WAAMH

Western Australian Association
for Mental Health

Election Policy Platform and Pre-Budget Submission:

Make Mental Health Count 2017

January 2017

WAAMH
Western Australian Association for Mental Health

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About WAAMH

The Western Australian Association for Mental Health (WAAMH) was incorporated in 1966 and is the peak body representing the community-managed mental health sector in Western Australia. With around 150 organisational and individual members, our vision is that as a human right, every one of us who experiences mental health issues has the resources and support needed to recover, lead a good life and contribute as active citizens.

WAAMH advocates for effective public policy on mental health issues, delivers workforce training and development and promotes positive attitudes to mental health and recovery. Further information on WAAMH can be found at http://www.waamh.org.au.

Our Core Election Asks

We have identified five priority areas that require urgent action to improve the mental health of Western Australians.

1 Resource and implement the Ten Year Mental Health and Alcohol and Other Drugs Plan, refocusing investment to 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 of support by the end of 2020.

2 Enable recovery by reforming the system, breaking down silos and placing consumers, carers and family members at the centre.

- ✓ 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.

3 Increase access to secure homes with recovery supports.

- ✓ 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.

4 Reform 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.

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.

Why invest in mental health?

'Mental health' is a state of well-being in which an individual realises their potential, can cope with the normal stresses of life, work productively and make a contribution to the community.

Good mental health is widely acknowledged as a significant contributor to the productivity of contemporary society:

"Good population mental health contributes to economic productivity and prosperity making it crucial for economic growth".[i]

Every year, one in five Australians experience some form of mental illness, with higher rates for young people. Almost half of us will experience mental illness at some point in our life. People experiencing mental health problems continue to be active and productive contributors to our community, with or without support and treatment.

People with severe or enduring mental health problems are amongst the most marginalised people in Western Australian communities. Many live with poverty, unemployment or underemployment, fragmented supports, physical health problems, and insecure or inappropriate housing. A small but significant minority continue to be subject to inappropriate service responses that limit their rights, respect, choice and control in our mental health and justice systems.

Carers and families are also affected; carers may be at an increased risk of social isolation, disconnection from education and employment, poor physical and mental health and limited opportunities to pursue life goals.[ii] $60 billion is the estimated annual replacement value of care provided by carers to the Australian economy, yet the benefits carers provide to our communities are not well acknowledged.

When people with mental health problems can access appropriate supports, most will recover and lead productive and fulfilling lives.

In terms of national disease burden, mental illness ranks third at 13% among the major disease groups after cancer and cardiovascular disease.[iii] Of significant concern, mental illness - especially depression and anxiety - rates highest among the major disease groups for non-fatal disability burden, that is, for its impacts on activities of daily living.[iv]

The economic costs of mental health problems to individuals and society is high. The National Mental Health Services Review (NMHSR) identified that the direct costs to the Commonwealth budget alone of mental health and suicide prevention are about $10 billion a year[v]. A review for the Mental Health Commission of NSW found direct mental health services cost Australian

Commonwealth, state and territory governments $5.14 billion, or 7.5% of all government health spending, plus an additional $4.63 billion on other support services in 2007-2008.[vi]

What must be done?

Mental health promotion, prevention and early intervention is critical to reduce the long-term personal, community and economic costs of mental ill-health:

"shifting to a preventative model and community based intervention will save money and lives".[vii]

Promotion and prevention helps to reduce demand for more resource-intensive mental health services, reducing workforce pressure and overall health costs.[viii] Prevention and early intervention targeted to young people "has the potential to generate greater personal health, social and economic benefits than interventions at any other time of the lifespan." [ix]

The government recognised this in its strategic document 'Mental Health 2020: Making it personal and everybody's business' and in the subsequent 'Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015 – 2025' (the MHAOD Plan). The community managed mental health sector strongly supports the Plan's intent to rebalance investment away from acute care towards prevention and earlier, community based services, coupled with an increase in consumer and carer involvement, choice and control.

The MHAOD Plan, which secured bipartisan support, is evidence of positive progress to meet the community's expectation of an effective system that enables the recovery, rights and respect of mental health consumers, carers and family members.

