

# Mental Health Incoming Government Brief

## About WAAMH

The Western Australian Association for Mental Health (WAAMH) was incorporated in 1966 and is the peak body representing community mental health in Western Australia, with around 150 organisational and individual members. Our vision is that as a human right, every one of us have the resources and support needed for mental wellbeing, recovery and citizenship.

WAAMH advocates for effective public policy on mental health issues, delivers workforce training and development and promotes positive attitudes to mental health and recovery.<sup>1</sup>

WAAMH was formed because mental health consumers and families needed to access appropriate supports that both improved their mental health and enabled their human rights. At that time, mental health treatment was available in large institutions, with only fledgling community supports emerging.

50 years later, in terms of national disease burden, mental illness ranks third at 13% among the major disease groups after cancer and cardiovascular disease<sup>2</sup> and rates highest among the major disease groups for non-fatal disability burden.<sup>3</sup>

Although much progress has been made in the provision of more contemporary supports, our mental health system is still out of balance. Ian Hickie, Australia's national mental health commissioner, recently stated that government funding for mental health is "locked down in the dysfunctional hospital system" rather than being invested in community mental health services where it is most needed.<sup>4</sup>

## Context of mental health reform

In recent years, mental health has received much attention at state and federal levels. Extremely high rates of Aboriginal suicide, increasing concern about young people's mental health, over-representation of people with mental illness in the justice system, and ever increasing demand on emergency and acute services are evident in Western Australia. Report after report has exposed the distress being experienced by consumers and families as they struggle with inadequate community support and an acute system under growing pressure.

International and national efforts point to the necessity of population based and systems wide approaches to reform. This is evident in 'Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015 – 2025' (the Plan), which secured bipartisan support. The community mental health sector, consumers and families strongly support the Plan, and recommend the McGowan government focus efforts on its key principles and intent.

Mental health requires a broader response than the health system alone can deliver; there is a pressing need for a whole-person approach. The complexity of service funding and delivery

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<sup>1</sup> Further information on WAAMH can be found at <http://www.waamh.org.au>.

<sup>2</sup> Australian Institute of Health and Welfare. (2010). Australia's Health 2010. Australia's Health No. 12.

<sup>3</sup> Community Mental Health Australia. (2012). *Taking our Place. Working Together to Improve Mental Health in the Community*.

<sup>4</sup> <https://www.theguardian.com/society/2017/feb/02/mental-health-funding-locked-down-in-dysfunctional-hospital-system-ian-hickie>

arrangements and current federal changes mean local efforts must be coordinated with national reforms being delivered through Primary Health Networks and the NDIS.

## An evidence based approach

The Plan, like the National Review of Mental Health Programmes and Services<sup>5</sup>, highlighted the importance of taking a systems approach. It identified the evidence for and the need to rebalance investment towards prevention and earlier community based supports, address coordination and integration challenges, develop real care pathways, and build better consumer and carer participation in service design and delivery.

These frameworks are in keeping with international recommendations, notably the World Health Organisation optimal mix of mental health services pyramid.<sup>6</sup> This model demonstrates how to organise mental health services that respond to need where and when it is most needed, through increasing self and community based care, and reducing over-reliance on hospitals and specialist services.

The economics are clear. Acute services are the most expensive way to address mental health; they will remain unable to meet demand without change. A more balanced system will enable earlier access, prevent worsening mental health, ease pressure on busy emergency departments and acute beds, and reduce associated increasing public system costs.

Prevention, early intervention and community support can:

- Save the WA hospital system \$84,000 per person per year through preventing acute mental health admission by providing housing with linked community mental health support, with the saving realised in the first year of this intervention<sup>7</sup>;
- Save the mental health system \$45,000 - \$674,000 per person over 9 years with early treatment, with the specific saving depending on the nature of the condition and the treatment required<sup>8</sup>; and
- Increase participation in employment from 23% to 61% with evidence-based employment support.<sup>9</sup>

## Labor's Mental Health Policy

WAAMH welcomes Labor's focus on mental health and is especially pleased with Labor's commitments to:

- reform the *Criminal Law (Mentally Impaired Accused) Act 1996* (CLMIA Act) in its first year in office,
- retain a Mental Health Minister and the Mental Health Commission, and
- focus the efforts of the Commission on delivering on the Plan.

