GOVERNMENT OF WESTERN AUSTRALIA

Mental Health Commission

Discussion Paper

Mental Health and Alcohol and Other Drugs Strategy

2025–2030

Acknowledgement of Country

The Mental Health Commission acknowledges Aboriginal and Torres Strait Islander people as the traditional custodians of this country and its waters. The Commission wishes to pay its respects to Elders past and present, and extend this to all Aboriginal people seeing this message.

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Feedback

Any feedback related to this document should be emailed to:
MHAODStrategyFeedback@mhc.wa.gov.au

Recognition of Lived Experience

The Mental Health Commission recognises the individual and collective expertise of those with living and lived experience of mental health, alcohol and other drug issues and suicidal crisis, including their families, carers and significant others.

Accessibility

This publication is available in alternative formats for people with a disability on request to the Mental Health Commission.

Disclaimer

The information in this document has been included in good faith and is based on sources believed to be reliable and accurate at the time the document was developed. While every effort has been made to ensure that the information contained within is accurate and up to date, the Mental Health Commission and the State of Western Australia do not accept liability or responsibility for the content of the document or for any consequences arising from its use.

A note on language and terminology

Language is important and the words we choose matter. The language and terminology used to describe mental health, suicide and alcohol and other drug use can have a significant impact on stigma and discrimination. Language also affects people's ability and willingness to seek or offer help, and it plays an important role in how people feel about themselves.

Our understanding of mental health and wellbeing and alcohol and other drug use is constantly evolving, and so is the language and terminology we use.

The terms 'mental illness' and 'mental disorder', are not terms recommended for use in broad communications as they have negative connotations. Reference to these terms is only made where it is terminology applied by a specific data source.

A glossary including a list of acronyms are provided as Appendix A outlining the terms used in this report and their intended meaning.

Suggested citation

Discussion Paper – Mental Health and Alcohol and Other Drugs Strategy 2025-2030. Mental Health Commission, Government of Western Australia.

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Consultation process

This Discussion Paper is not Government policy. The Discussion Paper will be used to inform the development of Western Australia's next Mental Health and Alcohol and Other Drugs Strategy 2025 2030 (the Strategy). It will shape how the State Government understands what the community wants for our mental health and alcohol and other drug service systems (a vision), what we want to achieve (outcomes) and what we should prioritise to achieve the best outcomes for all Western Australians (priority reform areas) over the next five years.

Participating in public consultation on this paper is an opportunity share in the ownership of the Strategy.

How can I be involved?

Feedback can be provided as an individual or on behalf of an organisation. There are various ways you can have your say, including:

1. Registering your interest to attend a workshop via the MHAOD Strategy website **mhc.wa.gov.au/MHAOD-workshops**
2. Completing an online survey **mhc.wa.gov.au/MHAOD-survey**
3. Making a written submission to **MHAODStrategyFeedback@mhc.wa.gov.au** or by mail to:

   Mental Health Commission
   Mental Health and Alcohol and Other Drugs Strategy
   GPO Box X2299
   Perth Business Centre WA 6847
4. Providing a voicemail message by calling **(08) 6553 0242**

To find out more about the development of the Strategy and opportunities to have your say, you can visit the Mental Health, Alcohol and Other Drugs Strategy website **mhc.wa.gov.au/MHAOD**

Closing date for submissions:
2 December 2024, 5pm

Enquiries:
All enquiries should be sent to
MHAODStrategyFeedback@mhc.wa.gov.au

How to read this paper

The Discussion Paper invites responses on a range of questions. You are welcome to respond to some or all the questions or provide any other feedback that you think is relevant to the development of the Strategy. This will ensure the Strategy incorporates as many voices as it can.

The diagram below summarises each section to assist the reader in navigating the paper. Questions for feedback have been included within the relevant sections.

Section 1: Introduction

This section sets the context of the paper including purpose, scope and key considerations.

Section 2: Current Context

This section provides an overview of the current strategic and mental health and alcohol and other drugs systems context.

Section 3: Balancing the System

Information on a balanced mix of services to achieve optimal outcomes are presented in this section, including the current Western Australian context to help inform future strategic directions.

Section 4: Vision, Aim and Principles

A draft Vision, Aim and Principles are proposed in this section, describing the state-wide aspirations and ambitions for mental health and alcohol and other drugs systems. Includes consultation questions on the draft Vision, Aim and Principles.

Section 5: Increased inclusivity and cultural safety for specific population groups

Population groups that require specific attention to ensure inclusive and culturally safe access to mental health and alcohol and other drugs programs, services and supports are identified. Some of the key issues and areas requiring specific consideration identified through formative research and consultations to date are presented. Includes consultation questions.

Section 6: Challenges, Opportunities and Future Focus

This section explores challenges and opportunities identified through formative research that indicate potential priorities for future focus. Strategic Pillars and Focus Areas are presented, and consultation questions are posed at the end of each section to guide feedback.

Section 7: Appendices

Section 1

Introduction

The focus of this Discussion Paper is to identify key priorities and focus areas that will guide the development of the Mental Health and Alcohol and Other Drugs Strategy 2025-2030 (the Strategy).

The purpose of the Strategy

The Strategy will aim to improve leadership, accountability, collaboration and coordination within mental health and alcohol and other drugs systems. The Strategy will take a person-centred approach, with a focus on prevention, early intervention, and community-based services, with an emphasis on smooth transitions across systems and services and equitable access to care. It will be used to guide the mental health and alcohol and other drugs systems towards a transformative change across the continuum of the service spectrum.

Approach to developing the Strategy

The Mental Health Commission (Commission) is the State Government agency responsible for leadership across mental health and alcohol and other drugs systems and is leading the development of the Strategy.

The Strategy will be informed by engagement with key stakeholders, government and non-government partners, including peak bodies, people with a lived experience (including individuals, their families, friends, significant others and carers), as well as a comprehensive thematic analysis of previous consultations, a review of current reforms underway within the mental health and alcohol and other drugs systems, and consideration of current state and national policy and strategy.

The engagement will include state-wide community consultation, with a focus on building on what has been identified through previous consultation processes, as well as uncovering new insights and priorities for action.

The Commission will use existing governance bodies to provide advice on the Strategy, including: the Mental Health, Wellbeing, Alcohol and Other Drugs Joint Leadership Group; Lived Experience Advisory Group; Clinical Advisory Group; Alcohol and Other Drugs Advisory Board; and the Mental Health and Alcohol and Other Drugs Deputies Group (sub-group of the Human Services Directors General Group). Two time-limited Technical Advisory Committees have been convened to provide specialist system knowledge and help inform the future focus.

Applying a whole of system-lens is required when considering reform priorities for the Western Australian mental health and alcohol and other drugs systems over the next five years.

Formative Work

This Discussion Paper identifies key challenges and emerging priorities, which have been informed by:

- a thematic analysis of key existing consultations and strategic documents to include known themes and issues;
- early engagement with key stakeholders; and
- service mapping and a gap analysis of mental health and alcohol and other drugs services (overseen by the Technical Advisory Committees).

Scope of the Strategy

The State Government has committed to developing a new five-year, system-wide mental health and alcohol and other drugs strategy, to begin in 2025.

The Strategy will be the new guiding document for Western Australia (WA), across community, government, non-government and the private sector, setting the vision for the mental health and alcohol and other drugs systems, services and supports for the next five years.

The Strategy will aim to:

- Identify whole-of-system priorities for both mental health and alcohol and other drugs systems.
- Adopt a person-centred focus that prioritises the smooth transition within and across the mental health and alcohol and other drugs systems and services so people can access quality care when they need it.
- Cover the entire continuum of care, ranging from keeping people well in the community, reducing harm, and ensuring equitable access to services and supports closer to home.
- Identify system and service gaps, enablers and priority areas for future investment and reform, including in the context of priority groups and unique needs within the regions.
- Recognise the interdependencies of mental health and alcohol and other drugs issues, and broader social, environmental, and commercial factors that impact the health and wellbeing of people and communities.
- Recognise the unique differences of the mental health and alcohol and other drugs systems and sectors, as well as the strong intersectionality.
- Where available be informed by service modelling, best practice evidence and community consultation.
- The strategy will be provider and funder-neutral, meaning it will not determine who is responsible for funding or delivering services.

Section 2

Current context

The mental health and alcohol and other drugs systems do not sit in isolation.

The social determinants of health, such as socio-economic status, education, and environments all relate to mental health and alcohol and other drugs outcomes. The Strategy will recognise experiences of mental health and alcohol and other drugs issues are connected to the broader environment in which people live, work and play, and will consider the social, environmental, and commercial factors that impact the health and wellbeing of people and communities. These include housing and homelessness, income, employment, family and domestic violence, education and diversity.

Establishing multi-agency partnerships, for example with Departments of Health, Justice, Education, Communities, Western Australian Police Force and the Commonwealth Government, including primary care, are integral to achieving positive change. Equally the non-government and private sector have an invaluable role to play, working together to coordinate efforts and maximise benefits for individuals, families and communities experiencing mental health and/or alcohol and other drugs issues.

While there is a significant amount of intersectionality, it is also important to recognise that the mental health and alcohol and other drugs systems and services have differing priorities, key issues and approaches. Both systems comprise of a comprehensive range of services, spanning from prevention and promotion programs, community-based services through to specialised state-wide and forensic services.

While the uniqueness of the mental health and alcohol and other drugs systems is recognised, the focus areas of this Discussion Paper have been organised by service streams and types broadly aligned with the National Mental Health Service Planning Framework. The limitations to this approach are acknowledged, however are presented this way to assist in framing the discussion questions and recommendations relating to the complex system of programs and services.

Whilst acknowledging the intersectionality of services across different streams is critical, so too is the seamless integration and coordination across all mental health and alcohol and other drugs systems that is required to ensure individuals seeking help, their caregivers and families receive the care and support they need, when and where they need it.

Current reforms in Western Australia

In 2023-24, the WA State Government through the Commission, invested $1.207 billion in mental health and $130.7 million in alcohol and other drugs programs and services, a total investment of more than $1.3 billion.

The development of a new whole-of-system mental health and alcohol and other drugs strategy is part of a broader package of reforms to improve leadership, arising from the Independent Governance Review of WA Health System Governance (IGR).

The Government response to the IGR recognised that to achieve a better system, a shared culture is required that puts people with a lived experience, their families and carers first. It also recognised that mental health and alcohol and other drugs issues do not occur in isolation from physical health, relationships or economic and occupational circumstances.

The Strategy will align with, build on and amplify emerging and existing State Government policy and strategy (refer to key documents in Appendix B). Key reforms include the following:

- **System governance** - implementation of outcomes following the IGR include new system-wide-governance arrangements, such as the Ministerial Advisory Panel, Joint Leadership Group and Clinical and Lived Experience Advisory Groups, and the establishment of a dedicated Office of Alcohol and Other Drugs within the Commission.
- **Balancing the system** - aligned with the Productivity Commission's final report of the Mental Health Inquiry, reforming Australia's mental health system to create a person-centred mental health system, focusing on prevention and early intervention, and psychosocial supports.
- **Contemporary hospital, forensic and community-based supports** - the Community Mental Health Treatment Services, including Emergency Response Services (CTER Project) will provide the framework for public specialist community mental health and emergency response towards a more sustainable system, and avoid unnecessary hospitalisation and emergency department presentations. Considered planning has also progressed on the continuum of stepped services from acute inpatient services to community bed-based services as part of the findings from the Graylands Reconfiguration and Forensic Taskforce.
- **Focusing on children and young people** - work is being progressed aligned to the Young People's Priorities for Action and the Final Report of the Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0 - 18 years in Western Australia (ICA Taskforce) and the Infant, Child and Adolescent System Transformation Implementation Program (ICA Implementation Program).
- **Elevating the voice of people with lived experience** – through the formation of national peaks, engagement of Lived Experience Assistant Commissioners at the Commission, and new governance arrangements.
- **Strategic commissioning** - aligned to the State Commissioning Strategy for Community Services, work is being progressed to transform the delivery of community services in WA to provide for a more coordinated cross-government focus on long-term outcomes for individuals and the community, moving to commissioning at a whole-of-government level.
- **Outcomes approach to systems evaluation** - the Outcomes Measurement Framework is in development and will aim to provide a framework for measuring both system and service-level outcomes that are meaningful to people accessing mental health and alcohol and other drug services, their families and carers, and the wider Western Australian community.
- **Legislative reforms** – including the implementation of the outcomes of the statutory review of the *Mental Health Act 2014*, the commencement of the statutory review of the *Alcohol and Other Drugs Act 1974* which is due to commence imminently, the progressive implementation of the *Liquor Control Act 1988*, and the implementation of the *Criminal Law (Mental Impairment) Act 2023*.

National reforms

The Strategy will align with existing and developing national priorities, with a focus on enhancing consistency, coordination, and informed strategic decisions. WA faces unique challenges in service delivery, including for regional and remote communities, Aboriginal communities, and for our young people. It is important that the Western Australian state context is considered as part of larger reforms.

Recent inquiries and key reforms include but are not limited to the independent evaluation of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) evaluation; the Productivity Commission Inquiry Report on Mental Health; and the Select Committee on Mental Health and Suicide Prevention.

While not an exhaustive list some of the key issues and/or strategies at a national level include:

- **The National Mental Health and Suicide Prevention Agreement** - provides for a more accessible, coordinated and integrated mental healthcare system between the Commonwealth and State and is supported by jurisdictional bilateral agreements.
- **Future psychosocial support arrangements** - required to address the findings from the Analysis of unmet need for psychosocial supports outside of the National Disability Insurance Scheme - Final Report of the Independent Review of the National Disability Insurance Scheme.
- **Addressing the 'missing middle'** - in 2024-25 the Commonwealth committed $361 million over four years from 2024-25 to respond to the Better Access evaluation to address the 'missing middle' (those who are too unwell for the general primary care system but not unwell enough to require inpatient hospital services or intensive state-based community care).*
- **Increasing demand and workforce shortfall** – a national data and information monitoring project will be undertaken to inform how to grow and retain the mental health and suicide prevention workforce and deliver government priorities agreed under the National Mental Health Workforce Strategy 2022-2032.
- **Child and youth mental health** – young people aged 0-25 have been identified as a national priority, with the Commonwealth allocating $29.7 million over three years from 2024-25 to address the declining mental health of young Australians.
- **Mutual recognition, improving coordination and information sharing** – work is occurring to ensure Australia has a national legislative approach for the Mutual Recognition of Mental Health Orders.
- **Elevating the voice of lived experience** – through the development of two new national peak bodies.
- **Family and domestic violence** – consideration of whole-of-system gender-based violence reforms, including consideration of the role of alcohol in exacerbating the frequency and severity of family and domestic violence.
- **National inquiries** - in recognition of ongoing and emerging issues associated with alcohol and other drug use, national inquiries have been instigated with the potential to influence national and state alcohol and other drugs reform. Examples include the Parliamentary Joint Committee on Law Enforcement Australia's illicit drug problem: Challenges and opportunities for law enforcement, and the Standing Committee on Health, Aged Care and Sport Inquiry into the health impacts of impacts of alcohol and other drugs in Australia.
- **National strategies** – development and implementation of national strategies within mental health and alcohol and other drugs (refer to Appendix B).

* Better Access gives Medicare rebates to people with an assessed mental disorder, so they can access appropriate mental health care. The evaluation looked at how effective Better Access is in improving outcomes and increasing access to mental health care; Department of Health and Aged Care. *Australian Government response to the Better Access evaluation* (2024) Retrieved from: https://www.health.gov.au/sites/default/files/2024-08/australian-government-response-to-the-better-access-evaluation.pdf

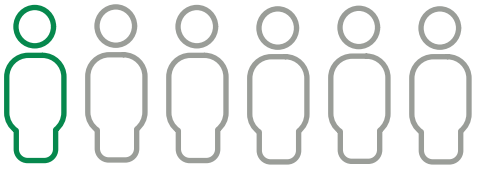
Key Statistics

Mental health issues and suicide

Between 2020 and 2022,
more than one in five

23.1% people in WA reported experiencing a mental disorder in the past 12 months

exceeding the national proportion (21.5%).[1]



In the same period,
approximately one in six

16.5% Western Australians reported experiencing high or very high levels of psychological distress

during the past four weeks.[2]

Around

7.5% of Western Australians had self-harmed

at some point in their lives, whilst 1.7% reported having self-harmed in the last 12 months.[3]

In 2022,
there were

377

suicides registered in WA

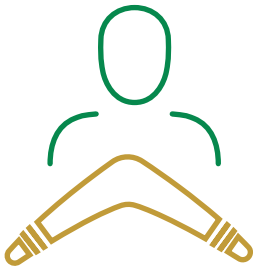
equating to 13.4 suicides per 100,000 population, placing WA among the top highest jurisdictions for rates of suicide in Australia.[4]

From 2018-2022,
WA recorded the

Highest

rate of suicide deaths among Aboriginal people

with 38.1 deaths per 100,000 population, exceeding the national rate of 27.6 deaths per 100,000 population.[5]



Alcohol use

More than three in four

76.9%

people in WA aged 14 years and above

consumed alcohol in 2022-23, which was comparable to the national proportion (76.9%).[6]

A greater proportion of people in WA

report risky alcohol consumption

33.2%[7]

compared to the national proportion (30.7%).[8]

Illicit drugs and use of pharmaceuticals

Illicit drug use in WA has significantly increased

in recent years particularly amongst

young people

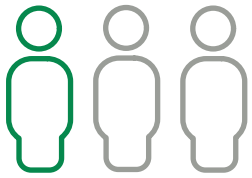
aged 15 to 24 years.[9]

In 2022-23, approximately one in five

20.1%

people aged 14 years and over reported recent (past 12 months) illicit drug use,

a significant increase from 2019 (15.6%) and above the national proportion for the same period (17.9%).[10]



Among young people in WA aged 15 to 24 years, almost

1 in 3 (32.8%)

reported using illicit drugs in the past year,

a significant increase since 2019 (22.0%).[11]

Cannabis remains the most widely used illicit substance with

13.3%

of Western Australians reporting recent use, followed by

Cocaine (3.2%), **Hallucinogens** (2.8%) **and MDMA** (2.1%).

Pharmaceutical stimulants and opioids are the

most common

types of pharmaceuticals used for non-medical purposes, with 3.8% and 2.4% of people in WA reporting recent use in 2022-2023, respectively.[13]

7 Risky consumption is defined per 2020 NMHRC Guideline 1: Had more than 10 standard drinks per week, or drank more than 4 standard drinks on a single day at least once a month, on average.

The Mental Health and Alcohol and Other Drugs Systems in Western Australia

Figures 1 and **2** outline the current mental health and alcohol and other drugs systems in WA. These figures are designed to help understand, or define, the current scope and structure of services available.

While it can be helpful to depict the systems in this way, it is acknowledged that in reality, people don't access services in a linear fashion. People engage different services at different times depending on individual needs, moving up and down the continuum, and often being engaged in multiple services at any one time.

While this is the case, the service maps can assist in providing structure to guide thinking about the current system of services for the purpose of this Discussion Paper and help to generate discussion on what the future may look like to improve mental health and alcohol and other drugs outcomes for Western Australians.

Map of the Mental Health System

The current mental health system in WA comprises a range of prevention, psychosocial, community-based, emergency and bed-based services. The delivery of services within this system is complex, involving Commonwealth, state, privately and philanthropic funded programs and services. The key elements of WA's current mental health system are depicted in **Figure 1**.

