WAAMH
Western Australian Association for Mental Health

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Submission

Draft Plan Update 2018

April 2019

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Western Australian Association for Mental Health

Contents

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1. Introduction

People with lived experience, the community-managed mental health sector, peak bodies and other mental health stakeholders support and celebrate the Western Australian Mental Health Alcohol and Other Drug Services Plan 2015-2015 (the Plan) as a critical document which sets out the strategic reform required to create the major shifts needed to improve mental health outcomes.

The Plan was developed through a rigorous process, received bipartisan support, and continues to be strongly supported. Feedback from interstate colleagues is that both the Plan and the Western Australian model for our Mental Health Commission (Commission), which has both strategic policy and commissioning functions, is the strongest approach to reform seen in Australia.

The Plan is an ambitious document, and we acknowledge the challenges in achieving reform of this nature and scale, in a context of fiscal constraints and historical power structures and service delivery arrangements, which pose significant challenges to change. However, the Plan clearly sets out the evidence and need for significant systemic changes and lays out a comprehensive way forward to achieve both better outcomes and a sustainable approach.

The Plan has a significant role in assisting government to achieve the improved mental health outcomes, quality, value and accountability that comprise the Government's welcome commitment to the Sustainable Health Review recommendations.

As such, the Western Australian Association for Mental Health (WAAMH) is pleased to provide feedback to the Western Australian Mental Health Alcohol and Other Drug Services Plan 2015-2015 Draft Plan Update 2018 (Plan Update) and strongly welcomes the ongoing commitment by government to the Plan as the key policy document for mental health in Western Australia.

This scale of reform requires significant collaboration and leadership. WAAMH looks forward to supporting government and the Commission to progress the next phase of the Plan, in which the shifts to a better-balanced system are expected to be delivered, and to steward our sector with the guidance of people with lived experience.

2. Limited achievement of balancing goals

We acknowledge the significant budget increases, policy development and multiple service improvements in the life of the Plan to date, however we are alarmed at the lack of progress made in achieving system rebalancing targets. Next year will mark the half-way point for Plan implementation, and key targets, particularly in prevention and community support, are significantly off track. In a context of an overall funding injection into public mental health services and a continuing rise in hospital re-admissions to 18% as compared to a 12% national target, this lack of progress is unacceptable.

WAAMH does welcome the Plan Update's clear and strong narrative about the need to balance the system to prevent people becoming unwell and provide ongoing community-based support for recovery. This extensive system reform should build a balanced suite of services and interventions from prevention and community support through to specialised services for those that need them.

The Plan Update drives a clear narrative, which is stronger than that in the original Plan, about the importance of community-based services and the impact significant growth in these would have on driving down hospital bed and improving the overall effectiveness and sustainability of the mental health system.

The Plan Update states that one of the factors that has influenced prioritisation and progression of action in the Plan includes 'the prioritisation of investment is focused on areas and services of highest need'.

However, this does not appear to have been borne out in decision making. The Plan Update demonstrates that investment in community support is still posing the greatest gap between actual and optimal service levels. In the past three years since the release of the Plan we have seen a very strong focus on acute and subacute services, with substantial and significant increases to hospital beds and the commencement of a State-wide Step Up, Step Down service system.

While there has been extra funds and record spending on mental health, the vast majority of this new investment has reinforced the imbalance in our system, with new monies invested in medically-oriented interventions as the key component of a poorly designed system which doesn't deliver good outcomes for people. We welcome the significant investment in Step Up, Step Down services as a key part of reducing admission and readmission, but note that they also are just one part of a comprehensive system response; they are short term arrangements that have limited accessibility to some of our most vulnerable community members such as people with insecure housing and those living far from regional centres.

What we need instead is innovative supports, provided by peers and recovery workers that support people to thrive in their homes, schools, jobs and communities, connected to loved ones and making a contribution to our community. These should support and respond to people in the context of their lives, addressing social determinants that are linked to their mental ill-health, and support them to move forward from trauma and experiences of stigma and discrimination.

