

# **A BALANCED MENTAL HEALTH SYSTEM: MAKE IT HAPPEN**



**WAAMH**

Western Australian Association  
for Mental Health

**PRIORITIES FOR INVESTMENT 2020**

# INTRODUCTION

Western Australia has a significant roadmap to better mental health in the landmark policy: Better Choices, Better Lives, The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015 - 2025 (the Plan).

The Plan’s objective is a new service mix that will establish a sustainable service system and improve people’s mental health outcomes.

The Plan showed that community support is the service type least able to meet demand and stated that the first priority should be to boost investment in community-based services. Investment in community support will support recovery and enable people to live well in the community, reduce hospital admission and readmission, and reduce pressure on emergency departments.

The Plan also set targets to increase investment in prevention as one of the foundations needed to turn the system around. Investing in mental health and wellbeing of children and young people will help ensure our children have a bright future.

This Budget Submission is based on Western Australian Association for Mental Health's (WAAMH) consistent position that government’s mental health priority should be to develop a balanced and sustainable service mix in keeping with the Plan’s objectives, focusing first on those support types that are most under-invested. This submission outlines what is required to advance that objective.

The initiatives outlined in this submission align with and will progress government’s policy agenda: Our Priorities – a bright future and Aboriginal wellbeing – the Sustainable Health Review (SHR) and the Plan.



**STEWARDSHIP**



**SECTOR DEVELOPMENT**



**SAFE, STABLE, SUPPORTED ACCOMMODATION**



**COMMUNITY SUPPORT**



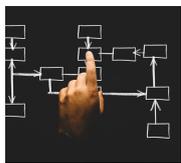
**NDIS: ASSESSING IMPACT & WORKFORCE CREATION**



**PREVENTION & SUICIDE PREVENTION**

## WHAT WE'D LIKE TO SEE:

### ➔ Strategic Commissioning



Clearer articulation of MHC's future service delivery and reform priorities, such as mental health and AOD co-occurring capability to enable sector readiness, innovation and responsiveness.

Cost: Existing resources



## STEWARDSHIP

The community managed mental health sector continues to experience significant reform, with procurement change, accreditation, changing community demand, and the evolution of the NDIS remaining ongoing challenges.

Clearer stewardship from the Mental Health Commission including stronger strategic commissioning practices is needed to clarify reform priorities; this is essential to drive innovation, reform, sector readiness and service responsiveness. The development of clear frameworks and investment in outcomes evaluation are needed to focus the sector as a whole on clear and consistent outcomes and demonstrate success.

In order to achieve anticipated growth in community mental health support, we need to enhance the capacity of the community sector to meet unmet need and upskill organisations to continually improve person-centred supports.

Adequate mechanisms and increased investment are required to promote and lead systematic sector-wide improvements to quality and service responsiveness.

However, investment in community mental health capacity building is not commensurate with the alcohol and other drug sector which has received long term workforce development investment resulting in consistent professionalisation of the sector.

### ➔ Contemporary procurement



Contemporary procurement practices, compliant with the Delivering Community Services in Partnership Policy, that strengthen co-design with consumers, family members and service providers,

and enable a sustainable and capable sector to deliver contemporary quality services. This should include evaluation and review of existing funded services.

Cost: Primarily existing resources: evaluation and review to be costed.

### ➔ Outcomes framework



Co-design an outcomes framework for service provision and reporting, applying to all non-government organisation services purchased by MHC, and linked to the MHC Outcomes

Statements and the community support procurement schedule.

Cost: Existing MHC resources or commissioned as a funded project.

Stronger strategic commissioning and sector stewardship will enhance service quality and person centredness, improve mental health outcomes, and empower consumers, family members and providers in the co-design, development and delivery of mental health services and supports.

WHAT WE'D LIKE TO SEE:

➔ **Aboriginal co-design**



Invest in projects which build capacity and enable procurement of mental health services through Aboriginal organisations, co-designed with Aboriginal leadership.

Cost: To be co-designed and costed with Aboriginal peaks and leaders.

➔ **Capacity building**



Increase investment in strategic, accessible, sector-wide capacity building and workforce development focused on core practice competency. This will support organisations to

improve services for a diverse range of consumers including people with multiple unmet needs, and build trauma informed and co-occurring capability.