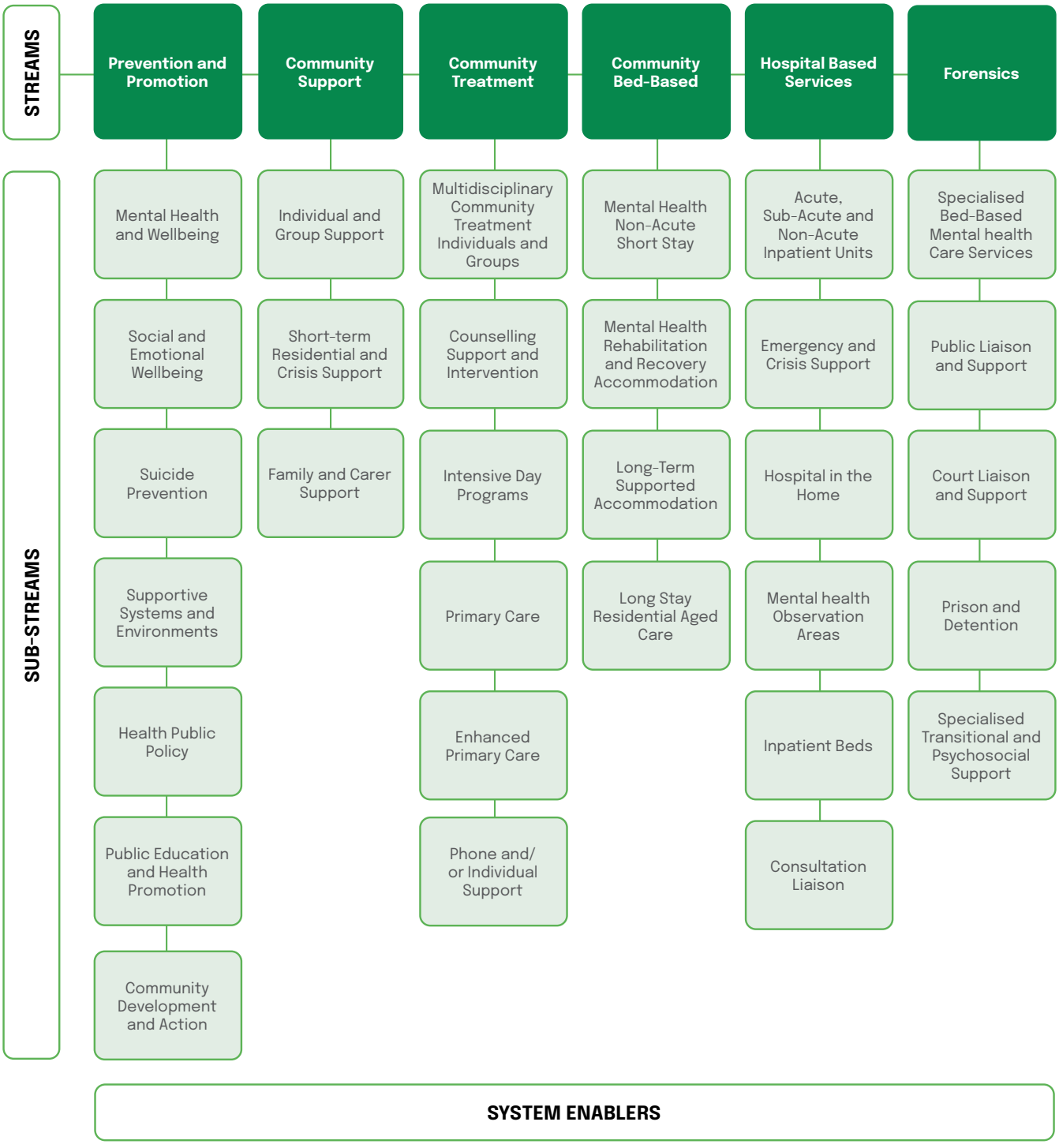


Figure 1

Map of the Alcohol and Other Drugs System

Most alcohol and other drugs services in WA are provided through community-based services, delivered by non-government organisation providers, and funded by either the State or Commonwealth Governments. Alcohol and other drugs general practice and services and responses provided in acute hospital settings are mostly funded by the Commonwealth. In WA there are also several privately funded services. Philanthropists also invest in alcohol and other drugs programs and services.

The key elements of WA's current alcohol and other drugs system are depicted in Figure 2.

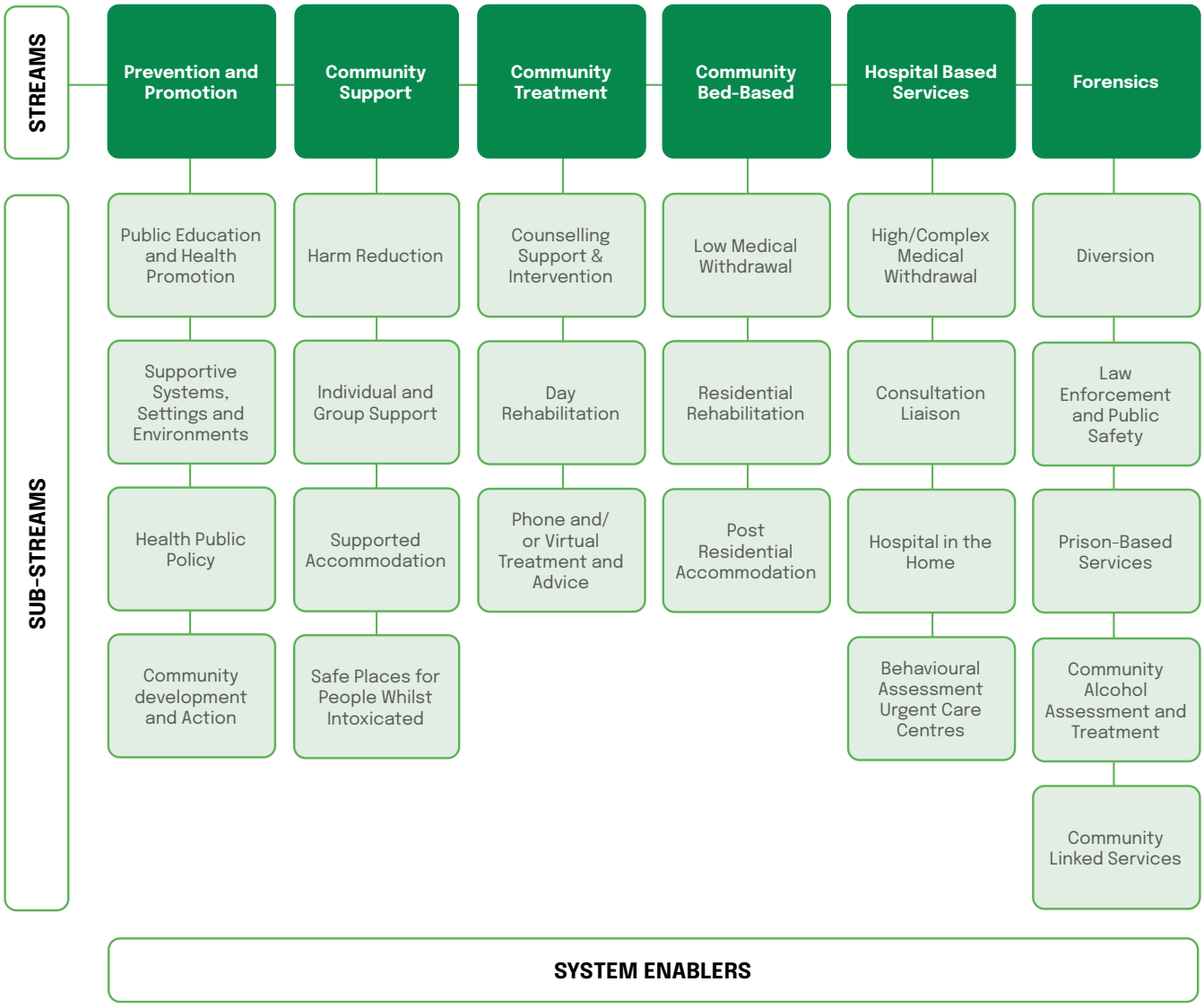


Figure 2

Section 3

Balancing the system

There is an opportunity to “rebalance” the mental health and alcohol and other drugs systems by investing in prevention and community-based services.

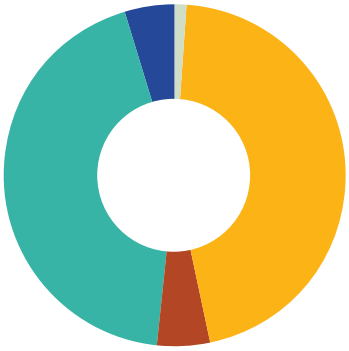
Preventing people from experiencing mental health and alcohol and other drug issues in the first place and providing more appropriate care in the community will reduce the over-reliance on costly acute services in hospitals.

Funding in the **mental health** system is skewed towards acute services, resulting in hospital services experiencing high demand in the absence of other less acute services, which is unsustainable. There remains an urgent need to keep people well, out of hospital and connected to their family, friends and community.

In comparison, the majority of **alcohol and other drugs** services are provided in the community and not in a tertiary setting. However, there continues to be a need to increase community-based programs and services to meet demand, in addition to appropriate and planned high-medical options.

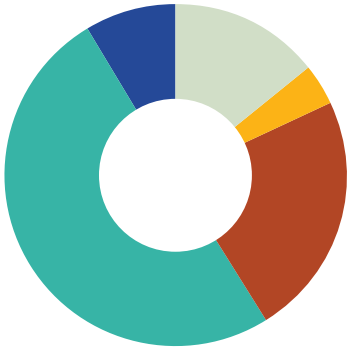
Figure 3 below shows the Commission's funding for 2023-24 for both the mental health and alcohol and other drugs systems.

Mental Health Funding



Prevention	$15.6 million
Hospital Bed-Based	$513.4 million
Community Bed-Based Services	$53.6 million
Community Treatment	$492.5 million
Community Support	$52 million
TOTAL	**$1,127.1 million**

Alcohol and Other Drug Funding



Prevention	$17.4 million
Hospital Bed-Based	$4.7 million
Community Bed-Based Services	$28.4 million
Community Treatment	$61.4 million
Community Support	$10.2 million
TOTAL	**$122.1 million**

Figure 3: Commission's funding, mental health and alcohol and other drugs systems, 2023-24

Figure 4 shows a balanced service mix within the mental health and alcohol and other drugs systems with more costly services being the least frequently needed, and the most needed services being provided at a relatively low cost.

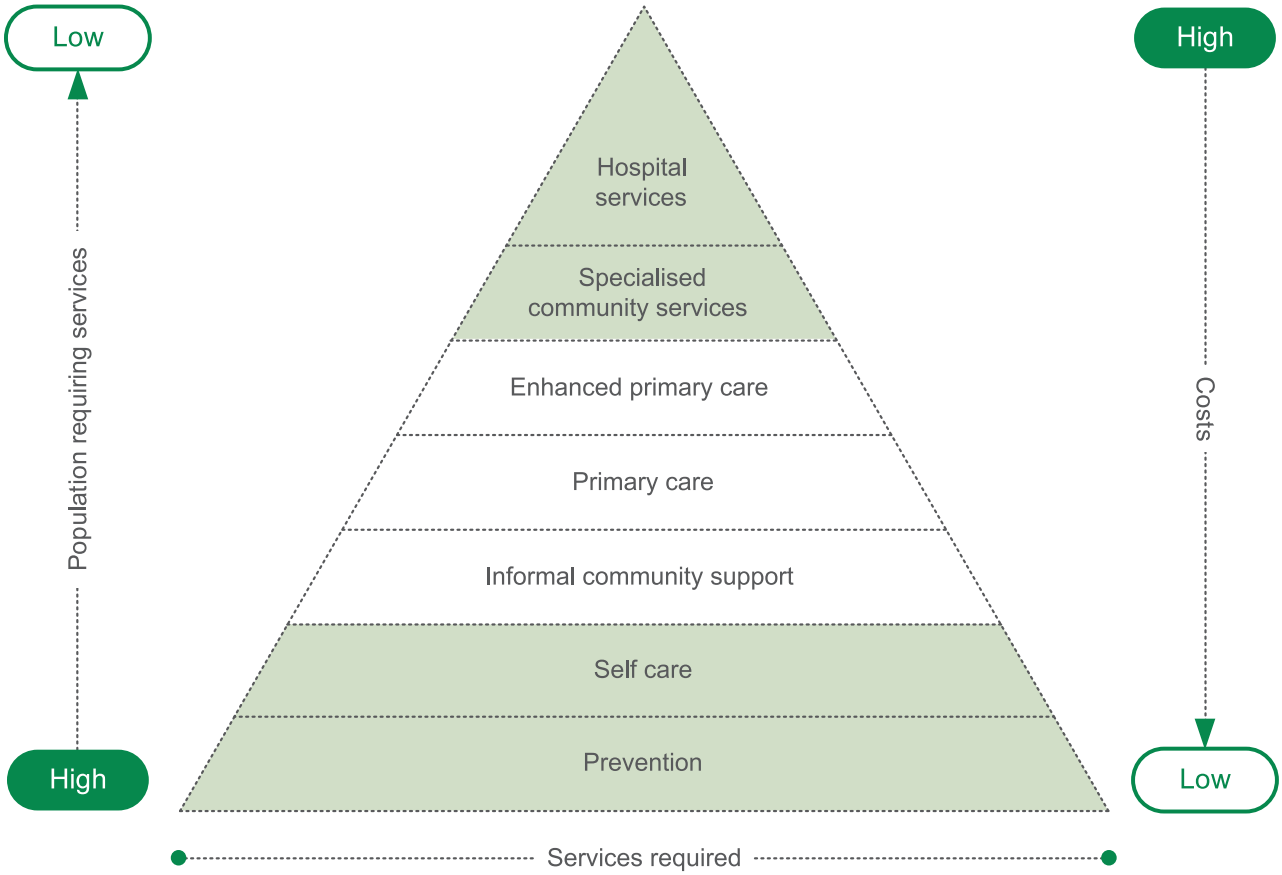


Figure 4 : Balanced service mix of service provision

Section 4

Vision, Aim and Principles

The Strategy's draft vision and aim will describe the statewide aspirations and ambitions for mental health and alcohol and other drug sectors.

The vision will align with the scope of the Strategy and form the basis for the development of priorities to support the development of the system over the next five years. The Guiding Principles will underpin the Focus Areas and Strategic Priorities of the Strategy, and apply to the development and implementation of programs, services and initiatives.

Aim

Drive mental health and alcohol and other drugs system transformation so that:

- People are supported to remain well and can access support when they need it, closer to where they live;
- The uniqueness of the whole person, individuals, families and carers, is recognised and responded to, so that they feel seen, heard and valued;
- Every West Australian has a right to choose the treatment and support path that best suits them, their families and support networks; and
- There is improved leadership, collaboration, accountability and coordination within mental health and alcohol and other drugs systems.

Guiding principles

Community-Led and Place Based

Communities are active participants in the development and delivery of mental health and alcohol and other drug initiatives. These initiatives are tailored and targeted to the specific needs and circumstances of communities and their locations.

Evidence and Outcomes Based Contemporary Approaches

Designing and delivering services and initiatives are based on contemporary evidence of what does and does not work, with a focus on improved outcomes. Where evidence is not directly available, services and initiatives are informed by evidence and best practice methods in similar fields and their effectiveness is evaluated.

Trauma Informed

Understanding the impact that trauma has on individuals and their pathways to recovery. Services and initiatives minimise the risk of further trauma for people by prioritising choice and consent, and minimising restrictive and coercive practices.

Human Rights Centred

Upholding and progressing the human rights of people experiencing mental health and alcohol and other drug issues through equity and inclusion, and by promoting and celebrating diversity and encouraging people to believe there is a way through stigma and prejudice.

Person Centred and Needs Driven

Allowing people “dignity of risk” in making decisions or being actively involved in the process of making decisions for themselves to learn, grow and develop a better quality of life. This includes tailoring treatment to the multiple needs of the person, not just their mental health and/or alcohol and other drug issue.

Carer and Family Valued Practice

Being inclusive, understanding and respectful to families and carers, including their social and cultural role in supporting an individual’s journey to a quality life.

High Quality

Ensuring services and initiatives are fit for purpose, and provide optimal safety, efficacy and trustworthiness. An ongoing focus on safety and quality improvement ensures that quality of services is maintained.

Responsive

Services and initiatives can meet the diverse needs of people with mental health and alcohol and other drug issues in a timely, appropriate and efficient way, including the intersections of culture, religion, language, gender, health, disability, trauma and social determinants of health and wellbeing.

Recovery Oriented

Supporting the wellbeing of people experiencing mental health and alcohol and other drug issues and acknowledges that a person's path to recovery is individual and unique. Recovery is informed by a person's strengths, hopes, preferences, experiences, values and cultural background. It can include, but is not always synonymous with, abstinence from alcohol and other drug use. A recovery-oriented approach includes an emphasis on maximising choice and self-determination.

Questions: Draft Vision, Aims and Principles:

1. What is your vision for the Western Australian mental health and alcohol and other drugs system by 2025?
2. What does 'system transformation' mean to you?
3. What principles do you think are important to consider for the Western Australian mental health and alcohol and other drugs systems?
   a) Are there any principles that have not been included?
   b) Do any of the draft principles require amendment or removal?
   c) Are there any principles that apply only to the mental health or alcohol and other drugs systems?

Section 5

Increased inclusivity and cultural safety for specific population groups

Evidence suggests that there are several population groups that require specific attention to ensure inclusive and culturally safe access to mental health and alcohol and other drugs services and supports.

In the development of the new Strategy, consideration needs to be given to the specific needs of these groups across the continuum of care.

These groups include:

- Aboriginal Peoples and Communities
- Ethnoculturally and linguistically diverse
- Children and youth
- Families, carers and significant others
- Individuals identifying as LGBTIQA+SB
- Older adults

Some of the key issues identified through thematic analysis and consultations to date for specific population groups are outlined in **Table 1**. It is noted that this is not an exhaustive list of issues for those communities, and some of the issues may not be exclusive to the population group and more systemic in nature.

