Sustainable path for mental health: Shifting to prevention and early support

Pre-Budget Submission 2018-19

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A.   Background

The Western Australian Association for Mental Health (WAAMH) was incorporated in 1966 and is the peak body representing community mental health in Western Australia, with around 150 organisational and individual members. Our vision is that as a human right, every one of us have the resources and support needed for mental wellbeing, recovery and citizenship.

WAAMH advocates for effective public policy on mental health issues, delivers workforce training and development and promotes positive attitudes to mental health and recovery.[1]

WAAMH was formed because mental health consumers and families needed appropriate supports that improved their mental health and enabled their human rights. At that time, mental health treatment was available in large institutions, with only fledgling community supports emerging.

Fifty years later, in terms of national disease burden, mental illness ranks third at 13% among the major disease groups after cancer and cardiovascular disease[2] and rates highest among the major disease groups for non-fatal disability burden.[3] While contemporary supports are now more available, our mental health system is still out of balance with government funding for mental health "locked down in the dysfunctional hospital system" rather than invested in community mental health where it is most needed.[4]

B.   An unsustainable path

"The current system is unsustainable from a health, social, economic and financial perspective" [5]

The growing costs of WA's health system are clear. In the past decade, hospital admissions have increased by 39% and emergency department attendances by 49%.[6] It is clear that a significant driver is mental health: nationally, mental health represents 6% of all overnight hospital admissions and 11% of bed days. The national mental health overnight hospitalisations rate was 102 per 10,000 people in 2015-16, up from 94 per 10,000 people in 2014–15 and 91 per 10,000 people in 2013–14.

The over-emphasis on hospital based services and the need to shift investment towards prevention, earlier intervention and community based services provision have been identified in numerous reports and reviews. [7] These major themes, and the importance of mental health as a major site for sustainability improvements, are currently being examined in the government's Sustainable Health Review. [8] The Productivity Commission recently recommended an increased focus on prevention of

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[1] Further information on WAAMH can be found at http://www.waamh.org.au.
[2] Australian Institute of Health and Welfare. (2010). Australia's Health 2010. Australia's Health No. 12.
[3] Community Mental Health Australia. (2012). Taking our Place. Working Together to Improve Mental Health in the Community.
[4] Melissa Davey. Mental health funding 'locked down in dysfunctional hospital system' – Ian Hickie. 2 February 2017
https://www.theguardian.com/society/2017/feb/02/mental-health-funding-locked-down-in-dysfunctional-hospital-system-ian-hickie
[5] Western Australian Mental Health Commission. (2015) *Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drugs Services Plan 2015 – 2025.* p. 22
[6] Sustainable Health Review infographic
http://ww2.health.wa.gov.au/~/media/Files/Corporate/general%20documents/Sustainable%20Health%20Review/Sustainable%20Health%20Review%20infographic.pdf Accessed 29 November 2017
[7] For example, National Mental Health Commission.(2014). Contributing Lives, Thriving Communities Report of the National Review of Mental Health Programmes and Services
[8] Sustainable Health Review. North Metropolitan Public Forum. 18 October 2017.

chronic conditions, including mental health, as a major avenue for improving Australia's productivity.[9]

It is clear the system is out of balance, and nowhere is this truer than in mental health.

The Ten Year Mental Health Plan

In 2015 the government developed 'Better Choices. Better Lives. The WA Mental Health, Alcohol and Other Drug Service Plan 2015-2025' (the Plan). The Plan laid out a roadmap to rebalance WA's stressed mental health system away from expensive, crisis-driven services towards prevention and keeping people connected and closer to home. Based on an extensive consultation and modelling process, the Plan is strongly supported by the community mental health sector, consumers and families.

The Plan recognised that acute services are the most expensive way to address mental health and will remain unable to meet demand without change. A more balanced and sustainable system would ease emergency and hospital beds pressure, reducing associated increasing public system costs and the serious human toll caused by mental health issues.

