



**WAAMH**

Western Australian Association  
for Mental Health

**Western Australia Association for Mental  
Health Submission:**

**Foundations for a Stronger Tomorrow State  
Infrastructure Strategy – Draft for public  
comment**

## **Acknowledgements**

We wish to acknowledge the custodians of the land on which WAAMH is based and works, the Wadjuk (Perth region) people of the Nyoongar nation and their Elders past, present and future. WAAMH acknowledges all people with lived experience of mental health issues and mental distress, for their strength and courage to challenge and face each day.

## **Contact**

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## Background

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.

WAAMH appreciates the opportunity to provide input to Infrastructure WA on the Foundations for a Stronger Tomorrow State Infrastructure Strategy – Draft for public comment (the Draft Strategy).

This feedback has been prepared by senior WAAMH staff and stakeholders. This response has been informed by our ongoing engagement with community members, people with lived experience, non-government organisation mental health service providers and WAAMH's strategic objectives and ongoing advocacy priorities, as well as the broader non-government sector. This submission is primarily focused on the mental health system and considerations in the draft Strategy pertaining to this.

## Feedback

### Health section

#### ***Recommendation 73***

*Accelerate the transition to a person-centric, preventative and community-based public health system, to improve the health of Western Australians, and the sustainability of the State Budget by fast-tracking delivery of the Sustainable Health Review and providing regular public progress reporting to improve accountability and transparency for achieving Sustainable Health Review reform outcomes.*

WAAMH strongly supports the focus in this recommendation on prevention and a transition to community-based health care, particularly in relation to mental health.

Prevention and community supports are the most unfunded service streams in the WA mental health system, both currently and historically.

The *Better Choices. Better Lives. WA Mental Health and Alcohol and Other Drugs Service Plan 2015-2025* (The Plan) guides mental health commissioning in WA. The Plan was developed and released with bipartisan support across both major parties in WA, and outlines the five core mental health service streams and relevant targets for investment in these to achieve an “optimal” mental health system in WA, which will support the mental health and wellbeing of the WA community.

The Plan shows that mental health prevention and community supports (which are recovery-oriented, non-clinical support options provided in the community which allow people to live fulfilling lives and achieve their goals) are the most under-resourced parts of the WA mental health system. These service types help to keep people well in the community, support people following discharge from acute care environments, increase quality of life, and take pressure of already-stretched hospital and emergency-based services.

The Plan calls for significant increases in the proportion of mental health spending allocated to these areas. The optimal mix indicates that by 2025, 29% of the MH budget should go to hospital beds, 9% to community beds, 34% to community treatment, 22% to community support, and 6% to prevention.

However, in the 2021-2022 budget, as for all consecutive budgets since the release of the Plan, prevention and community supports are again the most underfunded parts of the system. In this budget, the figures are: 47% of the MH budget goes to hospital beds, 4.7% goes to community treatment, 39% to community beds, 4.9% to community supports and 1.15% to prevention.

We need all parts of the mental health system to be working well, including acute and hospital based services. However current investment approaches are essentially like trying to mop up with the tap still running – government keep increasing services at the most expensive end of the spectrum (that is, hospital/ acute services), and syphoning people into acute services which are already under pressure, while failing to adequately fund and support services to prevent mental ill health in the first place, keep people well and thriving in the community, or to support them adequately when they re-enter the community after an admission.

As such, WAAMH strongly supports the Draft Strategy’s focus on a transition to prevention and community-based approaches, and encourages a direct link to The Plan to be made to ensure that commissioning approaches and processes are comprehensively addressed.

### ***Non-government services, and infrastructure to support these***

WAAMH strongly emphasises the need for the Draft Strategy to explicitly acknowledge and address the role of the non-government mental health sector and services as part of the transition to community based care. The recommendation currently refers to “a person-centric, preventative and community-based public health system”. The public health system is generally understood to mean the publicly funded, government run mental health system; however, community supports (which are a vital component of community-based approaches) are generally delivered by non-government providers, and non-government

providers are critical in a comprehensive, preventative and community-based approach to mental health.