Table 1

Population group	Some issues and facts
Aboriginal peoples and communities	• Experiences of racism and discrimination when seeking to access services, and the traumatic legacy of past policies and practices of governments such as colonisation and forced removals.[14] • Actions needed to strengthen shared decision making; transfer of control to Aboriginal Community Controlled Organisations; transform Government organisations at the system level; and recognise Indigenous data sovereignty.[15] • Aboriginal people are more than twice as likely to experience high or very high levels of psychological distress compared with non-Indigenous Australians.[16] • While Aboriginal people are less likely to consume alcohol compared with non-Indigenous Australians, those who do consume alcohol are more likely to drink at high-risk levels.[17] • Across Australia, Aboriginal people are proportionally overrepresented in terms of mental health-related emergency department presentations.[18] There is also an over-representation of Aboriginal people in the data of people subject to restrictive practices such as seclusion and restraint.[19] **Further information regarding Aboriginal people and communities is provided in Focus Area 3 – Social and Emotional Wellbeing and is integrated across the other focus areas.**
Ethnoculturally and linguistically diverse	• People from ethnoculturally and linguistically diverse backgrounds face additional challenges when trying to access mental health care and are at greater risk of mental health issues and conditions if exposed to trauma in their country of origin.[20, 21] • Children from more disadvantaged families or families speaking a language other than English are less likely to receive services for internalising problems.[22] • A range of barries exist that impact on ability to access and deliver high-quality mental health and alcohol and other drugs services including cultural and language differences. • There is a requirement for improved availability and accessibility of services across the continuum which can respond to the mental health and alcohol and other drug needs for people from an ethnolinguistically diverse background. • Mental health issues and alcohol and other drugs use among Australian ethnocultrually and linguistically diverse communities are complex issues that can be driven by a range of cultural, economic, and social stressors of the settlement process.[23] **Further information regarding ethnocultural and linguistic diversity is provided in Focus Area 7 - Specialised Services.**
Children and youth	• Youth access to a comprehensive range of community mental health and alcohol and other drugs services, including crisis services and specialised services. • Need for a system that applies specifically to children and youth, not 'drop down' approach of applying adult models. • Services for youth and their families have the skills to address the unique developmental needs of youth and are designed with youth and their families. • Access to ongoing services beyond an acute phase and equitable access to early psychosis services and other specialised services. **Further information regarding children and young people is integrated across focus areas, whilst further information regarding Children in Out-of-Home Care is in Focus Area 7 - Specialised Services.**
Families, carers and significant others	• Impacts on the wellbeing of those who care for them, their families and the wider community when a person is unwell or in distress. • Carers for those with a mental illness provide significantly large amounts of unpaid support, often on a fluctuating basis.[24] • Families and carers supporting people accessing public specialist community mental health and emergency response services require information and education around an individual's care, or adequate psychosocial and emotional support to improve their capacity to cope and support their loved ones. • Resources and responses are directed to individual family members and carers to adequately support their own healing and wellbeing. **Further information regarding carers and family members is provided in Strategic Pillar Three: Prioritising community support services that holistically meet people's needs.**

- **Increased inclusivity and cultural safety for specific population groups**

Population group	Some issues and facts
Individuals identifying as LGBTIQA+SB	• A greater number of people in LGBTIQA+SB communities experience poorer social, emotional, and psychological wellbeing and mental health, often as a result of stigma, discrimination and violence, compared to those identifying as heterosexual or cisgender.[25] • Poor health outcomes relate to a range of interlinked factors, including stigma and discrimination, shortages in skilled staff across the sector, and insufficient guidance or standards for services. **Further information regarding gender diversity is provided in Focus Area 7 - Specialised Services.**
Older adults	• There is a need for dedicated planning for the Older Adult Mental Health (OAMH) cohort in WA. The population of older people is rising fast and with it the number of people experiencing chronic health conditions, mental health issues and living with dementia and other issues and high suicide rates.[26, 27, 28, 29] • The sector reports that with the ageing population there is increasing complexity and acuity of OAMH clients. • OAMH clients are often frail, with complex disabilities, medical comorbidities and social problems that are intensified by hospital and residential care settings. Expertise is required to manage this complexity and patient outcomes in generic or ageless settings are known to be poorer.[30] **Further information regarding older adults is provided in Focus Area 7 - Specialised Services.**

Areas Requiring Specific Consideration

While noting that this is not an exhaustive list, some of specific issues for service development for specific population groups include consideration of:

- Youth service stream
- Youth friendly services
- Specialised services for children
- Culturally appropriate mainstream service provision
- Access to traditional healers and Aboriginal health workers
- Access to services closer to where people live, including on country
- Strengthening shared decision making and transfer of control to Aboriginal Community Controlled Organisations
- Holistic service provision acknowledging the impacts of social determinants
- Access to specialised LGBTIQA+ services across the continuum of stepped care
- Availability of services for older adults
- Engagement of families and carers in program design and service provision
- Specialised services for families and carers
- Access to services for those from Ethnocultural and linguistically Diverse Communities
- Access to interpreter services when needed
- Availability of quality data to inform program and services development.

Further issues are identified within the Key Focus Areas.

Questions: Specific population groups

4. Are there any specific gaps for any of the population groups you think are important to highlight in the Strategy?
5. What are the top priorities to consider in the Strategy to meet the needs of specific population groups?

Section 6

Challenges, opportunities and future focus

The mental health and alcohol and other drugs systems have continued to evolve over time, with several reform initiatives currently being developed and implemented.

The efforts of governments, service providers, communities and individuals over many years have continued to strive to meet better outcomes for people. That said, for the purposes of identifying priorities for future focus, this section explores the challenges and opportunities identified through the thematic analysis of previous consultations and key reports.

To inform the development of the Strategy and to guide discussion, draft Strategic Pillars and Key Focus Areas have been identified aligned to service streams as identified in **Figure 5**. Specific challenges and opportunities have been identified for each one. Consultation questions are posed at the end of each section to guide feedback.

Strategic pillars and key focus areas

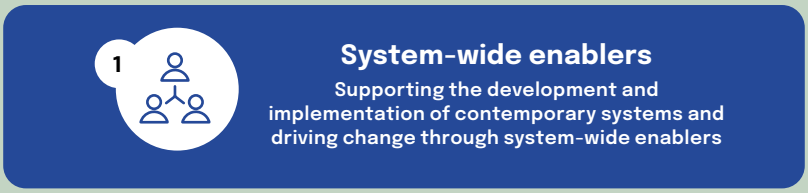


Figure 5

Strategic Pillar 1

System-wide enablers

Supporting the Development and Implementation of Contemporary Systems and Driving Change through System-Wide Enablers

System-wide enablers will help WA achieve the Strategy's vision.

These system-wide enablers are fundamental in supporting improvements in the overall effectiveness and efficiency of the mental health and alcohol and other drugs systems to achieve better outcomes for individuals, carers, families and communities. The mental health and alcohol and other drugs systems cannot operate efficiently or effectively without these system-wide enablers. Identified system-wide enablers are outlined in Figure 6 below.

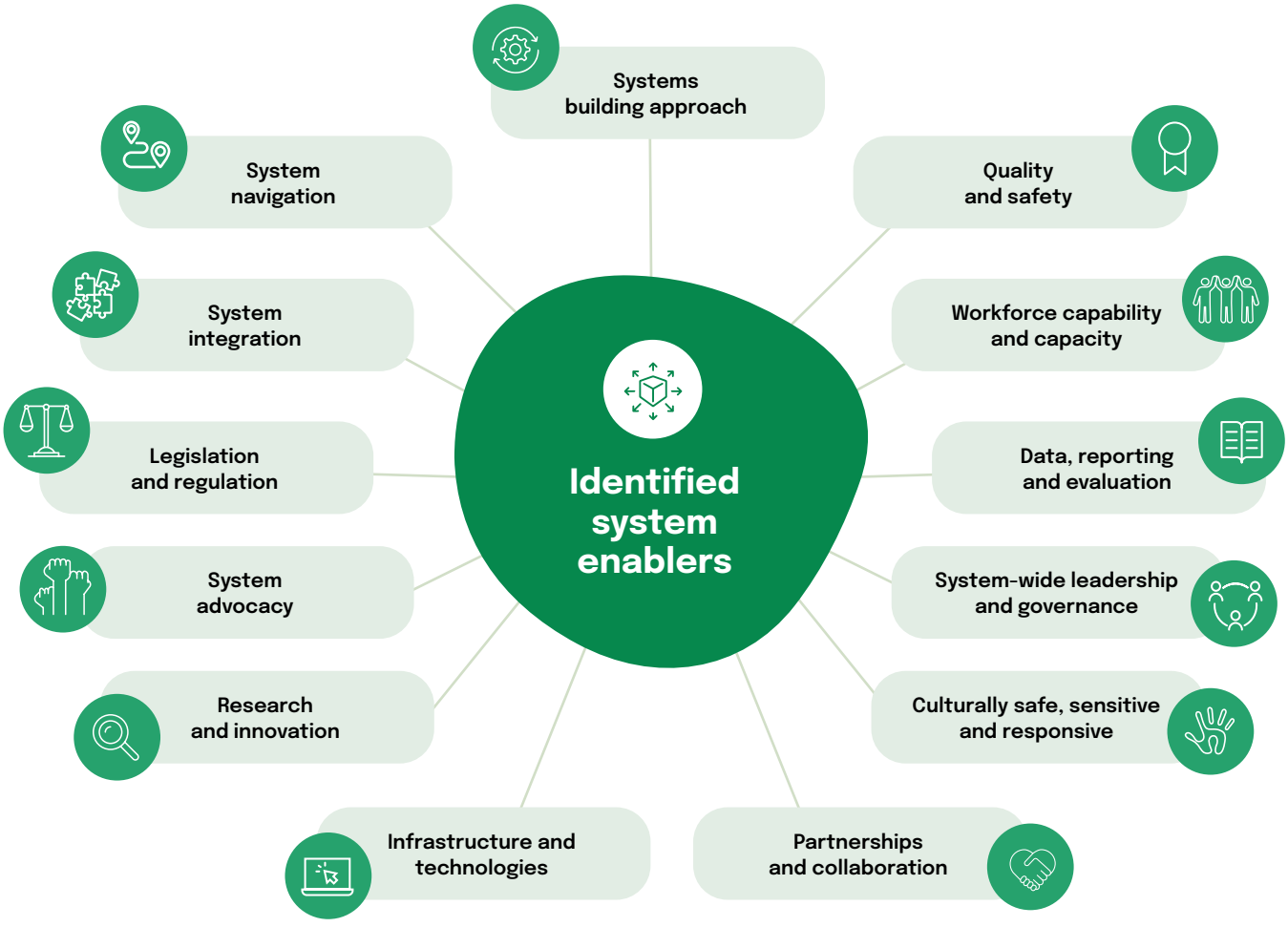


Figure 6

Systems building approach

Prioritise capacity building and understandings of contemporary approaches to mental health and alcohol and other drugs program and service delivery, including integrating lived experience perspectives into decision making processes.

Quality and safety

Accreditation process and regulations that support and promote quality mental health and alcohol and other drugs service provision.

Workforce capability and capacity

Ensuring appropriate and available skilled multidisciplinary workforce to support the provision of mental health and alcohol and other drugs services.

Data, reporting and evaluation

Evidence informed mental health and alcohol and other drug programs and services, that are reported on and evaluated.

System-wide leadership and governance

Supporting mechanisms for promoting system change with clarity of roles and responsibilities, and accountabilities and evidence-based strategy.

Culturally safe, sensitive and responsive

Valuing and responding to diversity, equity in a way that is culturally inclusive, aware, and responsive.

Partnerships and collaboration

Coordination of efforts cross governments, non government and the community to improve efficiency and effectiveness of mental health and alcohol and other drugs programs and services.

Infrastructure and technologies

Effective digital and physical systems/ structures to increase accessibility and efficiency of mental health and alcohol and other drugs services and programs, ideally to provide services that are close to home.

Research and innovation

Funding mechanisms that enable research and innovation aligned to the areas of greatest need and opportunity, involving individuals, the public and private health systems, primary care, investors, the commercial and academic sectors and agencies.

System advocacy

Drawing on collective expertise to influence public policy, provision of effective and transparent complaint mechanisms and quality improvement.

Legislation and regulation

Regular review and continuous improvement of laws and regulations that support safety, wellbeing, the minimisation of harm and the protection of people's rights.

System integration

Ensuring services are working together across the continuum of care to ensure individuals do not fall through the cracks, and that each individual receives the appropriate level of care and support to meet their needs.

System navigation

Mechanisms such as coordinated communication, online services and peer support initiatives are in place to ensure individuals can access information and navigate the complexity of the system.

Key challenges and opportunities

- **Service fragmentation and lack of integration** across the service continuum.
- **Cross government partnerships** to support a coordinated approach to addressing intersecting social determinants such as housing, family and domestic violence.
- **Access to quality data and systems** to monitor, report, evaluate and inform decision-making.
- **Contemporary legislation** in mental health and alcohol and other drugs.
- **Workforce shortages** and challenges relating to recruitment and retention across multiple disciplines.
- **Workforce development** to ensure an appropriately trained and supported workforce.
- **Sustainability of funding** and **co-commissioning** of services across government, and at a state and national level.
- **Transparency** in the performance of programs and services, and funding decisions.
- **Lived experience** participation in decision making to ensure services better meet the needs of individuals and their families and carers.
- **Fit for purpose governance arrangements** at a state and national level, particularly for alcohol and other drugs.
- **Robust quality assurance** accreditation and processes for programs and services.
- **Continuous quality improvement** aligned to the latest available evidence.

Western Australian directions

Some of the key areas of focus for the development of system-wide enablers in WA include:

- Implementation of change within and across the system to build capacity and shared understanding, integrate lived experience perspectives and apply contemporary, recovery-oriented approaches to mental health, alcohol and other drugs aligned to the recommendations of the IGR.
- Implementation of all new mental health, alcohol and other drugs governance arrangements resulting from the IGR.
- Advocating for national governance arrangements for alcohol and other drugs.
- Development of workforce capacity and capability aligned to existing National and State Workforce strategies and those currently in development.
- Consideration of amendments to accreditation process for alcohol and other drugs services aligned to the recommendations made in the Inquiry into the Esther Foundation and Unregulated Private Health Facilities Report.
- Development and implementation of an Outcome Measurement Framework that measures both system and service-level outcomes that are meaningful to people accessing mental health and alcohol and other drugs services, their families and carers, and the wider Western Australian community.
- Development of a cross government Western Australian Alcohol and Other Drugs Framework.
- Statutory review of the Alcohol and Other Drugs Act to ensure the Act is current, compliant, fit for purpose and meets the needs of stakeholders.
- Implementation of the outcomes of the statutory review of the *Mental Health Act 2014*.
- Strategic commissioning that ensures there is a coordinated cross-government focus on long-term outcomes for individuals and the community, aligned with the State Commissioning Strategy for Community Services.

Questions: System-wide enablers

6. Are there any additional system-wide enablers that should be considered or removed as part of the Strategy?
7. Are there any other issues or challenges in the development and implementation of system-wide enablers?
8. What are the top priorities for development across the mental health and alcohol and other drugs system to promote and support efficiency and effectiveness?

Strategic Pillar 2

Prevention and promotion

Rebalancing the system through supporting individuals and communities to thrive and remain well

Focus area 1

Preventing and reducing alcohol and other drug use and related harms; and improving and maintaining mental health and wellbeing.

Prevention and promotion is often referred to as 'primary prevention', and focuses on keeping people well by increasing protective factors and reducing risk factors.

Prevention and promotion is delivered at both whole-of-population level, and can also focus on specific communities, populations or settings, and addressing individual, social and environmental factors.

In the context of alcohol and other drugs, this includes initiatives that aim to prevent or delay the onset of alcohol and other drug use, reduce alcohol and other drug use and minimise harms related to use.

For mental health, prevention and promotion activities include those that aim to promote mental wellbeing as well as prevent mental health issues from developing or worsening.

Investment in prevention is highly cost effective. Effective prevention and promotion requires a comprehensive approach that includes a range of strategies and initiatives that:

- Build healthy public policy;
- Create and maintain supportive environments;
- Strengthen communities to take action;
- Develop personal skills, public awareness and engagement; and
- Reorient and maintain relevant programs and services.

Key challenges and opportunities

- **Rebalancing the investment** in mental health and alcohol and other drugs systems towards prevention and early intervention.
- **Ensuring a comprehensive, evidence-informed approach** to programs and initiatives.
- **Sustained investment** in initiatives that support all people in the community **across the life course**.
- Cross government and community approaches to **reduce social disadvantage and address the social determinants of health** which are key risk factors for mental health and alcohol and other drug issues.
- **Building on and strengthening collaborative approaches** across government and other sectors.

- Consistent and sustained delivery of alcohol and other drugs and mental health **public education** and **behaviour change programs**.
- Investment in **place-based activities** to ensure **community-led initiatives** are sustainable, targeted and meet the needs of local communities.
- Expanding and building on work **to prevent and reduce harms from alcohol**, including through evidence-based policy, legislative and economic measures.
- Ensuring mental health and wellbeing policies and practice **focus on enhancing the wellbeing of the whole community**, regardless of whether a person experiences a mental health condition.
- **Ongoing action to address stigma and discrimination** associated with mental health and alcohol and other drugs.
- A combination of **whole of population approaches and targeted prevention activity** for priority populations[31] and settings[32].
- Creating **environments and policies that support health promoting behaviours**.
- Maintaining and expanding alcohol and other drugs and mental wellbeing **surveillance tools**, including development of data sharing protocols between government and sectors to inform trends and program impacts.

Western Australian directions

The Western Australian Mental Health Promotion, Mental Illness, Alcohol and Other Drug Prevention Plan 2018 – 2025 (Prevention Plan) was released in 2018 to guide and inform strategies to prevent mental health and alcohol and other drug issues in the community.

More recently, the Commission released the Western Australian Mental Wellbeing Guide which was developed to update and strengthen the mental health promotion component of the Prevention Plan. These key strategic documents aimed to guide a comprehensive prevention approach across government, the non-government sector and the community.

WA has a long and successful track record in the delivery of primary prevention health promotion programs and services, however, a challenge remains in shifting away from acute, hospital services to a stronger focus on prevention and early intervention. This is acknowledged in the recommendations of the Sustainable Health Review and the outcomes of the IGR.

In WA examples of prevention and promotion programs include:

- Implementation of the WA Model of Violence Prevention Pilot Project which aims to prevent alcohol-related violence and injuries that impact emergency departments and the frontline.
- Programs that support mental health and wellbeing across policy and operations in settings such as workplaces, schools, local government, communities and sporting clubs.
- Regional Alcohol and Other Drug Prevention and Suicide Prevention Coordinators, to deliver programs to reduce identified alcohol and other drug related harm and support strong communities through the development and implementation of regional alcohol and other drug Prevention Plans, Volatile Substance Use Plans and Community Wellbeing Plans.
- Fetal Alcohol Spectrum Disorder prevention programs.
- Public education programs that support the community to make informed decisions about alcohol, other drugs, and mental health and wellbeing (such as Drug Aware, Alcohol Think Again and Think Mental Health).

31 Including Aboriginal peoples and communities; children, young people and parents; regional and remote communities; culturally and linguistically diverse communities; LGBTQIA+SB individuals and communities, people interacting with the justice system, women and people at risk of or experiencing family and domestic violence, homelessness and/or disadvantage, and people with disability.

32 For example workplaces, sporting clubs, and schools.

In 2023-24 the Commission invested $14.8 million in mental health (including suicide prevention) and $18.4 million in alcohol and other drugs prevention programs. The majority of the Commission's investment in alcohol and other drugs prevention and mental wellbeing initiatives are for state-wide programs, followed by metropolitan services, and modest levels of funding in regional and remote areas. While this is reflective of population-based approaches that are required essential components of effective prevention investment, it is important these are supported by evidence-informed community-led and place-based approaches that empower local communities and stakeholders. This comprehensive approach is considered vitally important in achieving sustainable change and improving outcomes.

Addressing stigma and discrimination remains a key issue across the mental health and alcohol and other drugs systems, as does addressing social determinants of health. Furthermore, work to strengthen public health policies is also required given this has the potential for significant impact at the population level.

Some initiatives currently being implemented in this area include:

- Alcohol and Other Drugs Stigma Reduction Toolkit for emergency departments.
- As part of its initial 12 month work plan, the Office of Alcohol and Other Drugs (Office) will consider approaches to reduce stigma and discrimination in relation to alcohol and other drug use.
- Monitoring and investigating high risk liquor licence applications in alignment with role of the Chief Health Officer in the Liquor Control Act 1988.
- Work underway to amend the Western Australian Medicines and Poisons Regulations 2016 to ban access to nitrous oxide for domestic use due to serious harm associated with it being used for intoxication.
- Public education programs, including Think Mental Health; Alcohol. Think Again; Drug Aware; and Strong Spirit Strong Mind.

