Unfortunately, these stories are not unique. Too often we hear that young people don't know where to go to find help. Then if they do find the help they need, there are other roadblocks stopping them from accessing services. Whether that is in relation to cost, waitlists, culture of the service or they are told they don't meet the "eligibility criteria". If young people do access services, we hear that experiences can be extremely varied, and that staff can make or break that experience. We all have a role to play in supporting young people – whether this is to help them stay well, or during and after mental health and/or AOD treatment.

United Nations Convention on the Rights of the Child

We all have a responsibility to uphold the rights of children, in line with the United Nations Convention on the Rights of the Child (UNCRC). The UNCRC sets out our collective responsibility, including (but not limited to) recognising that children should be “afforded the necessary protection and assistance” so that they can “fully assume responsibilities within the community” and “for the full and harmonious development of their personality, should grow up in an atmosphere of happiness, love and understanding”.

The importance of working together to support the wellbeing of young people cannot be overstated. We know that three in four people with a mental illness develop symptoms before the age of 25; that there is a lack of young people accessing services and seeking help; and that non health services and organisations are important in both preventing mental health and AOD issues from developing. Poor mental health cost the Australian economy an estimated \$200-\$220 billion in 2018-19, which does not include the substantial impacts of COVID-19.¹

The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (the Plan), found young people with mental health and AOD issues are particularly at risk of poor outcomes due to their age and stage of physical, neurological, psychological and social development, which makes them vulnerable. The Western Australian State Priorities Mental Health, Alcohol and Other Drugs 2020-2024 and many other state and national reports and strategic documents also identify children and young people as a key population group requiring specific consideration in respect to mental health, wellbeing and AOD related issues.

A Framework for Young People’s Recovery from COVID-19 in Western Australia: Creating a new normal, developed by the Youth Affairs Council of Western Australia (YACWA) outlined that *job loss, economic instability, poverty, poor mental health, social disconnection, education disruption, and loss of services during COVID 19 will have a monumental and disproportionate impact on young people for decades.*²

¹ Productivity Commission 2020. *Mental Health, Report no 95*, Canberra

A recent survey conducted by YACWA on the impact of COVID-19 on young Western Australians, indicated that 91% of survey respondents had experienced significant or some impact on their mental health and stress levels.

This year, the State Government is investing at record levels in mental health, wellbeing and AOD services in Western Australia - with \$1.013 billion allocated for 2020-21. The Sustainable Health Review identifies important ways to ensure the impact of this investment is maximised. The Commonwealth’s expenditure on mental health across Australia is also expected to reach a record high of \$5.7 billion in 2021.³ However, even with such large investments, urgent action is needed to address these issues.

In responding to the needs of young people, it is also important to acknowledge the role of families and carers who are involved in the lives of young people and often play a key role in promoting health and wellbeing; providing support; and ensuring young people have access to a safe and positive environment to prevent or address mental health and AOD issues.

Young people themselves can also be carers and parents, caring for their own family members including their own children. It is also important to acknowledge that for some young people, difficulties within their family can also contribute to their mental health and AOD issues.

‘Aboriginal⁴ health means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their Community. It is a whole-of-life view and includes the cyclical concept of life-death-life.’ (National Aboriginal Health Strategy, 1989). – as cited in the WA Aboriginal Health and Wellbeing Framework 2015–2030⁵

² Youth Affairs Council of Western Australia. (2020). A Framework for Young People’s Recovery from COVID-19 in Western Australia. Retrieved from: <https://www.yacwa.org.au/wp-content/uploads/YACWA-COVID-19-Recovery-Framework-for-Youth.pdf>

³ Prime Minister Speech, Parkville, Victoria, 16 November 2020, <https://www.pm.gov.au/media/speech-parkville>

⁴ The reference to Aboriginal peoples within this document is inclusive of the Torres Strait Islander population. No disrespect is intended with the use of this terminology.

⁵ Department of Health. (2015). *WA Aboriginal Health and Wellbeing Framework 2015–2030*. https://ww2.health.wa.gov.au/-/media/Files/Corporate/general-documents/Aboriginal-health/PDF/12853_WA_Aboriginal_Health_and_Wellbeing_Framework.pdf

Purpose

The Young People's Mental Health and Alcohol and Other Drug Use: Priorities for Action 2020-2025 (YPPA) will provide guidance to the State Government, the Mental Health Commission and other agencies, the mental health and AOD sector, and other stakeholders across the community. It outlines the priorities that we will collectively work towards to 2025, to make real change for young people.

It is targeted to support young people aged 12 to 24 years, their families, carers, support people and communities, from prevention through to treatment. It is recognised that the age range of 12 to 24 years covers multiple developmental stages and this will be considered in the development of priorities for action.

The YPPA will inform the development of new initiatives for investment consideration by government, as well as new ways of working to achieve better outcomes for young people, their families, carers and support people.

This YPPA will not sit in isolation. It draws upon a number of existing strategies and plans across government and non-government sectors. All of these will need to be viewed and implemented concurrently, given their synergies, to effect real change. These have been considered in the development of the YPPA and will continue to be considered in its implementation.

Existing reports and reviews can be found on the Mental Health Commission website at www.mhc.wa.gov.au/yppa.

The YPPA outlines six key strategies that young people and stakeholders from across the sector have identified as the priority areas for change. To support the implementation of the YPPA, an agreed set of priority initiatives have been outlined, which are organised into three categories:

- **Immediate Action:** The things we are or will be doing, with no additional funding required
- **Top Priorities:** The first priorities for implementation should additional funding become available
- **Future Steps:** Longer term priorities for implementation into the future.

These priority initiatives are set out in the following pages, listed against the six key strategies. Given the complexity and nature of mental health and AOD issues, many organisations and individuals will need to be involved to co-design and deliver better outcomes for young people in Western Australia. This includes those within the sector, individuals and organisations external to the sector, as well as all levels of Government.

Together, we can make great change for young people.



WA Opera Young Voices
Photo by Flossy Photography. Courtesy of Healthway and Act Belong Commit

Key Statistics



3 in 4 people with a mental illness develop symptoms before the age of **>25**



An estimated **72,527** young people aged 12 to 24 years (17.5% young people) had mild, moderate or severe mental health issues



Poor mental health cost the Australian economy an estimated **\$200-\$220 billion** in 2018-19

91%

of young people in WA had experienced impact on their mental health and stress levels during the **COVID-19 pandemic**



1 in 10 people aged 16 to 24 reported having thought seriously about ending their own life

49

young people (aged 15 to 24) died by **suicide** in 2019 in WA



Young LGBTQIA+ people aged 16 to 27 years are **five times** more likely to attempt suicide



65% of the juvenile detention population in WA have experienced mental health issues,
three times the prevalence of the general population



In WA **16% of students** aged 12 to 17 used at least one illicit drug

In WA the average age at which people first tried an illicit drug was **20 years old**

Of the 115 suicide cases (aged 10 to 17 years) investigated by the Ombudsman

37% were Aboriginal



An estimated **11,319** of young people in WA aged 12 to 24 years (2.5% young people) had mild, moderate or severe alcohol and other drug issues

In WA, **42% of school students** aged 12 to 17 years consumed alcohol



One-third of the 1,000 young people accessing the most public mental health services had a period of care or a child safety investigation



By year 9, students with mental illness are **1.5 to 2.8 years** behind their peers in respect to reading, spelling, numeric, grammar and writing

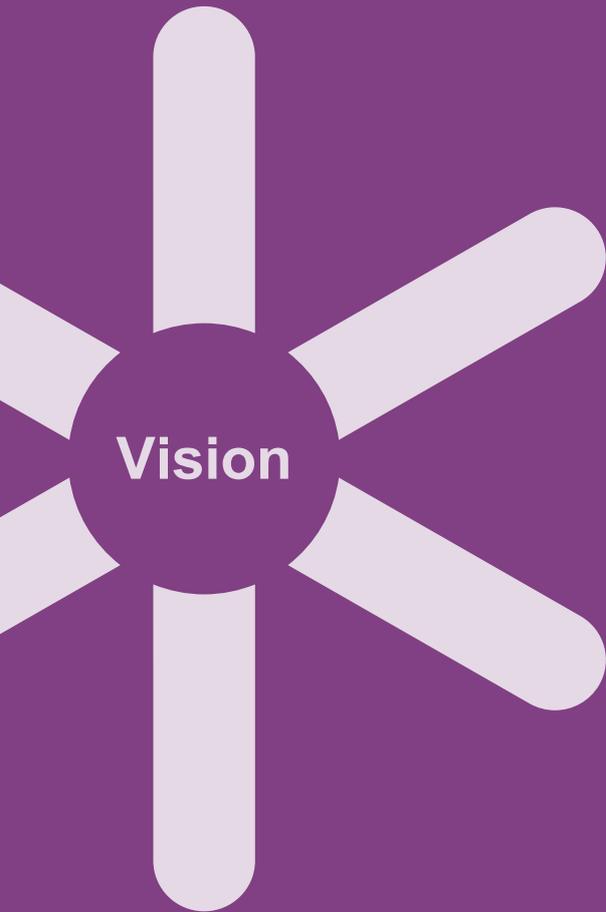


Only **44% of parents** were confident in knowing where to go for help if their child was experiencing mental health issues

60%

of young people with an AOD use disorder also have a **co-occurring** mental health diagnosis

Young People's Priorities for Action 2020-2025



“

We, as young people, all need support and education to help keep one another well and build our resilience. If we need services, we should be able to find them easily, with fewer wrong doors or long queues. We need services to work together, respect our differences, make us feel welcome, and treat us as equal partners.

”



Strategies to implement the vision



1. Helping us stay well:

Promoting mental wellbeing, and intervening early to prevent mental health issues and alcohol and other drug related harm



4. Valuing that we are all unique:

Diversity and culture is respected, nurtured and catered for at every point, ensuring services and workforces are welcoming, inclusive, culturally safe, person-centred and holistic



2. Supported by our family and community:

Boosting whole of community and whole of family engagement, and support for families, loved ones and carers so they can go on supporting young people



5. Services working together:

There is a partnership approach to recovery with better coordination and transition between and across sectors, services and life stages



3. Making it easier to find and access services that are right for us:

The right services are available when and where they are needed and are easier to find and access



6. Experiencing positive and trusting relationships and best practice care:

Building the capacity, capability and confidence of everyone who works with young people and their families and carers

Vision

The vision of the YPPA is that young people are healthy and have fulfilling lives, where young people can learn, grow and contribute to society as they set up life within the community.

Most importantly we want young people to be well and stay well.

