WAAMH Response WA Mental Health Strategic Plan 2010-2020

Organisation: Western Australian Association for Mental Health (WAAMH)

Postal Address: City West Lotteries House, 2 Delhi Street, West Perth WA 6005

Telephone: (08) 9420 7277

Facsimile: (08) 9420 7280

Email Address: reception@waamh.org.au

Contact Name: Ms Ann White
Position/Title: WAAMH Executive Officer

ABOUT WAAMH.
The Western Australian Association for Mental Health (WAAMH) is the peak mental health representative body in Western Australia for non-government not-for-profit agencies that operate for the benefit of people affected by mental illness.

WAAMH’s role
Support the development of the community-based mental health sector, provide systemic advocacy and representation and influence public opinion for the benefit of people with mental illness and their carers.

WAAMH’s vision is that:
Western Australian community organizations will lead the way in supporting and including people with mental illness and their carers and providing well governed innovative community-based services focused on recovery.

WAAMH works towards a future in which the health and well-being of people affected by mental illness is promoted and supported by a range of community based mental health services and in which there is community acceptance of people with mental illness. WAAMH supports and encourages the development of the non-government not-for-profit mental health sector.
Introduction:

The Western Australian Association for Mental Health is the Peak Body representing approximately 60 mental health NGO’s. The Board of WAAMH has reviewed the consultation paper in collaboration with its members, and wished to make the following responses. In general the consultation document on the State Mental Health Policy and Plan, ‘WA Mental Health Toward 2020’ (The Plan) is potentially a wonderful blueprint for major mental health reform. The implementation of the spirit and content of the Plan is paramount to changes in mental health especially the adoption of a consumer/carer driven recovery paradigm. WAAMH endorses and commends the Plan in relation to the WA mental health framework and the accompanied policy statements. We are all charged with a massive responsibility to ensure that in the future we do things differently in mental health service deliveries in WA during the next decade.

However it is WAAMH’s view that there are significant gaps in the Plan and a re-ordering of certain priorities that need to be addressed in order to achieve the vision of the Plan.

The Role of Community Based Services Provided by NGOs

It is noted that the Economic Audit Committee indicated that in achieving a mental health reform agenda in WA it is necessary to have a strong, vibrant, professional NGO mental health sector.

WAAMH endorses an attempt by the Plan to include the NGO mental health sector. However, in our opinion, this partial inclusiveness falls short of what is required to address major community based problems in mental health in WA. These problems will only be addressed by a whole of system reform agenda including the adoption of a fully integrated system of mental health service deliveries with a well resourced and vibrant NGO mental health and community managed sector with consumers and carers at the centre of all our endeavours.

Our vision for mental health in Western Australia needs to substantially embrace a much more community based approach to services where this is reflected in the spread of resources away from the current peak in the acute area to a much flatter shaped distribution curve of resources. Our vision is a shift of resources from the acute end to a greater distribution across the continuum, certainly towards community based approaches and NOT medico-focused services that are delivered in community settings but which are in fact an extension of acute services.

---

1 ‘Putting the Public First: Partnering with the Community and Business to Deliver Outcomes’, EAC Report.
The NGO Mental Health Sector has particular strengths in a range of important domains that contribute to the achievement of recovery oriented services. These include:

- **Positive relationship-based work practices** that place a high value on the nature of the relationship built between the individual/family with worker/agency and these are paramount in an individual’s recovery journey.
- **Holistic service delivery** that gives attention to whole of person needs and aspirations.
- **Social Health** - world view that recognises the importance of the social indicators that support health and well-being.
- **Community-orientated program development** that accesses community settings and engages local resources and networks with a focus on supporting people to enhance their personal and social relationships.
- **Flexibility** - both in administration and service delivery enabling a capacity for responsiveness. The NGO mental health sector has the ability within and between organisations to be very flexible in the way they do business with each other. The NGO sector tends to be less rigid and less bureaucratic than other sectors. Decisions can be achieved quickly, collaborations can be readily enacted and partnerships forged for the benefit of consumers in a timely way.
- **Innovation** - the explicitly value driven nature of the NGO sector has historically vested in it the potential for creativity and finding new ways to address the unmet needs of the people with whom the organisations work.
- **Collaboration** - notwithstanding the potential undermining effect of certain competitive tendering practices, the NGO sector is typically characterised by efforts at forming cooperative and partnering relationships underscored by organisational mission and values concerned for the common good of the people and the community.
- **Social justice and inclusion** - pursuit of greater equality for people by supporting empowerment in political processes and access to opportunities other citizens can enjoy.