Questions: Prevention and promotion

9. Are there any additional key challenges or opportunities associated with alcohol and other drugs prevention and mental health and wellbeing promotion?
10. What are the key gaps in preventing and reducing alcohol and other drug use and related harms, and improving and maintaining mental health and wellbeing?
11. Over the next five years, outline three key priorities to support a comprehensive approach to prevent mental health and alcohol and other drug issues, and promote wellbeing. Explain why these are priorities and how they are best achieved?
12. Can you provide specific examples of initiatives that are likely to have a significant impact in prevention and health promotion over the next five years?

Focus area 2

Collaborative approaches to preventing suicide and reducing suicidal distress

Suicide prevention includes initiatives that aim to reduce the rate and impact of suicide, including actions taken to prevent suicide and suicidal behaviour and to support people who have been impacted by suicide. These actions are focused on reducing risk factors and enhancing protective factors.

Suicide and suicidal distress are complex issues that arise because of the interplay of a broad range of factors related to social determinants such as income and housing; contextual factors such as trauma and discrimination; and individual, genetic and demographic factors including, mental health and physical health, age, gender, and cultural heritage.

A holistic approach to suicide prevention addresses the causes of suicidal distress, strengthens care and support for people in crisis, and supports people bereaved by suicide. It aligns with the concept of Social and Emotional Wellbeing which encompasses connection to land, culture, spirituality, and ancestry as the foundation of health and wellbeing for Aboriginal peoples.

Key challenges and opportunities

- **Training development and delivery** in suicide prevention programs and services.
- **Reducing stigma and raising awareness** to support help seeking.
- **Timely access** to ongoing support services and data.
- Strengthen community wellbeing by **addressing the social determinates known to lead to suicidal distress**.
- Focused attention on **early distress support/intervention**.
- **Support when in crisis**.
- Availability of **postvention and bereavement support**.
- **Targeted approaches for groups disproportionately impacted by suicide**.
- **Elevating Social and Emotional Wellbeing**.
- Expand services to meet the needs of **people living in regional and remote areas.**

Western Australian directions

Suicide prevention programs in WA include:

- Delivery of evidence-based public education campaigns to support mental wellbeing.
- Suicide prevention coordinators working directly with local and regional stakeholders to implement regional suicide prevention plans and support community suicide prevention activity and strategic approaches.
- Training programs to equip individuals with the skills and knowledge to improve their ability and confidence to identify and respond to people who are suicidal.
- Peer-based support programs that provide education, connections and that build mental health and wellbeing skills.
- Supports to address complex needs for women experiencing homelessness due to family and domestic violence.
- Coordinated responses to mental health crises encompassing prevention, intervention and postvention activities in Perth schools.

- Youth peer-based prevention services providing an alternative to emergency departments for young people experiencing suicidal thoughts.
- Coordination of timely, practical and holistic postvention agency responses to suspected suicides.
- Aboriginal community liaison officers and the development of Aboriginal suicide prevention plans.
- Martu healing support program to address the physical, mental, emotional and spiritual issues impacting the wellbeing in Martu Aboriginal Communities.

The expiry of the National suicide prevention strategy for Australia's health system: 2020–2023 and the Western Australian Suicide Prevention Framework 2021-2025 (Framework 2025) presents an opportunity to develop state and national integrated reform pathways through the linkage of the new Commonwealth strategy and the State Government commitment to a Suicide Prevention Framework.

The new Suicide Prevention Framework will build on the Framework 2025 and the breadth of work being delivered in Western Australia, and guide delivery of a state-wide, comprehensive and collaborative approach to suicide prevention.

Previous community feedback informing state and national approaches to suicide prevention suggest the new suicide prevention framework should aim to:

- Elevate mental health and wellbeing as key factors to reduce suicidal distress.
- Acknowledge and prioritise the social determinants known to increase suicidal distress.
- Align with the concept of social and emotional wellbeing.
- Identify priority groups, focus areas and services gaps in Western Australia.

Current programs and services in development include:

- A new WA Suicide Prevention Framework 2025-2030.
- Implementation of aftercare services to support people following a suicide attempt or crisis.
- Development of a guide to trauma-informed approaches for State Government departments.

Questions: Suicide prevention

13. Are there any additional key challenges or opportunities associated with preventing suicide and reducing suicidal distress?

14. What are we currently doing that we should keep doing or expand?

15. Are there any key gaps in suicide prevention programs or services?

16. Over the next five years, outline three key priorities to prevent suicide. Explain why these are priorities and how they are best achieved?

17. Can you provide specific examples of initiatives that you believe are likely to have a significant impact in suicide prevention over the next five years?

Focus area 3

Embedding social and emotional wellbeing in all mental health and alcohol and other drugs programs, initiatives, services, and care

Aboriginal peoples have unique needs and views on health and wellbeing, which must be recognised and be at the centre of all mental health and alcohol and other drugs programs, initiatives, services and care.

Aboriginal people are best positioned to direct how care and support should be provided in their communities to achieve better outcomes for Aboriginal peoples.

Social and Emotional Wellbeing (SEWB) describes a holistic concept involving a network of relationships between an individual, their family and community. It includes programs that align with the seven domains (outlined below) that describe sources of optimal wellbeing and connection that support a strong and positive Aboriginal identity and empowered communities.

The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017 – 2023 proposes a model of SEWB with seven overlapping key domains. These reflect protective factors and an ancient knowledge system aligned with Aboriginal Peoples' long-held cultural ways of knowing, being and doing. The model also acknowledges that history, politics and social determinants all affect the social and emotional wellbeing of Aboriginal peoples (see **Figure 7** below and expanded on in **Appendix D**).[33]

Figure 7. SEWB Framework[34]

Key challenges and opportunities

- **Culturally safe and secure care**, which includes incorporating Aboriginal ways of working to develop holistic care that promotes empowerment, choice and self-determination along with the integration of the SEWB framework.
- SEWB services and programs **responsive to local needs and contexts**.
- **Aboriginal people, Elders, and communities consistently and authentically engaged** in co-design of all aspects of planning, consultation, program/service delivery and evaluation.
- **Aboriginal self-determination and ownership** of the care of Aboriginal people.
- **Accessibility of services on Country**, particularly in rural and remote areas.
- **Aboriginal-led and delivered programs**, initiatives and services including integration with, or complimentary to Western therapeutic practices.
- Partnerships between Aboriginal-led organisations and mainstream services to support the **culturally secure management and shared care** of service users.
- A **robust Aboriginal workforce** through a range of strategies including culturally secure recruitment, capacity building, leadership pathways, staff retention and support (including access to cultural supervision and Elders).
- **Aboriginal workers in mainstream** services/organisations who are appropriately supported in the workplace.
- **Genuine co-design** and partnership with mainstream mental health and alcohol and other drugs services.
- Implementing **culturally responsive measurable targets** that ensure culturally safe program/service provision and workplaces for Aboriginal people.
- **Cultural awareness training** for non-Aboriginal staff working in the alcohol and other drugs and mental health systems to ensure cultural security.
- Access to **specialist services within Aboriginal Community Controlled Health Services** (ACCHOs).
- **Increasing awareness and trust** of programs and services available.
- **Increase the evidence base** for effective interventions and build this knowledge base from a cultural perspective including cultural methodologies in the way research is conducted and the way outcomes are viewed.

Western Australian directions

Programs, services and initiatives for SEWB are developing over time, with many being delivered in regional and remote areas. In WA, some examples of specific programs funded by the Commission include the SEWB Pilot program and the Kimberley Youth specific program.

The 2024-25 Western Australian State budget includes $12.3 million investment for the Aboriginal SEWB Program, providing mental health support in five communities, including one youth specific program in the Kimberley, delivered by ACCOs.

Despite this, as outlined in the Productivity Commission's review of the National Agreement on Closing the Gap, there is much more work to be done, requiring a paradigm shift and a systematic approach to determining what strategies need to be implemented.[35]

Early areas of focus that have been identified include:

- A strategic approach to consolidate, guide and strengthen the further development of SEWB approaches in Western Australia, aligned with the National SEWB Policy Partnership.
- Further exploration of the development and expansion of regional SEWB approaches that are Aboriginal led.
- Improve how Aboriginal people, Elders, and communities are consistently and authentically engaged in co-design of all aspects of planning, service/program delivery and evaluation.

Questions: Social and emotional wellbeing

18. Are there any additional key challenges or opportunities associated with SEWB?

19. What are the key gaps in the delivery of SEWB programs and services?

20. Over the next five years, outline three key priorities to embed SEWB in all mental health and alcohol and other drugs programs, initiatives, services, and care. Explain why these are priorities and how they are best achieved?

21. Can you provide specific examples of initiatives that you believe are likely to have a significant impact on embedding SEWB over the next five years?

Strategic Pillar 3

Community support

Prioritising Community Support Services that Holistically Meet People's Needs

Focus area 4

Providing individual and group psychosocial supports for those in need

Community mental health and alcohol and other drugs support services aim to keep people well, out of hospital, and connected to their family, friends and community.

For many people, the ability to stay well depends on regular, holistic community supports to prevent escalation to 'crisis'.

Community support services predominantly offer non-clinical assistance to individuals managing mental health and alcohol and other drug use issues within their own environments. These services involve individually tailored, psychosocial, and personal recovery-focused programs provided in the community, that aid individuals, families, and caregivers in identifying and achieving personal goals.

Community mental health support and alcohol and other drugs services include psychosocial and personal recovery focused group and individual support (including peer led programs) and individual advocacy services.

Key challenges and opportunities

- **Coordinated network of mental health services**, including psychosocial support with pathways into clinical treatment to provide for continuous treatment, seamless care and support.[36]
- For those with a **psychosocial disability** access to the National Disability Insurance Scheme (NDIS) in WA.
- Access to psychosocial supports **outside of the NDIS**.
- Additional community support services required for the **'missing middle'** (those too unwell for the general primary care system but not unwell enough to require inpatient hospital services or intensive community care).
- **Investment in community supports** by comparison to acute hospital-based services to rebalance the system.
- **Alternative or complementary services to** clinical options that support intersecting factors such as housing and employment.
- Community support as **transitional services** preceding or following clinical treatment.
- Strengthening mainstream **mental health services** and **NDIS interface.**
- **Supporting families and carers** needs in their distress including supporting the whole family, and children who have parents with mental health and/or alcohol and other drug issues.
- Families and Carers as **partners in care and recovery.**
- **Flexible respite** when needed.

- **Joint planning and co-commissioning** of contemporary mental health services through partnerships across government and with Aboriginal Community-Controlled Organisations (ACCOs).
- **Support for individuals who are ineligible or awaiting access to the NDIS** for psychosocial supports.
- A **comprehensive suite** of mental health and alcohol and other drugs community support services with **coordinated pathways** across the service spectrum.
- **Contemporary** and **more accessible individual advocacy services**.
- Access across the state, particularly in **regional and remote areas** and through **telehealth technologies**.
- Dedicated community support services for **children and young people** (including those leaving care).
- Access to community support services that have the capacity to address **co-occurring mental health and alcohol and other drug needs**.
- Growing and strengthening the Lived Experience **Peer-based workforces**, including an Aboriginal Peer Workforce.

Western Australian directions

In WA some examples of mental health psychosocial supports provided include the Youth Psychosocial Support Program, Group Support Activities Services and Recovery Colleges. In relation to alcohol and other drugs, holistic, personalised support services that aim to improve the quality of life and psychosocial functioning of people using alcohol and other drug services are incorporated in the provision of treatment programs (including support with housing, employment and education).

In 2023, WA had the lowest rate of participation in NDIS per 100,000 population for people with a psychosocial disability.[37] Work is currently underway by the Australian Government to reform the NDIS and this is likely to have further impact on access to psychosocial supports provided within WA. Consultation is underway to identify key principles and features required for future development of the existing Western Australian psychosocial support eco-system.[38] Participation of Aboriginal people and those with lived experience is important to inform future directions.

Access to independent individual advocacy for individuals and families is an important aspect of the mental health, alcohol and other drugs system. In 2022-23, the Commission undertook a review of its mental health individual advocacy program area to inform a future service model that is contemporary, evidence-based, and responsive to community need.

Early identified areas of focus include:

- Proactive engagement in NDIS reforms.
- The requirement for a network of contemporary psychosocial supports to address unmet need in the mental health system.
- Aboriginal led models of psychosocial support programs that integrate the principles of social and emotional wellbeing.
- Implementing contemporary mental health Individualised Advocacy Services.
- Growth and development of Lived Experience (Peer) Workforces across the mental health, alcohol, other drugs, and suicide prevention systems aligned to best practice.
- Establishment of system structures to support the development and implementation of Lived Experience (Peer) Workforces within the public and community sectors.

Questions: Psychosocial support

22. Are there any additional key challenges or opportunities relating to the delivery of individual and group psychosocial supports?

23. What are the key gaps in individual and group psychosocial supports?

24. Over the next five years, outline three key priorities for individual and group psychosocial supports? Explain why these are priorities and how they are best achieved?

25. Can you provide specific examples of initiatives that are likely to have a significant impact on individual and group psychosocial supports over the next five years?

Focus area 5

Providing mental health supports in community residential settings

Residential mental health services in community settings provide specialised support, rehabilitation or care for people affected by a mental health issues or psychosocial disability.

These services employ a workforce to provide rehabilitation, treatment, or extended care onsite. These services are not located on hospital grounds or located within clinical residential services.

Services may include short-term crisis support accommodation, longer-term supported independent living (e.g., Individualised Community Living Strategy) or residential accommodation for those with severe and enduring mental health issues with high rates of associated psychosocial disability and chronic physical health difficulties (e.g. licensed psychiatric hostels).

Improving access to safe housing and associated community support helps to prevent the specialised treatment and short to medium term accommodation system becoming congested with people who want to, and are able to, live independently in the community.

People who experience difficulties with accessing and maintaining housing include people with a mental health, alcohol and/or other drug issue who have come into contact with the criminal justice system, people who have remained in institutional care for a number of years, people who are homeless, people currently living in psychiatric hostels and people exiting alcohol and other drug treatment programs (see Focus Area 5 for alcohol and other drugs transition support services).

Key challenges and opportunities

- **Access to safe, appropriate, and affordable housing.**
- Shortages in access to housing contributes to **bed blockages** and impacts on people being able to access mental health and alcohol and other drug services in the community.
- **Cross government collaboration** and partnerships aligned with All Paths Lead to a Home: Western Australia's 10-Year Strategy on Homelessness 2020-2030 to deliver targeted initiatives and programs to support individuals.
- **Variation in the mental health care** provided to psychiatric hostel residents including level of communication, in-reach and partnership working between the community mental health teams and hostels within their catchment area.[39]
- **Contemporary accommodation and infrastructure** to address identified issues with **large congregate living facilities**.
- Access to **specialist community mental health teams** for those with complex and multiple needs.
- **Active care coordination** to address physical and mental health deterioration.
- **Assistance for NDIS assessments and referrals** and assistance for people to move to more independent living.
- **Flexible supports** to meet the needs of individuals.
- Access to **supports at home** that help prevent hospital admissions such as Hospital in the Home.
- Interface between the **NDIS and mental health supports in community accommodation settings**.
- Crisis accommodation should be time limited and a **step towards longer term accommodation**.
- Supports are required for those who have **experienced homelessness.**
- **Seamless pathways** while transitioning from one accommodation and support type to another.
- Framework that outlines **entry/exit pathways** through accommodation services.

- **Housing First approach** and interface with transitional mental health and alcohol and other drug programs that aim to support recovery and independence.
- **Specific needs of population groups** including children and young people, and those exiting the criminal justice system.

Western Australian directions

The development of mental health and accommodation and support services in WA has largely been driven by the strategic directions outlined in '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'.

The Individualised Community Living Strategy (ICLS) is an individualised support program funded by the Commission that provides coordinated clinical and psychosocial supports, with or without housing, to assist individuals to achieve their recovery goals and live well in the community. The principles of choice, personalised planning, self-direction, and portability of funding are central to the operation of the ICLS, as is access to appropriate, safe and affordable housing.

A Youth Transitional Housing and Support Program is currently being established which will provide young people aged 16 - 24 with coordinated individualised supports linked to housing that build their capacity to live independently.

Some people also need longer-term supported accommodation to achieve personal recovery. In 2023, there were 738 licensed beds in licensed psychiatric hostels (hostels) with residents staying for an average of six and half years.[40] A lack of access to community and clinical supports can make it difficult for people to move to more independent living arrangements.[41,42] Furthermore, additional specialist care may be required as residents age[43] and consideration to service design is required to ensure ongoing needs are met. This includes modern, coordinated, recovery focused community-based support and in-reach services.

Identified areas for potential focus include:

- Strong partnerships between community support services, clinical services and housing providers to support smoother transitions between services and to maintain tenancy in independent living.
- Exploring an approach to separating the provision of accommodation and support wherever possible so that the support can move with client need.
- Collaboration between stakeholders to improve outcomes for residents in hostels.
- Strengthened partnerships to increase access to housing for people with mental health, alcohol and other drug issues and the provision of in-reach treatment and support where required.
- Implementation of the Youth Transitional Housing and Support Program.

Questions: Mental health community support in residential settings

26. Are there any additional key challenges or opportunities relating to mental health supports in community accommodation settings?

27. What are the key gaps in mental health supports in community accommodation settings?

28. Over the next five years, outline three key priorities for improve access to mental supports in community accommodation settings? Explain why these are priorities and how they are best achieved?

29. Can you provide specific examples of initiatives that are likely to have a significant impact on mental health supports in community accommodation settings over the next five years?

Focus area 6

Reducing the harms associated with alcohol and other drug use for individuals and communities

Harm-reduction strategies provide a public health response for people experiencing harms from their own or other peoples' alcohol and other drug use.

Aligned to the National Drug Strategy 2017-2026 harm minimisation framework, harm reduction is an integral component of a comprehensive approach to building safe, healthy and resilient communities through preventing, responding and reducing alcohol and other drug related health, social and economic harms.[44] More specifically, harm reduction programs aim to reduce the adverse consequences of alcohol and other drug use, for the individual, their families and the wider community.[45] Harm reduction has been a long-standing approach which continues to evolve, particularly with the emergence of new and novel illicit substances.

Effective harm reduction requires evidence based and innovative approaches to reducing harm and a commitment through government and non-government programs, industry regulation and standards. Programs may be delivered in various settings, including homes, through community centres and services, residential facilities, or inpatient facilities, providing comprehensive support across different environments.

Key challenges and opportunities

- **Availability and access** to a range of harm reduction programs across WA.
- **Cross sector approaches to overdose prevention**, including the take home naloxone program and education on recognising the signs and symptoms of overdose.
- **Alcohol and other drug system flow** and associated service availability.
- Locally informed, **across agency** responses to address volatile substance use issues.
- Supportive **public health policy**.
- Availability of harm reduction in **accessible and appropriate settings**.
- **Stigma and discrimination** limiting access to services.
- **Building evidence** to support harm reduction policy and strategy and community support for harm reduction initiatives.
- Developing and implementing **health-led responses** to alcohol and other drug issues with support from law enforcement and others.
- **Early warning systems** to identify and respond to emerging drug related issues in a timely manner.
- **Proactive community and peer engagement** in developing harm reduction strategies to deliver sustainable programs.
- **Appropriately targeted** harm reduction education and awareness.
- **Monitoring and responding** to new and **emerging drugs of concerns** in a timely and proactive manner.