A comprehensive approach will include training, follow-on practice support, the development and roll-out of tools and frameworks, integration of a strong lived experience perspective, sector events and activities in regional areas.

Linkages with clinical and public mental health services would promote service integration.

To progress A Safe Place, supported accommodation and homelessness services would be a key focus.

Funding to integrate 3 FTE workforce development officers into existing team to develop and deliver training across the state; travel and training costs for regional/rural areas; lived experience integration into workforce development initiatives.

Cost: \$415,000 per year, for 3 years.



# SECTOR DEVELOPMENT

In the last year WAAMH has completed a review of sector development, enhanced quality of its training, developed plans to introduce free core competency training and commenced a review and redesign of its Lived Experience Speaker program.

WAAMH is uniquely placed to deliver practice-focused training and sector support, informed and influenced by a strong lived experience perspective. Increased investment enables leverage and value add to existing capacity building initiatives and would enable the sector to overcome the cost and geographical barriers to accessing capacity building and training.

To enhance access to quality, recovery-focused, supported accommodation services and housing, these sectors would be a key focus for capacity building and development.

## WHAT WE'D LIKE TO SEE:

### ➔ Needs assessment



Commission a comprehensive needs assessment for completion during 2020. Building on modelling for the Plan Update and the outcomes of the community support co-review, engage in depth with consumers, families and service providers across WA to gather

details about needs, service gaps and preferred service models that will meet consumer and family needs and improve outcomes. This should include options for strengthening and developing peer led programs and grass roots initiatives.

Cost: To be co-designed and costed

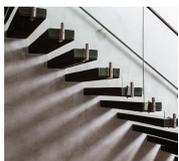
### ➔ Funding plan



Develop an implementation and funding plan for community support (in addition to the community support linked to supported accommodation services) to meet the Plan's modeled need over the Forward Estimates.

Cost: The Plan estimated reaching optimal community supports by 2025 would require state funding of \$245 million; this includes the costs of ongoing support for supported accommodation services and other community supports, but not capital build.

### ➔ Contemporary programs



Strategic approach to re-commissioning existing services with enhanced co-review and co-design, planning and needs assessment so that all procured programs are focused on recovery outcomes, meet people's needs, and value for money.

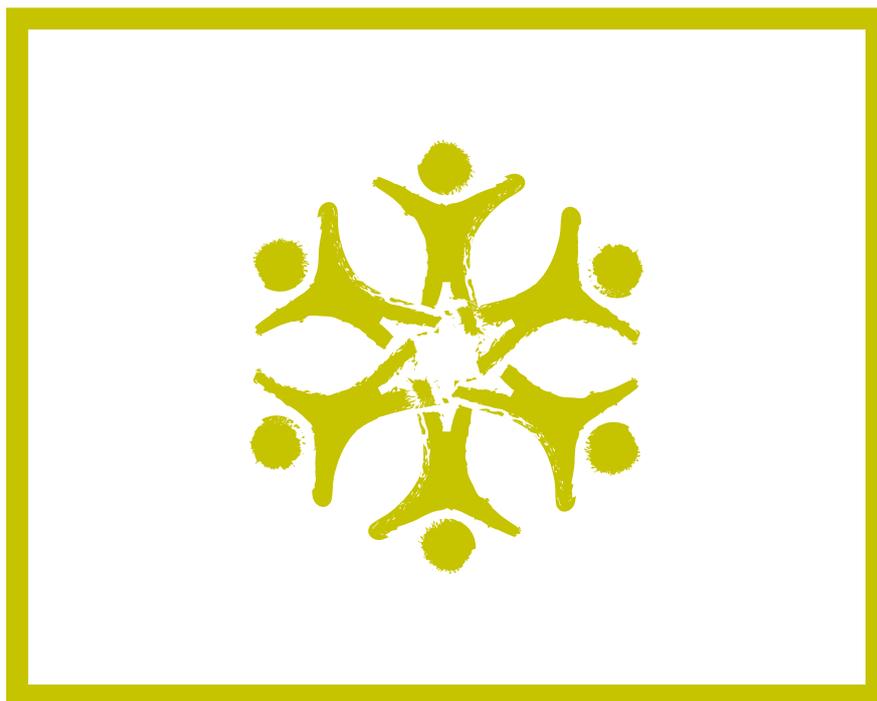
Cost: Existing resources.