To drive this systemic shift, a whole-of-government approach backed by significant funding from Treasury, is required to enable the Commission to implement reform. Going forward WAAMH expects to see significant investment in rebalancing with more preventative efforts, including suicide prevention, and more people able to access the community-based supports that keep them living well in their homes and communities. It is these alternatives that will mean people

have better quality of life and will be less likely to need intensive and costly hospital-based responses.

While the Mental Health Commission is the lead agency for Plan stewardship and implementation, whole-of-government action is required to work with federal government, progress a social model of mental health, and counter the vested interests and bureaucratic barriers that continue to impede progress.

To achieve this, WAAMH would welcome renewal of the McGowan government's intent to drive change through whole-of-government Key Performance Indicators (KPIs) and associated reporting. A shared objective to improve mental health outcomes would require political leadership, and support agencies to work together to improve integration and may assist in securing appropriate funding for mental health reform from Treasury.

These collaborative processes should tie into co-production processes with people with lived experience and community-managed mental health organisations; the Plan Update should specify the important role of these experts in contributing to system reform.

Recommendations:

- **WA government identifies significant investment, commits to rebalancing targets in forthcoming state budgets.**
- **The McGowan government introduce a whole-of-government mental health KPI, perhaps linked to its broader whole-of-government KPI process.**
- **The Plan Update clearly specify government's commitment to co-production and co-design processes with people with lived experience and community-managed mental health organisations in driving system reform.**

3. Plan Update process and mid-term review

With the purpose of the Plan Update to refresh the modelling of service demand towards 2025, we find the combination of inconsistent means to remodel service demand and a lack of public access to the modelling data - in the context of significant delays in mental health policy and system rebalancing – means we do have to query the relevance of this consultation process.

Instead, we view the mid-term strategic review of the Plan as the priority policy agenda to enable re-prioritisation of the most critical strategies that would progress genuine system balance and deliver better outcomes. We urge the Mental Health Commission (Commission) to build on the remodelling conducted for the Plan Update with a robust co-design process commencing in 2019-20 to ensure a consumer and family centred mid-term review. This should support the development of comprehensive budget processes with the goal to commence priority system reform initiatives and make the most of the final five years of Plan. This co-design process should engage community-managed mental health organisations alongside consumers and family members/carers to ensure a revised Plan can be released in a timely manner at the five-year mark.

Recommendation:

- **The Commission builds on the Plan Update modelling with a co-designed process to reprioritise mental health reform strategies as the centrepiece of a timely mid-term Plan Review.**

4. Transparency of modelling

The Plan Update meets the commitment from the Commission to revisit the modelling every two years and has been published as a modelling update, along with some consideration of changes to the strategic environment.

As most stakeholders lack access to any meaningful information about the National Mental Health Service Planning Framework (NMHSPF), its modelling and assumptions, or even a robust description of how the modelling is undertaken, this makes an informed response to shifts in modelling problematic. People are instead, acutely aware of the unmet needs they, their loved ones and the people they support experience. Within this context, the intent of the consultation process is unclear.

For example, the Plan Update states on page 50 that the optimal levels for infant, child and adolescent mental health community treatment services by the end of 2025 has decreased by 11.6% and the optimal level for youth has decreased by 10%. While the Update states that this is due to a decrease in the estimated population of younger people in 2025, this brief statement provides stakeholders with insufficient information to have confidence in this revision. This is particularly the case given the reduction in estimated service need is contrary to significant other research, anecdotal and lived experience evidence that is showing an increasing demand for youth mental health services.

Additionally, WAAMH understands the Commission held some concerns about the NMHSPF, including its relevance for rural and remote areas, and adapted some of its outputs for the Plan Update. However, we are unclear about whether there are any other concerns, to what extent the modeling has been adapted, and what the implications of this might be.

The Plan Update specifies that some aspects of the modelling have been updated, for example hospital-based services, and that some cannot be as the NMHSPF did not model for prevention services and forensic services. The mix of both 2015 and 2017 modelling and the limitations this poses should be made clearer to the reader.