Western Australian directions

Historically within WA, harm reduction programs have received considerable support from both law enforcement and health including strong and continued efforts through initiatives such as needle and syringe programs, peer harm reduction, night patrols, and targeted education and communication strategies.

Recently there has been advancements in opioid overdose prevention by increasing the availability of naloxone across the state through first responder services and community sector organisations, as well as Hepatitis C screening and treatment.

Initiatives currently being delivered or in development include:

- The WA Leavers Strategy, led by the WA Police Force in partnership with key government and non-government stakeholders, is a harm minimisation and primary prevention strategy for managing end-of-school celebrations to keep leavers safe through implementation of a range of evidence-based strategies to prevent and reduce harm associated with alcohol and other drug use.
- The WA component of the Emerging Drug Network of Australia (EDNA) is an essential source of early detection and monitoring of illicit and emerging drugs of concern through rapid toxicology testing of presentations to the ED. EDNA provides a unique source of data on drugs that are directly causing harm in the community and enables timely public health and policy responses.
- Planning for the establishment of an Early Warning System (EWS) is underway to support the early reporting of drug-related incidents which pose a potential immediate threat to public health.

Questions: Harm reduction

30. Are there any additional key challenges or opportunities relating to the delivery of harm reduction initiatives?

31. What are the key gaps in the development and delivery of harm reduction initiatives?

32. Over the next five years, outline three key priorities for harm reduction initiatives. Explain why these are priorities and how they are best achieved?

33. Can you provide specific examples of any harm reduction initiatives that are likely to have a significant impact over the next five years?

Focus area 7

Providing contemporary safe places in the community

Community-based safe places provide safe environments for people who are intoxicated, diverting them away from emergency departments and police settings.

People may self-refer to services or be brought in by the police, a local patrol, health/welfare agencies or other means. Attendance is voluntary.

Safe places for intoxicated people are not considered treatment services per se, however referral to other agencies and services may be provided if required. In addition, the services offer access to bathroom facilities, a shower, bed and meal.

Key challenges and opportunities

- Providing alcohol and other drug **emergency care interventions** that are fit for purpose to provide low medical withdrawal and crisis intervention planning.
- **Crisis responses** for individuals and their families and connection with hospital services.
- **Limitation of opening hours for sobering up centres** limits the ability for these services to provide a comprehensive crisis response.
- **Access to short-term, face-to-face, immediate support** to individuals who are intoxicated and/or in crisis related to their methamphetamine or other alcohol and other drug use.
- Options for **alternative management** or response to that of first responders.
- **Ongoing engagement** including opportunities for further treatment and support following crisis.
- **Integration with other community services** for people in crisis.
- **Complexity of presentations** often with other co-occurring mental health and other health conditions.
- Safe, youth friendly places for **children and young people** who are intoxicated.
- Appropriate **location and capacity** of existing services to meet demand.
- Provision of a **safe, low-stimulus environment** where **brief intervention, harm reduction information** and **assisted referrals** to social and other services can occur.
- **Dual purpose centres** to facilitate use of infrastructure and assisted referral or engagement in services.
- An integrated cross agency, **family centred approach** to support children and young people in crisis.

Western Australian directions

Stemming from the Government's Response to the Royal Commission into Aboriginal Deaths in Custody in 1992, these services have traditionally focused on people who are intoxicated with alcohol, known as sobering-up centres. Currently, there is one sobering up centre located within the metropolitan area and eight in regional areas. The service delivery models of these services have evolved over time depending on local circumstances.

In addition to sobering-up centres, there is also need for other forms of short-term residential or crisis support services in community settings that provide specialised support or care for people affected by drugs other than alcohol, or polydrug alcohol and other drug intoxication.[46] This type of approach would enable crisis planning with individuals and their families at the point they need it and leverage off strong partnerships and collaboration with other service providers and key stakeholders across the broader spectrum of the social and welfare sector.

Current programs and services in development include:

- Construction of a new sobering up centre in Broome.
- Development of the Immediate Drug Assistance Centre in the metropolitan area.

Identified areas for future development include an approach to alcohol and drug safe places for stabilisation in the community, including short term critical intervention that provides a higher degree of care and length of stay than a sobering up centre, and includes a proactive intervention and coordination component.

Questions: Safe places for intoxicated people

34. Are there any additional key challenges or opportunities relating to safe places for intoxicated people?

35. What are the key gaps in the development and delivery of safe places for intoxicated people?

36. Over the next five years, outline three key priorities for safe places for intoxicated people. Explain why these are priorities and how they are best achieved?

37. Can you provide specific examples of safe places for intoxicated people that are likely to have a significant impact over the next five years?

Strategic Pillar 4

Community treatment

Providing Specialist and Individualised Care and Treatment in The Community for Individuals, Families and Significant Others

Focus area 8

Improving immediate access, assessment and response to those in crisis

Immediate access, assessment and response refers to services that provide crisis intervention, support, and an appropriate level of care to individuals, family members and carers experiencing mental health or alcohol and other drug crises within the community.

Key to these services is providing appropriate, accessible, timely and effective support, early intervention to reduce escalation, and provide continuing care through appropriate referrals and alternate care pathways within the community.

Best practice crisis response includes:

- Virtual Assessment and Triage - Availability and access to mental health and alcohol and other drugs clinical services to provide assessment and triage through phone and virtual helplines.
- Mobile crisis response – Providing rapid, on the spot mental health assistance in partnership with first responders such as police or ambulance.
- Crisis stabilisation services – Providing a safe and therapeutic environment for those in acute mental health crisis either within hospitals, or within the community.

Key challenges and opportunities

- A future **contemporary emergency response system** involving accessible, coordinated, and comprehensive crisis response with a single point entry point for coordination and response.
- Emergency department settings are not considered **therapeutic spaces** for people experiencing crisis.
- **Alternatives to emergency departments** are required for those in crisis.
- Effective, coordinated 24/7 in situ crisis response for people experiencing **mental health and/or alcohol and other drug crisis**.
- **Safe places as an alternative to emergency departments** which can accept walk-ins and referrals directly from police, ambulance, and hospitals.
- **Service integration** to enable a timely, flexible, and comprehensive responses.
- **System navigation** across the Health Service Provider boundaries to ensure timely access.
- **System collaboration, interconnection and information** sharing to inform clinical response.
- **Technology** to support capability that can continue the care episode beyond current practice.
- **Capacity and capability building** within first responders to help facilitate appropriate responses.
- Engagement and support for **families and carers**.
- Provision of **peer support**.
- **Crisis intervention, de-escalation** of distress and prevention of risk to individuals.

- **Combination of services**, programs, treatment and supports in the community.
- **Immediate face to face alcohol and other drug** related assistance, referral and follow up support.
- **Access to centralised clinical alcohol and other drug advice** beyond general practice to provide safe management, including alcohol and other drug withdrawal, for people at home.
- **Youth crisis response services** that address the specific needs of young people.
- **Wait times** in emergency departments resulting in increasing distress for those in crisis.

Western Australian directions

In WA in 2023-24 there were 67,376 mental health related emergency department attendances at public hospitals.[47] At least half of the people attending emergency departments for mental health related issues were discharged back into the community, indicating that if alternative mental health responses were available that emergency department attendance may be avoidable.[48] In addition, more community- based options will provide for improved person-centred care.

In WA, some examples of current services include:

- Safe Havens that work alongside emergency departments during after-hours and are for people experiencing mental health issues who do not need intensive clinical and medical support.
- Mental Health Observation Areas are co-located with emergency departments and provide environment that is better suited to providing treatment and care for people experiencing a mental health crisis or distress.
- Police co-response where mental health practitioners, Aboriginal mental health workers and police officers work together in co-responding to calls seeking assistance, where mental health issues are identified as a likely factor.
- The Here for You mental health, alcohol and other drug support line, Alcohol and Drug Support Service (ADSS) and Mental Health Emergency Response Line (MHERL) currently provide immediate crisis support related to alcohol and other drugs and mental health issues to individuals and families across a variety of modes including telephone, email and LiveChat.
- The Drug and Alcohol Clinical Advisory Service (DACAS) provides specialist telephone consultancy service with clinical advice to health professionals on all issues relating to patient management of alcohol and other drug use.

Current identified areas of focus in WA include the development, enhancement, and reconfiguration of an accessible, coordinated, and comprehensive crisis response as outlined below:

Component	Aim	Activities
Virtual care	State-wide phoneline with virtual triage, assessment, coordination of crisis calls providing one point of contact	• Development and refinement of the Western Australian Virtual Emergency Department (WAVED) mental health component. • Expansion of Drug and Alcohol clinical support • Expansion of crisis connect to state-wide
Mental health, alcohol and other drug crisis outreach	Responsive and accessible community-based interventions	• Mental health mobile crisis teams (expansion of Acute Care Response Teams for up to 18 year olds) • Ambulance co-response pilot (16 years and above) • Mental health (police) co-response
Alternatives to emergency departments in crisis	Contemporary evidence-based short-term, community-based residential	• Urgent care centres • Alcohol and other drug safe places (such as the Midland Intervention Centre and the Immediate Drug Assistance Centre) • Safe places for children up to 16 years

Questions: Crisis response

38. Are there any additional key challenges or opportunities associated with improving access, assessment and response to those in crisis?

39. What are the key gaps to improving access, assessment and response to those in crisis?

40. Over the next five years, outline three key priorities to improve access, assessment and response to those in crisis. Explain why these are priorities and how they are best achieved?

41. Can you provide specific examples of initiatives that are likely to have a significant impact on improving access, assessment and response to those in crisis?

Focus area 9

Mental health services in the community working together to provide responsive, holistic and people-centred support

Community mental health

Community mental health treatment services provide clinical care in the community, and in the case of public mental health services, generally operate with multidisciplinary teams who provide outreach, transition support, physical health assessment and support for good general health and wellbeing. They include community treatment services that are individually tailored and personal recovery focused support to help people, their families and carers to identify and achieve their personal goals.

Services provided to individuals are non-residential, and can be intensive, acute or ongoing. All community treatment services aim to include carers or family members in relevant treatment decisions, aiming to be family inclusive, trauma informed, and mental health community treatment services are recovery oriented. Specialist community mental health services are generally targeted to people with serious and/or persistent mental health issues that have a moderate-severe impact on their day-to-day functioning.

In WA, most of the community-based mental health treatment is provided through public mental health services (health service providers) and general practice. Other community-based treatment services are provided through the private and not-for-profit sectors.

Primary health

Primary health care, often delivered through general practice, may be first contact for a person with a mental health concern. Services included low intensity mental health services for early intervention and access to psychological therapies through the Medicare Benefit Schedule. General practitioners may refer patients to other community support or mental health services where appropriate, however also play a role in the continuing care of people who have experienced mental ill-health. Mental health care is often integrated as a part of routine general practice, and as such mental health provided across primary health is likely to be underestimated in the data captured.[49]

Key challenges and opportunities

- Embedding **Lived Experience (Peer) workforces (including family carer peers)** into mental health programs and services.
- **Engagement of families** in treatment and support of children and young people.
- **Risk aversion towards young people limiting access to services**, particularly for those aged 16 to 18 years who cannot access Child and Adolescent Services due to their age.
- Ability to provide **intensive, outreach, multidisciplinary/multiagency support** to people with complex and multiple needs, including those with challenging behaviours and those transitioning out of the forensic mental health system.
- **Stand-alone services silos**, hindering comprehensive care for individuals with complex needs (including co-occurring mental health and alcohol and other drug related issues, challenging behaviours, and co-occurring issues relating to social determinants).
- Availability of ***intensive community outreach*** in all catchments.[50]
- **Service gaps and disrupted transitions** in care between services and across service streams.
- **Alcohol and other drug use** being a barrier to accessing to mental health services.

- **Demand** for treatment outstrips available supply of services, leading to extended wait times.
- **Workforce diversification** to increase capacity and support clinical resources to provide more person-centred care.
- **System navigation issues** and multiple points of assessment and various exclusion criteria.
- **Coordinated and integrated service** delivery including with alcohol and other drug service providers.
- A future **contemporary emergency response system** involving accessible, coordinated and comprehensive crisis response with a single point entry.
- **Earlier intervention** and engagement with community-based services.
- Services focussing on **specific population** groups including Aboriginal people, children and young people and LGBTIQA+SB.
- Young people and **transition** to adult services.
- **Holistic service provision** involving mental health services working closely with primary care, psychosocial, Aboriginal and other community services to provide a wraparound approach.
- Consistent and dedicated **clinical in-reach to psychiatric hostels**.
- **Flexibility** of intensity and duration of treatment and care.
- **Extending opening hours** for increasing access.
- Providing **targeted mental health led intensive outreach** to those who need it, including more intensive support and coordination for individuals with complex needs and homelessness.
- **Liaison, shared care and partnerships** including consistent and dedicated clinical in-reach to community bed-based services such as psychiatric hostels.
- Enhanced capability for liaison and **shared care with primary care** and strengthened **links with Aboriginal Medical Services** particularly in the regions.
- A **primary care health led approach**, for individuals not requiring engagement with community mental health teams other than for medication.
- Limited primary care practices that bulk bill can be a barrier to people seeking help.
- **Supporting General Practice** (including in regional areas) to enhance their capability and capacity to better manage mental health patients (at varying degrees of acuity) in the community, including complex medication management.
- Multidisciplinary services for **infant, child and adolescent** mental health.
- **Access to mental health professionals within general practice** to encourage strong communication between practitioners, facilitate a 'no-wrong-door' approach to mental health for patients, and allow for more effective use of each practitioner's time and skills.
- **Specialised youth services** in the areas of eating disorders, trauma, neurodevelopmental disorder with intellectual disability, ADHD, and psychosis.[51]

Western Australian directions

In 2022-2023, a total of 577 mental health community treatment services were operating in WA. Most community treatment services were in the metropolitan area (51%) followed by regional and remote areas (40%) and the remaining were state-wide services (9%).

The State Government is committed to continuously reforming and enhancing public mental health services for infants, children and adolescents (ICA), investing a total of $143.6 million since 2022-23 to transform the system into contemporary, evidence-informed services and care.

In the latest budget (2024-25), $61 million was committed by the State Government to further build ICA responses, including:

- Extending the availability of Acute Care Response Teams across the Perth Metropolitan area and the Great Southern;
- Continuation of the expansion of the Crisis Connect service;
- Providing a rapid response to support young people in crisis; and
- A continuation of the WA Country Health Brief Crisis Intervention, post emergency department follow up virtual service and virtual support for clinicians in emergency departments.

In addition, the State and Commonwealth Governments committed to establish Head to Health Kids in WA. The service for children aged 0-12 years and their families, will target children at risk of social, emotional, and developmental wellbeing issues of mild to moderate emerging complexities.

Several Commonwealth funded Medicare Health Centres (formally Head to Health services) operate in Midland, Armadale, Gosnells, Mirrabooka and Northam. These services provide free advice, support and, if needed, assessment and treatment for people with stress, anxiety and other mental health issues.

The Community Treatment and Emergency Response Project (CTER) will provide a vision for public specialist community mental health and emergency response services that will best meet the needs of people aged 16-65 years old in WA.

Other current identified areas of focus include:

- Bolster general practice capability – enhance general practice access to support and advice from mental health specialists, such as psychiatrists, on the management of patients with mental health issues.
- A defined youth stream in public mental health remains an issue impacting service access for young people aged 16 – 24.
- Enhance workforce diversification in community treatment teams to free-up clinical resources and provide more person-centered care.
- One point of access to all community treatment teams.
- Access to specialist intensive outreach rehabilitation and recovery (such as the Active Recovery Teams).
- Expansion of specialist mental health services for homeless people.
- Dedicated Older Adult community treatment resources aligned to the Older Adult State-wide Model in development.
- Geographical expansion and adaptation of the existing hospital in the home services to include more intensive 'hospital' type support, and tailored community approaches.

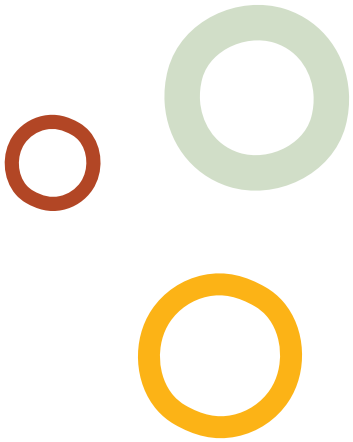
Questions: Community mental health

42. Are there any additional key challenges or opportunities associated with community mental health treatment?

43. What are the key gaps in community mental health treatment?

44. Over the next five years, outline three key priorities for community mental health treatment. Explain why these are priorities and how they are best achieved?

45. Can you provide specific examples of initiatives that are likely to have a significant impact on community mental health treatment?



Focus area 10

Support alcohol and other drug treatment in the community to continue to grow and diversify

Not unlike mental health services, community treatment services within the alcohol and other drugs system provides treatment and support services in the community for individuals and families.

Typically, this includes non-residential screening and assessment programs, brief intervention, counselling services (individuals, couples, families and groups) and relapse prevention.

Key challenges and opportunities

- **Regional resources and specialised staff** to manage the increasing complexity of client needs and co-occurring issues including mental health, physical health, family and domestic violence.
- **General practitioner incentives** (e.g., extended appointments available through Medicare) for alcohol and other drug related issues.
- **Sustainability and growth funding** of community-based alcohol and other drug services to meet demands.
- **System navigation and integration** with other services including public mental health services to support complex clients.
- **Alternate models** for the engagement of clients with complex issues.
- **Rising consumer demand** and wait times for treatment.
- **Workforce diversification** including peer support.
- **Capacity and capability** building of workforce to address co-occurring alcohol and other drug and mental health issues.
- **Integrating social and emotional wellbeing** principles in community-based services.
- Home-based pharmaceutical supports including **Community Pharmacotherapy Program prescribers**, particularly in the regions.
- **Youth** community treatment-based services.
- Demand for **integrated services** (e.g. community treatment and clinical services).
- **Stigma or discrimination** as a barrier to accessing treatment.

Western Australian directions

In 2022-23, there were 77 Community Treatment services for alcohol and other drugs, with at least one service in each health region. Of these services 66.2% were in the metropolitan area, and 33.7% were in regional and remote areas. The remaining two were state-wide.

In 2022–23, for clients in WA who received treatment episodes for their own alcohol or drug use (18,785 episodes), alcohol was the most common principal drug of concern (48% or 9,017 episodes), followed by amphetamines (22% or 4,108)[52]. In 2022–23, for treatment episodes in WA (19,671 episodes), counselling was the most common main treatment (65% of episodes), followed by support and case management 11%.[53]

In addition to the services provided by specialist non-government services, the Commission also funds a state-wide network of Community Alcohol and Drug Services provided by community-based treatment services (providing counselling and support) in partnership with Next Step Drug and Alcohol Service (providing medical and psychological services).

Outpatient community treatment is also provided across some Health Service Providers including Outpatient Addiction Prevention and Treatment Services, and mental health and alcohol and other drug dual diagnosis.

Potential areas for focus include:

- Strengthening capacity, engagement, and partnerships with ACCOs to design and deliver alcohol and other drugs services for their community;
- Addressing issues regarding the sustainability of services;
- Evaluating alcohol and other drugs services as per the Commission's agency commissioning plan, to inform future service design and the alcohol and other drugs service landscape; and
- Implementation of the Kimberley youth alcohol and drug service.

