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 Strategic Plan, 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	

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

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

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Holistic integrative collaborative approach > partnerships ☺

Agree – if there is a focus on supports for people in rural and regional areas

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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	

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

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	🔴🔴🔴

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

Rights always come with responsibilities.

Carer rights; especially youth / underage / teenagers

Share workshops, education & access to peaceful pathways to conflict resolution.

AVP – Alternatives to Violence Project in prisons & community.

This strategy is a functional outcome of the actions of the other strategic focuses.

In truth this is a ripple effect of success in other areas.

CLMIA is one (very important) aspect – I would like to see more work with other marginalised groups in mental health.

In Graylands basic human rights are limited. People in Murchison West are living in a jail like environment, left behind & institutionalised.

Rights in locked wards.

Focusing on Graylands as a top priority is mandatory.

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	

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

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	🔴

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

Work with holistic community in collaboration with Federal peaks ☺

Once NDIS comes into effect what will happen to current programs/roles. I.e. Partners in Recovery

Gap: Psychosocial services.

Agencies and workers 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.

Other Priority Focus Areas

Are there other priorities?

Alternative treatment systems trials.	Training needs hands-on.	Less competition / More cooperation > Equity for all > Measure equity in health – holistic health
Acknowledge individuals KPIs / Goals Measure gross national happiness VS gross national profit	Funding – needs to be addressed to enable us to work together	Cultural diversity Non-English speakers Understanding what mental health looks like for other cultures
Security of funding.	Strong bi-partisan approach	Early interventions for ADHD with co-morbidities of depression/anxiety etc. in the educational system. ADHD/MH specific programs in educational sector; trained teachers or aids specific to ADHD/MH behaviours in mainstream schooling.

Next Steps

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

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.