However, the 2016-17 Budget did not deliver on the MHAOD Plan's intent. In fact, the little investment in mental health was allocated to public mental health services in the hospital and community treatment levels, rather than community based support services – the most under-resourced mental health services in WA.

Improving mental health will also require addressing the wider social and economic determinants of mental health problems and building citizenship through effective strategic policy which drives cross-government, integrated system reforms.

WAAMH acknowledges the challenges of delivering an effective Budget in difficult economic circumstances, but long-term system reform is an indispensable investment. The lack of well targeted resource allocation represents not a budget saving, but a cost.

The social and economic determinants of mental health – achieving citizenship for all

The structural, social and economic determinants of mental health are well established; it is now clear that people experiencing significant social disadvantage have poorer mental health. It must be acknowledged that adequate income is critical for recovery, and that employment is a highly effective recovery mechanism.

To achieve a good mental health and wellbeing for the whole community, a Western Australian government must prioritise measures that build citizenship, reduce power inequities between systems and consumers, and address the social and economic causes of and contributors to good mental health and mental health problems.

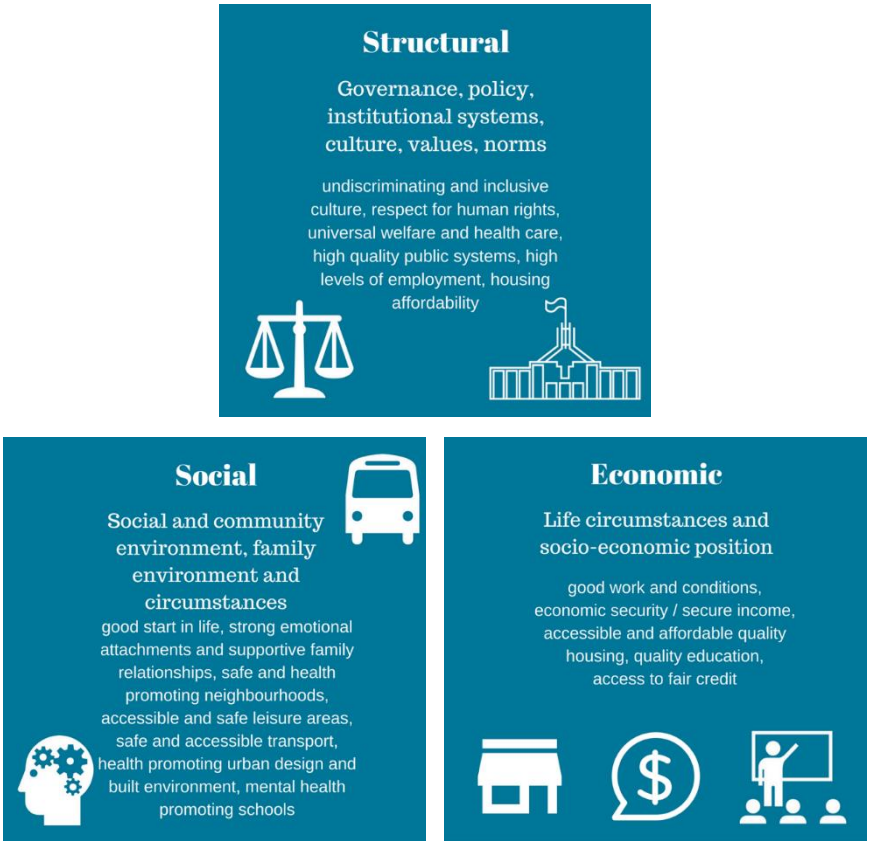

Figure 1: Overview of structural, social and economic determinants of mental health.[x]

The WA Government's Mental Health Outcomes Statements prioritise many elements required for a good life: health wellbeing and recovery; a home and financial security; relationships; recovery, learning and growth; rights, respect, choice and control; and community belonging. However, to fully realise these, measures that progress the social, political and economic determinants of mental health at the systems level must be prioritised by a Western Australian

government. For Aboriginal and CaLD peoples, cultural and historical determinants must be included in this approach.

This will require efforts that build civil society and foster community inclusion for all, including reducing social, economic, cultural and linguistic barriers to participation in communities and in democracy.