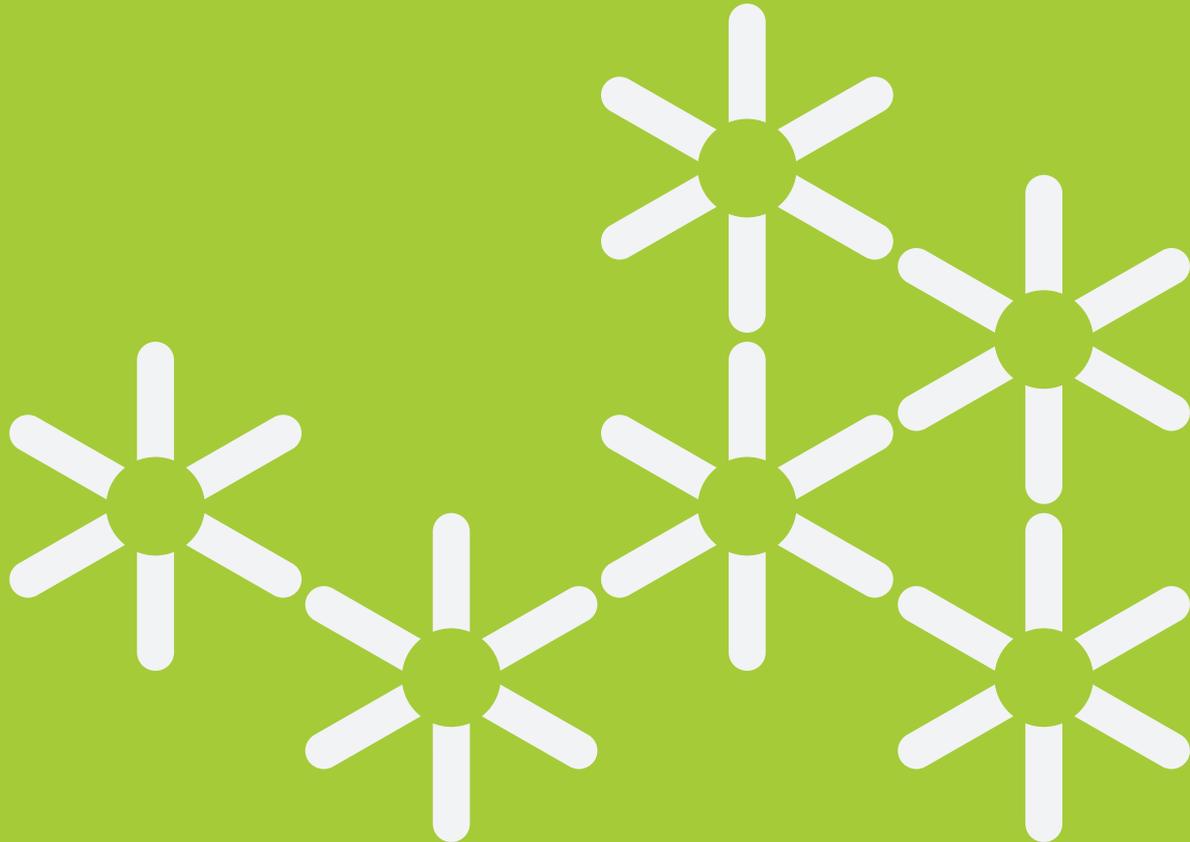
In the words of young people:

We, as young people, all need support and education to help keep one another well and build our resilience. If we need services, we should be able to find them easily, with fewer wrong doors or long queues. We need services to work together, respect our differences, make us feel welcome, and treat us as equal partners.





Strategies to Implement the Vision: Helping us stay well



1. Helping us stay well

Promoting mental wellbeing, and intervening early to prevent mental health issues and alcohol and other drug related harm

The Alcohol.Think Again, Parents, Young People and Alcohol campaign is a key statewide public education program. The campaign objectives are to: reduce inflated perceptions of the prevalence of underage drinking; increase the age at which adults believe it is acceptable for adolescents to initiate alcohol use; increase the belief of adolescents' vulnerabilities to the effects of alcohol; and create support amongst the community for policy measures to reduce alcohol-related harm in adolescents.

While drinking rates by young people in WA are showing a positive declining trend, some young people continue to drink at levels considered risky for adults. Alcohol use contributes to the three leading causes of death among young people – unintentional injuries, homicide and suicide.

Evaluation of the campaign in 2019 found half (52%) of parents of young people aged 12-17 years, who were aware of the campaign reported taking action as a direct result of the campaign. This included 7% (11,446 parents) stopping supplying alcohol to their child under 18 years-of-age.

Our health is determined by a number of factors most of which are outside the health system, including our environment, our families, community, the choices we make and broader social factors, including poverty and financial hardship.⁶ Social and emotional wellbeing (SEWB), as conceptualised by Aboriginal communities, involves a broad concept of wellbeing in that it encompasses the social, emotional and cultural wellbeing of the whole community.

Wellbeing, mental health, and social and emotional wellbeing is a whole of community responsibility and commitment.

With effective prevention and promotion activities, particularly in the younger years, we can support healthy behaviours, healthy families, and healthy communities. Prevention activities can be grouped into three categories⁷:

1. **Universal:** Interventions targeting the whole population
2. **Selective:** Interventions targeting subgroups of the population who are at increased risk
3. **Indicated:** Interventions targeting high risk groups and those showing early signs/behaviours.

Locally tailored and locally developed prevention initiatives as well as community development opportunities can also support young people, build family and community resilience, reduce AOD harms, and increase protective factors.

Prevention requires long-term, coordinated and sustained investment in order to see positive outcomes. According to a 2017 systematic review, for every \$1 invested in effective prevention initiatives, long-term financial savings of up to \$14 can be realised.

^{6, 7} Mental Health Commission (2018), Western Australian Mental Health Promotion, Mental Illness, Alcohol and Other Drug Prevention Plan 2018-2025. Mental Health Commission, Government of Western Australia

There is a formal role for governments to undertake prevention work, and a formal role for the mental health and AOD sector to provide treatment and supports for people experiencing mental health and AOD issues. We all, however, need to do our part in the community to support young people and help prevent the onset of mental health and AOD issues.

What we know about the gap

Given the rate of mental health and AOD issues in the Western Australian community, there is an opportunity to increase wellbeing, prevent these issues or limit their harms and severity (as we understand some mental illnesses are not preventable).

Suicidal behaviour is complex. Many factors and pathways may lead a person to attempt to take their life. For young people aged 15 to 24 years, suicide is the leading cause of death and therefore suicide prevention needs to remain a priority. In the pursuit of effective suicide prevention strategies, no single activity stands out above others. With the implementation of a range of strategies that focus on lowering the risks and increasing the protective elements, many suicide deaths can be prevented. Reducing the rate and impact of suicide in our communities requires a whole-of-population commitment. It is not something any single agency, level of government, or community can do alone.

The Productivity Commission Report found that by year nine, students with mental illness are often several years (1.5 to 2.8 years) behind their peers in respect to reading, spelling, numeracy, grammar and writing.⁸

Increasing awareness of the harms associated with AOD use, including alcohol use among women of child-bearing age, is particularly important. As an example, health workers need to be trained to improve their capability to talk with women of child bearing age about alcohol use in pregnancy, which will go further towards raising awareness and potentially reducing the prevalence of Fetal Alcohol Spectrum Disorder (FASD).

The Plan Update 2018⁹ found that for mental health prevention and promotion services, across all ages, we are only meeting 28% of 2025 demand, whereas for AOD prevention services we are meeting 52% of 2025 demand. There is evidenced need for further investment in prevention and promotion.

When young people need help with mental illness or AOD issues, seeking help early can help reduce the long-term impacts. This must be balanced by a concerted effort not to pathologise a young person's experiences but assist them to view some experiences, where relevant, as a normal part of development.

Stigma, and the attitudes and perceptions of the communities young people are a part of, can also have a direct impact on the young person's wellbeing and their willingness or ability to seek help.

What we heard

The recent consultations heard that all young people need to be supported to learn mental health literacy from primary school age, build resilience and seek help at the right time. Further, young people, their families and people who work with them need support to identify the early warning signs of mental health and AOD issues, as well as more effort made to reduce stigma.

'Increase communication about asking for help or to chat when you feel a little off rather than it being something you find when you're very unwell already.' – Young person

'Normalise using services and reduce stigma.'
– Young person

Aboriginal young people have told us they need support to enable them to connect with country, culture, spirituality and ancestry. By embracing the Aboriginal approach to social and emotional wellbeing we can empower young people to adopt a deep-rooted, more collective and holistic concept of health than traditionally used in Western medicine.¹⁰

⁸ Productivity Commission 2020. Mental Health, Report no 95, Canberra

⁹ Mental Health Commission 2019. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (Plan) Update 2018, Mental Health Commission, Government of Western Australia.

¹⁰ Dudgeon, P, Professor Jill Milroy AM, Professor Tom Calma AO, Dr Yvonne Luxford, Professor Ian Ring, Associate Professor Roz Walker, Adele Cox, Gerry Georgatos and Christopher Holland (2016) Solutions That Work: What the evidence and our people tell us – Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report

Immediate Action

- **Suicide Prevention** - Develop regional Aboriginal suicide prevention plans to identify local actions focusing on youth.
- **FASD** - Increase awareness of the harms associated with alcohol use among women of child-bearing age, the broader community and health professionals, through statewide and targeted evidence-based initiatives.
- **AOD-related violence** - Adapt and pilot the renowned Cardiff Model¹¹ to prevent AOD-related violence and reduce burdens on emergency departments and other frontline services.
- **AOD-related harm reduction:**
 - » Develop event guidelines reducing the risk of AOD related harm at music festivals and high-risk events.
 - » Work with communities across the state to implement Alcohol and Other Drug Management Plans/Community Wellbeing Plans to reduce AOD related harm and to improve mental wellbeing.
- **Evidence-based prevention activities in schools.** Promote the following existing initiatives:
 - » Response to Suicide and Self Harm in Schools Program
 - » School Drug Education Road Aware (SDERA)
 - » Aussie Optimism
 - » Teen Mental Health First Aid (MHFA) or other evidence based mental health literacy programs.
- **Guidance on best-practice approaches to mental health in sport settings** - Establish an industry led, collaborative project to develop a framework to guide prevention and promotion activity in community sport settings.
- **Prevention and promotion within culturally and linguistically diverse (CaLD) communities** - Identify new distribution channels in the CaLD community, for prevention and promotion materials.

¹¹ Florence, C., Shepherd, J., Brennan, I., and Simon, T. (2014). *An economic evaluation of anonymised information sharing in a partnership between health services, police and local government for preventing violence-related injury*. *Inj Prev*. 2014;20(2):108-114. doi:10.1136/injuryprev-2012-040622

- **Better use of data** - Relevant agencies working in collaboration to ensure that young people with multiple risk factors for suicide, along with their family and carer networks are provided with timely and appropriate evidence-based supports.
- **Regulations for home delivery of alcohol and nitrous oxide** - Develop effective regulations given young people disproportionately utilise these services.