The Plan was a response to the human cost of a crisis-driven system, aptly described as a 'carousel' by one consumer, whose recovery truly began when connected with a peer support group outside acute services:

> *"Onto the carousel I climbed.*
>
> *Medication. Side effects. More medication. More side effects. Clinic referral, hospital psychiatrist referral. More new and improved medication, more new and not-improving side effects. Psychologist referral. New psychologist, new medication …*
>
> *I felt very alone with my ailments. I had by now become so isolated and withdrawn that I barely left home and the mere thought caused anxiety to the point of nausea.*
>
> *The horizon was not getting any closer.*
>
> *I felt clean out of hope.*
>
> *Then a new psychologist thought outside the box. She referred me to do a Wellness Recovery Action Plan course.*
>
> *I found myself in a safe, comfortable environment with people just like me, with stories just like mine. I no longer felt alone."*
>
> *Edited version: 'Pat's Story: Wrangling the Reins – RIP (Recovery is Possible)'. In Western Australian Association for Mental Health. 2016. Recovery Stories: A celebration of lived experience, recovery and hope.*

The Plan, like national and international policy[10], set out the evidence for the building blocks of a sustainable system: rebalancing investment towards prevention and earlier community based supports,

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[9] Australian Government. Productivity Commission. (2017). Inquiry Report No. 84. *Shifting the Dial: 5 Year Productivity Review.*

[10] Similar themes are set out in the National Mental Health Commission. (2014). Contributing Lives, Thriving Communities Report of the National Review of Mental Health Programmes and Services; and in the World Health Organisation optimal mix of mental health services pyramid http://www.who.int/mental_health/policy/services/2_Optimal%20Mix%20of%20Services_Infosheet.pdf

resolving coordination and integration challenges, developing real care pathways, and building better consumer and carer participation in system design and delivery.

Budget continues unsustainable path

Yet recent state budgets have continued spending on an unsustainable path. Figure 1 shows the budgeted proportion of total mental health and alcohol and other drug (AOD) spending for each of the major service types.[11]

Forward estimates provide small but steady increases for public mental health services (hospital beds and community treatment), a flat-line in community mental health support, and a decrease in prevention.
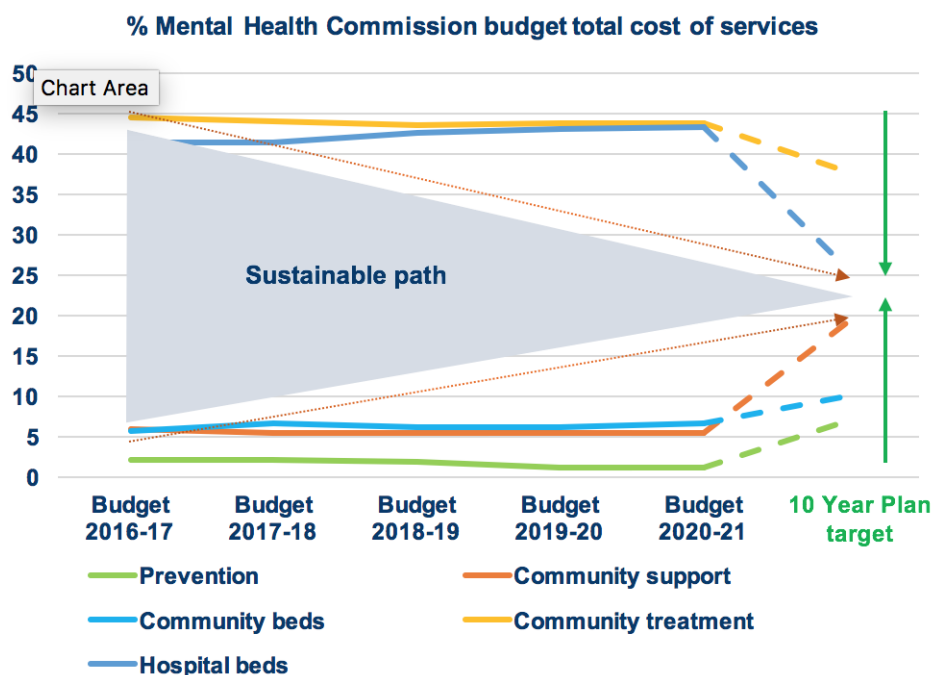

Figure 1. Sustainable Path for Mental Health

If expenditure remains as forecasted, radical action will be necessary in 2021 – 2025 to achieve sustainability. **Based on projected support costs in the Plan, there is an estimated annual State funding shortfall of $174 for community mental health support alone.**[12] The gap will be greater if the Commonwealth reduces its share of funding.

Additional detail about the funding gap is on pages 10-11 of this submission.

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[11] Budget figures taken from Government of Western Australia, State Budget 2017-18: Budget Paper No. 2 Vol. 2, p. 144. Plan targets as set out in the Plan.