Whole of government collaboration is necessary to achieve improved mental health and wellbeing through positively progressing the social and economic determinants of mental health for all West Australians, such as education, employment, income, homes, respectful relationships and community.

To improve outcomes for the whole person, government policy and reform decisions must always enhance the rights of, respect for and self-direction of people experiencing mental health problems. Fostering cross-peak, cross-sector collaboration can assist in driving whole-person and whole-system integrated design.

Employment strategies should build on current approaches to improve employer promotion of workplace wellbeing and responsiveness to mental health problems, and enhance employment options for people with mental illness through continuing funding for Individual Placement and Support, an effective evidence based program which achieves higher rates of open employment for people with mental illness.

Strategic policy and budget commitments to achieve positive mental health

Figure 2: Essential Elements of Mental Health Reform.

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

The Problem

A services centric and siloed system does not facilitate consumer and family centred design or practice, rendering it unable to achieve the best outcomes. Traditional approaches have excluded the expertise of people with lived experience.

Core Commitments

- ✓ **Integrate consumer and carer expertise through a capability plan and innovation fund.**

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.

Rationale

An evolving mental health system will transform the system to place consumers and families at the centre of reform, break down silos to achieve and realise the benefits of personalisation, peer work, co-production and recovery outcomes.

Person-centred design was recommended by the NMHSR as one of three key components of mental health system reform needed to achieve improved outcomes and improve longer-term system sustainability.[xi] Embedding person-centred supports in policy and the services framework is strongly supported by people with lived experience and their representative organisations.[xii]

To achieve person-centred design, it is necessary to reduce the service centric and narrow focus of our system, by breaking down silos and developing integrated services.

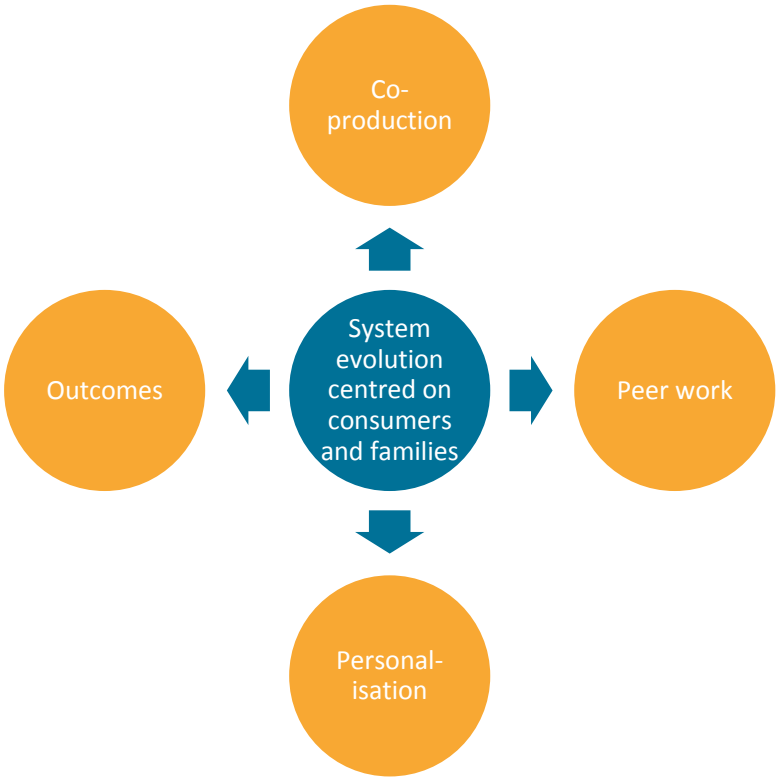

Figure 3: Person Centred Design.

Peer work is at the forefront of person-centred approaches, is a priority in national policy statements, plans and strategies[xiii] and is endorsed at the state level in a range of policies and plans including the Mental Health and Alcohol and Other Drug Services Plan 2015-2025 and the WA Mental Health Commission's Mental Health 2020.