Similarly, the Plan Matrix does not contain the optimal mix for services at 2017, making it difficult to compare progress.

The lack of information about the modelling also appears to be in conflict with the Commission's commitment to co-production and engagement with people with lived experience, and its clear intent to proceed in partnership – principles and behaviours which are central to the Plan and Plan Update. This is out-of-step with the Commission's significant progress in co-production and lived experience engagement in recent years, evident for example in the development of the MHC Engagement Framework and Toolkit.

Without transparency about the modelling and its assumptions, and with little detailed modelling commentary in the Plan Update, it is perhaps unsurprising that some stakeholders are concerned the down-modelling of some support types may be a convenient way of reducing estimated future system costs.

Recommendation:

- **The Plan Update provides more information about the modelling undertaken for the Plan Update, and its assumptions, strengths and limitations.**

5. Implementation targets and KPIs across policy

Despite positive action in some areas, such as Step Up, Step Down services, the Plan Update highlights the lack of real progress in substantial system reform. Those service types that experience the highest rate of unmet demand continue to be allocated the smallest investment with even regression in some areas; most notably prevention and community support.

This will continue until government prioritises a strong and genuine shift to mental health system reform as a key part of achieving a sustainable health system; an essential step in enabling Treasury to allocate the substantial funding needed to deliver the significant reform requirements that are set out in the Plan, Plan Update and the Commission's other plans and strategies.

The lack of government funding allocated to shifting the mental health system balance appears to constrain the development of these important strategic documents. While the Plan Update provides a guide for investment decisions and priority setting, it lacks clear targets, definitive commitments and specific ordering of priorities. Without specific commitments, funding and targets, the Plan Update's usefulness and utility is compromised, particularly given the scope of reform that is required in a context of significant and ongoing barriers to change.

WAAMH welcomes the development of various plans and strategies including the Plan Update, Prevention and Promotion Plan and the Accommodation and Support Strategy. However, there is a clear frustration amongst people with lived experience and the sector that these plans and strategies recently developed contain insufficient clear, committed action. For example, the Accommodation and Support Strategy referred to in the Plan Update (which we appreciate) remains a draft document, contains no specific key performance indicators or targets, and little in the way of clear commitments. We recommend that the Plan Update refer to the forthcoming MHC Implementation Plan for the Accommodation and Support Strategy.

We also urge the Commission to learn from the limitations of not including evaluation into Suicide Prevention 2020 at the outset by building monitoring, evaluation and associated resourcing into the Plan Update and all key strategic documents as a key area of activity from the outset. This should also be applied to the Prevention Plan, Workforce Strategic Framework, Statewide Engagement Framework and the Accommodation and Support Strategy.

The relationship between mental health and social determinants, such as poverty, unemployment, insecure housing and discrimination based on mental health status and other factors such as race, requires an integrated whole of person, whole of government response.

In this context it is problematic that the narrative in these documents, e.g. in the draft Accommodation Support Strategy, appears to be premised on a view that strategy alone will be a catalyst for change, to which other agencies will respond. Both the strategy and the Plan Update would benefit from a stronger articulation of a clear stewardship role for government to enable, support or even require other agencies to take coordinated action. This requires a whole-of-government response such as cross departmental KPIs as recommended in section 2 of this response.

Recommendations:

- **Increase confidence in the relevance and ability of these documents to drive systemic reform through significantly strengthening the Plan Update to include clear Mental Health Commission KPIs and targets, a clearer ordering of priorities, resourced monitoring and evaluation, and specific actions and mechanisms that will drive a whole of government response.**

- **The McGowan government introduce a whole-of-government mental health KPIs as part of its broader whole-of-government KPI process.**

6. Prevention

The Plan Update states that expenditure between 2016/17 and 2017/18 for mental health prevention and promotion services has not reduced. However, the reality is that the next Budget did make cuts to prevention, reducing it from $20.9 million in 2017-18 to $17.899M in 2018-19, a cut of almost 15%.