[12] The Plan, Appendix F – Costing, p. 215 sets out projected State funding costs to Community Support for both MH & AOD at $245 million per annum in 2025.
Budget Estimates indicates that MH makes up 86% of support costs which equates to approximately $213 million.
WA Parliament. Estimates and Financial Operations Committee. 2017-18 Budget Estimates Hearings – Additional Questions.
http://www.parliament.wa.gov.au/Parliament/commit.nsf/(Evidence+Lookup+by+Com+ID)/C72C077BDA576281482581B60035E412/$file/ef.ehw18.171107.aad.001.rc.pdf Accessed 29 November 2017

The State Budget, and the government's Sustainable Health Review, provide important opportunities to recommit to the Plan's intent, its specific strategies, scope and sequencing of actions, and essential enablers of system-wide reform, to achieve both better mental health outcomes, and reduce the increasing drain on the state budget.

Replace Graylands, reinvesting funds into new models of care

The Plan also indicated the need to divest Graylands psychiatric hospital, replacing old models of care with contemporary, community based alternatives across the state.

The expected partial land sale presents an unrepeatable opportunity for WA to invest the proceeds in rebalancing the service mix that is needed to build a sustainable system. Priority investments in contemporary best practice recovery supports across the state should include increasing community supports (see section C of this submission), investing in housing with linked supports (see section G of this submission), culturally secure options for Aboriginal people, and funding the urgently required additional forensic beds. The process must include a robust co-design process.

Recommendations:

1. **Recommit to the rebalancing targets of the Plan, and the Plan's specific strategies and their scope, sequencing and timeframes.**
2. **Ring-fence all proceeds raised from the sale or partial sale of the Graylands site, for mental health investment only, to fund mental health system reform that is focused on achieving future sustainability and reducing the gap in prevention and community support funding.**

C.   Shift the service mix - community support

Evidence shows that prevention, early intervention and community support contribute significantly to people's wellness and to a financially sustainable health system, saving money and lives.[13]

Benefits of community support

Community support can:

- Save the WA hospital system $84,000 per person per year through preventing acute mental health admission by providing housing with linked community mental health support, with the saving realised in the first year of this intervention[14];
- Save the mental health system $45,000 - $674,000 per person over 9 years with early treatment, with the specific saving depending on the nature of the condition and the treatment required[15]; and

- Increase participation in employment from 23% to 61% with evidence-based employment support.[16]

Modelling indicates that costs savings are achieved by the avoidance of direct costs – more expensive treatments and acute care services – and indirect costs – productivity loss. The 'upstream' services of community support and primary care yield significant financial benefits and better outcomes.[17]

> *"I managed to get myself to the community mental health group, Grow. For the first time in my life I realised that other people suffered the same way I did. There was no longer any need for hiding the truth of how I felt inside. Grow gave me hope and a tangible believed in a future of real possibilities'*
>
> *Edited version: 'You're no bunny til some bunny loves you'. Michele Woods in Western Australian Association for Mental Health. 2016. Recovery Stories: A celebration of lived experience, recovery and hope.*

Aside from the financial benefits, the human gain is significant; early treatment and support enables people with mental illness to live valued lives in the community. Community supports, usually provided closer to home, help people establish personal recovery goals, find work and accommodation, establish community connections, and build and maintain family relationships and friendships.

Without accessible and personalised community supports, the benefits of any acute treatment can quickly be eroded, resulting in escalation and readmission.

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[13] McGorry, P. (Aug 5, 2015). 'Mental health as significant as tax reform, says economist'. PM. ABC News.

[14] Wood, L., Flatau, P., Zaretzky, K., Foster, S., Vallesi, S. and Miscenko, D. (2016). What are the health, social and economic benefits of providing public housing and support to formerly homeless people? AHURI Final Report No. 265, Australian Housing and Urban Research Institute Limited, Melbourne.

[15] KPMG. (Nov, 2014, p.90). Paving the way for mental health. The economics of optimal pathways to care. Report commissioned for the National Mental Health Commission as part of Contributing lives, thriving communities: Report of the National Review of Mental Health Programmes and Services.

[16] Bond, G. R., Drake, R. E., & Becker, D. R. (2008). An update on randomized controlled trials of evidence-based supported employment. Psychiatric Rehabilitation Journal, (31), 280–289 cited in cited in Community Mental Health Australia. (2012). Taking our Place. Working Together to Improve Mental Health in the Community.

