



## **COMMUNITY MENTAL HEALTH, ALCOHOL AND OTHER DRUG COUNCIL**

### **COMMUNIQUE - MEETING 23 JUNE 2021**

The fourth meeting of the Community Mental Health, Alcohol and Other Drug Council (CMC) was held on 23 June 2021. This communique has been developed to provide all stakeholders with information and outcomes from the fourth meeting.

The purpose of the CMC is to lead the continuous development of a mental health, alcohol and other drug (AOD) system that is efficient, sustainable, recovery-focused, consumer-led and integrated. The CMC represents the community sector and works alongside the [Mental Health Executive Committee](#) (MHEC) to ensure there is system integration and connection of clinical and community services within the wider mental health and AOD sector.

The key theme emerging from this meeting was the need to illustrate and work towards more of a balanced system. A balance between prevention and treatment, community services and primary health services and to have sufficiently resourced clinical and non-clinical workforce for new models of care being planned in the future. Members also continue to advocate and emphasise the need for a range of lived-experience representation, including that of alcohol and other drugs, in the design, governance and service delivery of programs or projects. Examples include programs that address the gaps for people with complex needs such as the Long Stay Working Group and the Roadmap Project.

#### **Roadmap Project- Community Mental Health Treatment and Emergency Response Services**

The [Roadmap](#)<sup>1</sup> project remains a priority project for the CMC and MHEC to oversee and support. This project seeks to deliver fundamental system reform for public community mental health treatment and emergency response services. Much of the discussions at the CMC and MHEC has continued to focus on ensuring the project delivers on its primary focus; to deliver a Roadmap that provides responsive, accessible and person-centred mental health care in the community that meets the needs of all people in WA. Both Committees will be regularly engaged at every stage to ensure they are well placed to support the project outcomes.

The Roadmap Steering Committee held its first meeting on 25 May and has nearly an equal representation of people with lived-experience and clinicians, demonstrating a commitment to partnering with carers and consumers. An external consultant group has been procured to provide project management, stakeholder consultation and the development of fully costed project recommendations based on contemporary models of care and how they fit in with the current system.

The CMC emphasised the need for a balanced system between prevention and treatment and community and public hospital-funded services as part of reforms. CMC reiterated that the community sector needs to be part of the solutions and that funding of any new proposed mental health community treatment services needs also to consider funding needs of the community support organisations that are essential to supporting public mental health patients.

#### **Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0-18 years in Western Australia**

The Ministerial Taskforce seeks to develop a whole of system, state-wide vision and plan for State Government funded public specialist mental health services for children and adolescents provided by WA Health Service Providers (HSPs). The final report will be delivered by 30 November 2021 and will make recommendations to the Minister for Mental Health with actions and a costed implementation plan.

The Taskforce project team has been consulting with health services. An 'Emerging Directions' Report will be finalised end of July/mid-August that will provide recommendations on how services should be configured and operate and will form the basis for more in-depth consultation.

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<sup>1</sup> <https://www.mhc.wa.gov.au/about-us/major-projects/roadmap-for-community-mental-health-treatment-services/>

The CMC acknowledged that whilst the Taskforce focusses on how the public mental health services will support children at-risk with high mental health and social support needs, improving the interface and partnership between the community sector with public mental health services is necessary for safe, wrap-around care.

The CMC and MHEC will continue to receive updates on the progress of this project and consulted as required. Further information on the Taskforce, including regular communiques, is available on the [MHC website](#)<sup>2</sup>

### **Patient flow initiatives: Mental Health Inpatient Snapshot Survey and Long Stay Patient Project**

There continues to be a focus on improving capacity across the system to appropriately support people with complex mental health and AOD needs, and to enable patient flow through emergency departments and from inpatient services to the community.

