



COMMUNITY MENTAL HEALTH, ALCOHOL AND OTHER DRUG COUNCIL COMMUNIQUE - MEETING 7 DECEMBER 2021

The sixth meeting of the Community Mental Health, Alcohol and Other Drug Council (CMC) was held on 7 December 2021. This communique provides all stakeholders with information and outcomes from this meeting.

The key priority projects of the CMC and Mental Health Executive Committee (MHEC) continue to be the [Community Treatment and Emergency Response Roadmap](#), [Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents](#), [Graylands Reconfiguration and Forensic Taskforce](#) (GRAFT) and the Long Stay Patient Project. The committees continue to be consulted and receive regular updates on progress, noting further information is provided below. Addressing the mental health and alcohol and other drug (AOD) workforce shortages and building a skilled and sustainable workforce through a suitable workforce plan and appropriate strategies are also a key priority.

CMC discussions centred on ensuring that reforms prioritise prevention and that the ability for the community sector workforce to further develop capability and capacity to respond better to people with complex and co-occurring alcohol and other drug needs is contingent on interagency planning, training and investment.

Community Treatment and Emergency Response Roadmap Project

The discussion paper is being finalised for the [Roadmap Project](#), and is anticipated to be released in February 2022. The discussion paper will inform broader community consultation on the transformation of publicly funded mental health services. Recommendations will cover improved experiences for consumers and carers, changes to workforce, services, technology and governance. Consultations have highlighted the need to put people and their families first, to have culturally safe and inclusive approaches and for support to be available for families and carers. Findings indicate that demand has outgrown population growth resulting in Emergency Departments being the default access point for specialist mental health care. The Roadmap communique is available on the [MHC website](#).

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

The [Ministerial Taskforce into Public Mental Health Services for Infants](#) (ICA Taskforce) delivered the final report to Government on 30 November 2021. This very significant report will now be considered by Government. The report will recommend how public infant, child and adolescent mental health services in WA should be configured to meet demand, and the needs of this cohort and their families, to ultimately achieve better and more equitable outcomes.

Graylands Reconfiguration and Forensic Taskforce (GRAFT)

The [GRAFT](#) informs the Government's planning and investment decisions regarding the Graylands hospital site, forensic mental health services and the nearby Selby Older Adult Mental Health Service. Government announced that a portion of the Graylands site will be retained for mental health services. Forensic services will remain on the Graylands site and be expanded and modernised, and there will also be the development of contemporary rehabilitation and recovery services. This will take some time to be implemented but care provided at the Graylands site will be contemporary.

The CMC has requested GRAFT to consider ensuring equity of access and integration of mental health and alcohol and other drug services for people involved with the justice system.

Long Stay Patient Project

The Long Stay Project, led the Department of Health (DoH), has brought the Mental Health Commission (MHC), DoH and the Department of Communities together to find solutions for people who are medically fit to transition from hospital to the community but do not have community support or housing available. The ongoing number of long stay patients has now reduced to 100 people, from approximately 130 people. It is estimated that 180/190 people have been transitioned to community supports through the project. A 12-bed hospital-to-home transition residential program provided by Hall and Prior and a dedicated social worker based in each health service are part of system-wide initiatives.

Mental Health, Alcohol and Other Drug Workforce Planning

The current shortage across the public health and community sectors is a top priority and a critical issue across the committees. The Mental Health Commission (MHC) and DoH are partnering to address workforce shortages, training needs and future demand across health and community sectors. All committees have raised that an expanded, capable and supported workforce is needed to address equal access to mental health services for people with multiple psychosocial, cultural, mental health and alcohol and other drug needs across the life-span. Initiatives include training and growing the Aboriginal workforce and peer workforce, sector capacity building, implementing trauma-informed care, international and local recruiting, graduate recruitment and developing training pipelines across professions.

Lived Experience Leadership Sub-Committee

The lived-experience members of the MHEC and CMC proposed the establishment of a Lived Experience Leadership Sub-Committee (LELS) to guide the MHEC and CMC in leading a mental health, alcohol and other drug system that is consumer-focused and consumer-led. The MHEC and CMC endorsed the establishment of the LELS and provided feedback on the terms of reference and membership.

The importance of a broad membership with the diversity of the community it represents across ages, cultures and genders was raised across all committees. The connection to Consumer and Carer Advisory Groups in health services and with Consumers of Mental Health WA (CoMHWa) will be developed.

Co-occurring Capability Building Review Tool (CCRT)

WA Network of Alcohol and Other Drug Agencies (WANADA) and WA Association for Mental Health (WAAMH) developed the CCRT which measures the capability of services to respond to co-occurring mental health and alcohol and other drug needs. CMC agreed the CCRT is sound and is a positive opportunity for organisations to understand their current capabilities and opportunities on how to improve. It was acknowledged that while the CCRT has been piloted in some AOD services, the pilots haven't yet been undertaken in mental health services. MHC will work with WAAMH and WANADA to trial the pilot with volunteer mental health services and work together on progressing this further, including raising the CCRT with the MHEC and Mental Health Leads Sub-Committee.

Members raised that appropriate resourcing to conduct implementation and evaluation would be required so that services have the capacity for implementation.

Prevention Snapshot

A snapshot that depicts initiatives the MHC has undertaken in prevention was provided at the request of CMC to inform strategic level discussions. Prevention at all levels of intervention is required to deescalate the demand and need on services across the system. Prevention will be a standing item on the CMC's agenda to consider what additional initiatives could be undertaken in the prevention space.

CMC also raised the need for consistent definitions for prevention, including primary, secondary and tertiary prevention, so there is clear understanding across the sector and community. Members raised positive examples of community development in the prevention space such as parent and child community centres that provide excellent support and access to vulnerable families.

Other Items of note:

Other topics that were on the CMC agenda for noting include:

- finalising the Young Peoples Priority Action Plan across government
- Criminal Law (Mental Impairment) Bill Reform Bill progress
- Chief Psychiatrist's Review - [Building rehabilitation and recovery services for people with severe enduring mental illness and complex needs – including those with challenging behaviour \(2020\)](#).

The [WA State Priorities Quarterly Update](#) October 2021 on all system reform projects underway was endorsed by MHEC and is available on the [MHC website](#).

The next CMC meeting is scheduled for 5 April 2022. 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](#)