Questions: Community Alcohol and Other Drugs services

46. Are there any additional key challenges or opportunities associated with community alcohol and other drug treatment?

47. What are the key gaps in community alcohol and other drug treatment?

48. Over the next five years, outline three key priorities for community alcohol and other drug treatment. Explain why these are priorities and how they are best achieved?

49. Can you provide specific examples of initiatives that are likely to have a significant impact on community alcohol and other drug treatment?

52 Note 'Treatment' as defined by the AIHW includes Assessment, counselling, information and education, pharmacotherapy, rehabilitation, support and case management and withdrawal and detoxification.

Strategic Pillar 5

Community bed-based

Increasing Availability and Accessibility of Community Bed-Based Services

Focus area 11

Increasing availability and accessibility of mental health community bed-based services

Community bed-based services provide 24 hour, seven days per week personal recovery focused services in a residential style setting. For mental health, this includes residential accommodation for people with mental health issues, which are either staffed or contactable 24/7.

Community bed-based services support a person to more independent living. The primary aim of these services is to improve functioning and reduce difficulties that limit an individual's independence. They also provide additional supports to assist people to transition home from hospital, as well as work with an individual to prevent relapse and promote good general health and wellbeing.

The type of mental health community bed and a variable length of stay is offered depending on the person's needs and the type of service being offered.

Services may be categorised as:

- Mental health Non-Acute Short Stay – provides short-term (expected maximum stay is 30 days) residential care, including intensive treatment and support (e.g. Step Up Step Down services).
- Mental Health Rehabilitation and Recovery Accommodation – residential services delivered in a partnership between clinical and community support services. The programs typically offer accommodation, treatment and support services focusing on personal recovery and integration into the community with an average length of stay of four months with an expected maximum of six months (e.g. accommodation for people experiencing homelessness, transitional housing for people with mental health issues such as Community Supported Residential Units).
- Long-term Supported Accommodation – these services mirror that of the Mental Health Rehabilitation and Recovery Accommodation services, however the average length of stay is one year (e.g. Community Care Unit).
- Long Stay Residential Aged Care – services for older adults who have severe and persistent mental health issues, and who are unable to live in mainstream aged care settings.

Key challenges and opportunities

- **Access to services** across WA, including by people in regional areas.
- **Defined referral pathways** and processes to access bed-based services including in regional communities.
- **Defining pathways** through services and holistic supports through **collaboration across government portfolios**.
- Community bed-based services able to **manage a high level of complexity and acuity, with tailored clinical access** to match support required.
- Equipping community bed-based services and the workforce to handle **increasing complexities** of individual needs in bed-based services.
- Improved **integration of mental health and alcohol and other drugs services** in community bed-based services.
- **Increasing service capacity,** including availability of community beds.
- Addressing **unmet demand for transitional support** back into local community from community bed-based services.
- **Leaving country is a barrier** to accessing services for Aboriginal people.
- Access to community bed-based services for ***people who are homeless*** or who may have lost their accommodation during an extended hospital stay.
- Addressing the needs of **older adults**.
- Addressing eligibility **criteria barriers** that includes the specific regional context.
- **Coordinated network of community bed-based** options following a hospital stay, or to prevent a hospital admission that support transition to independent living (where appropriate).
- **Multidisciplinary teams** available to provide treatment and support in community bed-based settings.
- **Community treatment services** working with community bed-based service providers, providing in-reach, clinical assessment, admission and discharge oversight.
- **Service models not necessarily fit for purpose** in some local context.
- **Mental health in-reach** into other services such homeless services.
- Adequate community bed-based services to **reduce the demand for hospital services**.
- Lack of housing, and appropriate accommodation and support options resulting in individuals **remaining in clinical and community bed-based settings longer than needed.**
- **Homelessness** and the impact on mental health and alcohol and other drugs systems.
- **Sustainability of services** impacted by increasing cost pressures.
- Availability of **housing for the workforce** in regional areas.

Western Australian directions

A range of community-bed based services are required that meet the needs of local communities and to provide a continuum of care. It is noted that in many cases, community treatment services work closely with community bed-based service providers, providing in-reach, clinical assessment, admission and discharge oversight.

Some examples of community bed-based services in WA include Step Up Step Down Services, Community Supported Residential Units (CSRU), accommodation for people experiencing homelessness and the Community Care Unit (CCU).

In 2022-23 there were a total of 43 community bed-based services identified across WA, with eight (18.6%) in regional and remote areas and 35 (81.4%) in metropolitan areas.

These services provide 730 beds across Western Australian as follows:

- 78 Non-Acute Short Stay;
- 143 Rehabilitation and Recovery Accommodation;
- 487 Long-Term Supported Accommodation; and
- 22 Long Stay Residential Aged Care.

Services currently in development include:

- Delivery of planned Step Up Step Down services in Broome, Karratha, South Hedland and a Youth service based in the metropolitan area.
- Delivery of more Youth Mental Health Alcohol and Other Drugs Homelessness beds.

Key future developments in this area relate to the identified need for investment in a continuum of services available to enhance opportunities for discharge of people with mental health issues out of hospital settings, and into community-based services that best meet their needs in terms of level and nature of care at the point of discharge. Identified areas of for potential development include:

- Ensuring a continuum of community bed-based services, including services for those with high need for clinical and psychosocial rehabilitation and recovery support.[54]
- Exploration of specialised community-bed based services for Eating Disorders, Older Adults and Forensics.[55]

Questions: Mental health community bed-based services

50. Are there any additional key challenges or opportunities relating to mental health community bed-based services that are not captured above?

51. Are there any gaps in the areas of mental health community bed-based services?

52. Over the next five years, outline three key priorities for mental health community bed-based services? Explain why these are priorities and how they are best achieved?

53. Can you provide specific examples of initiatives that are likely to have a significant impact on mental health community bed-based services over the next five years?

54 Services such as Transitional Care Units (TCU) and Secure Extended Care Units (SECU) are an important component of a continuum of services and are reflected in the Hospital Strategic Pillar.

55 Also see Specialised Services Strategic Pillar.

Focus area 12

Balancing access to alcohol and other drug withdrawal, residential rehabilitation and post residential beds in the community

Alcohol and other drug community bed-based services provide:

- Low medical withdrawal services - 24-hour supervised alcohol and other drug withdrawal programs from a psychoactive drug of dependence, provided in community bed services, or in the home by registered nurses and general practitioners. Programs are generally seven to 14 days in length.
- Residential rehabilitation for people with alcohol and other drug issues that are structured, intensive and staffed 24/7. Programs are typically three or so months in duration, but the length of the program may vary depending on individual needs.
- Post residential accommodation[56] provides short to medium term supported accommodation in the community for people transitioning to the community after completing residential treatment. It can include mobile/outreach services.

Key challenges and opportunities

- Access to low **withdrawal beds across** WA, particularly in regional and remote areas.
- **Shortage of home-based** pharmaceutical supports such as low medical withdrawal services, particularly in the regions.
- **Limited interim support services** for those awaiting access to withdrawal services.
- **Defined referral pathways and processes** to access bed-based services including in regional communities.
- **Timely** and **smooth transition** to residential rehabilitation services from withdrawal services.
- **Integrated withdrawal** and **residential rehabilitation** services.
- **Facilitated transition** to community-based treatment services following completion of residential programs.
- **Post residential accommodation** can aid in reducing relapse rates, improvements in wellbeing, increased life and independent living skills and reduced levels of homelessness.
- Cross government collaboration and coordination to **prevent homelessness** from those exiting residential treatment.
- Specialist alcohol and other drug rehabilitation services for **young people**, particularly in the regions.
- No specialist, culturally secure **Aboriginal residential rehabilitation services** available in the south of WA.
- Improved **integration of mental health and alcohol and other drug** services in community bed-based services.
- Capacity and capability service to manage **complex clients** with multiple co-occurring conditions including mental health.
- Lack of **intensive day programs** for those requiring a high level of support but have safe housing.
- Need for family-inclusive residential programs, including ***women with children***.
- Sufficient places to continue **longer-term treatment, either residential or non-residential**.
- Requirement for **sustainable and flexible services** to meet the needs of complex clients.

56 Post residential rehabilitation support is also referred to in the Community Support Strategic Pillar.

Western Australian directions

In 2022-23, there were 26 alcohol and other drug community bed-based services across the state, providing Low Medical Withdrawal (eight services) and Residential Rehabilitation (18 services). No low medical withdrawal services were identified in North Metropolitan, Midwest, Great Southern or Wheatbelt regions. Residential rehabilitation beds are concentrated in the metropolitan area and the north of the State. There are limited residential rehabilitation services in the southern region of the WA, and there is no dedicated Aboriginal residential rehabilitation outside of the Kimberley.

There is a continued need for services that meet the needs of local communities, including working in partnership with ACCOs to design and implement services. The Commission has engaged Wunan to deliver the first of its kind Aboriginal community-controlled low medical withdrawal service in WA.

The Transitional Housing and Support Program is an example of a Commission funded initiative that provides community-based, transitional accommodation for people leaving residential alcohol and drug treatment programs. In-reach support is available to assist with personal recovery and relapse prevention. In 2022-23, there were approximately 68 post residential accommodation beds available in WA, predominantly located in the South Metropolitan region. No post residential beds were identified in the Great Southern and Wheatbelt regions.

Identified areas for potential development include:

- Additional low medical withdrawal beds.
- Diversity of residential rehabilitation models to support specific needs.
- Dual diagnosis programs for those with complex co-occurring mental health and alcohol and other drug issues.
- Additional withdrawal services including home-based or ambulatory withdrawal services.
- Residential rehabilitation beds in regional locations with high demand for services, or where there are currently no beds.
- Exploration of alternate intensive treatment models that are not bed based, such as day rehabilitation programs, for those who have safe accommodation.
- Culturally responsive residential rehabilitation beds within the south of the state.

Questions: Alcohol and Other Drugs community based beds

54. Are there any additional key challenges or opportunities relating to community-based alcohol and other drug beds?

55. Are there any gaps in the areas of community-based alcohol and other drug beds?

56. Over the next five years, outline three key priorities for alcohol and other drug community-based beds? Explain why these are priorities and how they are best achieved?

57. Can you provide specific examples of initiatives that are likely to have a significant impact on alcohol and other drug withdrawal, residential rehabilitation and post residential rehabilitation beds over the next five years?

Strategic Pillar 6

Hospital based services

Providing a People-Centred, High Quality and Accessible Mental Health, Alcohol and Other Drugs Hospital-Based System

Focus area 13

Ensuring mental health acute hospital-based services are available to meet the needs of individuals and families

Hospital-based services provide support for more acute cases requiring medical support in a hospital. They include services for people experiencing a severe mental health related episode or experiencing a mental health crisis.

Hospital based services provide treatment and support in line with mental health recovery-oriented service provision, including promoting good general health and wellbeing. Where appropriate, hospital-based services may utilise telehealth technology to increase service access and responsiveness.

Services include acute hospital beds for assessment and treatment services for people experiencing severe episodes of mental illness (average length of stay is 14 days), as well as sub-acute and non-acute inpatient treatment and support in a safe, structured environment for people with unremitting and severe symptoms of mental health (typically longer length of stays from one month to a year). It also includes consultation liaison services which provide mental health assessments, risk assessments and advice on clinical management and early recognition of mental health symptoms.

Inpatient services also include emergency and crisis support provided through emergency departments and mental health emergency centres, as well as services that work alongside emergency departments during after-hours. Where required, Mental Health Observation Areas support individuals who may not require admission into an inpatient unit but need close observation or intervention for up to 72 hours.

In some instances, services can be delivered for patients who require acute or sub-acute care but can safely receive treatment in their home by visiting healthcare professionals who provide in-reach.

Key challenges and opportunities

- Availability of a **range of inpatient rehabilitation and recovery services** for those most in need.
- **Long stays** in acute inpatient units, and **extended stays** in sub-acute and non-acute impacting bed flow and access.
- Length of time in **Mental Health Observation Areas** and a requirement to access these via emergency departments.
- Access to **specialist beds within the system** for specific cohorts
- **Revolving cycles** of emergency department visits by individuals with severe and enduring mental health issues and challenging behaviours.
- Available **alternatives to emergency department** across metropolitan and regional WA for when people are in a mental health crisis.
- **Capacity and capability of emergency departments** to provide appropriate crisis support.
- Approaches to **short term intensive medical management** at home that would otherwise be delivered in a medical setting.
- Stepped access to inpatient, residential and community-based **rehabilitation and recovery services in the community**.
- Approaches to facilitate access to **culturally appropriate care, including access to cultural healers**.
- **Integration** with alcohol and other drug treatment, including staff capacity to meet the needs of people with **co-occurring issues**.
- **Workforce considerations** across hospital staffing including clarity and consistency of the roles including dedicated Aboriginal position, peer workforce, and alcohol and other drug Consultation Liaison roles.
- **Tertiary prevention** opportunities after a crisis has occurred including linking into outpatient support, pharmacological therapy, and support groups for family and significant others.

Western Australian directions

In 2023-24, the bed occupancy in specialised inpatient mental health units was 87.3% with the total number of bed-days for people with mental health and/or alcohol and other drug issues amounting to 285,927.[57] For the period January to December 2024, readmissions to hospital within 28-days of discharge from acute specialised mental health inpatient units was 15.6%.[58]

In WA, over the 2022-2023 period there were 759 acute inpatient beds, including one Mental Health Emergency Centre, and 54 sub or non-acute beds.[59] There are two Mental Health Observation Areas (similar service to the Mental Health Emergency Centres), providing mental health assessment and treatment for people who present to emergency departments. The total number of hospital beds has grown over the past decade, with additional beds available in several locations across WA.

Future developments relate to investment in providing a continuum of recovery and rehabilitation services for people who have severe and persistent mental health issues, and those with complex needs. A critical component is an integrated care approach between Health Service Providers and non-government organisations to deliver clinical rehabilitation treatment and psychosocial mental health recovery support respectively.

Initiatives currently being delivered or in development include:

- A state-wide model of service for Secure Rehabilitation and Recovery Units (SRRU) that are clinically led, with low level non-government organisation in-reach;
- A Secure Rehabilitation and Recovery Unit is in development in Bentley (named a Secure Extended Care Unit);
- New public mental health hospital beds to be opened in Fremantle, Rockingham, Armadale, Midland, Peel, Geraldton and Bunbury hospitals.
- New inpatient beds in Cockburn including dedicated eating disorder beds, alcohol and drug services and a womens only mental health ward, to be operational during 2024-2025.

Identified areas for future development include:

- Broadening the rehabilitation and recovery continuum through expansion of secure mental health and rehabilitation units state-wide.
- An approach to streamline access to Mental Health Observation Areas or appropriate alternatives and increase capacity to support co-occurring alcohol and other drug issues.

Questions: Mental Health Hospital Services

58. Are there any additional key challenges or opportunities associated with mental health acute hospital-based services?

59. Are there any key gaps in mental health acute hospital-based services?

60. Over the next five years, outline three key priorities to enhance mental health hospital-based care. Explain why these are priorities and how they are best achieved?

61. Can you provide specific examples of initiatives that you believe are likely to have a significant impact in mental health hospital-based care over the next five years?

Focus area 14

Integrating and building alcohol and other drugs services

Alcohol and other drug beds in hospitals are presently defined as either high medical or complex medical withdrawal beds.

High medical withdrawal services refer to inpatient services that provide medically supervised alcohol and other drug withdrawal. These are staffed 24-hours a day by a combination of specialist alcohol and other drug doctors, general practitioners, nurses and allied health workers. Generally, withdrawal takes place over a short-term inpatient admission period (e.g. seven days). High medical inpatient withdrawal is for clients with moderate to severe symptoms of withdrawal. Complex medical inpatient withdrawal is similar to high medical withdrawal but is differentiated by the complexity of either co-occurring medical or mental health issues, or a history of complicated withdrawals.

Alcohol and other drug treatment in hospitals also includes support and intervention provided through emergency departments, consultation and liaison services, Urgent Care Centres or Behavioural Assessment Urgent Care Units. Some Urgent Care Centres address intoxication (with or without behavioural issues) across a 24-hour period.

Key challenges and opportunities

- Availability and accessibility of both **high and complex medical withdrawal beds**.
- **Opportunity for workforce development** through formal and informal education on alcohol and other drug use withdrawal and management.
- **Unplanned withdrawal** relating to other health admissions.
- **Ability to manage presentations** from acute intoxication to end-stage alcohol-related liver disease.
- Undiagnosed or suboptimal management of alcohol withdrawal can **prolong hospital admissions or more intensive interventions** (such as intensive care unit admissions).
- **Opportunity for culturally safe services and approach to** increase accessibility to crisis support, withdrawal and rehabilitation.
- **Addressing stigma** surrounding alcohol and other drug use across health professionals.
- Dedicated **addiction medicine teams** may contribute to raising the profile of withdrawal services in hospitals to provide more appropriate carer and support.
- Gaps in **identifying substance use disorders** by admitting and consulting teams, leading to inadequate discharge summaries for ongoing support or treatment.
- **Clinical management of withdrawal**.
- **Repeated hospital admissions** for alcohol and other drug use.
- Opportunities for **tertiary prevention** in the context of alcohol and other drug use, focussing on individuals with repeated presentation to emergency departments and/or hospital admissions.
- Use of **evidence-based pharmacotherapy, psychotherapy** and **polypharmacy**.
- **Poly drug use** admissions and co-occurring mental health and alcohol and other drug use issues.
- Integrating **harm reduction** into hospital settings.

- Establishing safe spaces or **alternatives to emergency departments** for when people are in an alcohol and other drug crisis across metropolitan and regional WA.
- Availability of **stabilisation, assessment and referral areas** similar to Mental Health Observation Areas with the ability to provide assessments to manage behavioural emergencies.
- Consistency across **Behavioural Assessment Urgent Care Centres** within hospitals, and access to subsequent specialised services.
- **Capability and capacity** of emergency departments to provide appropriate crisis support.
- Access to treatment in **regional and remote** areas.
- **Addiction Medicine Specialists and alcohol and other drug nursing roles** in WA and within hospitals.
- There are opportunities to **interact, initiate conversations, and instigate referrals** for patients within hospitals experiencing harm from substance use.
- **Navigating pathways** from hospital to appropriate community alcohol and other drug services.

Western Australian directions

The impact of alcohol and other drug use on hospital emergency department presentations and ward admissions is significant. In 2023-24 there were 20,960 alcohol and other drug related emergency department presentations in WA.[60]

Most alcohol and other drug services within a hospital setting are Commonwealth funded. In WA, there are 17 publicly funded high medical withdrawal beds provided through Next Step Drug and Alcohol Services. Other than these, there are no other publicly funded alcohol and other drug withdrawal beds in Western Australian hospitals.

Whilst withdrawal (high-medical and otherwise) occurs across WA hospitals, this is usually unplanned resulting from a physical health admission. While consultation and liaison across inpatient and emergency departments is provided in some hospitals, there remains an unmet need for Addiction Medicine Consultants to provide support for complex substance use disorder-related presentations.

Addiction Medicine as a specialty remains one of the smallest specialty fields in medicine, with fewer than 20 active Addiction Specialists in WA, and less than five in non-metropolitan workplaces. While there is some addiction medicine capacity across some WA hospitals, this is very limited and not consistent.