[17] KPMG. (2014) *Paving the Way for Mental Health: the economics of optimal pathways to care.* Commissioned by the National Mental Health Commission. http://www.mentalhealthcommission.gov.au/media/119874/Paving%20the%20way%20for%20mental%20health%20-%20KPMG.PDF Accessed 29 November 2017

Community support needs

However, community support is the most under-invested service type, meeting only 22% of demand.[18] The National Review of Mental Health Programmes and Services identified high rates of emergency department admissions and readmissions to acute psychiatric services as evidence of "failure to provide timely and adequate community-based mental health supports" in WA. [19]

There is a critical gap in early and assertive community support outreach programs, combined with access to clinical treatment. Families continue to report a lack of response to consumer needs, which can result in escalating distress and ultimately emergency department presentation or hospital admission.

Recent consultation with WAAMH members and stakeholders reinforced that community support gaps are even more urgent in rural and remote communities, where the rates of mental health problems equate with metropolitan locations, but access to services is far less and the complexity of barriers far greater.

The Plan recognised this need, modelled required community support hours over the next decade, and set out indicative targets. These established the need to increase community support hours by almost four-fold, from 842,000 to 3.2 million hours by 2020, in order to meet demand.

Reverse cuts and increase community support funding to fill the gap

With the current support available, only 1 in 5 consumers can access the supports they need.[20]

The Plan, in addition to forecasting the support hours needed, also set out the projected State funding costs to meet this demand. Figure 2 demonstrates the funding shortfall against the projected support need.
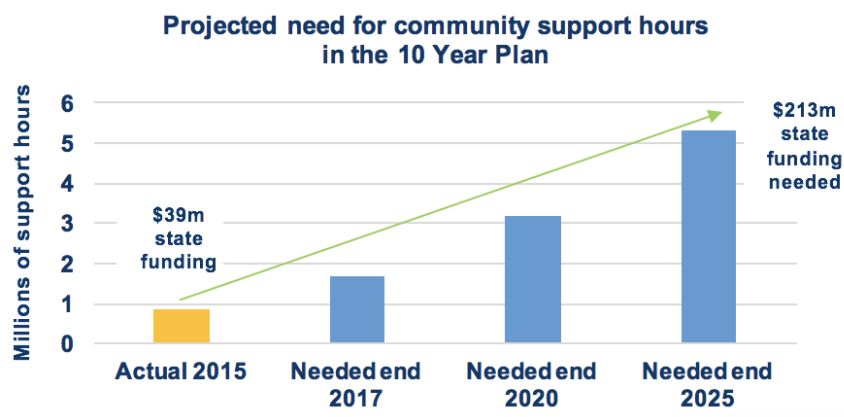
Figure 2: State funding gap in community support hours

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[18] Mental Health Commission. (2014, p.5) The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 for consultation. Government of Western Australia.

[19] National Mental Health Commission. (2014, p.4). Contributing Lives, Thriving Communities - Review of Mental Health Programmes and Services. Vol 4. Paper 3. Canberra: Australian Government.

[20] The Plan, p. 20

FUNDING FOR COMMUNITY SUPPORT HOURS	
The Plan's projected State funding for community support (both MH and AOD) in 2025	$245 million per annum[21]
Percentage share of community support funding expected to be allocated to MH, according to Budget Estimates	Approx. 86%[22]
Estimated State funding for MH community support in 2025	Approx. $213 million per annum
Current State community support funding	$39 million per annum[23]
Cut to community support funding in State Budget 2017-18	$5.8 million [24]
Estimated gap between current funding and funding needed in 2025	**Approx. $174 million per annum**
Estimated annual increment required to bridge the gap over 7 years	**Approx. $24.86 million per annum**

Despite the unmet demand and estimated $174 million funding gap, the 2017-18 Budget made cuts to community support services of $5.8 million, mostly to community connection and supported housing options. While the state's share of prevention funding remains steady, a federal cut results in a sharp and very concerning decrease in prevention funding into the forward estimates.

The $5.8 million cuts to community support are budget savings measures which appear reactionary to fiscal pressures; these are not smart decisions which reflect the government's own mental health policy to increase community support. The rationale for these cuts centred on service duplication and low value for money services. However, given that only 1 in 5 consumers can access community support, rather than cuts to the community support funding envelope, strategic commissioning of effective contemporary programs that respond to the highest needs would deliver a better outcome.

Additionally, the Budget provides only public mental health services with funding increases to respond to population increases over time. This results in further decreases in community support availability to people in real terms. To rectify this, we urge the government to commit to building population increases into global community support funding, on the same basis as for public mental health services, to keep up with population demand.