Top Priorities

- **Expanded statewide campaigns and related community action in order to:**
 - » reduce alcohol-related harm.
 - » minimise the risk of harms relating to drug use.
 - » raise awareness of social and emotional wellbeing and the harms associated with AOD use among young Aboriginal people, their families and communities, such as through the Strong Spirit Strong Mind Metro Project.
- **Regional pilot** - Conduct a regional pilot of the successful metropolitan Children and Young People Responsive Suicide Support (CYPRESS) program.
- **Mental health and wellbeing for school aged young people:**
 - » Leveraging off existing activities where appropriate, develop evidence based mental health education programs to promote mental health and prevent mental health related issues. This could include social emotional learning programs and the Be You directory.
 - » Implement initiatives designed to strengthen approaches to mental health and wellbeing from the cross sector mental health and wellbeing strategy, being finalised by the Department of Education, Catholic Education WA and Association of Independent Schools WA.
- **Mental health and wellbeing promotion monograph** – Develop a monograph to identify evidence-based and informed strategies for best practice in addressing mental health issues for young people.
- **Resources for community sport** – Develop a resource set to support the sporting sector to promote mental wellbeing and prevent mental health issues.

- **Mentally healthy workplaces** - Implement the Thrive at Work program across Western Australian industry.
- **Prevention and promotion within CaLD communities:**
 - » Expand and tailor public education campaigns to address the stigma associated with accessing mental health and AOD services.
 - » Develop visual and in-language materials to address issues of stigma and create awareness.
- **Expand mentoring programs** - Provide support to develop skills, which will help young people increase their resilience.
- **Aboriginal Wellbeing**
 - » Continue to implement the Commitment to Aboriginal Youth Wellbeing.
 - » Develop the Empowered Young Leaders Network.
- **Support at-risk young people in the Kimberley, through implementing the Kimberley Juvenile Justice Strategy:**
 - » Continue to work in partnership with local governments and Aboriginal Community Controlled Organisations to expand place based

on country activities and night patrol programs to engage with young people constructively after hours, weekend and school holidays thereby reducing the risk of them engaging in antisocial behaviour.

- » Expand on alternative education and vocational programs to re-engage young people who have contact with the justice system and are disengaged with mainstream education services to provide pathways to further education and/or employment.
- » Provide targeted culture based intensive programs that address mental health, AOD and behavioural issues.

Future Steps

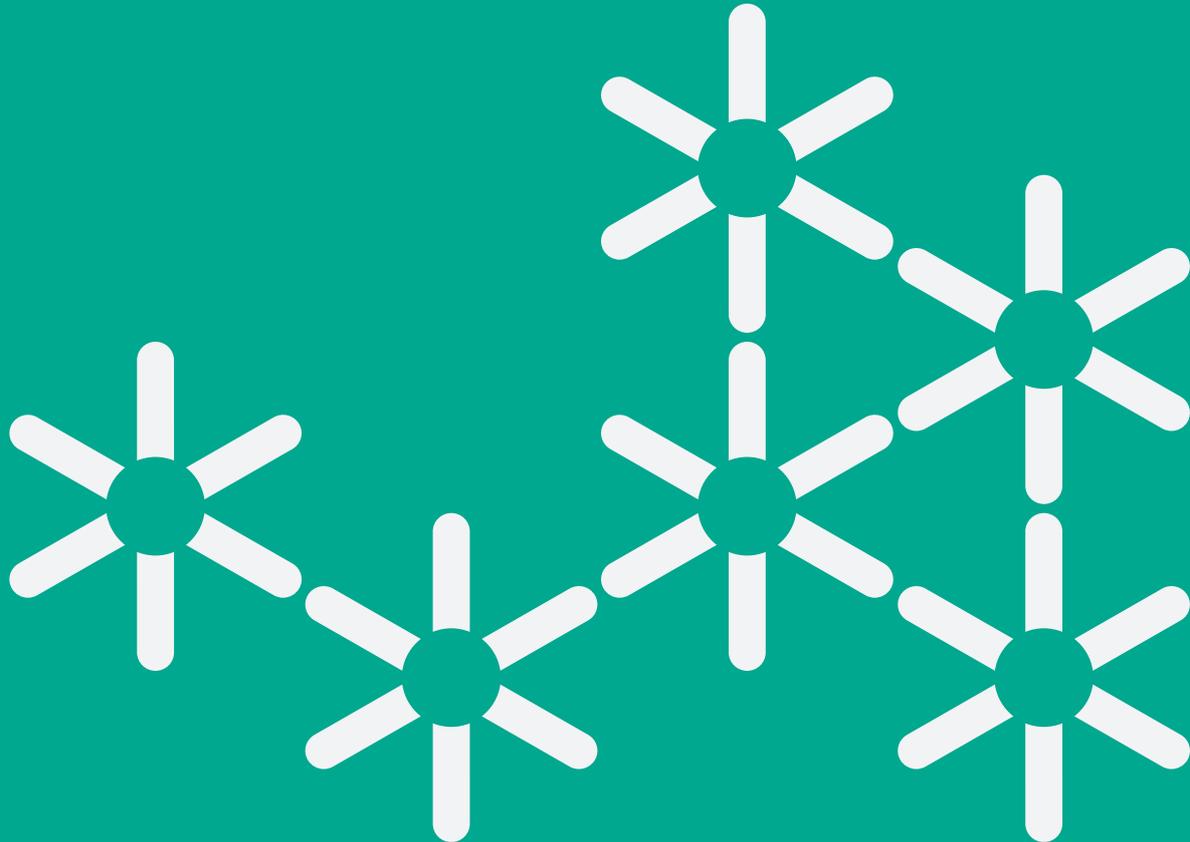
- **University students** – Develop and implement alcohol public education and policy interventions for young university students to reduce alcohol-related harm.
- **Identify longer term actions required to implement the Prevention Plan** – Progress the Western Australian Mental Health Promotion, Mental Illness, Alcohol and Other Drug Prevention Plan 2018-2025, which will include focussing on priority actions to meet the needs of young people.



Tura New Music Artist in Residency in Fitzroy Crossing.
Photo courtesy of Healthway and Act Belong Commit



**Strategies to Implement
the Vision:
Supported by our family
and community**



2. Supported by our family and community

Boosting whole of community and whole of family engagement, and support for families, loved ones and carers so they can go on supporting young people

Recent education sessions conducted in a local high school included young women from a migrant and refugee background. These talks covered a variety of topics including sexual health and respectful relationships.

Naomi was from a very sheltered background, was a refugee from the Congo and had arrived in Australia 18 months prior. Her mother spoke Swahili and very little English. In their culture children were not told about sex before they were married.

It transpired that Naomi was being sexually abused by one of the elders in her community. In her culture elders are respected and children do not complain about the way they are treated. After attending the education sessions, Naomi explained to her mother what was happening, and her mother took immediate action. She was helped to access support services.

This story illustrates the link between physical health, trauma, abuse and mental health, and the importance of providing culturally appropriate education. Naomi did not realise she was being abused until she had attended these education sessions. She will require ongoing support from a number of services to help her recover from her experience.

Having a network of community supports and trusted individuals to talk to is essential to a young person maintaining wellbeing and creating or enhancing protective factors. Providing culturally safe support is also an important element of building a trusting relationship. This is important in the delivery of all services and programs, including the provision of treatment, and post-treatment.

Being encouraged, supported and educated on how to provide support to a young person, as well as being supported themselves, are both important factors for trusted individuals to successfully support young people.

Providing support to children of parents with a mental illness and/or AOD issue is also important – these children and young people are often further disadvantaged due to financial hardship, social isolation and end up missing out on opportunities that other young people enjoy.

Supporting families is essential. Opportunities for families to support families is also an area we need to explore. This includes the provision of support for families, carers and loved ones, recognising the importance of family reunification and safety and security in the home.

Trusted individuals may include a young person's family, carers, friends and peers, and other close and trusted adults whether that be through schools and higher education, mentors and youth workers, community and sporting centres, or cultural and religious centres.

Other protective factors include:

- literacy and positive educational experiences
- employment and economic security
- safer and secure living environment
- healthy lifestyle and good physical health
- community participation and social inclusivity
- good parenting and parental harmony
- sense of culture and identity, including cultural acknowledgment and recognition
- religious or spirituality involvement
- effective coping skills, problem solving skills and stress management.

For young people experiencing a mental health and/or AOD issue, support from their families, loved ones and carers is absolutely critical. Regardless of the stage of the recovery journey, and whether or not they are actively engaged in treatment, families, loved ones and carers play an important role.

Young people who are impacted by AOD use or mental health issues of their families must also be well supported to ensure that intergenerational impacts on health and wellbeing are minimised. This includes providing appropriate support to young carers.

What we know about the gap

Families and communities have a large role to play in helping to maintain the wellbeing of young people. One study has found less than half (44%) of parents were confident in knowing where to go for help if their child was experiencing mental health issues, which demonstrates the need for more education for families and communities in supporting young people.

Families, carers and support people from Aboriginal and CaLD backgrounds may have additional language and cultural barriers and require access to culturally appropriate mental health and AOD service information in language. In some cases, Aboriginal young people may know where services are but may not feel comfortable or safe to access them.

It is important to be aware of the impacts of academic pressure on students, and how this can negatively affect wellbeing, resilience and coping mechanisms, even for young people who have not previously experienced mental health and AOD issues. Employment support and the fostering of psychologically safe workplaces are also important to the wellbeing of all young people.

The broader community has a role in reducing the incidence and harmful effects of bullying, including online bullying through social media. The community also has a role in breaking the cycle of racism experienced both by Aboriginal people and people from CaLD communities. Racism and discrimination faced by individuals and communities can be a contributing factor for young people developing mental health and AOD issues.

Stigma regarding mental health and AOD issues in Aboriginal and CaLD communities especially is an identified issue, and more needs to be done to support and educate communities to reduce stigma. Through reducing stigma, educating and supporting communities, those communities can then in turn support young people and improve their wellbeing.

What we heard

“Mental health awareness, teaching and activities should be done in schools to make it a less taboo topic.” – Young person

“Family meetings and better communication between carers and clinicians” - Carer

Recent consultations are in strong support of preventing young people from developing mental health and AOD issues. As one key stakeholder noted in our consultation:

“Distress is a natural response to interpersonal adversity (e.g. abuse and trauma), young people don’t have the agency to address or deal with this”

Understanding and addressing trauma, and providing trauma informed care is important in preventing the emergence and/or increase in severity of mental health issues.

The education sector, local government, sporting sector and other community groups are important stakeholders in making a difference through boosting protective factors. Improving financial security, particularly through stable employment and engagement in education or training, is also essential for a person's wellbeing.

A third (33%)¹² of carers who were consulted had not accessed carer support services. The reasons provided for this were a lack of time, previous negative experiences with services, lack of knowledge of supports available, or receiving informal support from people in their network.