As such, it is critical that the Draft Strategy explicitly defines all parts of the system that need to be addressed, including non-government providers, and outlines how infrastructure needs will be met for these different parts of the system.

WAAMH acknowledges that community-based supported accommodation options and primary care are specifically identified in the Draft Strategy, however the transition to community-based care and prevention approaches will involve a much more extensive range of community-based services, including non-government providers. The language used to describe these parts of the system should align with existing definitions used in the funding and commissioning process of government, as per The Plan.

**Recommendation:**

- Explicitly define community-based supports and make clear the need to address infrastructure needs for the non-government mental health sector.
- Include reference to the *Better Choices. Better Lives. WA Mental Health and Alcohol and Other Drugs Service Plan 2015-2025*

***Stakeholder engagement, co-design and lived experience***

WAAMH commends Infrastructure WA for emphasising the role of co-design in guiding work in the Aboriginal cultural heritage, wellbeing and enterprise section. However, the centrality of lived experience input and co-design needs to be strengthened through all other parts of the Draft Strategy, with a clear articulation of how this will meaningfully occur at all stages of the planning, development, implementation and evaluation of infrastructure initiatives. This is particularly relevant to mental health, where the input of people with lived experience of mental health and suicide, families and carers is vital, and the important role of co-design and lived experience consultation for these services should be emphasised.

Importantly, the Draft Strategy needs to outline the need for co-design and equitable, accessible and meaningful engagement processes to be resourced and facilitated appropriately to ensure that engagement is genuine. This means not only resourcing government itself, but also ensuring that people with lived experience and other consultation partners (such as non-government organisations) are appropriately remunerated and supported to ensure that their ongoing input and guidance can be utilised in a sustainable way.

Lived experience involvement could be strengthened and sustained by the creation of formal reference groups which foster capabilities in relation to co-design and providing feedback and input in a trauma-informed, secure environment.

Peak bodies such as WAAMH can play a key role in helping to support these processes. They have a positive role to play in providing a conduit between government agencies and sector stakeholders, as well as people with lived experience. Peaks are also vital in providing

broad, sector-wide perspectives to government, to inform system-wide understandings of critical issues and needs, and guiding commissioning at a sector and system level.

The Draft Strategy consistently acknowledges of the need to address equity in access and outcomes through infrastructure planning and implementation, and meaningful and genuine co-design processes will be central to achieving these aims.

**Recommendation:**

- Strengthen the discussion and role of co-design and lived experience consultation in the health section of the strategy, with a focus on lived experience and explicitly address the need for appropriate resourcing of sustainable engagement.

## Climate change and sustainability section

### *Recommendation 11*

A healthy WA community is impossible to achieve without a healthy environment. Climate change was described by the Lancet Commission in 2009 as “the biggest global health threat of the 21st century”<sup>1</sup>. The effects of climate change pose present and emerging risks to health and mental health, and have bearing upon sustainable development, disaster risk reduction, and health agendas in WA. Action to ensure a safe climate and a just, equitable, and ecologically sustainable society is a critical and urgent public health priority. Global warming and climate change are two parts of a number of interrelated forms of global environmental change.

Many actions to promote a safe climate have additional benefits for health and wellbeing including physical activity, improved community amenity, improved mental health and healthier diets. A safe environment and climate are core determinants of human health along with the socioeconomic and political structure of society, and the multitude of individual and organisational factors affecting health and health services.

Mental health and climate change are inextricably linked. Climate change negatively affects mental health, and people with mental health challenges are more at risk of the impacts of climate change. Mental health services will increasingly have to adapt to and mitigate the effects of climate change and will need to ensure that services are safe and appropriate for consumers, while also services will need to be able to respond to the needs of consumers in terms of psychological distress associated with climate change. Importantly, climate change is and will be a key concern for young people; mental health initiatives and interventions need to be capable of addressing and managing the concerns of young people in relation to climate change.

Based on consultation with other stakeholders engaged in the climate change and health space, WAAMH broadly endorses the activities in the Climate change and sustainability section of the Draft Strategy. The need to actively pursue adaptation plans is positive, and it is encouraging that the Draft Strategy addresses the need to fund and support capability training.