The current funding levels and contract arrangements do not allow the NGO sector as a whole to make significant changes and contributions to the recovery paradigm and service delivery as envisaged by the 2020 Plan. The NGO sector will be a key stakeholder in the future and should be funded accordingly from the Mental Health Commission’s $508 million budget (2010/11). The current funding level of 8% to NGOs should be increased to 15% excluding acute and clinical interventions within five years. There is a gap between the Plan’s expectations and actual resourcing. This is out of step with what is contained in terms of recommendations from the Economic Audit Report.³

The community managed NGO mental health sector should be an additional Key Reform Area in the Plan, bringing the number to 10. Currently there is a single reference to the sector⁴, which is paltry and anything but visionary. It is within the context of integration and continuity, albeit important but hardly expansionary or

---

3 A general overview of the document Ref page 296
4 WA Mental Health Towards 2020: Table 1, Key Reform Area 4, Integrated and Continuous, p. 33
visionary. There is an evidenced based case for the community managed sector to increase its proportion of service delivery. This research has been well documented by the Queensland Alliance (that State’s equivalent to WAAMH) in its growth plan submission to government in June 2006\(^5\). It would provide an excellent template for WA for the next 5 years in putting forward similar growth plans for the WA NGO Mental Health Sector.

The promise of enhancing and promoting the NGO Mental Health Sector in general mental health service delivery is NOT reflected adequately in this document. NGO Mental Health Providers are often only mentioned in passing or in the context of other providers. This is not in keeping with the Economic Audit Report, 2009. The Plan only discusses, briefly, the E.A.C recommendations around Individualised funding and not the funding implications for the NGO Mental Health Sector.\(^6\)

Funding of hospital based acute services will gradually need to be redirected by 2020 to enable the re-allocation of some funds to the community sector so that there is less likelihood of a ‘revolving door’ phenomenon due to a lack of community psycho-social support. The way that this might be addressed is not discussed in the Plan. However the funding of a vibrant NGO mental health sector should not only be dependent on this reallocation of resources. There also needs to be ‘new money’. This re-structuring potential seems to have been avoided in the Plan. WAAMH appreciates that such a policy is a bold step but one that ultimately will deliver mental health reform in WA. In Scotland there are no mental health hospitals as such. Everything to do with mental illness is managed in the community including ‘hospital-in-the-home’ models of service support and massive resources allocated for community based support programs.

**Leadership and Cultural Change**

WAAMH referred in its original submission to the importance of leadership in unfolding and developing the mental health sector in WA over the next 10 years. The 2020 Plan largely ignores the essence of leadership, reducing it to merely governance and accountability terms. The shift to a Recovery paradigm is a major cultural shift amongst others and leadership attributes are paramount to culture shifts. It is more about the quality of people we should be attracting, not just role definition. It is considered that the Vision and Leadership sections of the Plan are insufficiently robust and that potential new initiatives need to be included in the document and allocated to a more integrated model of mental health service delivery. Vision and new initiatives will only grow from inspired leadership. There is little in the document to show how such leadership could develop and flourish in the new way of conducting mental health services in WA.

There is an absence in the Plan of an open expression of intent and desirability that all mental health sectors and services and professional groups, private, government and NGOs will support the recovery paradigm and move to create appropriate frameworks for implementation and practice of service deliveries. There are motherhood statements about recovery in the Plan but few suggested models of how it would be implemented in an integrated mental health recovery based system.