Peer work is now recognised as integral to quality service delivery. Research shows that peer workers improve recovery for individuals,[xiv,xv] and can significantly reduce hospital bed stays and rates of post-support relapse.[xvi]

Co-production also "clearly greatly crosses over with personalisation as an approach to working with people to make the services best suited to their individual needs, strengths and goals"[xvii] and its importance is highlighted in the MHAOD Services Plan.[xviii] There is increasing evidence of positive outcomes including "improved social networks and social inclusion, addressing stigma, improved skills and employability, prevention, and well-being-related outcomes, including improved mental and physical well-being". [xix] Genuine coproduction demonstrates equal partnership with people with lived experience, rather than inviting them into existing spaces.

These reforms together, alongside the shift from block funding to individualised services, represent major changes to the environment in which community managed mental health services operate.

The promise of increased choice and control can only work well if infrastructure is built that increases the capacity of people with lived experience [xx], including through 'varying levels of access to information, advice, brokerage and support' [xxi]. Recent experience with NDIS implementation indicates this remains a pressing need.[xxii] Increased capability of consumers, carers and service providers is required to tangibly and sustainably embed these reforms in mental health services and in systems change.

Additional Commitments Sought

Within the first term of a new government it will also be necessary to determine what the outcomes of this work shall be – how will it be known that the consumer, carer and family are at the centre of design and delivery AND that portfolios and ministries are working as one on key social challenges. Cross portfolio targets for outcomes will need to be determined and accepted as whole of government indicators and accountability at the whole of government level. Equally the government will need to be able to measure and explain progress towards this new state in annual and budgetary periods.

A supporting Budget ask that would assist consumers, carers, family and community mental health services to access services and supports as arrangements change would be:

- Improved system navigation through testing a range of system navigation supports: whole-person care pathways, online responses and peer models in metro and country areas, and embedding cross-government, cross-sector navigation through the service system.

Strategic Policy Recommendations

Government must demonstrate leadership through embedding genuine co-production into mental health services commissioning. Embedding family and carer inclusive policy and practice across government design and procurement is also needed.

The NMHSR identified the need to fund outcomes rather than activity to maximise value for money,[xxiii]. The sector seeks bipartisan commitment to the Delivering Community Services in Partnership (DCSP) policy, which "is intended to focus service providers on outcomes and encourage individuals, families and carers to shape the supports and services they receive".[xxiv]

A cross-government strategy to achieve improved outcomes through integrated services should establish shared reporting mechanisms, joint policy and program design and implementation, and co-commissioning to improve outcomes and realise cost benefits across government.

Newly commissioned mental health programs should expand access to personalised budgets to enable people to enhance self-direction, choice and

control, explore opportunities and develop as citizens, as well as access mental health services.

Develop, resource and implement a state-wide peer workforce strategy and provide incentives to progress cultural change and integrate peer workers into all relevant services.

B. Mental health and suicide prevention and postvention

The Problem

The proportion of mental health budget spent on prevention is too low and reducing.

Suicide rates in the Kimberley and Goldfields are the highest in Australia [xxv] and the state-wide coverage of specific, targeted and Aboriginal led suicide prevention and postvention programs is extremely poor.

Core Commitments

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.**

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.

Rationale

The World Health Organization's Optimal Mix of Services Pyramid recommends a balanced approach to mental health investment. This includes capping spending in hospitals and emphasises the need for investment in prevention and early intervention. The MHAOD Plan recommended increasing spending on prevention from 1% to 5% of the mental health budget.

A major five-year study found spending on prevention to be highly cost effective [xxvi].

However, the 2016-17 Budget forward estimates decreased the proportion of funding for prevention from 2.36% in 2015/16 to just 1.39% in 2019/20 (of the total cost of mental health services).[xxvii] This lost ground is unacceptable.

Bipartisan commitment to resource suicide promotion, prevention and postvention programs, together with strong suicide prevention targets, is required to reduce suicides and suicide related harm in Western Australia.

This must be better coordinated, more integrated, and responsive to cultural diversity and specific communities and populations. Systemically, the economic, social, cultural and historical determinants of mental health must be addressed (refer to "The social and economic determinants of mental health – achieving citizenship for all" on page 9 for more details).

Aboriginal suicide prevention and postvention initiatives must be led by Aboriginal leaders and communities within an Aboriginal Social and Emotional Wellbeing framework.