Further, 88% of respondents thought there was room for improvement in support services for families and carers of young people. Children who have parents with a mental illness and/or AOD issue are also a vulnerable group.

Immediate Action

- **Parenting Campaign** - Deliver the Think Mental Health Parenting Campaign to provide parents with practical tips and advice to navigate and promote positive and cooperative behaviour within their families, supporting their child's mental health and wellbeing, including targeted elements for parents from CaLD communities.
- **Recovery College** – Promote the opportunity to develop Recovery College courses that will support families and carers in responding to the needs of their children and young people.
- **Information for Local Governments** - To complement existing alcohol management resources, develop information resources on mental health, illicit drugs, misuse of pharmaceuticals and other drugs of concern for Local Governments identifying issues in their community.
- **Convene a key expert/stakeholder Think Tank** – Utilise the Think Tank to inform alcohol-related policies and community support to reduce children and young people's exposure to alcohol use and prevent associated harm.

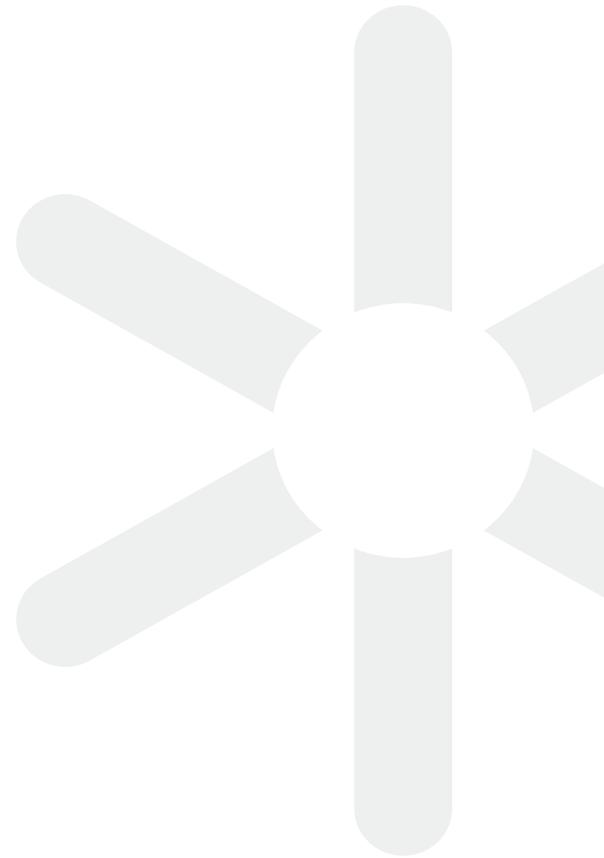
Top Priorities

- **Integrated family and domestic violence (FDV) and mental health and AOD services** - Strengthen FDV services through integrating, co-locating or embedding mental health and AOD workers.
- **Support for parents and schools:**
 - » Expand the current Gatekeeper Suicide Prevention Training and youth/teen Mental Health First Aid to support staff in schools.
 - » Expand the existing school response program.
 - » Increase support to all schools, to deliver mental health programs.
 - » Make it the norm for parents not to provide alcohol to their teenager.
 - » Develop strategies to ensure parents, families and teachers are supported in preventing and responding to the mental health and AOD needs of their children, and receive support themselves as needed.
 - » Increase access and promotion to free parenting programs (such as Triple P, Partners in Parenting), including greater investment in online formats.
 - » Consider how we can create programs for families to support families.
- **Information for CaLD Communities** - Address gaps in information and create awareness of mental health and AOD services to families from CaLD backgrounds and cultural and religious leaders.
- **Support for young people in vocational education settings:**
 - » Explore ways in which the vocational education and training system can better support young people's mental health and wellbeing, including by improving mental health literacy of parents of young people (where the parents are students at TAFE themselves).
 - » Ensure that students transitioning to TAFE from Education are supported and provided with access to the services they need.
- **Families and carers have a formal role in providing care and support** - Develop service guidelines, processes and models of service/care in the mental health and AOD sector, that recognise the role of families in the care of their children.

¹² Youth Affairs Council of Western Australia (2020). Mental Health Commission Young People Priority Framework: Carer engagement report.

Future Steps

- **Support for families in their early years:** Provide targeted support for families (including young parents) at risk and those experiencing challenges in the perinatal period, focussing on providing the best environment for children in their first 1000 days of life and beyond.
- **Resources for other workers and volunteers are developed and promoted:**
 - » Resources should help people identify the signs of mental health and AOD issues in young people; outline how to effectively intervene; and provide information on how to help the young person find formal supports and services.
 - » Resources should be targeted at workers and volunteers not in the mental health and AOD sector, such as: teachers, other school staff, school nurses, lecturers and tutors, coaches, sporting volunteers, community volunteers, community leaders, child health nurses, employers, and police.

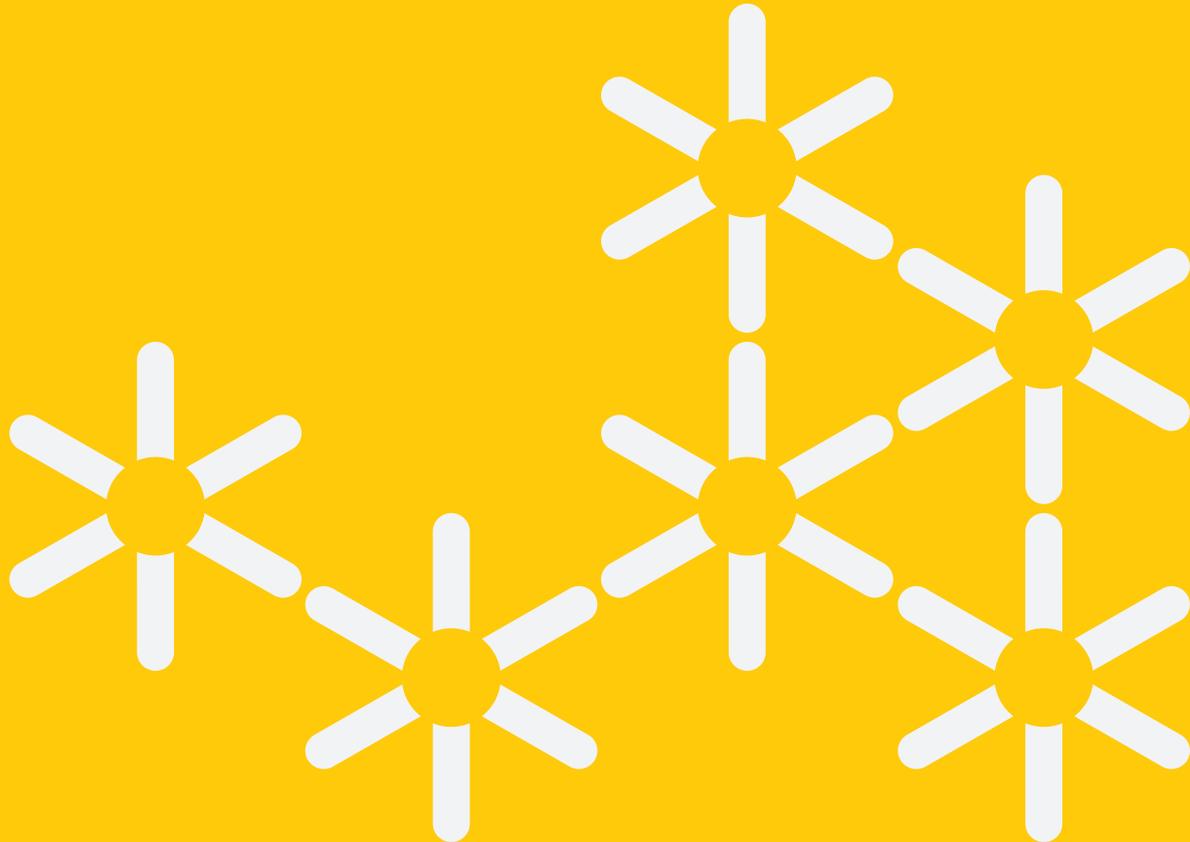


Art on the Move

Photo by Dan McCabe. Courtesy of Healthway and Act Belong Commit



**Strategies to Implement
the Vision:
Making it easier
to find and access
services that
are right for us**



3. Making it easier to find and access services that are right for us

The right services are available when and where they are needed and are easier to find and access

Emma, a 17 year old presented at her local hospital with suicidality, referred after seeking help from a GP. Her local hospital only admits people who are over 18 years, and the children's hospital admit people under 16 years. At the time, there were no beds available at either of the two youth units in WA. Given her age, Emma wasn't admitted to her local hospital, or anywhere else. After four days in the emergency department, the clinical staff planned to discharge Emma into her mother's care. The mother informed Emma that she had removed the means of suicide from the home. Emma became distressed by this and needed to be sedated. Emma ended up staying in the emergency department until there was a bed available in a private hospital.

Jack is a 19 year old young person who resides in a small regional town in the South West. He has a complex trauma history and was in the care of the Department of Communities (child protection) until he was 18. He had been using drugs including MDMA, cocaine, cannabis and alcohol on a daily basis. He was also occasionally using ice.

Jack agreed that he needed access to an AOD service, however the local adult service was only available one day per week in an outreach capacity. Jack's only option was to travel to Perth where he could access the youth dedicated trauma informed withdrawal and rehabilitation AOD support he required. Ultimately, Jack decided that temporarily relocating to Perth would not be a suitable option for him and he has not accessed any AOD services to date.

We have heard before the notion of ensuring that people have access to the 'right services, at the right time in the right location'. What this means is that:

- The types of services available to a young person is the right type of service for them and their needs (e.g. community-based, hospital-based etc), and is right for their age and stage of development
- The service is available in a timely manner
- Barriers to access such as cost, hours of operation and location/region are removed
- Services are responsive to the clinical, cultural, religious and/or spiritual needs of young people, including (but not limited to) Aboriginal young people, young people from a CaLD background, young people from the LGBTQIA+ community, and young people with disability
- Services are integrated where possible and transition between services is seamless
- Services are easily found.

To ensure we meet all these elements, young people and their families, carers and support people must be involved in the co-design and implementation of services and how the sector works as a whole. Working with young people to design and implement services will help to get the details right so that the barriers they see are overcome. This will enable better engagement with services, leading to better outcomes for young people.

What we know about the gap

Issues with accessing services relate to insufficient services being available in the sector or in a given location/region, inability to find services that do exist, long waitlists, high costs to the young person in some cases, culturally unsafe practices, language barriers, and/or service eligibility criteria. Having services available in different modalities, such as in person and online (including telehealth) can ease access, particularly in regional WA, where services, especially those tailored for young people, are scarce. Harm reduction services are also important, especially in relation to AOD use.

These services aim to reduce the harms associated with AOD use and help keep young people safe.