Long term investment in community support hours across the state is also needed to progress equitable access for children and youth, families and carers, Aboriginal peoples, and other cultural,

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[21] The Plan. Appendix F – Costing, p. 215
[22] WA Parliament. Estimates and Financial Operations Committee. 2017-18 Budget Estimates Hearings – Additional Questions. http://www.parliament.wa.gov.au/Parliament/commit.nsf/(Evidence+Lookup+by+Com+ID)/C72C077BDA576281482581B60035E412/$file/ef.ehw18.171107.aad.001.rc.pdf Accessed 29 November 2017
[23] Government of Western Australia. 2017. 'Mental Health Commission 2016/17 Annual Report'. p. 19
[24] Government of Western Australia (2017) 'Budget paper No. 2 – Volume 1 Part 4', p. 144

gender, age and ability diversity populations, all of whom have either limited services available to them or significant access barriers.

Recommendations:

3. **Develop and produce detailed plans that indicate how community support hours will be increased to provide earlier, community based, recovery focused supports to a target of 3.2 million hours of support by the end of 2020 as identified in the Plan.**

4. **To stop the gap widening, government should invest an immediate injection of $24.86 million per annum until 2025 to community support**

5. **Commit to building population increases into global community support funding, on the same basis as for public mental health services to keep up with population demand.**

D.   Shift the service mix - prevention

"We have to catch people before they fall." [25]

WAAMH welcomes recent prevention efforts including the state-wide Suicide Prevention Coordinators and Think Mental Health campaign. Yet adequate prevention effort remains one of the missing keys to reducing mental health problems, suicide and self-harm.

Prevention programs in schools need to be consistently available and coordinated across Western Australia to ensure young people can always access quality information and programs.

Aboriginal suicide and suicide prevention

Suicide remains an urgent problem in Western Australia,[26] in particular for Aboriginal peoples, where the rate is alarmingly high. Recent evidence put to the Inquiry into Aboriginal youth suicide in remote areas indicates that to reduce Aboriginal suicides, efforts must be integrated with the social determinants of mental health and wellbeing, be culturally-based, and developed and led by Elders and Aboriginal partners.[27]

The National Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) at UWA developed an evidence base for what works in Aboriginal suicide prevention, and made 17 recommendations focused on how governments and services could empower communities to tackle suicide. [28] These recommendations should be urgently implemented through integrated planning between joined-up state government, primary health networks and the Commonwealth.

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[25] Fels, A. (Auf 5, 2015). 'Government is funding a mental health system that is failing, Allan Fels says'. The Guardian Australia. Accessed 7 Nov 2017.

[26] Australian Bureau of Statistics. (2016). 3303.0 - Causes of death, Australia, 2015. Retrieved from http://www.abs.gov.au/ausstats/abs@.nsf/0/47E19CA15036B04BCA2577570014668B?Opendocument

[27] WA Parliament Education and Health Standing Committee. (2016, p. 57). 'Learnings from the Message Stick: The report of the inquiry into Aboriginal youth suicide in remote areas'

[28] Dudgeon, P. et al. (2016). *Solutions That Work: What the evidence and our people tell us. Aboriginal and Torres Strait Islands Suicide Prevention Evaluation Project report*. School of Indigenous Studies, University of Western Australia.

Immediate, additional funding for Aboriginal suicide prevention and postvention is required. It should be prioritised within the additional investment recommended below.

Increase prevention funding

The Plan identified that the proportion of the mental health budget spent on prevention must increase significantly. It set clear targets to increase the proportion of the total budget spent on prevention from 2% to 4% by 2020 and 5% by 2025.

The figure below shows how actual spending compares to that needed, as a proportion of the total budget.
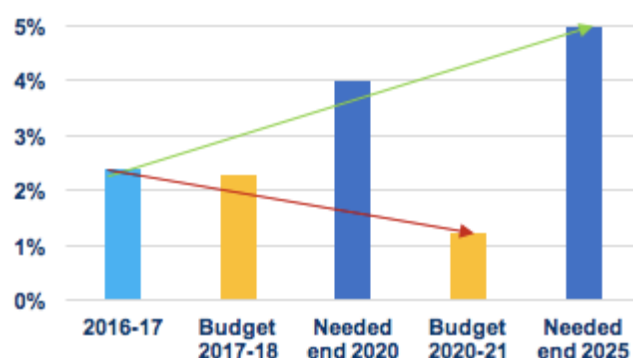

Figure 3: Proportion of mental health budget spent on prevention

WAAMH estimates, based on the Plan's projected spending, that funding for mental health prevention needs to increase from $11.2 million in 2017-18 to $47.6 million in 2025.