\(^5\) Queensland Alliance: *Ten Year Plan for the Growth of the NGO Mental Health Sector*, June 2006.

\(^6\) WA Mental Health Towards 2020 p.42
If ‘recovery’ is being promoted as the new paradigm in the Plan there should be some discussion about the actual values and operational principles that wrap around the concept of ‘recovery’ for Western Australia. Values and principles need to inform policy and policy needs to be articulated to practice and services. An explanation of how this might be achieved is lacking in the Plan. WAAMH is currently writing policy in this area and these outcomes could be incorporated in the Plan as a guide to service providers.

The Plan lacks vision on how an integrated system based on a recovery paradigm driven by consumers and carers will be articulated through established clinical services in the Government mental health services. The potential for the interface between Government, NGO and GP mental health services is mostly absent, especially in relation to policy integration and changes to inter-service referral pathways. The issue of service integration is not mentioned in any significant way, which is concerning given the emphasis on partnerships in the contemporary literature. For example the suggestion that GPs in private practice always need to be put in the role of gatekeepers to the mental health referral system needs to be questioned. This often perpetuates medical models of intervention at a time when consumers, carers and NGO mental health support services are looking for something different in the recovery process. GPs play an important role in any mental health system but they are only part of the structure and new models need to be considered if we are serious about changing the paradigm.

Mental health reform and sustainable change will not take place without both NGO and Government and Private Sectors coming from a position of strength. There needs to be a strong foundation to make systemic changes happen from a ‘whole of community’ perspective. There is no indication in the Plan how this could be achieved. Both Government and NGO sectors would need to be specifically and significantly resourced to achieve an integrated outcome.

**Role of Family and Carers**

A stronger emphasis should be placed on the role of families - especially around the often complex relationship between carers and families where these two entities are different. Families are often mentioned in the document as an extension of consumers and carers e.g. “consumers...carers...families”. A section of the plan dedicated only to families may have been useful in relation to differing roles with carers.

The vital issue of young carers in WA is poorly acknowledged in the Plan. To ignore this important group of young people may create a cohort of young people with potential for mental health issues in the future. There should be individual and systemic advocacy developed in WA for young carers and resources made available to establish a coordinated network and support system. This requires a higher priority in the Plan. At the moment young carers are grouped under “at risk groups”. WAAMH is currently involved with the Department of Communities (Department of Children and Youth), in two scoping studies looking at the needs of young carers in WA. One of these projects is reporting at the end of September 2010 the outcomes.
of which could be considered for incorporation into the Plan. The second project reports at the end January 2011.

**Integration of State and Commonwealth Funded Support**

The Plan has failed to address in any substantial way the issue of the inter-face between State and Commonwealth funding for mental health in WA. A potential model of integration could have been proposed. A recommendation regarding the establishment of a task force in WA regarding the integration of State and Commonwealth funding would have been helpful in determining what could be possible to improve outcomes for consumers, carers and families.

**Specific Issues, Strategies and Barriers**

A number of specific issues within the plan have been identified. These include:

- A lack of explanation of how child and adolescent mental health services should embrace the recovery paradigm. This is disappointing in the context of achieving a whole of system approach to mental health.

- New and creative mental health service solution models/initiatives in relation to rural and remote issues, along with CALD and indigenous issues are mostly missing in the Plan. There needs to be more about access and equity and planning that would ultimately remove the barriers to planning services. The Plan does not explore how consumers in rural and remote areas could be supported in a psycho-social-education-vocational way by utilizing local people with some support worker training by distance and supervision. This would be an added tool of support that may reduce relapse and costly travel to major centres for crisis intervention in a hospital setting.

- There is little vision on how e-mental health technology could assist rural and remote areas in WA in improving access to mental health support systems and using local people through e-technology as ‘non-professional therapeutic tools’ to improve local service, program deliveries and supporting people. Telepsychiatry is only the first step in this evolution of support. Options for psycho-social support through e-technology should be considered.

