WAAMH

Western Australian Association for Mental Health

‘Make Mental Health Count – 2017’

Our Core Election Asks

#ReformMentalHealth

#HomeIsWhereTheHealthIs

#BackthePlan

#ChangeCLMIA

#NDIS

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Our Core Election Asks

1 Resource and implement the Ten Year Mental Health and Alcohol and Other Drugs Plan, focusing on prevention, promotion, earlier intervention and community-based services.

- ✓ **Specify and publicise targets and indicators to deliver and resource the Plan, within the first 100 days of a new government.**
- ✓ **Increase the proportion of the mental health budget spent on prevention from 1% to 2% in the 2017-18 budget, to 4 % by the end of 2020, and 5% by 2025.**
- ✓ **Expand community support services across the state from the current 842,000 hours of support to 3.2 million hours by the end of 2020 and 5.3 million hours of support by 2025.**

Within the first 100 days, Government must make public specific targets and indicators to deliver and resource the Plan. Clear targets and indicators through which the Plan will be delivered, along with public reporting on progress will drive reform and increase transparency. Indicators must include specific expenditure reporting on prevention, promotion, earlier intervention and community support.

The MHAOD Plan recommended increasing spending on prevention from 1% to 5% of the mental health budget. Suicide rates in the Kimberley and Goldfields are the highest in Australia, and the state-wide coverage of specific, targeted and Aboriginal led suicide prevention and postvention programs is extremely poor. To reduce mental health problems and suicide rates the proportion of the mental health budget spent on prevention must increase to 5% by 2025.

Community support hours must substantially increase across the state with an early increase in services for specific areas and populations. This must include supports for children and youth, including children of parents with mental illness; and for families and carers, including family recovery supports and those focused at young and older carers.

We need urgent and significant growth in rural and remote community managed mental health services, designed for local community needs and conditions, which build local community and workforce capacity and reflect the costs of local service delivery.

To enable all people to access relevant services, WA requires permanent funding for existing services, and additional specific services for diverse populations including Aboriginal people, LGBTIQ peoples, women, culturally and linguistically diverse peoples and people with disability. Resourcing must account for interpreters where required.

2 Reform the system, placing consumers, carers and family members at its centre, breaking down silos and promoting recovery.

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- ✓ **Integrate consumer and carer expertise through a capability plan and innovation fund.**
- ✓ **Invest in community mental health capability with an industry support and transition plan.**

A well-resourced state-wide, peer led plan is required to increase capability of consumers, carers and families in peer work, co-production and personalised services, and to embed their involvement in policy and service design and delivery.

A key plank of this plan should be a consumer and family innovation fund to design, test and model authentic approaches that feature co-production and consumer-delivered principles and practice. Models for testing should include peer-delivered mental health services, peer-led consumer and carer capacity building initiatives, scaling up authentic co-production, and a funded Recovery College to provide an educational recovery option that encompasses hope, control and opportunity for consumers, carers and the wider community.

A resourced community mental health industry support and transition plan is needed to enable community mental health services to transition to a market-based, consumer and family focused, and individualised service funding environment. The industry support and transition plan should include specific and targeted initiatives for rural and remote services. It must drive peer workforce development, individualised funding adaptation and co-production. It must also improve service capability in cultural responsiveness, working with people with co-occurring drug and alcohol use, and working with diverse populations including women, LGBTIQ people, and people with disability.

3 Increase access to secure homes with recovery supports.

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- ✓ **A whole of government housing investment plan with a specific mental health stream.**
- ✓ **Immediate additional funding to expand the supply and range of flexible, individualised community based housing with linked supports.**

The whole of government housing investment plan should build on existing planning with a focus on strong early service increases to meet demand. The Plan must utilise

a contemporary and integrated whole-of-system approach, with associated co-commissioning.

Additional community housing is urgently required across Western Australia. It should target 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 door of hospital and prison.

4 Change how the justice system deals with people with mental health problems.

- ✓ **Reform the Criminal Law (Mentally Impaired Accused) Act 1996 (CLMIA Act) and end mandatory sentencing for people with mental health problems.**

Despite significant progress in rights for people with mental health problems in Western Australia, this is not the case when the same people reach the justice system.

WA must urgently improve access to justice and the realisation of people's human rights through repealing and replacing mentally impaired accused laws and ending mandatory sentencing legislation for people with mental illness.

5 Improve access to the National Disability Insurance Scheme for people with psychosocial disability.

- ✓ **Meet the target of 6000 people with psychosocial disability accessing the NDIS in WA.**
- ✓ **Enable the most disadvantaged mental health consumers to access NDIS supports through genuine, face-to-face engagement.**

A clear target of 6000 people with psychosocial disability accessing the NDIS is in line with the Productivity Commission estimates.

To achieve this target, and the NDIS' objectives it will be necessary to ensure that the most disadvantaged mental health consumers are engaged. This should occur through resourcing community mental health projects that proactively engage people with psychosocial disability who are experiencing homelessness or institutionalisation, who have been chronically under-supported and those not accessing the service system. Projects should build on successful NDIS engagement approaches, utilise peer models and be co-produced.