### ➔ Individual Advocacy



Review consumer and carer access to individual, independent advocacy services and identify mechanisms to expand access.

Cost: to be designed and costed.



## COMMUNITY SUPPORT

The Plan's objective is a new service mix which can improve people's outcomes and be sustainable. It states the first priority should be to boost investment in community-based services and showed that community support is the service type least able to meet demand.

Community supports walk alongside people to support recovery and live well in the community, reduce hospital admissions and emergency department access. This objective is supported by the Sustainable Health Review.

We must co-design contemporary and innovative community support models that meet the needs of consumers for community support not linked to accommodation, including peer supports. A plan for significant new investment to meet the Plan's targets is required.

Service gaps particularly affect people in regional, rural and remote areas, people with multiple unmet needs including co-occurring AOD use, people from diverse cultural backgrounds or identities including Aboriginal people, people not accessing the NDIS, children and young people, and carers and families. Current services must be improved, access to individual independent advocacy reviewed, and new peer-led initiatives developed.

Recovery-focused community supports enable people to build satisfying, hopeful, contributing lives, and support families and carers with their wellbeing.

## WHAT WE'D LIKE TO SEE:

### → Implementation plan



Finalise a cross government Safe Place implementation plan that sets out targets, timeframes and key performance indicators including system reforms and increased housing stock for mental health consumers.  
Cost: Existing resources.

### → Boost services



Immediate new investment in packages of supported accommodation services. In addition to the MHC focus cohorts of youth, adult and forensic, additional services are needed for rural and remote access, Aboriginal people, and people with multiple unmet needs including co-occurring mental health and AOD issues.

Cost: Service packages to be designed and costed. The Plan estimated reaching optimal community supports by 2025 would require state funding of \$245 million; this includes the costs of ongoing support for supported accommodation services and other community supports, but not capital build.

→ Commission accessible, culturally secure services for Aboriginal peoples with mental health and AOD issues to meet community need and activate the MHC Conciliation Action Plan intent, through co-designing new service models and purchasing services through Aboriginal Community Controlled Health Services.  
Cost: To be co-designed and costed with Aboriginal peaks and leaders.

### → System improvements



Commission a peer-led supported accommodation navigation service to facilitate a no wrong door approach, enable better access to supported accommodation services and provide specialist advice to improve access via all existing entry points.  
Cost: Service to be co-designed, costed

→ Commission a private rental assistance program, for people with mental health and AOD issues.  
Cost: Service to be co-designed and costed

→ Increase current supported accommodation service responsiveness to people with multiple unmet needs through more robust commissioning and contracting practices, including finalising proposed consumer pathways and referral processes, clarifying expectations of existing funded services and supporting their innovation and development.  
Cost: Existing resources.

### → Sector development & capacity building

Capacity building and workforce development will progress the goals of A Safe Place by enhancing sector capability and responsiveness, improving integration with public mental health services, and enabling the development and provision of quality supported accommodation and homelessness services.

A comprehensive and systemic approach would include training, hands on practice support, the development of tools, frameworks, sector events and activities in regional areas.

Cost: Included in section 1 & 2 - Stewardship and sector development



# SAFE, STABLE, SUPPORTED ACCOMMODATION

Increasing access to supported accommodation services is a foundational and transformative investment to develop the optimal service mix set out in the Plan, identified as a matter of priority by the Sustainable Health Review.

New data during 2019 from the mental health inpatient snapshot and the Auditor General's report confirm the direct link between a lack of access to supported accommodation services and significant delays in discharging people from hospital.

New investment will improve consumer outcomes and reduce the crisis-driven and unsustainable hospital and emergency department demand.

To advance A Safe Place, the draft mental health accommodation and support strategy, significant new investment in services, alongside system changes and sector development are needed.

Accommodation and housing options which support people's recovery, meet their diverse needs, improve outcomes and enhance system sustainability.