The 2018-19 budget shows a projected drop to $11.884M in 2019-20, a cut of almost 45% from 2017 levels. We acknowledge that while the Plan Update includes figures to 2017, the omission of cuts after 2017 lacks significant transparency.

If these cuts remain this year and into next year, the Plan's target to dedicate 2% of the Commission's budget to prevention in 2017, and 4% in 2020 will remain significantly off track. This undermines community's confidence in this government's commitment to genuine and significant reform.

WAAMH welcomes future actions set out in the Plan Update including the Alcohol and Other Drugs Management Plans in the regions, and the proposed review of Commission-funded services against the recommendations of the Prevention Plan to identify gaps in prevention services and guide future investment for delivering evidence-based or informed prevention services.

WAAMH also welcomes one of the Plan's achievements – the development of the Mental Health Promotion, Mental Illness, Alcohol and Other Drug Prevention Plan 2018-2025 (Prevention Plan) in October 2018. However, progress since its release appears to have stalled, with no clear road map for how it will be implemented and monitored. A road map or implementation document should set out specific actions, targets and key performance indicators, address how the state will work with federal governments to align prevention and suicide prevention efforts, and detail clear and transparent monitoring and evaluation processes. This is urgently required so the Prevention Plan's intent can be realised.

We further note some limitations of the Prevention and Promotion Plan in relation to a perceived limited role for State Government in secondary and tertiary prevention which are of central concern to people with lived experience. While the Commission did conduct a consultation process, our view is that this was primarily centred on an expert reference group, with the views of consumers, family members and the sectors sought primarily once the Plan was in draft form. We note that at this stage the majority of WAAMH's feedback, and reportedly that of other stakeholders, was not significantly influential. Again, the limitations of this process are most evident in terms of co-production principles.

WAAMH also appreciates the many achievements of Suicide Prevention 2020 including community-based prevention services, working in schools and the Regional Men's Health Project. We strongly support the work of the Aboriginal Health Council of WA and appeal for more investment in Aboriginal community-controlled responses to and prevention of suicide.

However, with Suicide Prevention 2020 and funding for a dozen programs ending on June 30, WAAMH remains deeply concerned that the Plan Update does not clarify what the government's next steps will be to prevent more suicides.

Community members are reporting increasing suicides in Western Australia, especially of Aboriginal children and young people - with many reports of much higher rates and spikes in the

South West and metropolitan areas. It is therefore alarming that there is no clear indication in the Plan Update that Aboriginal suicide is a priority in future directions.

Future suicide prevention initiatives must be developed in a robust co-design process, including with Aboriginal communities across the state, as they are at high risk and have not uniformly been closely enough engaged in the previous strategy's development and implementation.

Government funding should be directed towards Aboriginal-led and Aboriginal delivered suicide prevention and postvention initiatives that provide culturally secure programs which meet the needs of local communities. WAAMH is pleased to see the Commission's commitment to culturally secure strategies in suicide prevention and to Aboriginal procurement to provide community services community services, which are set out in its Conciliation Action Plan, and recommend these be included as a priority for Future Directions in the Plan Update.

Recommendations:

- **The Plan Update includes greater transparency about the proportion of budget spent on prevention in 2018-19 and allocated in the forward estimates.**

- **As similarly recommended in our Prevention Plan submission, the Plan Update should include specific and measurable outcomes, targets and timelines to guide prevention actions and priorities, and include a clear governance framework.**

- **The Plan Update commits government to co-design a new Suicide Prevention Strategy with specific targets and implementation timeframes and a clear evaluation strategy, as a key priority. This should include a strong focus on engagement with Aboriginal people across the state.**

- **The Plan Update includes the Commission's commitment to increasing culturally secure strategies in suicide prevention and to Aboriginal procurement for delivery of community services as priorities for Future Directions.**

7. Community Support

WAAMH strongly welcomes the strengthened narrative about the benefits of community supports and the impact that significantly increasing these would have on reducing unmet demand in the community and in hospital beds and emergency departments, and in improving mental health outcomes.