Additional Commitments Sought

Budgetary measures to evidence effective reform should include:

- Additional funds for Aboriginal Elder, organisation and community-driven design and delivery of culturally specific mental health, social and emotional wellbeing, suicide prevention and postvention programs;
- Resourcing evaluation in all evidence, place and population based programs to ensure effective prevention and postvention initiatives; and
- A community capacity building investment package for rural and remote regions to complement and reduce reliance on fly in response teams.

Strategic Policy Recommendations

A finalised Prevention Plan for mental health, alcohol and other drugs (Action 16 of the MHAOD Plan).

Commitment to achieve targets of a 10% reduction in suicides by 2020 and a 50% reduction by 2026 as recommended by Mental Health Australia.

A holistic, cross sector and coordinated response to address system navigation problems including improving suicide responsiveness of mental health and emergency services, and extending the Police Mental Health Co-response to include responding to suicide concerns.

Privileging and resourcing Aboriginal leadership and organisations, including Aboriginal Community Controlled Organisations, and community-driven design and delivery of culturally specific mental health, social and emotional wellbeing, suicide prevention and postvention programs. Programs in Aboriginal communities or targeting Aboriginal populations must fit with Aboriginal perspectives and contexts, and address whole-community social and emotional wellbeing, to be effective and constructive.

C. Community mental health support

The Problem

The MHAOD Plan identifies community support services as the most under-resourced service type and commits to more than five-fold growth in support hours over ten years. But the 2016-17 Budget forward estimates decreased the percentage of total mental health budget spent on community support from 6.75% in 2015/16 to 6% in 2019/20.[xxviii]

Core Commitments

- ✓ **Specify and publicise targets and indicators to deliver and resource the Plan, within the first 100 days of a new government.**
- ✓ **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.

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.

Rationale

A sustainable, effective mental health system must rebalance expenditure, directing new and additional investment away from acute, crisis driven, episodic care towards accessible services that provide supports close to home, within the person's community, and earlier in their recovery journey.[xxix]

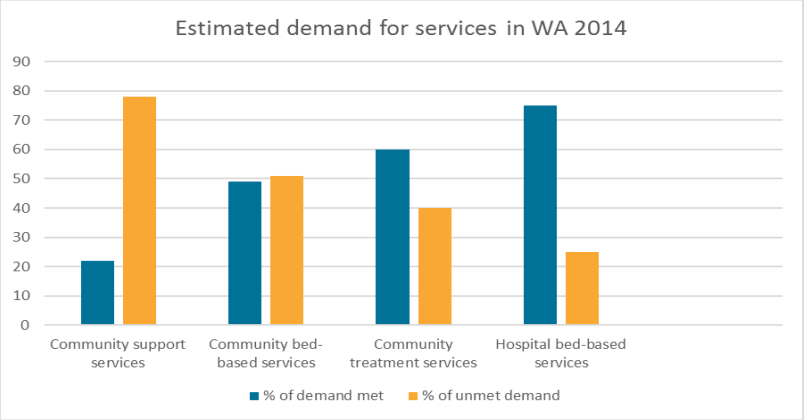

Figure 4: Estimated demand for services in WA 2014.

Western Australia has made a strong commitment to this in the MHAOD Plan. Modelling identified the need for a five-fold increase in community support hours in response to "*the greatest area of unmet demand [in Western Australia] is community based services, which results in over-reliance on acute care settings. Currently, services are meeting only a portion of the estimated 2014 demand*".[xxx]

Community based services and supports must be responsive to the person's individual needs, whole-person and recovery outcomes, diversity, and to common co-occurring issues including alcohol and other drug use.

Strategic Policy Recommendations

Policy measures that provide for full reinvestment of cost efficiencies and savings back into community mental health programs and services and prevention, promotion and early intervention are needed.

Close collaboration and integration with Commonwealth initiatives should reduce service fragmentation, capitalise on state investment and best enable Commonwealth reforms to meet local needs including physical health and other co-occurring needs. This should include close attention to reforms being driven through Commonwealth Department of Health, Primary Health Networks, the Department of Social Services, the National Disability Insurance Scheme (NDIS), and COAG's 'Closing the Gap'.