Some young people have specific needs that might not be able to be addressed by general mental health or AOD services. For these specialised needs (such as eating disorders, co-occurring mental health issues and intellectual disability or other neurodevelopmental issues, gender diversity, and forensic services just to name a few), there may need to be specialised services established. Further, we have heard that some non-government organisations need additional support in order to cater for the needs of complex or higher-risk individuals.

Funding arrangements can sometimes mean it is difficult to attract and retain the right staff, particularly when contracts are short. In addition, fragmentation of services can increase where there is competition between services (i.e. they offer similar things), so services slightly change to attract funding. There are also concerns regarding the insufficient volume of adequately trained workforce to appropriately staff services.

The development of a dedicated mental health youth stream for those aged 16 to 24 years has commenced with some community treatment teams in the metropolitan area. There are also dedicated community-based beds, and inpatient beds such as the East Metropolitan Youth Unit, Fiona Stanley Hospital and new beds being developed in the Joondalup Health Campus. However, as Emma's story shows us, there is not yet a fully operational youth mental health stream, which means young people, particularly those aged 16 and 17 years, are falling through the gaps.

Regarding mental health, people may experience mild, moderate or severe issues. In WA, largely speaking, the primary care sector delivers services for people with mild to moderate mental health issues. The public sector (and publicly funded non-government services) delivers services for people with severe mental health issues, and the private sector delivers services for people with mild, moderate and severe mental health issues.

The Productivity Commission recently referred to a phenomenon called the 'missing middle'. This refers to a gap in services for young people who are not unwell enough to access public mental health services but are too unwell to access or benefit from entry-level counselling and primary care. Whilst some of these "middle" services do exist in the private sector, the cost can be prohibitive for many.

The modelling for the Plan Update 2018, which is also reflected in the Supporting Paper, outlines that mental health and AOD services for young people are significantly below the estimated demand for 2025. There are large gaps in all service streams including community support, community treatment, and community beds. There is also a large gap in youth inpatient beds, with services meeting only 20% of 2025 demand.

The Plan and Plan Update 2018 outline the need for specialised statewide services, such as Eating Disorder, Perinatal, Neuropsychiatry and Neurosciences, Attention Deficit Hyperactivity Disorder (ADHD), Co-occurring mental illness and intellectual, cognitive or developmental disability (including autism spectrum), Sexuality, Sex and Gender Diversity, Children in Care, Transcultural, Deaf and/or hard of hearing and blind and/or vision impaired, and Homelessness.

The Plan and Plan Update 2018 also outline the need for forensic services for young people who have, or are at risk of, coming into contact with the criminal justice system. This requires particular collaboration across sectors.

What we heard

'Put decisions in the hands of people with lived experience' – Carer

'If I am in the too hard basket for you, where should I go?'
– Young person

'Not a lot of young people know about certain services besides from Headspace and Beyond Blue'
– Young person

'Shorter waitlist for certain services would be good, but I understand this can't really be solved unless programs receive more funding.' – Young person

'There needs to be something between hospital and Headspace' - Carer

'Not enough of anything.' - Carer

The consultation reinforced what has been heard through previous reviews and reports – there aren't enough services and those that do exist are hard to find and navigate. The consultation highlighted the issue of the 'missing middle', the lack of awareness of services that do exist and how to access them, the barriers to access, and the importance of ensuring young people are at the centre, co-designing the services for them and their peers.

Immediate Action

- **Youth mental health and AOD homelessness service:**
 - » Open the interim youth mental health and AOD homelessness service.
 - » Engage young people to co-design the model of service and building for the long-term youth mental health and AOD homelessness service.
 - » Construct and commission the long-term youth mental health and AOD homelessness service.
- **Telehealth emergency response service** - Expand services to provide further mental health support and advice to young people up to the age of 18 years, their families, carers and other health professionals. This includes assistance regarding crisis management, assessment and referrals.

- **One Stop Shop** - Pilot a One Stop Shop for system navigation, to assist young people, their families, carers and support people, as well as workers in and out of the mental health and AOD sector.
- **Independent review** - Commence an independent review of mental health services (community treatment and hospital) for young people aged 0 to 18 years.
- **Help, support and navigation:**
 - » Promote the statewide Alcohol and Drug Support Line for young people and the Parent Family Drug Support Line and Parent Peer Network for their family members. These services include support by phone and live chat feature.
 - » Ensure new service models include system navigation as a core component.
- **Service delivery flexibility** - Work with service providers to support young people, families, carers and support people to access services via both face to face and virtual methods of service delivery.
- **Pop-Up Services** - Explore the opportunities to create "pop-up" services in youth friendly locations, to support young people in accessing information and referrals.
- **Strengthened community treatment and emergency responses** - Develop a system Roadmap and implementation plan that provides a clear vision of the community mental health and AOD treatment services and emergency response services that will best meet the needs of people in WA.
- **Principles for effective recovery support** - Current services to adopt the principles for effective recovery support, as outlined in the Increasing & Improving Community Mental Health Supports in WA report¹³ (safety, flattening power, belonging, welcoming and non-discriminatory, choice and self-determination, social context, engagement, peer developed and peer led, collaboration, and evaluation).

¹³ Kaleveld, L., Bock, C. & Seivwright, A. (2020). Increasing and Improving Community Mental Health Supports in Western Australia. Centre for Social Impact, The University of Western Australia.

Top Priorities

- **Improvements in existing community treatment and hospital services** - Address the outcomes of the independent review by improving services and creating seamless, supported transitions to youth and adult services.
- **Dedicated youth mental health stream** - Continue to work towards establishing a dedicated youth mental health stream for those aged 16 to 24 years in metropolitan and regional WA, including community treatment and inpatient services for people with complex, severe and persistent mental health issues, and building upon services currently working well (such as Youth Axis, YouthLink and YouthReach South).
- **Assertive post discharge treatment and support** – Establish intensive community treatment for young people with complex needs, and support for their families.
- **Early intervention:** outreach services to address needs of young people in crisis.
- **Forensic services for young people:**
 - » Establish a new dedicated 10-bed forensic mental health unit for youth.
 - » Develop a child, adolescent and youth forensic outreach service for those at risk of, or with a history of offending.
- **Eating disorders** - Expand specialised eating disorder services for young people, especially those aged 16 years and over.
- **Gender diversity** - Expand specialist gender diversity services.
- **Co-occurring mental health and autism** - Establish a specialist autism and mental health service.
- **The first phase of A Safe Place, accommodation and support strategy to be implemented:**
 - » Provide psychosocial support packages.
 - » Establish a youth mental health and AOD short-stay service which is residential with clinical and psychosocial supports.
 - » Establish a youth long term housing and support program, with coordinated clinical and psychosocial support.
 - » Increase AOD workers in youth accommodation and support services.
- **Expanded treatment and support for young people with AOD issues:**
 - » Expand existing Community Alcohol and Drug Services (CADS) to provide dedicated support and treatment for young people.
 - » Continue specialist youth AOD workers in the Pilbara Region and the South East Metropolitan area.
 - » Establish a new residential rehabilitation service for young people in regional WA.
- **After-hours support** - Increase after-hours support for young people and their families through amending hours of operation of existing services.
- **Warm lines** - Add young peer workers to existing mental health and AOD telephone support services to achieve outcomes associated with a warm line.
- **Service modalities** - Provide more options to young people regarding accessing services, including telehealth, video and other technology-based approaches.
- **After Care services** - Expand services that provide after care support for young people who have presented to an emergency service following a suicide/self-harm attempt.
- **Support for people with personality disorders:**
 - » Develop and implement overarching principles as the underpinnings of a system wide culture of care for people with personality disorders.
 - » Review existing service guidelines, and pathways for young people with emerging personality disorder and increase access to evidence based treatment.
- **Support for at-risk and disengaged young people in the Kimberley, through implementing the Kimberley Juvenile Justice Strategy** - Increase the reach of intensive support across the Kimberley through Local Aboriginal Controlled Community Organisations.

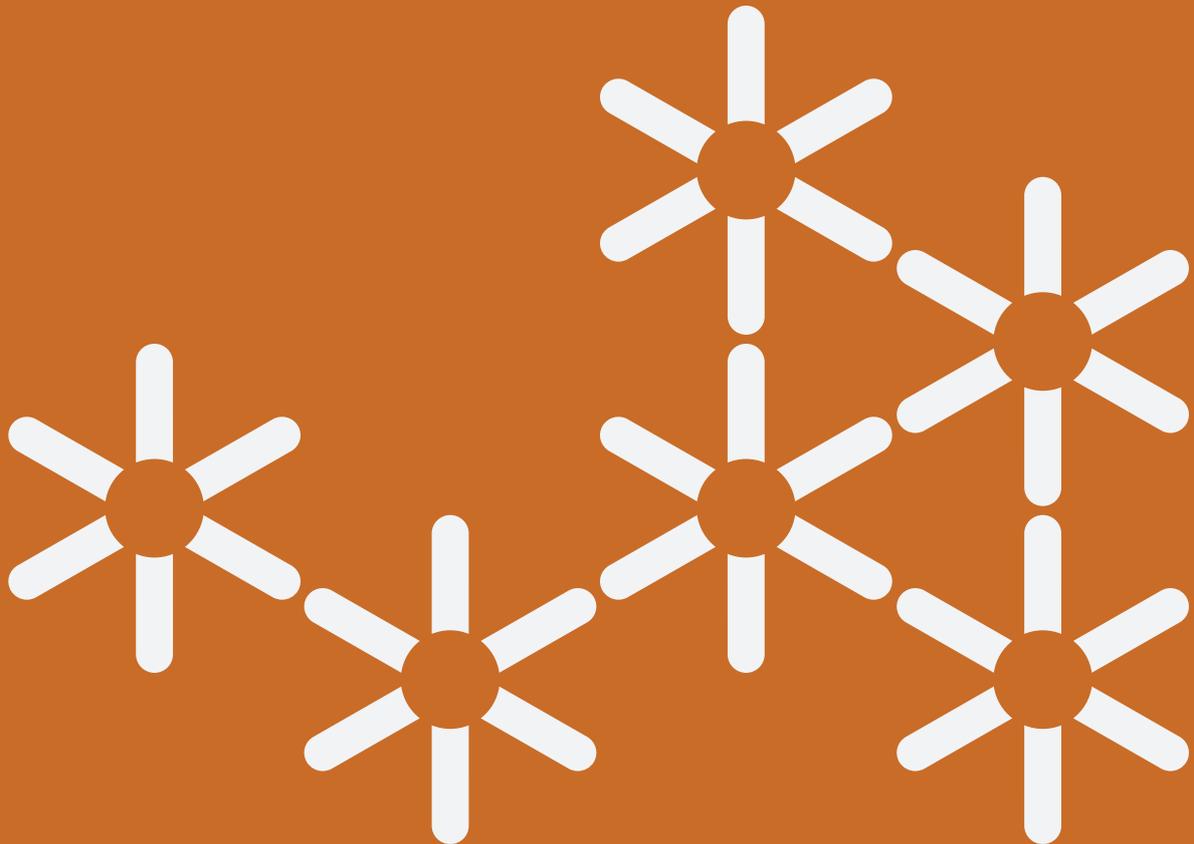
Future Steps

- **Youth AOD services** - Establish additional youth AOD services, with integrated mental health support.
- **Safe places** - Establish safe places/settings for young people, that are peer-led and include a youth-focussed workforce.
- **Personality Disorders** - A tiered personality disorder competency framework and curriculum is developed to guide the capacity and skill development of those who work with, and provide care, support and treatment for people with personality disorders across the life course and responsive to specific populations.
- **Other specialised services** – Explore service and support needs of young people regarding Perinatal, Neuropsychiatry and Neurosciences, and Attention deficit hyperactivity disorder (ADHD).
- **Forensic Priorities Framework** - Develop a Forensic Priorities Framework.
- **Identify actions for a longer-term plan to implement A Safe Place** - A Western Australian strategy to provide safe and stable accommodation, and support to people experiencing mental health, alcohol and other drug issues 2020-2025.