<sup>5</sup> National Mental Health Commission, Contributing Lives, Thriving Communities Report of the National Review of Mental Health Programmes and Services, (2014)

<sup>6</sup> [http://www.who.int/mental\\_health/policy/services/2\\_Optimal%20Mix%20of%20Services\\_Infosheet.pdf](http://www.who.int/mental_health/policy/services/2_Optimal%20Mix%20of%20Services_Infosheet.pdf)

<sup>7</sup> Wood, L., Flatau, P., Zaretzky, K., Foster, S., Vallesi, S. and Miscenko, D. (2016). What are the health, social and economic benefits of providing public housing and support to formerly homeless people? AHURI Final Report No. 265, Australian Housing and Urban Research Institute Limited, Melbourne.

<sup>8</sup> KPMG. (Nov, 2014, p.90). Paving the way for mental health. The economics of optimal pathways to care. Report commissioned for the National Mental Health Commission as part of Contributing lives, thriving communities: Report of the National Review of Mental Health Programmes and Services.

<sup>9</sup> Bond, G. R., Drake, R. E., & Becker, D. R. (2008). An update on randomized controlled trials of evidence-based supported employment. *Psychiatric Rehabilitation Journal*, (31), 280–289 cited in cited in Community Mental Health Australia. (2012). Taking our Place. Working Together to Improve Mental Health in the Community.

WAAMH further welcomes those announcements directed towards young people in the Peel region, the establishment of two Recovery Colleges, and suicide prevention.

WAAMH notes, however that the most significant investments announced in Labor's mental health election campaign were those for increased mental health beds in metropolitan and regional hospitals, and sub-acute services in regional areas. Sub-acute services are just one part of a comprehensive care pathway to housing and community.

Labor's commitment to a specific Mental Health Minister and Commission is to be applauded and commended. The continuation of a Mental Health Commission and dedicated Ministerial portfolio are imperative to enabling effective responses to the complexity of mental health reform and to driving progress in this lagging area.

## What must be done?

WAAMH recommends a refocusing on the most underinvested supports as set out in the Plan, implementing whole-of-government innovations and person-centred reform. The benefit of prioritising such approaches early in your term will be evident in both the bottom line and in diverting demand from acute services. In a tight fiscal environment, smart investment is now more important than ever.

The most urgent priorities are set out in this section.

### **1. Resource mental illness and suicide prevention with a focus on the most at risk populations including Aboriginal peoples**

- ✓ **Increase the proportion of the mental health budget spent on prevention from 1% to 2% in the 2017-18 budget, 4% by 2020, and 5% by 2025.**

Adequate prevention effort is currently one of the missing keys to reducing mental health problems, suicide and self-harm. The Plan identified that the proportion of the mental health budget spent on prevention must increase significantly, and it set clear targets.

Urgent priority to suicide prevention is particularly required. Suicide is the leading cause of death for children aged 5-17 and for 15-44 year olds and people with mental health issues are at particularly high risk. Suicide rates in Western Australia are increasing,<sup>10</sup> with the rates for Aboriginal people in the Kimberley and Goldfields the highest in Australia. Contributing factors including intergenerational trauma, abuse and poor access to the social determinants of health and mental health remain. Improved care pathways better supporting at risk people with mental health issues in the community are essential.

The state-wide coverage of Aboriginal-led suicide prevention and postvention programs is extremely poor. Increasing evidence shows culturally-based programs have the greatest impact in preventing Aboriginal suicide<sup>11</sup>. Additional investment in culturally-based programs is needed; design should occur in close consultation with Elders and Aboriginal partners.

### **2. A comprehensive Mental Health and Housing Strategy**

- ✓ **Develop and finalise a whole-of-government housing plan with a specific mental health stream within the first year of your term.**

<sup>10</sup> Australian Bureau of Statistics. (2016). 3303.0 - Causes of death, Australia, 2015. Retrieved from <http://www.abs.gov.au/ausstats/abs@.nsf/0/47E19CA15036B04BCA2577570014668B?OpenDocument>

<sup>11</sup> WA Parliament Education and Health Standing Committee. (2016, p. 57). 'Learnings from the Message Stick: The report of the inquiry into Aboriginal youth suicide in remote areas'.

A whole-of-government housing plan should build on existing planning to identify cross-sector approaches to increase access to secure homes, with associated recovery supports. It should identify immediate priorities for meeting unmet demand, including pathways for people who are most at risk of ongoing or cyclical institutionalisation to facilitate earlier discharge and reduce the numbers of people caught in the revolving doors of hospital, prison and homelessness. It should facilitate the delivery of community based early interventions that provide secure housing and wrap around services to keep people living well in the community and prevent escalation to the need for acute services, across the state.