We also welcome some of the achievements in community support services set out in the Plan Update including the relocation of residents from Franciscan House, the establishment of the Recovery House, and the release of the Draft Accommodation and Support Strategy as a key foundation for future service development. Many of the other achievements are also important, albeit on a smaller scale. Very strong support for the establishment of a Recovery College remains, although the achievement of a co-designed model as written in the Plan Update is contested, with some stakeholders reporting an exclusionary process, and the model not yet publicly available.

We strongly endorse the future directions to plan for a system navigation service, expand access to advocacy services, and integrate planning with an expanded National Disability Insurance Scheme (NDIS) and Commonwealth services as critical initiatives.

However, WAAMH remains deeply concerned about the very limited progress in making significant increases to community support access for consumers – particularly as when the Plan was developed in 2015 it was the service type that had the highest unmet demand, and this has not changed. Three times as much community support is needed in 2020 compared to what we have now, but we have no clear commitment from government that it intends to tackle this problem in a strategic way.

Efforts to rebalance the system appear to be taking a top down approach, starting with hospital bed increases, sub-acute and community treatment; this is essentially reinforcing the dominance of the medical model and current system imbalance.

While the narrative in the Plan Update strongly articulates the benefits of community support for consumer outcomes and driving down hospital service demand, based on the limited progress to date and the key priorities continuing to show that investment in acute and sub-acute will remain dominant and further increase, stakeholders are becoming increasingly concerned about the commitment of government to genuine system reform. As recommended in previous sections, whole-of-government KPIs would again assist in driving this required change.

Service development should have a strong focus on quality community support services provided by peers and recovery workers to help people build recovery plans, reach personal goals and achieve valued lives in the community. In a recent survey of community by WAAMH, 15.2% of respondents identified the importance of peer-based supports, and recovery-oriented practices and supports in the community. These included: peer support programs (including one-on-one and group options); recovery-focused care options; and, peer-based, recovery-oriented mentorship opportunities.

The Plan Update indicates that increases in community support will start from phase 2, by the end of 2020, which we welcome alongside the document's narrative which indicates increased monitoring of the impacts of the NDIS and the needs to address the support gaps which are becomingly increasingly clear. With vast numbers of consumers experiencing severe and enduring mental health issues ineligible for the NDIS, the State Government must continue to

have a clear role – and expand its role - in responding to their needs. However, despite the positive narrative about community support, WAAMH is concerned that there appears to be as yet no commitment to, or commencement of, the significant needs analysis and innovative service design efforts that will be needed to develop business cases that garner an increase in community support access for vulnerable people.

Recommendations:

- **We reiterate the recommendations in WAAMH's 'Balance the Basics: Pre-Budget Submission 2019-20' that:**
    - **A planned program of incremental and staged state growth funding in community support, including accommodation with linked support, over five-years, that demonstrates how government will move towards meeting the modelled demand for services, with specific and staggered growth figures in the Forward Estimates.**

    - **Procurement reform and targeted capacity building support and improve the relevance of existing funded programs to the local and cultural needs of Aboriginal, rural and remote communities.**

8. Quality and capability

WAAMH welcomes the stronger focus on quality of community support services in the Plan Update as compared to the Plan, as an essential step in ensuring existing government funding achieves quality outcomes and the best value for our society. Levers that can enable genuine partnerships and more flexible, responsive services include quality standards and strategic procurement and contracting processes. As the community sector peak body, WAAMH has a role to support the Commission in its change efforts and will ensure a stronger focus on sector stewardship and quality in WAAMH's work going forwards.

Government's role could consider the use of targeted capacity building to local providers and Aboriginal organisations, use of procurement levers to facilitate genuine partnerships, and extending the capacity building of community mental health organisations to improve quality and responsiveness to people with diverse needs. New models, and procurement processes associated with existing services, should also attend to the need to better integrate services within the system. There is a further need to design and implement system navigation supports to support consumers to access existing resources and supports.