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<sup>1</sup> Costello A, Abbas M, Allen A, Ball S, Bell S, Bellamy R, et al. Managing the health effects of climate change. *The Lancet*. 2009;373(9676):1693-733.

However, some key issues need to be addressed within this recommendations. Importantly, the target of 2050 for zero emissions needs to be revised, with a focus on evidence-based policy and that the planning and implementation of infrastructure projects (both build and non-build) are in line with the latest climate science.

To ensure alignment with national and international goals, the plan should be based on a target of an 80% emissions reduction by 2030, and net zero emissions by 2040 for the state<sup>2</sup>. The latest report from the Intergovernmental Panel on Climate Change (IPCC)<sup>3</sup> has stated that the lower the emissions in 2030, the lower the challenge in limiting global warming to 1.5°C after 2030 with no or limited overshoot (*high confidence*). The challenges from delayed actions to reduce greenhouse gas emissions include the risk of cost escalation, lock-in in carbon-emitting infrastructure, stranded assets, and reduced flexibility in future response options in the medium to long term. The target for zero emissions must be bought forward.

**Recommendation:**

- Bring the target for net zero emission in WA forward from 2050 to align with the latest climate science.

## Digital connectivity and technology

### *Digital first and substantive equality*

There is a strong focus on a digital-first approach for future infrastructure developments in WA in the Draft Strategy, and highlighting the importance of connectivity. This is positive in many respects, the draft Strategy does not currently address the issue of substantive equality in enough depth.

Substantive equality involves achieving equitable outcomes as well as equal opportunity. It takes into account the effects of past discrimination. It recognises that rights, entitlements, opportunities and access are not equally distributed throughout society. Substantive equality recognises that equal or the same application of rules to unequal groups can have unequal results. Where service delivery agencies cater to the dominant, majority group, then people who are different may miss out on essential services. Hence, it is necessary to treat people differently because people have different needs<sup>4</sup>.

With regards to the Digital connectivity and technology approach outlined in the Draft Strategy, the coverage of the rural/ regional and city divide is well covered; however, there is no discussion the divides due to other considerations such as disability, culture, age, language, socio-economic status, mental health and so on. This is particularly important, as we know that some groups may have limited access to internet or online platforms, may

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<sup>2</sup> Climate and Health Alliance. (2021). *Western Australia Election Briefing: Climate Change, Health and Wellbeing — Act Now*.  
[https://d3n8a8pro7vhmx.cloudfront.net/caha/pages/1927/attachments/original/1615250076/WA\\_Election\\_Briefing\\_-\\_03\\_2021\\_-\\_final.pdf?1615250076](https://d3n8a8pro7vhmx.cloudfront.net/caha/pages/1927/attachments/original/1615250076/WA_Election_Briefing_-_03_2021_-_final.pdf?1615250076)

<sup>3</sup> Intergovernmental Panel on Climate Change. (2021). Summary for Policy Makers.  
<https://www.ipcc.ch/sr15/chapter/spm/>

<sup>4</sup> Equality Opportunity Commission. (2021). *The Policy Framework for Substantive Equality*.  
<https://www.wa.gov.au/sites/default/files/2021-01/1%20The%20policy%20framework%20for%20substantive%20equality.pdf>

have less skills to connect them digitally, or may experience language or accessibility barriers which limit their opportunities to engage with online resources if a complete and sophisticated approach to ensuing accessibility is not taken.

These areas need to be clearly addressed, and the mechanisms for ensuring substantive equality need to be included in the strategy. While WA currently has The Policy Framework for Substantive Equality<sup>4</sup>, this relies on individual agencies for implementation. WA previously had a Substantive Equality Unit which provided support to organisations adopting and implementing the policy framework, and monitored the progress of public sector agencies against the objectives of the policy. As a transition to a digital-first approach takes place, it may be appropriate to fund and reinstate a Substantive Equality Unit or similar mechanism for ensuring these major projects reduce and do not increase inequality within our communities.

**Recommendation:**

- Explore approaches to fund and reinstate a Substantive Equality Unit or similar mechanism for ensuring these major projects reduce and do not increase inequality within our communities.