



## **ADVICE TO THE COMMISSIONER FOR MENTAL HEALTH**


### **Tender MHC878: Development of a Roadmap for Community Mental Health Services, including Emergency Response Services**

**26 March 2021**

#### **BACKGROUND**

At the Mental Health Advisory Council (Council) meeting on Thursday, 11 March 2021, a discussion was initiated by members regarding Tender MHC878: Development of a Roadmap for Community Mental Health Services, including Emergency Response Services. Several points were raised including:


- The scope and task for this tender is significant and for the outcome to be transformational, it will require a different and less bureaucratic approach to co-design, delivery and review which did not come through strongly in the tender document;
- There are a number of reports, the recommendations of which are relevant to this work however, are not mentioned in the tender documents. It is clear from the plethora of reports and reviews which have been produced since the 1994 Burdekin Report that the problems we are seeking to solve are Australia wide and not limited to Western Australia (WA). The 'missing' reports include;
  - Report of the Royal Commission into Victoria's Mental Health system (2021). A particular focus of the Victorian Royal Commission is integration with the community-managed sector which is critical in order to ensure that people receive the support they need as early as possible in the experience, thereby minimising the impact on emergency and crisis services. While this tender focuses on emergency, crisis and community treatment services, the transformed system must include integration with the community managed sector;
  - 'Building Rehabilitation and Recovery Services' (2020) report produced by the Office of the Chief Psychiatrist. This report speaks directly to the clinical rehabilitation and recovery needs of the population of individuals with diagnoses of severe mental health issues who may also experience alcohol and other drug issues and who have been identified in numerous reports as group/s which consistently fall through the gaps;
  - 'Targeted Review – Homicides allegedly committed by people who have had contact with, or were being treated by, WA Mental Health Services during 2018'. This report was produced by the Office of the Chief Psychiatrist in 2019 and its findings and recommended strategies seek to address the area of homicide prevention, which is much less focussed on than suicide prevention;

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- While the scope of the tender clearly emphasises emergency and crisis responses and community treatment services, the objectives move in a less clear way into the work delivered by community support services. For example, the question is asked: “What supports and resources do consumers and their families and carers need to live a good life in the community”? A series of the objectives appear to focus on what is done by government mental health and not the creative way that community agencies broker resources in order to resource and provide services that work better for consumers, carers and their families. To again miss the opportunity to focus strongly on the integration of the community support and the community treatment and emergency and crisis response areas would likely leave WA with a tweaked rather than transformed mental health system;
  - In relation to Key Performance Indicator (2) relating to Extensive Engagement consultation;
    - What assessment will be done to ensure that regional consultation does not solely target regional centres and largely ignore the needs of small, rural communities many of which do not have public transport to these larger centres;
    - What steps will be taken to ensure that small rural Non-Government Organisations (NGOs) are effectively engaged with, given that many of the NGOs sit outside of the mental health system however provide activities and support, which support and divert people from emergency and crisis mental health services? Examples of these often-overlooked NGOs include the one hundred and fifty Community Resource and Neighbourhood Centres of which one hundred are in small rural centres across WA providing a critical connection hub for their communities. These centres are not currently identified as stakeholders so a focus only on existing stakeholders would continue to deny the stellar work being done by the centres in supporting people with mental health challenges, particularly where there are no emergency or crisis services or where these services are delivered by volunteers and limited availability of clinical support. The preventative and early intervention activities which maintained people in their community and avoiding hospital presentation was particularly evidenced during the early stages of the COVID-19 pandemic in WA;
    - In addressing diversity, it is also important to identify ‘geographical area’ to ensure that the needs of people who live in small rural and remote areas are met;
    - Any gap analysis must include identifying areas where there are currently no services and with limited access to larger regional areas. Again, these would include small rural and remote communities. By identifying these early, it provides an opportunity to develop innovative, community-led solutions; and
  - The need for lived experience input including consumer and family/carer perspectives when evaluating the tender submissions.

## **ADVICE/RECOMMENDATIONS**

Given the above, the Council provide the following recommendations:

- Integration with the non-government community supports sector is a key focus area for this project to avoid further siloing of the system;
- Partnership with a diversity of lived experience (consumer and family/carer) expertise is a key strategy embedded in every element of the project and reported upon;
- Specific attention is given to learning from and developing effective culturally secure responses which work for small rural and remote communities; and

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- Populations which are evidenced as ‘falling through the gaps’ are prioritised, rather than dealt with as ‘add-ons’ in design, delivery and review. This would include individuals, family members and carers from Aboriginal and Torres Strait Islander communities; ethnic minorities; LGBTIQ communities; children; young people particularly those aged 16-17; people with criminal justice involvement/histories and people with multiple unmet needs including substance dependence and/or neurodiversity and/or cognitive impairment.

The Council is keen to support the work of the Mental Health Commission in undertaking this large and important piece of work and to do so in a way that delivers a transformed and person-centred, recovery-focussed system across all of WA providing the best possible outcomes for individuals, families and communities.

Sincerely



Margaret Doherty

CHAIR

Mental Health Advisory Council

26 March 2021