The Mental Health Inpatient Snapshot Survey (MHIS), conducted by the MHC in April 2021, identified 152 patients that could be discharged (at that point in time) if there were suitable accommodation and support in the community. The MHIS will be published on the MHC's website. The MHIS will be used to inform the key priority projects (Roadmap, ICA Taskforce and GRAFT), Long Stay Patient Project, and other programs that support transition of long-stay patients from the hospital to community settings. The MHIS provides detail on the complexity and needs of inpatients who could be discharged if the requisite level of accommodation and supports were available. The CMC requested that future MHIS depict the clinical and psychosocial support needs of people with co-occurring AOD and mental health issues in their transition from hospital to the community as accommodation without the necessary multiple supports would not meet the needs of these patients.

The Long Stay Patient Project is assisting with the transition of long-stay patients from hospital to the community using a case-by-case approach. This project has already supported a number of successful transitions. This project not only assists in finding more suitable and appropriate accommodation and support for people, but also frees up beds for others who need acute inpatient care. A cross-agency Steering Committee and Working Group, consisting of MHC and Departments of Health and Communities, has been established to assist with collaboration between government agencies, while working with non-government organisations, to identify solutions to transition long stay patients.

The CMC raised the need for the Long Stay Steering Committee or Working Group to incorporate a lived-experience representative to inform the successful transitions of people with complex needs from hospital to the community. In addition, CMC raised the need to ensure lessons learnt are captured throughout the project, including the effectiveness of the placement of patients that have been transitioned to the community sector.

### **Mental Health, Alcohol and Other Drug Workforce Planning**

The expansion of mental health workforce across the community sector and health services remains a high priority for both the CMC and the MHEC. Safe, high quality, person-centred care relies on a skilled, diverse and sufficiently resourced workforce to meet demand across new services and care pathways.

The MHC's [Workforce Strategic Framework](#)<sup>3</sup> will assist to inform workforce planning for the community sector. To better understand current and future workforce needs in the community sector, MHC will work with CMC members to determine what is required in the non-clinical workforce from a mental health and AOD perspective. This will include the skills, number, and types of staff required, and the expansion of the peer and Aboriginal workforce.

### **Alcohol Drugs & Mental Health Support Line (ADMHSL)**

The CMC supported the preferred option of the name change of the 'One Stop Shop' to 'Alcohol Drugs & Mental Health Support Line' (ADMHSL) as the new name better describes the functions of the support line to consumers.

### **Graylands Reconfiguration and Forensic Taskforce (GRAFT)**

The GRAFT informs the Government's planning and investment decisions regarding the Graylands Hospital site and forensics services. Recommendations to Government on what is required will be based

<sup>2</sup> <https://www.mhc.wa.gov.au/about-us/major-projects/ministerial-taskforce-into-public-mental-health-services-for-infants-children-and-adolescents-aged-0-18-years-in-western-australia-ica-taskforce/>

<sup>3</sup> <https://www.mhc.wa.gov.au/media/3423/workforce-strategic-framework-final-04-08-20.pdf>

on system modelling currently underway, and the anticipated increased demand from the new Criminal Law Mentally Impaired (CLIMI) Act.

Coordination of the pre-implementation work for the commencement of the CLIMI Act has begun, with a cross-agency working group to be formed to consider appropriate models of care.

### **WA State Priorities Quarterly update**

The latest Quarterly Update on all system reform projects currently underway across the sector was endorsed by MHEC and is available on the [MHC website](#) <sup>4</sup>

### **Items for Noting**

Other topics that were on the CMC agenda for noting included the progress towards the Commitment to Aboriginal Youth Wellbeing and the process for the Mental Health Act Statutory Review.

**The next CMC meeting is scheduled for 16 September 2021.** *Please feel free to distribute this Communique to your wider networks. Communiques and other relevant documents for the CMC and MHEC are available on the [MHC's website](#) <sup>5</sup>*

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<sup>4</sup> <https://www.mhc.wa.gov.au/about-us/major-projects/>

<sup>5</sup> <https://www.mhc.wa.gov.au/about-us/sector-governance/>