Ongoing gap analysis and planning for future service development will be required as population eligibility for Commonwealth programs and reforms and their interface with state systems becomes clearer. Please refer to "Improve access to the NDIS for people with psychosocial disability" on page 25 for our core election asks regarding the WA roll-out of the NDIS.

To improve rural mental health outcomes a specific, detailed investment and capacity building plan for rural and remote services is required. This should aim to build local community and workforce capacity; and specify services that are designed for local community conditions and social drivers, reflect the costs of local service delivery, and are culturally responsive.

D. Increase access to secure homes with recovery supports

The Problem

Lack of appropriate supported housing is a key contributor to long hospital stays and cycling in and out of institutions and homelessness. Modern recovery-focused and community based supports are not always available to people living in psychiatric hostels, in rural and remote areas, and exiting prisons and hospitals. The lack of housing can compound mental health problems and delay or halt recovery.

Core Commitments

- ✓ **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 housing investment plan must utilise a contemporary and integrated whole-of-system approach, with associated co-commissioning.

This plan should include in its mental health stream, at a minimum, a mechanism to replace psychiatric hostels with contemporary accommodation and supports that offer choice, foster citizenship and achieve improved mental health outcomes; specific support and accommodation options and pathways for people leaving prison and hospital, and those at risk of entering these institutions, to establish and sustain community based homes, across our state; and specific support and accommodation options and pathways that maintain and improve the mental health and wellbeing of families housed in small rural towns.

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.

Rationale

Safe, appropriate, sustainable housing is a key determinant of mental health outcomes. The evidence is now clear that access to appropriate housing, with support, is a key factor in individual mental health outcomes and systems-wide cost.

Recent WA research established the greatest savings would be to emergency department admissions, duration of hospital stay and use of psychiatric services for people with severe mental health problems.[xxxi] An Australian longitudinal study recently found an over 66% decline in usage rates for both emergency presentations and admission to psychiatric units for people provided with accommodation and support [xxxii], and QLD research identified that permanent supportive housing reduces mental health services use by 65%.[xxxiii]

Recent research showed that stable public housing with linked supports for people who had been homeless could save the WA health system more than $16 million a year.

Contemporary recovery supports are an essential component alongside affordable housing to achieve these better outcomes. However, such supports may not be present, particularly in rural and remote areas where people may be provided with housing without the necessary supports in place. In metropolitan areas, inconsistent access remains a problem, sometimes alongside outdated service philosophies and practices.

Strategic Policy Recommendations

A review and refocusing of existing mental health housing, programs, transition points and pathways to achieve better recovery outcomes.

Expanding and growing supply of affordable housing through collaborative partnerships between government and community housing providers.

Improved understanding of and responses to people with mental health issues in existing community and public housing stock allocation will realise wellbeing, health and housing outcomes and associated cost savings across government.

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

The Problem

People with mental health issues are more likely to be victims of crime[xxxiv], and are over represented in the criminal justice system as offenders and alleged offenders[xxxv], yet current approaches can worsen mental health or breach human rights. Effective responses are emerging but are only available to some people and in some areas. Procedural fairness and judicial discretion is unavailable to many.

Core Commitments

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

Rationale

Recent diversion programs in court and by police are welcomed, but more must be done to ensure equitable access across the state and to provide better forensic services to those in prison and on remand.

Policy and investment redistributed to diversion and therapeutic interventions will reduce whole of government costs, including to courts, prisons and corrections, and enhance mental health treatment and recovery.[xxxvi]

Reforming the CLMIA Act in line with contemporary national and international standards will enable WA government to meet its human rights obligations for all West Australians with mental health problems, not just those in the civil system.

Additional Commitments Sought

- Extend the Police Mental Health Co-Response state-wide and integrate cultural responsiveness;
- Extend the Start Court and the Links children's diversion program across the state; and
- Bring forward in-prison treatment and sub-acute beds, inpatient beds and a declared place as set out in the Forensic Chapter of the MHAOD Plan, to ensure human rights are realised and contemporary standards met.

Strategic Policy Recommendations

Whole-of-government policy, investment redistribution and co-commissioning to increase diversion and therapeutic interventions will reduce corrections costs and enhance mental health treatment and recovery. This should include improving systems collaboration and establishing benchmarks to enhance mental health treatment and recovery in prisons, corrective services and forensic mental health.