## WHAT WE'D LIKE TO SEE:



### Assess and map impact



Assess and map the emerging impact of the NDIS and associated reform on state funded services through engagement with consumers, carers, family members and service providers across the state. The project would

assess consumer access to State-funded services and the NDIS, consider state funded services' eligibility, and make recommendations to strengthen the service system and support NDIS access.

Cost: \$205,000 for a 12-month project



### Workforce creation



A new NDIS workforce development initiative, comprising foundational training for new workers in the sector including peers, supporting providers to develop new workforce creation and retention initiatives,

and supporting providers in their quality practice improvements. This initiative will support broader community mental health workforce capacity as workers often move from NDIS roles to community mental health services roles.

Cost: \$183,000 for year for 3 years



# NDIS: ASSESSING IMPACT & WORKFORCE CREATION

The National Disability Insurance Scheme and associated federal funding changes for psychosocial and carer support continue to have major impacts on mental health consumers and service providers.

While capacity building and reform funding is available for agencies to develop capability as NDIS providers, the impacts on the state funded service environment and consumer access have not been adequately assessed.

Providers report a change in demand with increased numbers of people presenting to state funded services who do not qualify for NDIS support but nonetheless have complex unmet needs, increased time and resources spent on supporting consumers to access the NDIS, an expected increase in demand for carer support, and significant workforce challenges.

Assessing the impact of the NDIS and associated reform on state funded services will enable a strategic approach to commissioning, including any potential changes to service focus or eligibility, leverage consumer access to federally funded services, and enable investment in capacity building.

## WHAT WE'D LIKE TO SEE:

### ➔ 5% target



Develop an implementation and funding plan for prevention and suicide prevention to meet the Plan investment target of 5% over the Forward Estimates.

Cost: 5% of total mental health spend by 2025.

### ➔ Investment



Finalise the Suicide Prevention Action Plan 2021 - 2025, with increased funding committed in the budget and forward estimates, as a key deliverable

of the implementation and funding plan for prevention and suicide prevention.

Cost: a key component of the 5% of total mental health spend by 2025.

### ➔ Aboriginal co-design



Specified investment in Aboriginal led social and emotional wellbeing and suicide prevention initiatives, including through building on existing

Aboriginal initiatives, co-designing new approaches and purchasing services through Aboriginal Community Controlled Health Services.

Cost: to be co-designed and costed with Aboriginal peaks and leaders.



# PREVENTION & SUICIDE PREVENTION

In keeping with the Sustainable Health Review and the Plan, a funding injection into mental health prevention is needed, to reach the 5% prevention target to create a sustainable system.

In a context of funding challenges, an implementation and commissioning plan and cross government commitment to transparent public reporting and bench-marking of prevention investment, will be needed.

Immediate investment is required, alongside robust commitments in the forward estimates. This should include increased funding for the new Suicide Prevention Action Plan 2021 - 2025 with specific funds directed to Aboriginal led and designed initiatives, as well as increased investment in general mental health prevention with a focus on social determinants, children and families.

A balance of prevention initiatives across primary prevention statewide campaigns, locally developed regional initiatives, and mental health funded programs.

New investment in initiatives that intervene early to prevent serious and persistent mental illness including a focus on addressing social determinants both through mental health specific programs and whole of government initiatives and associated performance indicators and data capture.

# STRONG & THRIVING COMMUNITY

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The Western Australian Association for Mental Health (WAAMH) is the peak body for the community mental health sector in Western Australia and exists to champion mental wellbeing, recovery and citizenship. WAAMH recognises a continuum of supports – built on principles of human rights, recovery, co-production, personalisation and choice, social inclusion and cultural connection – are essential to the promotion, protection and restoration of mental wellbeing.

WAAMH promotes, advocates for and further develops this network of supports.

WAAMH's membership comprises community-managed organisations providing mental health services, programs or supports and people and families with lived experience of mental health issues and suicide, with whom WAAMH engages in genuine partnership.

WAAMH also engages in a wide network of collaborative relationships at a state and national level, with individuals, organisations and community members who share its values and objectives.

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## WAAMH

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for Mental Health**



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