**Strategies to
Implement the Vision:
Valuing that we are
all unique**



4. Valuing that we are all unique

Diversity and culture is respected, nurtured and catered for at every point, ensuring services and workforces are welcoming, inclusive, culturally safe, person-centred and holistic

Ben is 17 years old and has autism. Ben says he feels anxiety and depression every day but has never had a diagnosis of either, which he thinks is because of his autism. Ben has been told he is not able to access some services as they cannot support him because of his autism.

Isaiah is a 16 year old Aboriginal youth from the Kimberley. Isaiah stopped going to school, was spending more time running amok around the community, and started drinking alcohol and using drugs.

Isaiah was introduced to Jamal who worked with a local Social and Emotional Wellbeing (SEWB) Service. Jamal encouraged Isaiah to get involved with the SEWB service's camps on Country. Instead of going to a clinic with structured appointment times and long wait lists, Isaiah was able to get out of town, yarn with other Aboriginal youth, go fishing and camping, and learn more about his culture.

Isaiah kept going out on Country with the other guys. Pretty soon he was drinking less and stopped using drugs. He even started to look at some of the traineeships available through the local Aboriginal Community Controlled Health Service.

Isaiah said that the most important thing had been the trust he built with Jamal and the other workers running the SEWB service, and the fact that the activities made sense to him and to his culture.

Young people have told us that they value diversity, and they expect services to do the same. This can be achieved through a diverse workforce, services having a safe and welcoming environment, and services being flexible and responsive to different needs.

Diversity and ensuring services are inclusive, person-centred and holistic really comes down to meeting the needs of the young person in the context of their family and community, regardless of what those needs are. If a young person is diverse through their culture, religion, disability, sexuality or gender identity, this should not prohibit them from accessing services, nor should they feel marginalised or uncomfortable seeking services. Diversity should be valued and embraced. Culture should be respected and appreciated, as a way to strengthen wellbeing.

There continues to be systemic and institutional racism experienced by Aboriginal people, and people from CaLD backgrounds, not only in the mental health and AOD sector, but across sectors and services. Young people may feel uncomfortable accessing a service because they fear they will be treated differently due to their diversity.

Aboriginal young people face multiple factors that increase the risk of mental health and AOD issues. These include intergenerational trauma, multiple and cumulative life stressors, stigma and marginalisation, inadequate access to services compared to the level of need, and exposure to suicide. These were identified in the Government's Commitment to Aboriginal Youth Wellbeing, Closing the Gap, and the Western Australian Suicide Prevention Framework 2021-2025.

Young people from CaLD backgrounds may experience a range of factors which negatively impact their wellbeing including separation from family, low socioeconomic status, insecure housing, lack of social networks, trauma, racism, discrimination and low levels of English proficiency. Even with these risk factors, young people

from CaLD background often access mental health and AOD services at a lower rate compared with all young people, and culturally unsafe services can be a barrier to access. This cycle of experiencing mental health and AOD issues, not seeking treatment and support, then issues worsening, often puts these young people at further risk of poorer life outcomes.

LGBTQIA+ young people are at heightened risk of mental health and AOD issues due to their experiences of stigma, discrimination, exclusion, and a range of social, cultural and legal barriers they face because of their sexuality and gender. Transgender people in particular experience heightened risk of suicide. Ensuring that all services value and respect diversity, as well as operational policy changes, staff training and alignment to the *Sex Discrimination Act 1984*, will all play an important role towards making young people feel welcomed and safe in accessing services.

The impacts of mental health and AOD use on the needs of young people with physical, intellectual, cognitive and/or sensory disability must also be considered when addressing needs and exploring the complexity of need that must be catered for in services. By recognising and understanding the unique strengths and challenges experienced by these young people, services can provide more holistic and inclusive supports.

What we know about the gap

The diversity of young people can be supported through ensuring a diverse workforce, adequate training for staff, a systemic culture that supports diversity, and elevating the voice of young people.

Young people feeling safe and welcomed at services will not only assist in them having a positive experience, but would encourage them to seek help again, should they need it.

No matter what a young person's gender, sexual identity, race, religion or culture, services need to be culturally safe as a minimum, and responsive to their particular needs as a foundation for a respectful and trusting relationship.

Empowering young people to share their stories, have their voices heard and be part of the decision making enables all other strategies which can help support diversity in the mental health and AOD sector.

An area that requires work across the sector is ensuring that young people with co-occurring mental health and AOD issues have their needs met concurrently and are not constantly referred to mental health only or AOD only services. Services need to be holistic, person-centred and address complex needs.

A sector that has a culture of valuing diversity will inherently do what is required to ensure services are welcoming and person-centred. "Culture change" needs to be underpinned and driven by organisational changes and operational policy changes.

What we heard

'I think the one thing we all need is to be accepted for who we are and to be viewed as 'people' - not as what we have been labelled 'as' in clinical mental health diagnostic terms' - Young Person¹⁴

'Barriers are cultural in the main. If our health services were less officious and started employing Aboriginal ways of working, then young people might be more inclined to participate.' – WA Aboriginal Youth Health Strategy

'I think there needs to be more culturally sensitive services for mental health or AOD issues for young people in WA.' – Young person

'Some were ableist and transphobic, some completely dismissed my needs and traumatised me'
– Young person

'Feedback didn't feel helpful but judgemental'
– Young person

Through the consultation, one of the strongest messages coming from young people was that services needed to be welcoming and inclusive, prioritising the development of trusting, culturally safe relationships. Not only that, but they need to be flexible to respond to the needs of the individual in a holistic way, in particular, the disconnect between mental health and AOD services for those with co occurring issues, was highlighted.

¹⁴ Kaleveld, L., Bock, C. & Seivwright, A. (2020). Increasing and Improving Community Mental Health Supports in Western Australia. Centre for Social Impact, The University of Western Australia

Immediate Action

- **Kimberley Youth AOD, and co-occurring mental health service:**
 - » Finalise the co-design of the model of service.
 - » Commission the Kimberley youth AOD and co-occurring mental health service.
- **Representation of young people on mental health and AOD advisory committees is increased:**
 - » Aboriginal young people
 - » Young people from CaLD communities
 - » Young people from LGBTQIA+ communities.
- **Build relationships** - Youth mental health services develop sustainable, trusting and meaningful relationships with Aboriginal communities by working with Elders and Aboriginal young people to negotiate priorities.

Top Priorities

National Disability Insurance Scheme (NDIS) -

Provide increased supports for people to test their NDIS eligibility.

Co-occurring mental health and AOD training -

Develop and provide relevant training and upskilling opportunities to strengthen the capability of the mental health and AOD workforce to respond to young people with co-occurring mental health and AOD issues.

Culturally secure services:

- » Ensure culturally secure practice is embedded in purchased services and reflected in procurement policies and processes.
- » Invest in Aboriginal Community-Controlled Health Services (ACCHS) Social and Emotional Wellbeing programs, developed and led by Aboriginal people and their communities, across all regions of the state.
- » Expand AOD and mental health CaLD specific initiatives.
- » Develop initiatives to promote and encourage partnerships and consortiums between service providers and across sectors, including Aboriginal organisations and CaLD organisations.

• Racism, stigma and discrimination is reduced:

- » Work with Elders and Aboriginal young people to identify and implement strategies to reduce racism within the youth mental health sector and, specifically, in youth mental health services.
- » Train leaders/ambassadors within different communities (e.g. CaLD community), who can then share information within their community regarding mental health and AOD services, reducing stigma etc.
- » Build the skills and knowledge of the mental health and AOD, as well as the broader health and human services workforce, to decrease stigma and discrimination experienced by young people and their families, including those with diverse backgrounds and experiences.
- » AOD and mental health services undertake cultural responsiveness training and are aware of how to implement language services.
- » Upskill the mental health and AOD workforce to improve and strengthen their capability to effectively provide LGBTQIA+ inclusive and accessible services and supports that are free from stigma and discrimination.

• Support for LGBTQIA+ youth:

- » Expand peer support weekend workshops for LGBTQIA+ youth, to help young people build practical skills relating to mental health and wellbeing, including suicide prevention.
- » Expand support for people on the current waitlist for the Gender Diversity Service.

• Peer workers:

- » Increase involvement of the peer workforce to support and respond to the mental health and AOD needs of young people with co-existing conditions, and their families and carers.
- » Fund youth peer support programs for LGBTQIA+ young people, young people from refugee and/or migrant backgrounds, Aboriginal young people, and young people living with disability.

- **Regional services** - Improve access and availability of mental health and AOD services (including social and emotional wellbeing) that are culturally appropriate, require minimal travel and are youth-focused in regional and remote services.

- **Cultural identity data** – Develop practical strategies and resources for workers to be able to ask questions about cultural identity of suicidal Aboriginal children and young people in a culturally safe way.
- **Royal Commission** - Review and implement relevant outcomes of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

Future Steps

- **Data collection, monitoring and evaluation practices are reviewed and improved:**
 - » to be inclusive of all sexualities, genders and sex characteristics ensuring young LGBTQIA+ people are adequately represented
 - » to include CaLD data indicators in formal intake/feedback processes.