Planned activities in this area include:

- 20 adult high medical withdrawal beds to commence at Cockburn clinic in 2025.
- Transition of Next Step to East Metropolitan Health Service in late 2024.

Potential areas for future development include:

- Development of and improved accessibility to high and complex medical withdrawal beds.
- Dedicated Addiction Medicine teams within hospitals able to provide in-hospital treatment and support, consultation and liaison and transition back to community.
- Addiction Medicine consultation liaison within emergency departments.
- Alcohol and other drug specialist services in acute medicine and mental health inpatient units.

Questions: Alcohol and Other Drugs hospital services

62. Are there any additional key challenges or opportunities associated with alcohol and other drug hospital-based services?

63. Are there any key gaps in alcohol and other drug hospital-based services?

64. Over the next five years, outline three key priorities to enhance alcohol and other drug hospital-based care. Explain why these are priorities and how they are best achieved?

65. Can you provide specific examples of initiatives that you believe are likely to have a significant impact in alcohol and other drug hospital-based care over the next five years?

Strategic Pillar 7

Specialised services

Ensuring Access to Specialised Services Across the Continuum

Focus area 15

Providing appropriate, quality treatment and support for people at risk of entering or engaged in the criminal justice system

Forensic mental health and alcohol and other drugs services aim to divert or prevent individuals from becoming engaged within the criminal justice system, or for those already engaged, means providing treatment and supports.[61]

These services provide opportunities to address underlying factors through referral to treatment while in contact with police or courts, in detention, in forensic hospitals or prison, or in the community post release. Forensic services include support across the continuum from prevention to community support and treatment.

More specifically mental health forensic services include:

- Specialised bed-based mental health care services
- Police liaison and support
- Court liaison and support
- Mental health support in prisons and detention
- Forensic community support.

In the alcohol and other drugs system, forensic services include:

- Diversion programs
- Law enforcement and public safety
- Prison-based alcohol and other drugs services
- Community alcohol assessment and treatment
- Community linked services.

Key challenges and opportunities

- **Over-representation** of people with mental health or alcohol and other drug issues within the criminal justice system.[62,63]
- Engagement with the criminal justice system provides an **opportunity** for people, who may not otherwise be treatment seeking, **to have** their **mental health, alcohol and other drug issues and related harm assessed and treated**.
- **Limited access to mental health and alcohol and other drugs services** in prisons.[64]
- Improved mental health and alcohol and other drugs support is linked to **improved wellbeing, reduced likelihood of relapse**, and improved **public safety, and reduced pressure on police, emergency departments, cou**rts and corrective services.[65]
- Providing **appropriate levels and culturally safe forensic mental health care and alcohol and other drugs support for Aboriginal people**, who are overrepresented in the criminal justice system.

61 The criminal justice system in Western Australia is made up of police services, law courts and legal systems, and corrective services – including prisons and community corrections.

- Providing **appropriate levels of forensic mental health care and alcohol and other drugs support for women**, who are more likely to experience higher levels of social disadvantage, have experienced complex trauma, be the sole carers of their children and have different security needs.
- Providing **appropriate levels of forensic mental health care and alcohol and other drugs support for young people**, who are some of the **most vulnerable and disadvantaged children in Australia**.[66]
- **Early intervention and diversionary responses** for youth at risk as well alternatives to detention for youth.
- **Addressing co-occurring factors** such as mental health, alcohol and other drug use, cognitive impairment, neurodivergence, intellectual disability.
- Consideration of the **eligibility criteria** of alcohol and other drugs **diversion programs** to increase opportunities for diversion to treatment for simple drugs offences.
- **Increasing transition support and supported accommodation options** to optimise engagement with community-based support programs on return to the community.
- **Specialist in-reach services** into custodial services when required.
- **Providing increased and enhanced early assessment, withdrawal, treatment and psychosocial support** to people with alcohol and other drug issues, while they are in prison and detention, including those on remand.
- Continuation and expansion of **prison-based mental health and treatment and support programs**.[67]
- **Aboriginal Community Controlled Sector** engagement to co-design and implement mental health and alcohol and other drugs supports for Aboriginal people in contact with the criminal justice system.
- Engaging people with **lived experience** to review and design mental health and alcohol and other drugs supports for people while in contact with the criminal justice system.
- Expanding, promoting and enhancing **community-based mental health and alcohol and other drug court and police diversion** programs, particularly into **regional areas**.

Western Australian directions

Mental Health

In WA, forensic mental health services include:

- Police liaison and support, including mental health services in the police lock-up and police mental health co-response;
- Mental health and therapeutic court liaison and support and interventions, including the dedicated adult Start Court, the Links service in the Children's Court and the In-Roads program, which aims to reduce the number of young people sentenced to detention;
- Mental health support in prisons and detention, including mental health in-reach, in-prison sub-acute mental health services and mental health units;
- Specialised bed-based mental health care services, including forensic inpatient services provided by the State-wide Forensic Mental Health Service; and
- Forensic community treatment, support and accommodation services to support.

There are several new and planned initiatives in WA, including:

- Graylands Reconfiguration and Forensic Taskforce Project, providing at least 53 additional forensic mental health beds including a five-bed children and adolescent unit
- Expansion of the In-Roads therapeutic court for young people facing criminal charges
- Construction of a mental health unit at Casuarina prison for men in 2024
- Establishment of the subacute step up/step down service at Bandyup Women's Prison
- Purpose-built crisis care unit for youth at Banksia Hill Detention Centre.

The State Government has also committed additional funding for improved mental health and social outcomes of children involved, or at risk of involvement with the criminal justice system. This includes psychiatry in-reach and a dedicated multi-disciplinary mental health team at Banksia Hill Detention Centre, consultation liaison services and transitional services for children exiting youth detention.

The implementation of the Criminal Law (Mental Impairment) Act 2023 (CLMI) and associated funding commenced on 1 September 2024 and will provide increased options for people supervised under CLMI, including supervision in the community. A forensic inpatient facility focusing on rehabilitation will primarily support individuals subject to CLMI custody orders.

Alcohol and Other Drugs

In 2023-24, there were 1,002 new treatment episodes for individuals with identified alcohol and other drug use, who were diverted away from the criminal justice system, either by police or the court system, to Western Australian Diversion programs. Of these, one-third (33.3%) were for Aboriginal people and almost a quarter were aged15-19-years (24.5%).[68.69]

WA has existing and well-established forensic harm reduction strategies, police diversion programs, community based court programs and prison-based alcohol and other drug rehabilitation including:

- Police liaison and support, including the development of contemporary safe places as alternatives to police lock ups;
- Police diversion programs, diverting eligible offenders into treatment and support services, including the Cannabis Intervention Requirement and Other Drug Intervention Requirement;
- Youth diversion to education, treatment and support services including through Juvenile Justice Teams, the Young Persons Opportunity Program, Children's Court Drug Court and the In-Roads therapeutic court;
- Adult court diversion programs, including the Alcohol and Other Drug Diversion Program operating in magistrates' courts and a dedicated Perth Drug Court for people facing custodial sanctions;
- Prison-based services, including the Mallee alcohol and other drugs treatment rehabilitation unit at Casuarina prison and Wandoo Rehabilitation Prison for Women;
- Law enforcement and public safety initiatives, including legislation including and the Alcohol Interlock Scheme; and
- Transitional support for people as they return to the community following detention.

Future focus may be directed to improving and strengthening forensic alcohol and other drugs services and responses, including increased support for young people in the criminal justice system, and increasing access to timely and high-quality services while in prison and as people transition back into the community.

Questions: Forensic services

66. Are there any additional key challenges or opportunities associated with forensic mental health and/or alcohol other drugs treatment, support and services?

67. What are the key gaps in forensic mental health and alcohol and other drugs treatment, support and services?

68. Over the next five years, outline three key priorities to improve forensic mental health services. Explain why these are priorities.

69. Over the next five years, outline three key priorities to improve forensic alcohol and other drugs services. Explain why these are priorities.

70. Can you provide specific examples of initiatives that are likely to have a significant impact in improving forensic mental health and alcohol and other drugs services over the next five years?

69 Treatment episodes are defined as alcohol and other drug treatment provided by range of AOD treatment services in Western Australia to provide a range of services and support to people who received treatment for their own drug use, as well as their families and friends.

Focus area 16

Expanding access to safe, accessible and specialised treatment for complex issues, across the continuum of care

Specialised services are delivered for specific mental health and/or alcohol and other drug issues requiring a higher level of specialisation or a more targeted response.

These services are either delivered on a state-wide or metropolitan-wide basis and currently include specific interventions comprising of older adult, youth community, state forensic, child and adolescent mental health, and eating and personality disorder services.

Complex and differing needs require specialised services across the continuum including:

- Specialised consultation and liaison support for health and mental health clinicians in the community and in bed-based care;
- Provision of integrated multi-disciplinary support to generalist or other specialised services so that system is responsive to each person's individual and complex and/or co occurring issues; and
- Referral to, and provision of, specialised care for those who need it.

Specialised services may include:

- Eating disorders services;
- Personality disorders services;
- Perinatal mental health services; and
- Service for people with co-occurring mental health and/or alcohol and other drugs issues who are: children in care or out-of-home care; older adults; neurodivergent, including people with autism spectrum disorder, attention deficit hyperactivity disorder (ADHD) and intellectual disability; gender diverse; ethnolinguistically diverse; those with a disability.

Key challenges and opportunities

Eating disorders

- Eating disorders are a group of serious and complex mental health conditions characterised by problems associated with disordered eating, body weight control and severe concern with body weight and shape.
- New services are progressively being implemented including the three Western Australian Eating Disorders Specialist Services, the expansion of the Body Esteem Program and the Cockburn Mental Health Clinic.
- The Western Australian Eating Disorders Framework 2025-2030: Consultation Draft Priorities Paper was released for consultation in September 2024.
- The Draft Priorities Paper identified the following key focus areas:
    - Strengthen prevention and early intervention programs and services in the community, particularly in regional areas;
    - Improve access to system navigation and transition support between programs and services, as well as psychosocial support across the care continuum;
    - Increase education, training and system navigation support to health and mental health professionals and Lived Experience (Peer) workers in community and health services;
    - Improve equitable access to trauma-informed, specialised bed-based care within hospitals and the community that addresses the complexities of co-occurring conditions;
    - Build an evidence-base for eating disorders programs and services, with a focus on research, data and evidence-generation across the care continuum, particularly for priority populations.

Personality disorders

- A Personality disorder[70] (PD) is a condition which involves pervasive and persistent patterns of thoughts, emotions and behaviour that result in impairment and distress.[71]
- People living with PD are more likely to present frequently to health services, and the suicide risk is elevated in people with PD compared to those with no, or many other, mental health diagnoses.[72]
- Effective, evidence-based treatments exist but are not widely available in WA.[73]
- The PD Model of Care,[74] developed by the WA Association for Mental Health, in partnership with the Commission and the Mental Health Network, identified the following key opportunities:
    - Training and education for the workforce, particularly in non-government organisations who hold considerable responsibility in the community;
    - Provision of adequate supervision for clinicians that equips them to help and assist individuals with personality disorders; to prevent burnout and poor practice or re-traumatising of individuals;
    - Consistency in approach to inpatient treatment;
    - Comprehensive, coordinated strategy through a peak body or Centre of Excellence for treatment of people with PD in WA;
    - Establishment of evidence-based training, evaluation, coordinated service development and implementation and ongoing support for clinical services in maintaining services (to enable top-down and bottom-up service development);
    - There is a need to enhance the capacity of front-line staff to support young people with emerging PD related need through training and upskilling of staff.[75]

Perinatal mental health

- Perinatal mental health issues affect not only mothers but also the infant, partners, families and the wider community.
- Mental health conditions are the leading cause of disease burden in Australian women of child-bearing age (15 to 44 years), and the perinatal period is a time of increased risk.[76]
- Perinatal mental health conditions are associated with poorer child and adolescent development, including increased risk of poorer cognitive development, emotional problems and externalising behavioural difficulties (such as attention deficit hyperactivity disorder).[77]
- Investing in perinatal and infant mental health builds the foundations for wellbeing and success across the lifespan.
- In WA, current public perinatal services include counselling, inpatient beds and support for families with or at risk of perinatal issues; however, services are generally focussed on the mother or the child, and not both at the same time.
- There is a need for Perinatal Infant Mental Health subacute residential services that can intensively work with mothers, babies and young children aged 0-4 years, whose social, emotional, or developmental wellbeing is at risk.[78]

Children in Out-of-Home Care

- Out-of-home care is overnight care for children who are unable to live with their families due to child safety concerns, which is most likely to be over an extended period of time.
- In 2023, 43.7% of children in out-of-home-care in Australia were Aboriginal.[79]
- Trauma, child abuse and neglect can impact a child's outcomes, including mental health issues and alcohol and other drug use, and increased likelihood of engaging in criminal activity.[80]
- Due to often traumatic experiences, children in out-of-home care would benefit from specialised, timely early intervention and treatment for complex trauma, mental health and alcohol and drug issues.

71 It is noted that the term "Personality Disorder" itself is not ideal and can lead to stigma – further work is needed to agree on an appropriate and well recognised term.

- State and Commonwealth Government projects to support the wellbeing of children in care, include:
  - The development of Western Australia's 10 Year Roadmap to Reduce the Number of Aboriginal Children in Care and Action Plan;
  - The development of the National Child and Family Investment Strategy;
  - The proposed Model of Independent Oversight of Child Safe Organisations and Out-of-Home Care Providers; and
  - Implementation and mapping of the At-Risk Youth Strategy 2022-2027.
- The Departments of Justice, Communities, Health and Education and the Commission provide services to support children in out-of-home care, however there is an opportunity to increase access to timely and targeted mental health and alcohol and other drugs support.

Older adults

- 'Older adult' generally refers to people over the age of 65 years, Aboriginal people over the age of 50 and people of any age with significant mental health needs related to dementia who are not more appropriately cared for by other services.
- The population of older people is rising fast along with the number of people living with dementia or functional mental illness[81] and higher suicide rates.[82,83,84,85]
- From 2011 to 2021, the number of adults aged over 65 in WA increased by 2.3% but the number of people in this age group accessing public specialist community mental health services has increased by 27%.
- From 2014-15 to 2022-23, the number of people aged over 65 attending emergency departments for mental health issues increased by 69.7%.[86]
- In WA, the WA Country Health Service is leading the state-wide planning for Older Adult Mental Health (OAMH) and will provide an overarching State-wide OAMH Model of Service.
- The development of the state-wide approach is a priority, taking into account the following:
  - Interface with An Age Friendly WA: State Seniors Strategy 2023-2033 and Action Plan;
  - Provision for special populations including Aboriginal and ethnolinguistic diverse people;
  - Pathways for managing the care of those in rural areas;
  - A 'graduate' policy for people when they reach the age of 65 years and whose mental health care is longstanding;
  - Pathways for managing the care of those in rural areas, including consideration of a tele-psychiatry model for more remote areas; and
  - Provision for older adult psychiatrists' expertise in screening and assessment with respect to the Voluntary Assisted Dying legislation.

81 The term 'functional' mental illness applies to mental disorders other than dementia, and includes diagnoses such as schizophrenia, bipolar and depression.

Neurodivergent people, including autism spectrum disorder, ADHD and people with an intellectual disability

- Neurodiversity describes the natural range of diversity in human neurodevelopment.
- Several differences have been grouped and named, including Autism and ADHD.
- There are greater rates of depression and anxiety for people with autism and ADHD and autism has been associated with higher rates of anxiety, eating disorders, gender dysphoria, mood disorders, OCD, Personality disorders and alcohol and other drug issues.[87,88,89]
- Due to their co-occurring issues of neurodivergence and mental health and/or alcohol and other drugs issues, people and their families are often unable to access services that will accommodate their urgent and complex needs.
- **Key issues for consideration with regards to improving mental health and alcohol and other drugs services for people with co-occurring neurodivergence include:**
  - understanding, promoting and responding to individual needs, including training for general health and mental health clinicians across the care continuum
  - provision of appropriate spaces in health settings
  - provision of dedicated consultation liaison to support health and mental health clinicians
  - scoping to develop a specialised neuropsychiatry service.

People who are gender diverse

- Seven in ten (70.6%) transgender people aged 16-34 years have experienced a mental condition at some time in their life.[90]
- Young people facing issues of gender diversity and gender identification are at a much higher risk for poor mental health, self-harm and suicide than the general population,[91,92] and accessible and appropriate healthcare options for trans, gender diverse and non binary individuals play a central part in overcoming barriers to care and reducing the high rates of mental and physical health concerns in this population.[93]
- **Key issues for considerations to improve outcomes for gender diverse people include:**
  - Ensuring health and mental health services are inclusive and meet the individual physical and mental wellbeing needs of each person, including through increased training;
  - Addressing stigma in the community and within health and mental systems;
  - Improving the quality, accessibility, inclusiveness and coordination of services;
  - Enhancing collaboration between health and mental health services and non-government organisations; and
  - Proactive engagement in development of the Western Australian LGBTIQIA Inclusion Strategy.

Ethnoculturally and linguistically diverse

- Cultural and language differences present barriers to accessing and delivering high-quality mental health and alcohol and other drugs treatment and support care.
- Stigma, shame and fear associated with mental health or alcohol and other drug issues can be a barrier to seeking help.[94]
- Some people from ethnolinguistically diverse backgrounds may experience stressors that are different to and/or are a surplus to the factors affecting the general Australian population, which contribute to mental health issues and alcohol and other drug use.
- Religious observance and ceremony are often an important aspect of culture and this may play a part in the manner and extent of alcohol and other drug use amongst groups.
- While alcohol and other drugs may be less widely used in a person's country of origin, this may change following settlement in Australia as a coping mechanism or to adopt cultural norms.
- Addressing stressors, such as discrimination, unemployment and social isolation, through preventative strategies may help to reduce the scale of need.

- **Key issues for consideration for improving outcomes for the ethnoculturally and linguistically diverse community include:**
  - Increasing the availability and utilisation of language services;
  - Increasing levels of cultural awareness and responsiveness across services, including a more balanced consideration of biomedical models of care together with cultural considerations;
  - Building the evidence base for ethnolinguistic groups regarding the need of mental health and alcohol services; impacts on communities; and the efficacy of interventions to inform planning and service delivery;
  - Maximising the 'voice' of people from ethnoculturally and linguistically diverse backgrounds, including those with lived experience in the needs assessment, design, delivery and oversight of service provision, policy development, representation, decision making and evaluation.

People who have a disability

- Mental health conditions can be both a cause and an effect of disability, and often involve activity limitations and participation restrictions beyond the 'core' areas of communication, mobility and self-care – for example, in personal relationships.
- Almost one in two (48%) people with severe or profound disability, and 37% of people with other forms of disability, self-reported anxiety disorders such as feeling anxious, nervous or tense, compared to 14% of people without disability.
- **Key issues identified for consideration to improve mental health and alcohol and other drugs services for people with a disability include:**
  - Ensuring equivalent access to services for people with a disability, compared to the general community;
  - Improving integration across services and increasing proactive interagency and service collaboration between mental health and alcohol and other drugs services and specialised disability services;
  - Scoping improvements and enhancements required following the finalisation of the Review of the NDIS; and
  - Engaging people with a disability in the co-design and development of appropriate services.

Questions: Specialised services

Noting that the specialised services and associated considerations outlined above are not an exhaustive list:

71. Are there any additional key specialised mental health and/or alcohol other drugs treatment, support and services that have not been outlined here?