We are concerned there is significantly less focus on quality in public mental health services, with the Plan Update making no statements of quality specifically linked to hospital-based services, despite the encouraging emphasis on culturally secure service delivery. This is especially concerning as anecdotal reports from consumers and family members report experiences of poor-quality service and rights infringements most often in emergency departments and hospital settings, which they report still have a long way to go in the cultural change necessary to work with people with lived experience as partners in care and support in challenging environments often not designed for mental health crises.

Frequent lived experience feedback to us about public mental health services have highlighted the following issues:

- a failure to address stigma, with stigmatising behaviour and lack of respect often experienced by consumers;
- lack of contemporary recovery-oriented practice;
- a focus on clinical recovery;
- limited adherence to Mental Health Act requirements such as in discharge planning;
- the lack of a shift to genuinely and systematically involve consumers and carers/family members in their own or their loved ones' care; and
- a failure to effectively support people to progress many valued aspects of their personal and social recovery such as a safe and stable home, financial security, relationships, jobs or learning opportunities, and community belonging.

Recommendation:

- **The Plan Update include a strong focus on improving quality, recovery-oriented practice, and achievement of the Mental Health Outcome Statements across all public and community mental health services, not only community support services.**

9. Impact of the NDIS

While the impact of the NDIS is briefly canvassed in the Plan Update the significance of the NDIS on the federal mental health landscape requires much greater coverage and consideration for setting Future Directions. The impact of the roll-in of federal funding for mental health programs including Partners in Recovery, Personal Helpers and Mentors Service and Day-to-Day Living in the Community is extremely problematic, with consistent nation-wide concern that a majority of people who have accessed these programs will not be eligible for the NDIS. Coupled with this is the lack of clarity around what proportion of people will be able to access NDIS support, and of those who do, how many will still require some other community mental health support.

We urge the Commission to release or explain its initial modelling for the Plan, indicating how the proportions of Commonwealth/other funding ($201 million) and state funding ($245 million) for community support were attained.

10. Improving Mental Health for all West Australians

Prioritising the needs of people at greatest risk of experiencing mental health issues is a human rights imperative and should be a key focus for the Department of health and the Commission in their work. WAAMH welcomes the focus on some of the groups of people most vulnerable to mental health issues and poor outcomes including young people, people in rural and remote areas, Culturally and Linguistically Diverse people and Aboriginal peoples. However, the Plan Update is somewhat limited in specific, tangible commitments to improve service access and outcomes for these people.

10.1 Aboriginal Peoples

The alarming rates of suicide and very high levels of mental health issues and social and emotional distress amongst Aboriginal peoples warrant more specific and tangible actions in the Plan Update. The Plan Update should set out how government intends to work with Aboriginal people, communities and organisations to support their self-determination through designing and delivering Aboriginal led solutions and programs. This will require a whole-of-government approach, as well as urgent prioritisation by the Mental Health Commission.

Specific recommendations regarding suicide prevention and community support are set out in sections 5 and 6 of this submission.

10.2 Children and Young People

The Plan Update specifies that the youth mental health service stream is a priority, which is an important confirmation. It also acknowledges that significant growth is required in youth mental health services across all service types. It specifies possible priorities but there are no definitive funded priorities, commitments, targets or timeframes. Given the high and increasing demand,

the specific needs of adolescents and young people, and the benefits of preventative and early interventions to both individuals and system impacts, this lack of specificity is problematic.

Social determinants are even more fundamental to young people and future priorities should include the development, application and operationalisation of youth mental health models which work with young people to address these whole-person needs as a key way to improve mental health outcomes.

The WAAMH Youth Service Integration Project highlighted the problems with poor system design in youth mental health and the fragmentation between Commonwealth-funded services, including those delivered by private providers, and State Government-funded services, including those funded by Health, WA Country Health Service and the Mental Health Commission. This is an important issue that needs to be addressed for young people, as well as across all parts of the service system. WAAMH is thus encouraged to see stronger work occurring with WA Primary Health Alliance and around the NDIS, but this could be strengthened.

The 10 Year MHAOD Services Plan states that “support for children who have parents with a mental health problems and/or alcohol and other drug problem is a key priority area”, but ultimately goes onto identify no specific actions.

