

# Western Australian Association for Mental Health

# Operational Plans for Systemic Advocacy

# **Feedback from the**

# Community Mental Health Leadership Network – 7 June 2017

### Introduction

At WAAMH's member engagement event 'The Community Mental Health Leadership Network', WAAMH presented on the Board's recently developed <u>Strategic Plan</u>, and consulted on draft operational plans for systemic advocacy.

This component of the event was attended by 19 members. This report contains the results of the consultation.

The Strategic Outcome Areas and the Key Performance Indicators (KPIs) set out below are those developed and finalised by the Board. As such, these were not open for consultation.

Members were consulted on the proposed focus areas for systemic advocacy – numbered 1 - 7 in the tables below.

### Strategic Outcome Area 1 – Balanced System

To achieve: A Mental Health system focused on prevention, community and recovery-oriented services

With a KPI of: The MHAOD Plan 2020 rebalancing target is achieved

WAAMH proposes an advocacy focus on:

1. Increasing community recovery supports	
Support	
Neither support nor oppose	
Do not support	

Mental health and physical health better aligned. 2 separate systems that often clash.	Holistic community recovery supports Mental, Physical, Emotional, Spiritual, Sexual, Social, Financial, Environmental, Cultural, Blissful	Holistic integrative collaborative approach > partnerships ©
Agree - if there is a focus on supports for people in rural and regional areas	Better caring support will help people stay in community options without having to be taken back to hospital.	Carers need to be trained efficiently for each individual that is placed in their care. Symptoms are different for each individual

# 2. Improving access to housing and supported accommodation Support Neither support nor oppose Do not support

Geraldton – not enough beds available.	Improving housing and accommodating security and stability in housing human rights needs ©.	Yes – in rural and regional areas.
Yes to accom & housing. But there also needs to be more support - a house without support doesn't work.	Security of NPAH. Massive underinvestment in community houses. Need transitional accommodation.	

### Strategic Outcome Area 2 – Human Rights

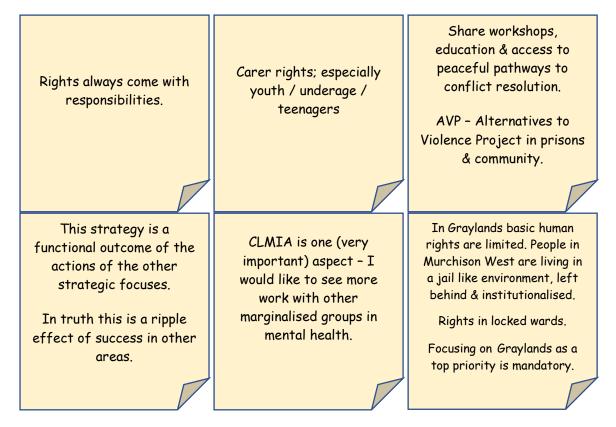
To achieve: Improved human rights and mental wellbeing of people in justice, health, housing and other community services

With a KPI of: The 5 minimum reforms are included in the new Criminal Law (Mentally Impaired Accused) Act

WAAMH proposes an advocacy focus on:

# 3. Ensuring that CLMIA Act reform aligns with the 5 key reforms identified by people with lived experience and mental health organisations

Support	
Neither support nor oppose	
Do not support	



### Strategic Outcome Area 3 – NDIS

- To achieve: Full access to recovery-oriented NDIS services for people with psycho-social disability
- With KPIs of: 14% of people accessing the NDIS are people with psycho-social disability

There is no decrease in Federal investment in non-NDIS community mental health services

WAAMH proposes an advocacy focus on:

4. Building knowledge and influence locally (whichever model)	
Support	•••••
Neither support nor oppose	
Do not support	

Needs clarification - what does this mean for the service user or provider?	Holistic Health Mental, Physical, Emotional, Spiritual, Sexual, Social, Environmental, Financial, Cultural, Blissful	The NDIS system in itself is anti-holistic. A strong monitoring approach needs to be taken as it has the potential to undo some hard won gains.
Need to ensure there is no further decrease in Federal investment in non- NDIS services	WAAMH needs to clarify for the sector what this means	

5. Working closely with federal peaks	
Support	••••
Neither support nor oppose	
Do not support	•

	Once NDIS comes into	Gap: Psychosocial services. Agencies and workers
Work with holistic community in collaboration with Federal peaks ©	effect what will happen to current programs/roles. I.e. Partners in Recovery	trained and supported in mental health not an untrained service.
		Regional orgs - deskilling. Need support for training.

### Strategic Outcome Area 4 – Primary Health

- To achieve: A regionally responsive, recovery oriented and integrated primary mental health system
- With a KPI of: There is an increase in psycho-social primary health service investment by Western Australian PHNs

WAAMH proposes an advocacy focus on:

6. Exploring and identifying priorities	
Support	
Neither support nor oppose	
Do not support	

### Are there any gaps or do you think WAAMH should focus on other priorities?

Secure funding for rural areas.	How do we build in the knowledge that all health is completely inter- related?	Holistic approach to health - not sure this is what is being perceived as integrated.
Primary health – consumers with 'MI' should be given (compulsory) list of providers for help @ home such as care, finance, housing, peer support – anything!	Reduce silo'd approach / advocate for a joined up health system.	

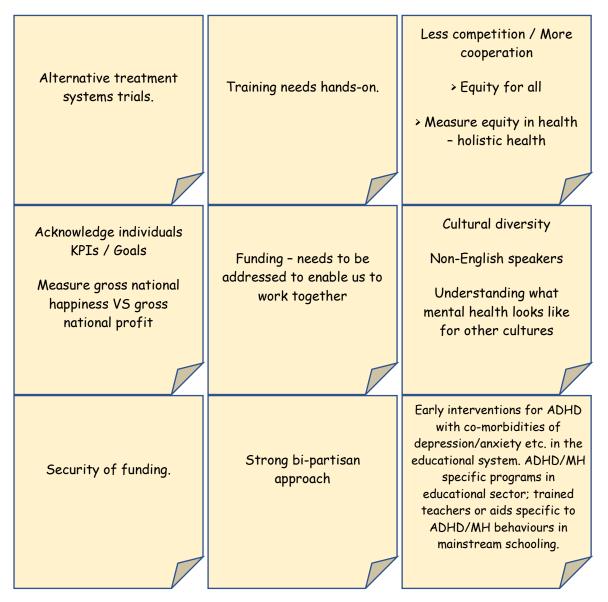
7. Building relationships and representation	
Support	
Neither support nor oppose	
Do not support	

Are there any gaps or do you think WAAMH should focus on other priorities?

Holistic priorities to
minimise the psychosocial
impact.

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### Are there other priorities?



### **Next Steps**

WAAMH will be consulting people and organisations from rural, regional and remote areas on 12 July 2017 at '<u>Speak out about what matters: Mental health and your</u> <u>local communities</u>'.

Following this consultation, WAAMH will finalise the operational focus areas through which to progress the Board's Strategic Outcomes for WAAMH's systemic advocacy agenda.

End.