72. What are the key gaps in specialised mental health and alcohol and other drugs treatment, support and services?

73. Over the next five years, outline three key priorities to improve specialised mental health and alcohol and other drugs services. Explain why these are priorities.

74. Can you provide specific examples of initiatives that are likely to have a significant impact in improving specialised mental health and alcohol and other drugs services over the next five years?

Strategic Pillar 8

Country WA

Improving Access in Country WA

There are a range of issues faced by people accessing mental health and alcohol and other drugs services in regional areas.

This includes service access, transport and geographical distance, culturally secure programs and services, infrastructure, workforce availability and accommodation and population demographics. Opportunities and challenges relating to these issues have been embedded throughout each Focus Area of this Discussion Paper.

This section specifically relates to the availability and mix of services across regional areas of WA, using the best available information on state, Commonwealth and privately funded services. It also includes some data that is compared to state figures to provide some additional context.

Whilst not a comprehensive analysis of issues within regional locations, the purpose of this section is to prompt discussion on potential areas of mental health and alcohol and other drugs system focus at a regional level.

South West

The South West region has an estimated resident population of **54,061** people (2022), aged 16 years and over.

Key mental health and alcohol and other drugs service insights for the South West region include:

- There are several services providing alcohol and other drugs community bed-based support including low medical withdrawal and residential rehabilitation in the region.
- There are a range of services providing alcohol and other drugs community treatment.
- There are mental health community treatment services.
- There is an opportunity to consider the development of short-term mental health crisis support accommodation and crisis support services (such as alternatives to the emergency department).
- Consideration could be given to the need and appropriateness of designated safe places for intoxicated people such as sobering up centres.
- There is an opportunity to explore longer-term supported accommodation in the region.
- Consideration could be given to the need for community mental health beds for particular population groups such as older adults.
- There are opportunities to explore the appropriateness and need for hospital-based services for the treatment of alcohol and other drugs, such as high medical withdrawal support.
- There is one tertiary service (hospital) located in the major centre of Bunbury, providing three hospital-based mental health services (2022-2023).

Great Southern

The Great Southern region has an estimated resident population of 51,878 people, aged 16 years and over (2022).

Key insights regarding the Great Southern region include:

- There is an opportunity to consider alcohol and other drugs community bed-based support including low medical withdrawal and residential rehabilitation in the region.
- There are services providing alcohol and other drugs community treatment in the region.
- There is an opportunity to explore whether existing alcohol and other drugs community treatment and support services meet needs of particular population groups such as those who may require accommodation or residential rehabilitation.
- There are mental health community treatment services within the region.
- There is an opportunity to develop short-term mental health crisis support accommodation and crisis support services such as alternatives to emergency departments.
- Consideration could be given to the need for community mental health beds for particular population groups such as older adults.
- There is an opportunity to explore the need for providing long-term supported accommodation options in the community.
- There are opportunities to explore the appropriateness and need for hospital-based services for the treatment of alcohol and other drugs, such as high medical withdrawal support.
- There is one tertiary service (hospital) is located in the major centre of Albany, providing two mental health hospital-based services (2022-2023).

Goldfields

The Goldfields region has an estimated resident population of 44,617 people (2022), aged 16 years and over.

Key insights regarding the Goldfields region include:

- There are services providing alcohol and other drugs community treatment.
- There are services providing mental health community treatment services.
- There is an opportunity to consider short-term mental health crisis accommodation and support services such as alternatives to emergency departments.
- Consideration could be given to additional harm reduction services specifically operating in the region (noting there are some provided through state-wide services).
- Consideration could be given to the need for medium-term mental health accommodation, transitional housing and long term supported accommodation.
- Consideration could be given to the need for community mental health beds for particular population groups such as older adults.
- There are opportunities to explore the appropriateness and need for hospital-based services for the treatment of alcohol and other drugs, such as high medical withdrawal support.
- There is one tertiary service (hospital) located in the major centre of Kalgoorlie, providing two mental health hospital-based services (2022-2023).

Wheatbelt

The Wheatbelt region has an estimated resident population of 63,721 people aged 16 years and over (2022).

Key insights regarding the Wheatbelt region include:

- There are services providing alcohol and other drugs community treatment.
- There are services providing mental health community treatment services.
- There is an opportunity to consider access to low-medical withdrawal services.
- Consideration could be given to the need for expansion of alcohol and other drugs community support services in the region.
- Consideration could be given to additional harm reduction services specifically operating in the region (noting there are some provided through state-wide services).
- There is an opportunity to consider the development of short-term mental health crisis support accommodation and crisis support services such as alternatives to the emergency department.
- Consideration could be given to the need for medium-term mental health accommodation, transitional housing and long term supported accommodation.
- There is an opportunity to explore options for mental health community bed-based services within the region.
- Consideration could be given to the need to increase access to tertiary services (hospitals) providing dedicated mental health hospital-based services to the Wheatbelt.
- There are opportunities to explore the appropriateness and need for hospital-based services for the treatment of alcohol and other drugs, such as high medical withdrawal support.

Midwest

The Midwest region has an estimated resident population of 54,112 people, aged 16 years and over (2022).

Key insights regarding the Midwest region include:

- There are services providing alcohol and other drugs community treatment in the region.
- There are services providing mental health community treatment services.
- There are opportunities to develop low-medical withdrawal services to complement alcohol and residential rehabilitation in the region.
- Consideration could be given to the expansion of mental health personal support services in the region.
- Consideration could be given to the need for community mental health beds for particular population groups such as older adults.
- Consideration could be given to increased access to tertiary services (hospitals) providing dedicated mental health hospital-based services to the Midwest.
- There are opportunities to explore the appropriateness and need for hospital-based services for the treatment of alcohol and other drugs, such as high medical withdrawal support.

Kimberley

The Kimberley region has an estimated resident population of 29,224 people, aged 16 years and over (2022).

Key insights regarding the Kimberley region include:

- There are services providing alcohol and other drugs community treatment in the region.
- There are services providing mental health community treatment services.
- There is an opportunity to consider low-medical withdrawal services to complement residential rehabilitation services.
- Exploration of opportunities for accessing short-term mental health crisis support accommodation, crisis support services (e.g., alternatives to the emergency department), and dedicated group support services.
- Consideration could be given to the need for additional harm reduction services specifically operating in the region (noting there are some provided through state-wide services).
- There are opportunities to enhance access to alcohol and other drugs personal individual support and group support services in the region.
- Consideration could be given to the need for community mental health beds for short, medium and long-term, and for particular population groups such as older adults.
- There are opportunities to explore mental health sub/non-acute inpatient services available in the region.
- There are opportunities to explore the appropriateness and need for hospital-based services for the treatment of alcohol and other drugs, such as high medical withdrawal support.
- One tertiary service (hospital) is located in the major centre of Broome, providing two hospital-based mental health services in 2022-2023.
- There are currently no mental health sub/non-acute inpatient services available in the region.
- One tertiary service (hospital) is located in the major centre of Broome, providing two hospital-based services in 2022-2023.

Pilbara

The Pilbara region has an estimated resident population of 44,541 people, aged 16 years and over (2022).

Key insights regarding the Pilbara region include:

- There are services providing alcohol and other drugs community treatment in the region.
- There are services providing mental health community treatment services.
- Exploration of opportunities for the provision of short-term mental health crisis support accommodation and crisis support services such as alternatives to emergency departments.
- Consideration could be given to the need for medium-term mental health accommodation, transitional housing and long term supported accommodation.
- Consideration could be given to the need for increased access to tertiary services (hospitals) providing dedicated mental health hospital-based services to the Pilbara.
- There are opportunities to explore the appropriateness and need for hospital-based services for the treatment of alcohol and other drugs, such as high medical withdrawal support.

Metropolitan Perth

The Perth Metropolitan Region consists of the East Metropolitan region which had an estimated resident population of **610,792** people (2022) aged 16 years and over; the North Metropolitan region which had an estimated resident population of **611,997** people (2022) aged 16 years and over; and the South Metropolitan region which had an estimated resident population of **556,931** people (2022) aged 16 years and over.[95]

Key insights regarding the metropolitan area include:

- There are services providing alcohol and other drugs community and bed-based treatment in the region.
- There are services providing mental health community treatment services.
- There are opportunities to explore options for short-term mental health residential services in the North Metropolitan Health Service Area, and in the East and South.
- Consideration could be given to the expansion of dedicated harm reduction services in the North Metropolitan Health Service region.
- Consideration could be given to the need for safe places for intoxicated people (sobering up centres) in the North and South Metropolitan Health Service regions.
- There are opportunities to consider access and availability to low medical withdrawal service, or alternatives, in the North Metropolitan Health Service region.
- Consideration could be given to the need for dedicated beds for specific population groups such as older adults in the North Metropolitan Health Service and East Metropolitan Health Service regions.
- Consideration could be given to access to mental health sub/non-acute inpatient services and mental health observation areas (or similar) in the South Metropolitan Health region.
- In the East Metropolitan region, there are seven tertiary services (hospitals) located in major centres of Armadale, Bentley, Perth, Midland, East Perth and Mount Lawley, providing 28 hospital-based services (2022-2023), including high medical withdrawal services.
- Consideration could be given to the need for hospital-based high medical withdrawal services in the North and South Metropolitan regions.
- In the North Metropolitan region there are ten tertiary services (hospitals) located in major centres of Joondalup, Claremont, Shenton Park, Subiaco, Osborne Park, Leederville and Nedlands, providing 29 hospital-based mental health services (2022-2023).
- In the South Metropolitan region there are three tertiary services (hospitals) located in major centres of Fremantle, Murdoch and Rockingham, providing 16 hospital-based mental health services (2022-2023).

Questions: Country WA

For each regional area:

75. Are there any additional gaps in mental health and/or alcohol other drugs treatment, support and services?

76. How do the gaps impact on the ability of individuals to access appropriate treatment and support when and where they need it?

77. Can you provide specific examples of initiatives that are likely to have a significant impact on service delivery in the region over the next five years?

Section 7

Appendix A – Glossary

Aboriginal
Within Western Australia, the term Aboriginal is used in reference to Aboriginal and Torres Strait Islander Peoples, in recognition that Aboriginal people are the original inhabitants of Western Australia. Use of the word 'Aboriginal' within this document refers to both Aboriginal and Torres Strait Islander Peoples.

Clinicians
Professionals engaged in the provision of mental health and alcohol and other drugs services, including but not limited to Aboriginal mental health workers, allied health workers, nurses, psychiatrists, psychologists, and others.

Cultural awareness
The knowledge and understanding of differences between cultures.

Cultural responsiveness
Cultural responsiveness is the process of adapting to align with an individual's preferences and includes addressing language and cultural barriers.

Cultural safety
Recognition and celebration of cultures, empowering people to contribute and feel safe to be themselves. Includes creating an environment where everyone has an understanding of their own cultural identities and attitudes and be open-minded and flexible towards other people from other cultures.

Culturally safe practice
Ongoing critical reflection of health knowledge, skills, attitudes, behaviours, and power differentials to deliver safe, accessible and responsive health care, services and programs.

Ethnoculturally and linguistically diverse (ELD)
Children, families and carers who identify as being ethnically, culturally, and/or linguistically diverse.

Note: ELD is the preferred term used instead of CALD.

Health Service Provider (HSP)
Provider of state-funded health services, including Child and Adolescent Health Service, East Metropolitan Health Service, North Metropolitan Health Service, South Metropolitan Health Service, and WA Country Health Service

Lesbian, gay, bisexual, transgender, queer, intersex, and asexual or LGBTQIA+
LGBTQIA+SB is used to refer to lesbian, gay, bisexual, transgender, queer, intersex, asexual, sistergirl and brotherboy people, or people otherwise diverse in gender, sexual orientation and/or innate variations of sex characteristics. However, it is recognised that many people and populations have additional ways of describing their distinct histories, experiences and needs beyond this acronym.

Lived Experience

Any person who identifies as having a current or past personal experience of psychological or emotional issues, distress, mental health and/or alcohol other drug issues and/or suicidal crisis (including thoughts, feelings or actions), irrespective of whether they have a diagnosed mental health condition and/or alcohol and other drug issue and/or have received treatment. This definition also extends to family and friends who have personal experience of providing ongoing care and support to a person who has a lived or living experience as outlined or who has been bereaved by suicide.

Note: we acknowledge that these terms may be uncomfortable and some people may prefer to use other terms to describe their experiences

Mental health and wellbeing; and Mental wellbeing

Mental health and mental wellbeing are two separate, but interrelated terms. The World Health Organization defines mental health as a state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well, work well, and contribute to their community.

Mental health is an integral component of health and wellbeing that underpins our individual and collective abilities to make decisions, build relationships and shape our world.

A person's mental wellbeing reflects their psychological, emotional, physical and social states. It refers to their ability to maintain connections, contribute to their community and cope with the normal stressors of life events. It can fluctuate over time and be influenced by a range of factors including life experiences.

Older Adult

In this report, we have used the term 'older adult' to refer to people aged 65 and over.

Primary care

Healthcare provided in the community for people making an initial approach to a medical practitioner or clinic for advice or treatment.

Public specialist community mental health services

Public specialist community mental health services provide multidisciplinary clinical care in the community for individuals experiencing mental health issues. They are provided by HSPs and are referred to as Community Treatment Services in the Ten-Year Plan and the National Mental Health Services Planning Framework.

Self-determination

Self-determination can mean different things to different groups of people. At its core, self-determination 'is concerned with the fundamental right of people to shape their own lives'. In a practical sense, self-determination means that we have the freedom to live well, to determine what it means to live well according to our own values and beliefs.

Specialised Services

Specialised services offer an additional level of expertise or service response for particular clinical conditions and/or complex and high level needs. For example eating disorders services or gender diversity services.

Specialist

A person who has advanced knowledge and expertise related to a particular field or area. This designation often implies that they have undergone extensive education, training, or experience beyond the general qualifications required for that field.

Youth

In this paper, we have used the term 'youth' to refer to people aged 16-24 inclusive.

Useful acronyms

AOD	Alcohol and Other Drugs
NGO	Non-Government Organisation(s)
ED	Emergency Department
DOH	Department of Health
Commission	Mental Health Commission
TAC	Technical Advisory Committee
MHAOD	Mental Health and Alcohol and Other Drugs
OMF	Outcomes Measurement Framework
NCADA	National Council Against Drug Abuse
HSP	Health Service Provider(s)
NDIS	National Disability Insurance Scheme
PATS	Patient Assisted Travel Scheme
WACHS	Western Australia Country Health Service
EMHS	East Metropolitan Health Service
NMHS	North Metropolitan Health Service
SMHS	South Metropolitan Health Service
GP	General Practitioner(s)
SEWB	Social and Emotional Wellbeing
ACCO	Aboriginal Community Controlled Organisation(s)
ACCHO	Aboriginal Community Controlled Health Organisation(s)

Appendix B – Relevant state based strategies and initiatives

The State Government has a range of strategies, initiatives and reforms that interact with mental health and alcohol and other drugs including the following:

Mental Health and Alcohol and Other Drugs

- WA State Priorities Mental Health, Alcohol and Other Drugs 2020-2024
- Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025
- Western Australian Mental Health Promotion Mental Illness Alcohol and Other Drug Prevention Plan 2018-2025
- Western Australian Mental Wellbeing Guide
- Western Australian Suicide Prevention Framework 2021-2025
- Young Peoples Mental Health and Alcohol and Other Drug Use - Priorities for Action 2020-2025
- Mental Health Alcohol and Other Drug Workforce Strategic Framework 2020-2025
- The Western Australian Alcohol and Drug Interagency Strategy 2018-2022 Final report
- Methamphetamine Action Plan Taskforce Final Report

Disability

- State Disability Strategy 2020-2030
- WA Disability Health Framework 2015-2025

Aboriginal

- Aboriginal Empowerment Strategy 2021-2029
- WA Aboriginal Health and Wellbeing Framework 2015-2030
- The Aboriginal Empowerment Strategy 2021-2029
- The Aboriginal Community Controlled Organisation Strategy 2022-2032
- The State Commissioning Strategy for Community Services 2022
- Aboriginal Family Safety Strategy 2022 – 2032

Safety

- WA Strategy to Respond to the Abuse of Older People Elder Abuse 2019- 2029
- WA Strategy to Respond to the Abuse of Older People Action Plan
- 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
- Path to Safety. Western Australia's strategy to reduce family and domestic violence 2020-2030
- All Paths Lead to a Home: Western Australia's 10-year Strategy on Homelessness 2020-2030

Other Health and Wellbeing

- Health Promotion Strategic Framework 2022-2026
- Chief Allied Health Office homeless health action plan 2022-2025
- An Age-Friendly WA - State Seniors Strategy 2023-2033
- An Age-Friendly WA - State Seniors Strategy Action Plan 2023-2027
- At Risk Youth Strategy 2022-2027
- WA Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Health Strategy 2019-2024

Appendix C – Relevant national strategies and initiatives

The Commonwealth Government has a range of strategies, initiatives and reforms that interact with mental health and alcohol and other drugs including the following:

Alcohol and Other Drugs

- National Drug Strategy 2017-2026
- National Alcohol Strategy 2019-28
- National Tobacco Strategy 2023-2030
- National Fetal Alcohol Spectrum Disorder (FASD) Strategic Action Plan 2018-2028

Disability

- State Australia's Disability Strategy 2021-2031
- National Autism Strategy

Early Childhood Education and Care (ECEC)

- Cheaper Child Care for Working Families election commitment
- National Quality Framework (NQF) Review

Aboriginal

- The National Agreement on Closing the Gap 2020
- The National Aboriginal and Torres Strait Islander Workforce Strategic Framework and Implementation Plan 2021-2031
- The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (NATSISPS)
- The revised National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023 (expected to be launched in 2025)

Mental health

- Fifth National Mental Health and Suicide Prevention Plan
- National Children's Mental Health and Wellbeing Strategy
- Vision 2030 for Mental Health and Suicide Prevention in Australia
- National Mental Health Workforce Strategy 2022-2032
- National Mental Health and Suicide Prevention Agreement 2022
- National Mental Health Service Planning Framework

Safety

- National Plan to End Violence against Women and Children 2022-2032
- Safe and Supported: The National Framework for Protecting Australia's Children 2021-2031

Other health and wellbeing

- National Preventive Health Strategy 2021-2030

Appendix D – The seven social and emotional wellbeing domains

Connection to body

Physical health; feeling strong and healthy and able to physically participate as fully as possible in life.

Connection to mind and emotions

Mental health; the ability to manage thoughts and feelings. Maintaining positive mental, cognitive, emotional and psychological wellbeing is fundamental to an individual's overall health.

Connection to family and kinship

These connections are central to the functioning of Aboriginal communities. Strong family and kinship systems can provide a sense of belonging, identity, security, and stability for Aboriginal people.

Connection to community

Providing opportunities for individuals and families to connect with each other, support each other and work together.

Connection to culture

Maintaining a secure sense of cultural identity by participating in practices associated with cultural rights and responsibilities.

Connection to Country

Helping to 'underpin identity and a sense of belonging'. Country refers to an area on which Aboriginal people have a traditional or spiritual association. Country is viewed as a living entity that provides nourishment for the body, mind and spirit.

Connection to spirituality and ancestors

Providing 'a sense of purpose and meaning'. The mental health and emotional wellbeing of Aboriginal people can be influenced by their relationship with traditional beliefs and broader Aboriginal worldview concepts.[96]

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