These children are vulnerable and often voiceless, and it is essential that government acts to enhance their rights to a childhood and adolescence in which they are safe and supported to thrive, connected to family, community, education and the opportunities our society offers others. This is also a key area for prevention. It is very disappointing that the Plan Update makes little mention of children of parents with mental illness, nor identifies specific action or progress in responding to their needs.

We call for the urgent development of practical family-based support services that can step in to support children of parents with mental illness at time when their parent is unwell or hospitalised and has no family to take on the role of a parent. This type of service should stay with the children in their home to support them in their own environment, reduce their caring tasks and keep them connected to their family, friends, community and schools, and avoid dislocation from these important anchors in their lives.

Recommendations:

- **Governments initiate a specific planning process that brings together the funding and priorities of the Commonwealth and state governments, together with young people and the non-government sector, to balance and redesign the system to progress reform and better distribution of funding to meet the diverse needs of young people. This should include federal departments of Health and Social Services, as well as WAPHA and state agencies including MHC, WACHS and DOH.**

- **The Plan Update provides a stronger signal that greater investment will be driven through youth public mental health services that have demonstrated their effectiveness in meeting the mental health needs of young people.**

- **Investment in development and operationalisation of a social determinants model to engage a whole-of-government approach with the community-managed mental health sector and young people and their families.**

- **Investment in practical family-based support services to support all family members when a parent is unwell.**

10.3 Rural and remote

Another group experiencing poor outcomes and urgently needing better access to mental health services, are people living in rural and remote areas of WA. The significant distress being experienced in regional areas and the extent of unmet need was emphasised by the 220 respondents to WAAMH's 2018 survey on rural and remote mental health. Respondents emphasised the significance of social determinants as causes of mental health problems and co-occurring alcohol and other drug issues. They highlighted both a lack of prevention and community support services as central issues.

The Plan Update lacks sufficient regional and geographical focus and is light on specific strategies to improve access for people outside metropolitan areas. There is an identified need to increase community support services in the regions, with a modelled need of 1.2 million support hours for country regions alone, compared to a current supply total of 910,000 support hours for the entire state, which we understand is mostly available in metropolitan areas. However, the needs analysis required to be able to commission future services does not appear to be a priority for future action, and no timeframes for service increases are established.

One of the Future Directions the Plan Update identifies for community support is to "continue to develop and expand local recovery services, specifically telehealth community support services". This does not accord with feedback from people with lived experience to WAAMH's survey on rural and remote mental health in 2018, in which people said that - while telehealth was important - it was not a panacea for locally based services. They called for local face-to-face services through which people could access nearby support and build ongoing relationships with service providers who understand and engage in the local context and community. More information about the concerns and identified needs from this survey is available in WAAMH's Submission: Accessibility and quality of mental health services in rural and remote Australia Senate Inquiry.

Recommendations:

- **The Plan Update allocates greater priority to prevention and community support in regional, rural and remote areas, clearly specifying timeframes and deliverables that will improve service access.**

Other recommendations to improve rural and remote mental health outcomes from this submission are set out in WAAMH's senate inquiry submission: a summary of the key issues and recommendations are included as Appendix 1 in this document.

10.4 People experiencing co-occurring mental health and AOD issues

With the significance of co-occurring issues for any consumers, particularly those in rural and remote areas, WAAMH welcomes the stronger emphasis in the Plan Update about the significance of co-occurring mental health and alcohol and other drug (AOD) issues.

We support these Future Directions: to improve the provision of community treatment services to people who are experiencing co-occurring mental health and AOD issues; the development of integrated services; improving access to residential rehabilitation services; and an increase in expectations for community bed-based services to meet the needs of people with co-occurring issues.

We understand the Commission has some expectations that services will become co-occurring accessible and/or capable moving forward. For this to be achieved sector stewardship and capacity building, as well as more explicit communication with the sector about the nature of the Commission's expectations, are required.