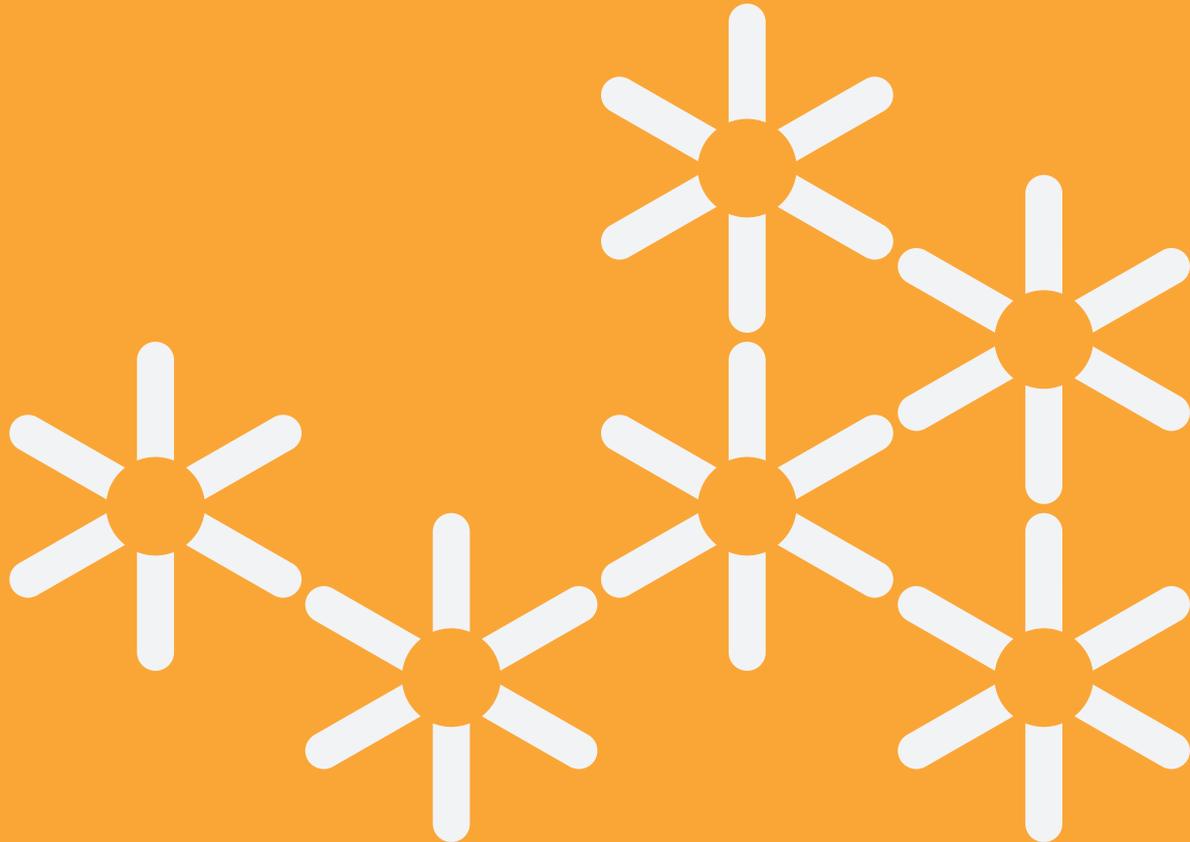
Art Gallery of Western Australia Pulse Perspectives
 Photo by Rebecca Mansell. Courtesy of Healthway and Act Belong Commit



Art on the Move
Photo by Dan McCabe. Courtesy of Healthway and Act Belong Commit



**Strategies to
Implement the Vision:
Services working together**



5. Services working together

There is a partnership approach to recovery with better coordination and transition between and across sectors, services and life stages

As a 17 year old, Casey was in a youth inpatient unit for over five months, which was three months longer than required, due to delays in appropriate disability supports and housing being sourced. Due to Casey being three months away from turning 18, the application that was submitted for a suitable house was declined which only occurred a few weeks before the planned discharge. This made everyone go back and start again in looking for alternatives. Supported accommodation was eventually found that was appropriate for Casey's needs, and community mental health services continued to provide support for Casey.

Young people with mental health and/or AOD issues and young people more broadly, come into contact with many different sectors and services, including AOD, mental health, health, justice, community, education and social service sectors. Local Governments also provide a range of services which young people may access. Contact with different types of services can occur for a variety of reasons and in response to many different issues. In many cases, issues experienced intersect and overlap with one another.

Each of these sectors provide a range of services, programs and supports for young people across various stages of their life. (See diagram on page 37)

This intersectional relationship between sectors means that coordinated approaches for young people are critical and most effective. Services need to be trauma informed, so they can respond appropriately, particularly regarding trauma experienced by young people throughout their childhood.

What we know about the gap

Young people currently need to transition between services or use multiple services simultaneously, in order to have their holistic needs addressed. The transition can occur between services in different sectors, different types of services (inpatient, community etc) or services aimed at different age cohorts (i.e. child to youth, youth to adult).

Where effective and coordinated transitions do not occur, young people can fall through the gaps. This is currently experienced by many young people. Transition support for the individual, coordination between services, and plugging the gaps in service provision are essential to enable successful transitions.

Some people also experience cycling through multiple services and sectors trying to find the right help and support. Young people expressed a desire for services to provide holistic and integrated approaches, however, where that is not possible, coordinated approaches are a must.

There are confidentiality and privacy considerations, as well as other factors which can hinder information sharing – both across services as well as across government agencies. Enabling and fostering greater communication and information sharing between stakeholders will ultimately assist young people and their families, carers and support people where transitioning through services and sectors is necessary. Improved data gathering and sharing will also enable better policy, planning and integration.

Working together



Justice

- Community sector / NGOs
- AOD and Mental Health Court
- Diversion services
- Kimberley Juvenile Justice Strategy
- Addressing rates of youth re-offending
- Mental Health Co-Response Program
- WA Police
- WA Police Diversion
- Youth Forensic Services
- Children's Courts
- Youth Custodial Services
- Youth Justice community services

Recreation and arts

- Sport and recreation clubs/activities
- Art and cultural activities
- Local government and youth services
- Services for young people from diverse backgrounds and with diverse experiences
- Development of safe and supportive environments

Learning and jobs

- Schooling (Government, Catholic and Independent)
- TAFE
- Tertiary Education
- Training opportunities
- Mental Health and AOD programs and support (e.g. SDERA, Schools Response Program, CYPRESS)
- Employment

Community

- Provision of housing and accommodation
- Child protection and family support services
- Responses to family and domestic violence
- Support for young people experiencing, or at risk of homelessness
- Support for young people with disability

Health and Wellbeing

Prevention

- Social and emotional wellbeing
- Prevention and promotion campaigns
- Statewide, local and targeted prevention initiatives
- Suicide prevention initiatives
- FASD prevention initiatives
- Liquor supply and demand reduction strategies

Primary Care

- Early identification and intervention
- headspace
- GPs
- Medicare Benefits Schedule items
- Pharmaceutical Benefits Schedule

Treatment & Support

- Community Sector / NGOs
- Public Health (Health Service Providers (community and inpatient))
- Private organisations
- Aboriginal health services
- Support for families, carers and peers

What we heard

'One system for it all. Change it so there's no silo-ing that excludes people from getting help and exhausting people when they get bounced from one sector to the other.

Sectors need to work together so it's not this hard to get help.' – Carer

'Get rid of silos between services – services should talk to one another' – Young person

'Often issues like AOD or mental health exclude people from other services and there's no service that caters for all these issues.' - Carer

The consultation provided further context to the issues around a lack of information sharing and coordination of services. We have heard in the past, as well as continue to hear, that services are fragmented, siloed and poorly coordinated.

Immediate Action

- **Expo** - Investigate options to establish a service provider expo to help facilitate relationship building between services to promote consortiums.
- **Co-location** - Identify opportunities to commission mental health and AOD services that support the co-location of services wherever possible.
- **Screening and case management of young people at risk of suicide** – Develop a collaborative inter-agency approach, including a shared screening tool and a joint case management approach for young people with multiple risk factors for suicide.
- **Co-occurring mental health and AOD:**
 - » Progressively review all relevant existing models of service and procurement processes so that co-occurring mental health and AOD issues are addressed by a single service or a consortium of services, or effective pathways between different services are established.
 - » Adopt processes and guidelines for addressing co-occurring mental health and AOD issues in an integrated way, learning from those that have been established and applied in other States and Territories.
- **Transition between services:**
 - » Ensure transition pathways are supportive and discharge pathways commence soon after admission.
 - » Ensure transition pathways involve families and carers where appropriate.
 - » Ensure admission, referral, discharge and transfer policies, practices and procedures of mental health services meet the cultural needs of Aboriginal children and young people.
 - » Ensure referral pathways, relationships and collaborations between State and Commonwealth agencies and services are established and fostered.
 - » Actively seek out partnerships and networking with local GPs to establish better relationships to facilitate communication and transitions.
- **Children in care and care leavers** - Explore initiatives to address specific and complex health, psychological, housing, educational and employment needs for children in care and care leavers (child protection), including implementation of the Rapid Response Framework.
- **Better data:**
 - » Improve the timeliness and publication of data on suicide, suicide attempts and self-harm by children and young people.
 - » Review contracts and reporting mechanisms regarding CaLD data indicators, and utilise the Office of Multicultural Interests Guide to data collection for CaLD communities where possible.
- **Local government** – Work with the Western Australian Local Government Association and Department of Local Government, Sport and Cultural Industries to promote awareness of mental health and AOD issues through relevant community groups.
- **Collaborative action** - Continued development of Joint Regional Plans to:
 - » make better use of existing mental health resources
 - » improve sustainability across the health system
 - » enhance mental health service delivery across the State

Top Priorities

- **Court Diversion** – Embed the mental health court diversion services for young people in contact with the criminal justice system.
- **AOD transition support workers** - Expand youth after hours, outreach and transitional AOD treatment and support services, supporting young people to transition between services.
- **Drop in and integrated services hub** - Pilot both metropolitan and regional young people's drop in and integrated service hubs.
- **Peer workers** - Establish system navigation/ youth workers and/or youth mentors in emergency departments to support people and smooth transition to community system.
- **Children in care and care leavers** – Implement top priority initiatives to address specific and complex health, psychological, housing, educational and employment needs for children in care and care leavers, including implementation of the Rapid Response Framework.
- **Better data** - Investigate the feasibility of developing a linked data collection system recording the prevalence of, and characteristics associated with, self-harm by children and young people.
- **Better connections between police and mental health and AOD services:**
 - » Investigate options for police officers to request support, consultation, advice and tele-mental health assessment if required to support young people in their custody via a virtual service available statewide.
 - » Adopt processes and guidelines that provide the ability for police to provide voluntary referral to mental health services.

- **Support at-risk young people in the Kimberley, through implementing the Kimberley Juvenile Justice Strategy** - Commence community engagement and co-design process with a view to establish a pilot residential facility where young people have a safe place on-country to address their mental health and behavioural needs while at the same time accessing educational and employment opportunities, as a response to Recommendations 25, 28 and 40 of the Coronial Inquest.¹⁵

Future Steps

- **Commonwealth and State funding** - To address the issues of fragmented funding, service delivery gaps and lack of service integrations and coordination, the State engage the Commonwealth Government to work together to identify solutions.