- The Interface of services between people with complex needs including Acquired Brain Injury and intellectual disability are lacking in the Plan. There is research evidence emerging that complex needs around mental health appears to be either on the increase or is being better identified. The identification of people in this category is complicating pathways of referral and appropriate service deliveries. This needs to be discussed in the Plan and potential solutions found.

WAAMH notes that the Disability Coalition (WA) in its submission to the consultation on the Plan has highlighted the need for mental health reform to include a strategic focus on people with a dual diagnosis of a mental illness and a disability, including people with a dual diagnosis in Aboriginal, Culturally and Linguistically Diverse Communities (CALD), and prison offender populations.
WAAMH endorses the need for a specific strategic dual diagnosis (mental illness and disability) policy and plan to be developed and incorporated in the overall Plan.

- The issue of gender and mental health is ignored in the Plan. Mental health research now identifies that gender issues impinge on the way mental illness is constructed in the culture, has an influence on social and emotional wellbeing and that men and woman respond to health seeking behaviours very differently. Whole of population health initiatives continue to ignore gender issues in mental health policy and service delivery, especially for men.  

- There is a lack of recognition in the Plan of the drain of mental health workers in rural and remote areas to the mining industry. In the next 10 years there is going to be massive recruitment and training offered by the mining industry which will undoubtedly attract workers away from mental health in these areas. Given the fact that it is already problematic to recruit and retain mental health professionals and support workers in these areas, we may be facing a potential crisis in staffing in the future. Research carried out by WAAMH, and the Alcohol and other Drugs, Family and Domestic Violence and Women’s Health sectors in WA, highlighted the ageing workforce. An indication of intention to stay within the sector indicated that 35% of workers did not expect to be working in the sector in 2 years time, and 74% did not expect to be working in the sector in 5 years time. 

**Priority Actions**

In the above submission WAAMH has identified a number of areas of reform for the NGO sector. Work has already begun in several of these areas in collaboration with the Mental Health Commission where three scoping projects have been commissioned to produce business cases for the implementation of further reform measures in the NGO sector from 2011. These are consistent with themes within the consultation document and are also considered a high priority by WAAMH.

The first of these is the development of an NGO Strategic Plan. This strategic framework is central to the development and integration of the NGO sector within the context of a larger reform framework. The project would map out a growth strategy for the NGO sector.

The second project is the development of a Workforce Development strategy for the NGO sector.

Measuring the effectiveness and efficiency of services needs to be an integral component of reform. The third scoping project WAAMH is currently undertaking is to recommend a process for developing outcomes framework for the NGO sector.

---


8 Workforce in crisis: Value our Community Services…Value our Workforce!
The NGO sector has already identified the need to promote greater integration and collaboration between NGO and clinical mental health services. This is noted in the paper as part of initiative 7.2. The model used in Queensland is a useful starting point for WA where resource workers were placed in either public mental health services or community based NGOs with the specific role of facilitating collaboration and integration of services across the sector.

**Conclusion**

WAAMH and its Members believe that the WA Mental Health Toward 2020: Consultation Paper demonstrates a commitment to major reform and is a significant opportunity to manage the mental health system differently in the future. What is contained in the Plan is part of the mental health reform agenda which has as its foundation a consumer-carer-family driven recovery paradigm which can be universally applied across the mental health sector in the future. For the Plan to be successful, this enormous cultural shift must be embraced and the new paradigm be implemented by the Private, Government and Non-Government Mental Health Sectors. This change will be of immense value to consumers, carers and families dealing with mental illness. The NGO Mental Health Sector has a great deal to offer consumers, carers and families in relation to psycho-social, educational and vocational support services. In the future it should be clear to all stakeholders that consumers and carers must not only be offered and receive excellent clinical services (based on a recovery paradigm), but these clinical services are also integrated with excellent community based and managed support services (based on a recovery paradigm). This includes consumers and carers being totally involved and in-charge of their own recovery plans. This is how people will journey in their recovery in the future and how we should construct mental health initiatives for WA 2010-2020.