As gaps in services for people with co-occurring issues in regional, rural and remote areas was a very significant theme in our research, and the need for supports urgently identified, the Plan Update should identify specific actions to improve service access in these areas.

Recommendations:

- **The Plan Update outlines greater specificity including targets and timeframes, to expand access to services and supports with co-occurring capability and integration, including in regional, rural and remote areas.**

- **The need for sector stewardship by government and peak organisations, alongside funded capacity building programs, to encourage and support the development of co-occurring capability, is included in the Plan Update.**

10.5 Forensic services

WAAMH welcomes progress made in forensic and justice-related areas through the implementation of the Police Co-response and continuing funding for the START Court.

However, the significance of unmet need continues to impact people interfacing with the forensic and justice system who experience significant vulnerability and rights infringements in often highly inappropriate settings that are unable to respond to their mental health needs and provide the best opportunity for recovery and community inclusion. The enduring overreliance on imprisonment due to sever forensic service limitations continues to be extremely problematic, with imprisonment being known to contribute to or even cause worsening mental health.

The need for community based forensic services, coupled with a need for significant increases in supported accommodation for people with forensic backgrounds, remain an urgent unmet need, and WAAMH hopes the forthcoming Accommodation and Support Strategy will assist in progressing this issue.

We appreciate, as in other areas, the lack of government commitment to funding these needed interventions stands in the way of the Commission making more progress, and most likely in specifying targets and committed actions.

However, given the significant unmet need and vulnerability of this population, WAAMH is disappointed that more has not been achieved for people needing forensic services and interfacing with the justice system, in particularly for young people in community treatment.

Despite these barriers, we recommend that the Plan Update include greater clarity on what can be expected to be achieved.

11. Contact

Submission prepared by:

Chelsea McKinney
Systemic Advocacy Manager
Western Australian Association for Mental Health
Level 1, 1 Nash Street, Perth WA
cmckinney@waamh.org.au
08 6246 3000

Appendix 1: Summary of WAAMH Submission: Accessibility and quality of mental health services in rural and remote Australia Senate inquiry

SUMMARY OF KEY ISSUES

The following points provide a summary of the key findings and themes detailed in this submission in relation to the accessibility and quality of mental health services in regional areas of WA.

- Accessible and appropriate locally based services are needed in regional areas.
- Prevention, health promotion, and the social determinants of health are not sufficiently addressed in regional areas.
- Staffing issues and investment in workforce are key issues for service delivery in regional areas of WA.
- Addressing the needs of population groups at heightened risk is a priority for regional mental health in WA.
- Emergency response and acute care issues must be addressed to improve mental health service access in regional WA.
- Technology is not a panacea for mental health service provision in WA.
- Funding of mental health services is a key issue for mental health in regional WA.
- People in regional areas experience challenges trying to access the National Disability Insurance Scheme in relation to psychosocial disability.

TABLE OF RECOMMENDATIONS

1	Strategy, policy and planning for mental health regional areas must prioritise locally-based and outreach services that are easy to access and provide people with appropriate assistance when they need it.
2	General Practitioners are a valuable resource in regional areas and investment should be made to ensure that mental health training and skills are provided and prioritised for General Practitioners in regional areas.
3	Increase investment in prevention and community-based services and supports, as outlined in the Western Australian Mental Health Alcohol and Other Drugs Services Plan 2015 – 2025.
4	Grow and develop the public and community mental health workforce and peer and lived experience workforce in rural and remote areas.
5	Actively address the mental health needs of priority groups in regional areas.
6	Invest in strengthening the capacity and appropriateness of emergency and acute inpatient facilities for mental health in regional areas.

7	Investment in infrastructure to ensure high quality internet access is needed for effective online services.
8	Online services for mental health must not be used as a substitute for quality, face-to-face services in regional areas.
9	Prioritise funding for mental health services in regional areas that are localised and tailored to the needs of the community.
10	Monitor the National Disability Insurance Scheme closely as it is rolled out in regional areas, with particular attention to addressing the needs of consumers, carers and families affected by mental health issues and psychosocial disability.