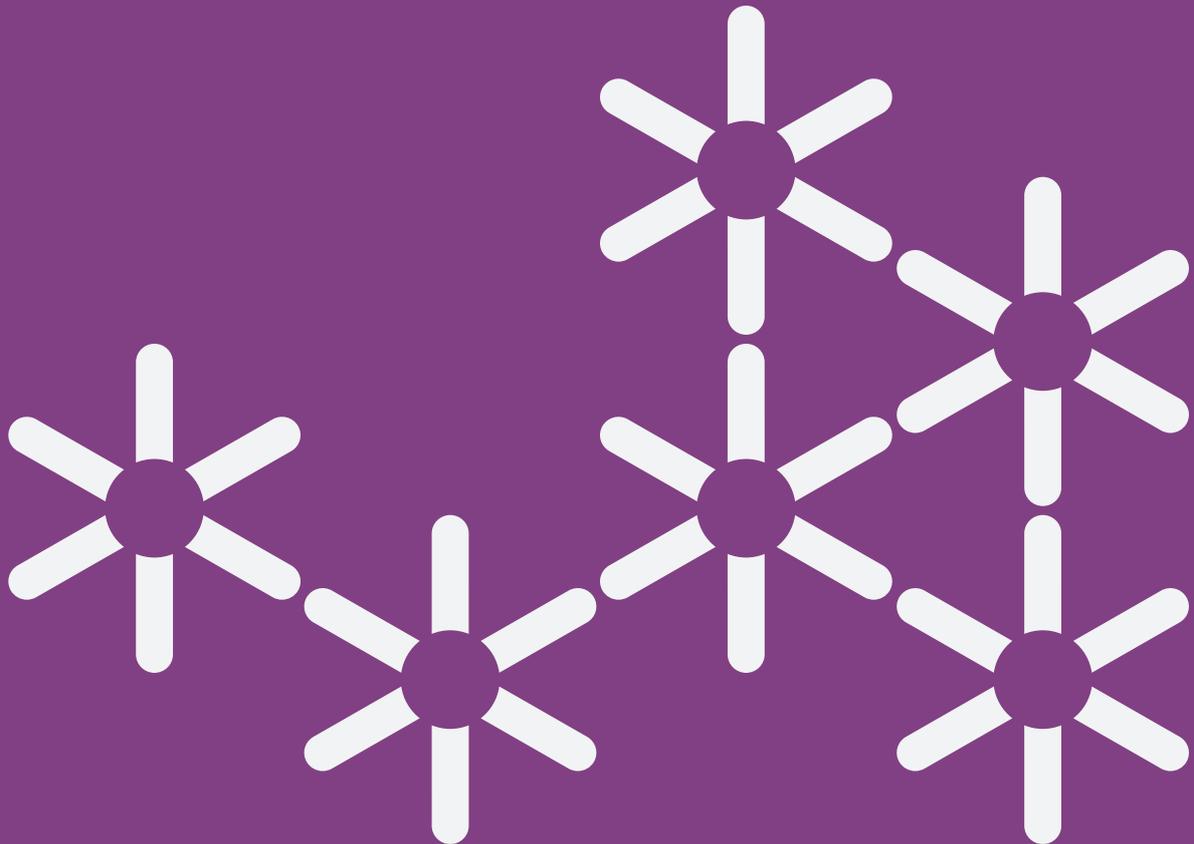


¹⁵ Inquest into the Deaths, of 13 Children and Young Persons in the Kimberley Region, 2019





**Strategies to
Implement the Vision:
Experiencing positive and
trusting relationships and
best practice care**



6. Experiencing positive and trusting relationships and best practice care

Building the capacity, capability and confidence of everyone who works with young people and their families and carers

Darren, a young Aboriginal person, had issues associated with his substance use and decided to engage with a service after hearing about their music program. Darren engaged with the music facilitator, who is also a youth worker trained in AOD and mental health counselling. While Darren was coming in for music, he was also having counselling sessions. He had been looking for some counselling but did not like the idea of going into a hospital or a place that looked, in his words, “clinical” or a place with “white walls”. He trusted the youth worker, who both helped him fulfil his music interests and walked alongside him with his AOD use issues. By having that rapport, the youth worker was able to refer Darren to a young people-specific AOD service that provided detoxification and rehabilitation. The youth worker continued to be engaged with Darren while in rehabilitation, providing support and connection. Darren went on to complete rehabilitation and continues to access the music program and counselling service.

The YACWA Young Person’s Consultation Report found that *‘Staff are the backbone of a service and can make or break the young person’s experience’*.

Ensuring all staff are well trained to deliver age appropriate services, can cater to the needs and diversity of young people. Staff training in recovery

oriented and trauma-informed care is crucial. De-escalation techniques and emotional co regulation practices are also important for all staff across the sector to understand and employ.

The recently released Mental Health, Alcohol and Other Drug Workforce Strategic Framework 2020-2025 outlines that: *‘A well coordinated and high quality workforce will enable the development and delivery of individualised and responsive services and programs for the population of Western Australia’*. Of particular importance to young people, staff must be responsive to new and emerging mental health and AOD issues.

Having enough staff is critical to ensuring there are sufficient and quality services in the sector. Without the staff, the services cannot exist, so it’s important that staff are supported and trained adequately to deliver the best quality services to young people.

‘It’s not helping, they don’t know what to do as they have never been addicted before and have no idea what you are going through. It is extremely hard to get off a drug that you are addicted to physically and mentally. They make it sound easy with ideas but it’s not at all and they don’t get that.’ – Young person

Consumer peer workers are important aspects of the mental health and AOD workforce. Empowering young people to support others and providing them with training and employment, also assists the young person’s recovery journey. Studies show that peer workers can lead to a reduction in hospital readmission and increase in discharge rates.^{16, 17}

Carer peer workers are also important in staffing models to provide supports to families, loved ones and carers of young people.

¹⁶ Chinman M J, Weingarten R, Stayner D, Davidson L. Chronicity Reconsidered: Improving Person-Environment Fit Through a Consumer-Run Service. *Community Mental Health Journal*. 2001;37(3):2015- 229. 67.

¹⁷ Lawn S, Smith A, Hunter K. Mental health peer support for hospital avoidance and early discharge: An Australian example of consumer driven and operated service. *Journal of Mental Health*. 2008;17(5):498-508.

What we know about the gap

There are shortages of child and adolescent psychiatrists, and the mental health workforce (other than psychiatrists) do not receive specialist training to provide developmentally appropriate care for children, adolescents and youth.

There are also gaps in staff specialist training in addiction, neuropsychiatry (including autism) and developmental disability. While there is an important focus on individual staff, coordination in workforce development also requires capacity building at the systemic and organisational levels.

Ensuring services and staff have a culture that is free from racism, discrimination and stigma, as well as ensuring there is sufficient capacity to invest in the engagement to build trusting relationships with young people, is critical. This is particularly important considering that many young people often feel not validated and not listened to.

What we heard

'When staff are friendly and supportive almost anything else can be forgiven.' – Young person

'You want to have workers that feel like you're talking to a friend not your nan' – Young person

'I like it when they are focused on you and your needs' – Young person

'More and better trained mental health staff who are empathic and professional' - Carer

The recent consultations highlighted the importance of trauma-informed care, and the need for staff outside the mental health and AOD sector, including general health care providers and school staff, to build capacity in identifying signs of mental health and AOD issues, and other co-occurring issues. The need for a diverse

workforce, as well as peer workers was also heard clearly. It is essential that people working with young people are capable in providing care that is appropriate for their age and stage of development and can engage positively with young people.

Immediate Action

- **Trauma-informed training** - Expand delivery of trauma-informed care and practice training in the mental health community sector and to human services agencies.
- **Aboriginal workforce development leads** - Employ Aboriginal workforce development leads to support the mental health and AOD sectors to provide enhanced access and improved outcomes for Aboriginal service users, families and the community, focusing on culturally secure service delivery and growing the Aboriginal workforce.
- **Recovery College** – Promote and encourage the workforce (all people who work with young people in any sector) to attend a Recovery College, where courses will be co-designed and co-delivered by young people, their carers and families.
- **Primary care:**
 - » Promote existing mental health, AOD and youth training available to GPs through the Australian Medical Association and Royal Australian College of General Practitioners.
 - » Promote the Youth Friendly Health Service Checklist for health services within the primary care setting.
- **Diversity in the workforce** – Review recruitment strategies to ensure the attraction and retention of a diverse workforce, including workers from Aboriginal, CaLD, and LGBTQIA+ communities.

Top Priorities

- **Specific training regarding supporting children and young people:**
 - » Develop and provide relevant training in supporting and treating children and young people with mental health and AOD issues (eg. school nurses, GPs, Mental Health Co Response, Emergency Department staff etc).
 - » Seek to make training compulsory for relevant staff employed by Health Service Providers.
- **Cultural training** - The youth mental health and AOD sector review their cultural training, both content and process, in consultation with Elders and Aboriginal young people to improve the confidence and capability of all staff to work in genuine partnership with Aboriginal people.

- **Young people working in the mental health and AOD sector** - Develop and promote pathways to encourage young people to work in the mental health and AOD sector, including in prevention and peer work.

Future Steps

- **Analyse sector workforce needs** - Consider contemporary research regarding mental health and AOD sector workforce needs, including size and skills, to ensure frontline supports have capacity to meet young people's needs.
- **Identify actions for a longer term plan to implement the Workforce Strategic Framework** - Develop an implementation plan for the Mental Health, Alcohol and Other Drug Workforce Strategic Framework 2020-2025, which will include a focus on priority actions to support the sector to meet the needs of young people.



Act Belong Commit coYouth Ensemble
Photo by Stefan Gosatti. Courtesy of Healthway and Act Belong Commit

Next Steps

'People are over words' – a sector stakeholder put it plainly and simply. For change to be achieved, the actions we take following the publication of the YPPA will be more important than the YPPA itself.

The Mental Health Commission, in partnership with key stakeholders, will develop an implementation plan for the YPPA. The implementation plan will outline key initiatives for action, timeframes, responsibilities, indicators of success and monitoring mechanisms.

The existing governance structure for the YPPA, including the Senior Officers Working Group, the Mental Health Executive Committee, and the Community Mental Health, Alcohol and Other Drug Council, as well as the Directors General Implementation Group will continue to guide the development of the implementation plan.

There will also be continued and ongoing involvement with young people throughout the implementation.

Some initiatives for immediate action have been identified in the YPPA. Strong government and across sector collaboration will be required to progress these.

Priority initiatives requiring no additional funding will be progressed. Initiatives identified as requiring additional funding will be considered during the implementation plan development – with attention given to prioritisation of the range of initiatives identified. Options will be provided for Government's consideration through normal government processes.

Engagement with key stakeholders will continue to occur in the coming months and years, as part of the implementation of the YPPA and its initiatives.



Actress Bilya Kaatijin for Yirra Yaakin
Photo courtesy of Healthway and Act Belong Commit



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