More broadly, developing culturally secure diversion options and addressing the recommendations of the Royal Commission into Aboriginal Deaths in Custody is needed to reduce the overrepresentation of Aboriginal people with mental health issues in custody.

F. A diverse and sustainable community managed mental health sector

The problem

To deliver the Plan's intent to significantly and rapidly increase community mental health services, Western Australia will require a strong community managed mental health sector, equipped to meet demand and partner with consumers and families to achieve positive outcomes. To meet the challenges posed by a rapid pace and a complex reform environment, investment in sector capability is needed.

Core Commitments

- ✓ **Invest in community mental health capability with an industry support and transition plan.**

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.

Rationale

Strong evidence now demonstrates the centrality of community based services to a sustainable mental health system, with an urgent need to boost mental health community based services in Western Australia [xxxvii] (see also "Community mental health support" on page 18).

"Community managed services provide a critical gateway for people affected by mental illness to live valued lives in the community. They have led the way in establishing a recovery-oriented mental health service delivery culture and to counter the stigma and discrimination that results in social exclusion." [xxxviii]

The effectiveness of community managed services is well established. They respond holistically and flexibly, empower consumers leading to more effective outcomes, and respond innovatively.[xxxix] They keep people living well in the community by connecting them to housing, education, employment and

training, and by providing personalised support, family and carer support, counselling, advocacy, mutual support and self-help.

To achieve a sustainable mental health system, Western Australia needs a strong, diverse and viable community managed mental health sector capable of meeting demand, working collaboratively and responding to reform. Community sector organisations must be responsive to people with co-occurring and increasingly complex needs, including alcohol and other drug use.

Strategic Policy Recommendations

Bipartisan, whole of government commitment to realising the potential and principles of the Delivering Community Services in Partnership Policy, will achieve better outcomes for West Australian people and communities.

Productive commissioning and procurement processes should be developed that strengthen the community mental health sector and minimise the harms of competitive tendering. These should prioritise outcomes, value community managed delivery models, preference longer term funding, privilege lived experience voices, value local expertise and relationships particularly in rural and remote communities, and create choice through enabling the viability of diverse providers including niche organisations.

"Community managed services provide a critical gateway for people affected by mental illness to live valued lives in the community …" wherever it is needed.

G. Improve access to the NDIS for people with psychosocial disability

The Problem

Effectively enabling access and providing quality recovery supports to people with psychosocial disability in the NDIS is complex. Locally, access targets for people with psychosocial disability are not being met.

Core Commitments

- ✓ **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 in Western Australia 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.

Rationale

The NDIS presents an important opportunity for people with psychosocial disability related to a mental health condition, but challenges exist in getting the scheme right for this population.

Many of the Western Australians with mental illness likely to be eligible for the scheme will have experienced significant disadvantage: they may have been chronically under-supported, be experiencing homelessness or long-term institutionalisation. Others will not be engaging with services.

In the Hunter trial site, challenges in accessing the scheme identified by people with mental health problems included lack of knowledge and information about the NDIS, inadequate outreach and engagement by the NDIA, and insufficient support to access the NDIS. The community managed mental health sector in Hunter identified that high levels of outreach and engagement are required for vulnerable and marginalised people with mental health conditions, and other complex health and social problems, to consider accessing the NDIS[xl].

These concerns are the subject of the current Joint Standing Committee inquiry into 'The provision of services under the NDIS for people with psychosocial

disabilities related to a mental health condition'; its terms of reference include the 'role and extent of outreach services to identify potential NDIS participants with a psychosocial disability'[xli].

A proactive approach is needed to identify, encourage, support and enable potential participants with psychosocial disability to access beneficial support through the scheme. A specific project was undertaken in the Perth Hills trial site which effectively engaged people living in licensed psychiatric hostels to facilitate scheme access and planning; more of these approaches will be required as the roll-out progresses.

Other challenges in the scheme for psychosocial disability include in planning processes, the provision of supports, the interface with other service systems and the availability of supports for mental health carers.

The inclusion of people with lived experience of mental health issues and expertise in the design, implementation and governance of NDIS is also essential.

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