This Plan should utilise a contemporary and integrated whole-of-government approach to respond to the most pressing needs, built on co-commissioning.

### **3. Increase community support hours to provide community based, earlier interventions**

- ✓ **Expand community support services from the current 842,000 hours of support to 3.2 million hours by the end of 2020 as identified in the Plan.**

Community support services are critical for people with mental illness to live valued lives in the community. They help people establish personal recovery goals and provide social and other supports to find work and accommodation, establish community connections, and build and maintain family relationships. Without these services the benefits of any acute treatment can quickly be eroded, resulting in escalation and readmission.

The Plan identified community support services as the most under-invested service type, meeting only 22% of demand.<sup>12</sup> The National Review of Mental Health Programmes and Services cited high rates of emergency department admissions and readmissions to acute psychiatric services as evidence of “failure to provide timely and adequate community-based mental health supports” in WA.<sup>13</sup> However, little progress has been made in increasing community supports; a McGowan government provides a renewed opportunity to rectify this.

Community support hours should increase across the state to improve access in rural and remote areas, for children and youth, families and carers, Aboriginal peoples, and other cultural, gender, age and ability diversity populations.

### **4. Foster Genuine Cultural Change**

- ✓ **Recovery College design and implementation with the Recovery College Steering Committee**

Historically the mental health system has disempowered consumers and families. The need to place consumers, carers and family members at the centre of mental health care is long acknowledged, yet under developed. These challenges remain particularly in the public system, despite improving practice.

WAAMH and its members thus applaud Labor’s commitment to develop two Recovery Colleges. These will be an important mechanism to facilitate cultural change and build capacity of consumers, carers and services to increase choice and control and foster citizenship. WAAMH would welcome the progression of the Recovery Colleges early in your term in close collaboration with the Recovery College of WA Steering Committee.

<sup>12</sup> Mental Health Commission. (2014, p.5) The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 for consultation. Government of Western Australia.

<sup>13</sup> National Mental Health Commission. (2014, p.4). [Contributing Lives, Thriving Communities - Review of Mental Health Programmes and Services. Vol 4. Paper 3.](#) Canberra: Australian Government.

Other emerging approaches to improve outcomes that require further innovation and embedding in mainstream practice include peer work, coproduction, consumer delivered models and personalised services.

#### **5. Facilitate access to the NDIS for people with psychosocial disability**

- ✓ **Meet the target of 6000 people with psychosocial disability accessing the NDIS in WA, enabling access to those most vulnerable**

The NDIS provides a significant and unprecedented opportunity for people with psychosocial disability associated with severe and ongoing mental illness to access lifetime supports, yet national and state trial experiences identify significant challenges.

It is essential that the NDIS in WA meets a target of 6,000 people with psychosocial disability accessing the scheme, based on Productivity Commission estimates. This must include the most vulnerable and marginalised mental health consumers including people experiencing homelessness or institutionalisation, who have been chronically under-supported, and those not accessing the service system.

Proactive outreach and support to meet eligibility requirements is needed to facilitate access. Improving understanding of psychosocial disability and how it fits in the NDIS is needed in public mental health providers, amongst disability providers and within the scheme itself.

Tight eligibility criteria mean only a small minority of people with mental health issues can be provided with NDIS supports, making it essential that state-funded community mental health supports continue for the large proportion of mental health consumers that are ineligible.

WAAMH is working closely with the Disability Services Commission and the National Disability Insurance Agency in Western Australia, and will also approach the Hon. Stephen Dawson MLC, Minister for Disability Services to progress these issues.

As Mental Health Minister, your advocacy will be necessary to ensure that people receive the supports they need across health and disability services.

#### **6. A Justice system that responds effectively to mental health needs**

- ✓ **Reform the CLMIA Act in consultation with consumers, carers and services**

The high rates of people with mental health problems in our prisons and as victims of crime is a clear sign of systems failure, yet current approaches can worsen mental health or breach human rights.

Effective responses that address mental health issues and minimise punitive approaches are emerging, but are only available to some people and in some areas. Expansion of the START Court and prioritisation of the forensic services identified in the Plan, including better in-prison mental health and additional supports to transition to and remain in community are needed.

Procedural fairness and judicial discretion is unavailable to many. WAAMH welcomes Labor's commitment to reform the CLMIA Act in its first year in office. WAAMH encourages your involvement in this process and can provide with you with advice on the shared priorities of the disability, mental health and community legal sectors.

WAAMH will also approach Mr John Quigley MLA, Attorney General to advocate for the disability and mental health sectors' priorities in progressing reform of the CLMIA Act.

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