FUNDING FOR PREVENTION	
The Plan's projected State funding for prevention (both MH and AOD) in 2025	$89.2 million per annum[29]
Percentage share of funding expected to be allocated to MH prevention, according to Budget Estimates	Approx. 53%[30]
Estimated share of funding for MH prevention in 2025	Approx. $47.6 million per annum
Current State MH prevention funding	$11.2 million per annum[31]
Estimated gap between current funding and funding needed in 2025	**Approx. $36.4 million per annum**
Estimated annual increment required to bridge the gap over 7 years	**Approx. $5.2 million per annum**

[29] The Plan. Appendix F – Costing, p. 215
[30] WA Parliament. Estimates and Financial Operations Committee. 2017-18 Budget Estimates Hearings – Additional Questions. http://www.parliament.wa.gov.au/Parliament/commit.nsf/(Evidence+Lookup+by+Com+ID)/C72C077BDA576281482581B60035E412/$file/ef.ehw18.171107.aad.001.rc.pdf Accessed 29 November 2017
[31] WA Parliament. Estimates and Financial Operations Committee. 2017-18 Budget Estimates Hearings – Additional Questions. http://www.parliament.wa.gov.au/Parliament/commit.nsf/(Evidence+Lookup+by+Com+ID)/C72C077BDA576281482581B60035E412/$file/ef.ehw18.171107.aad.001.rc.pdf Accessed 29 November 2017

No progress is being made to increase prevention spending to achieve these targets, in fact allocation to prevention drops sharply in the forward estimates. WAAMH urges action to rectify this in the Budget.

Recommendations:

6.   **Resource mental illness and suicide prevention, with a focus on the most at-risk populations including Aboriginal peoples, through increasing the proportion of the mental health budget spent on prevention to 4% by 2020, and 5% by 2025.** [32]

7.   **This should include an immediate additional investment of $5.2 million per annum until 2025, to meet the gap.**

8.   **Implement the ATSISPEP recommendations and success factors through joined-up state government in partnership with the Commonwealth and primary health networks.**

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[32] The prevention targets set out in the Plan are for the proportion of mental health spending only, not the combined MH & AOD funding which the state budget uses.

E.   Address NDIS-community support gaps

The National Disability Insurance Scheme (NDIS) is an important opportunity to meet consumers' needs and contribute to system sustainability, through the provision of psychosocial supports that will keep people living well in the community. Yet national and state trials identify pressing challenges for people with psychosocial disability in terms of scheme access, communication, planning and funding. This appears to be disproportionately affecting mental health consumers who are facing the most significant socio-economic disadvantage.

Given these challenges, a WA government, cross-portfolio strategy to support access to the NDIS for people with psychosocial disability will assist in improving mental health outcomes and contribute to the effectiveness and sustainability of state funded mental health and associated systems. The strategy should include measures to ensure continued access to essential community support for people not eligible, facilitate scheme access focused on the most disadvantaged consumers, and maximise integration with associated state funded supports such as health and housing.

Even at full roll-out, the NDIS will benefit only a small proportion of mental health consumers. Nationally it is estimated that around 64,000 of 200,000 – 290,000 people with severe mental illness that need community support will receive individual funding through the NDIS. [33] Around 10% of these people will be in Western Australia.

This means that a critical gap will remain between around 6,500 West Australians expected to be eligible for a NDIS funded plan, and the 20,000 - 29,000 people that will not be eligible but who need ongoing psychosocial supports.

Given the exact numbers of people who need ongoing psychosocial support are unknown, the WA strategy should estimate the expected population and model the service gap in WA for both consumers and families and carers, and make this information publicly available.

> *"Services are evaporating in local communities. What was there has been rolled into the NDIS. No NDIS funded plan means no services at all for people in small towns."*
>
> *Mental health consumer, WAAMH consultation 11 July 2017.*

Based on average funded plans, WAAMH estimates that the NDIS at full scheme will bring around $200 - $230 million in funding to people with psychosocial disability in WA. [34] Based on the Ten Year Mental Health Services Plan, there is an expected State funding shortfall to meet the needs of ineligible consumers at around $213 million per annum. [35]

The Australian Government, in its 2017-18 Budget, has provided $80 million over four years for community mental health services across Australia to assist people with severe mental illness and associated psychosocial disability, who are not eligible for the NDIS. The purpose of the funds is to reduce the community mental health service gap and provide continuity of support for existing consumers of Commonwealth funded services, thereby improving mental health outcomes and reducing inequity of service availability.

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[33] While the exact figures of people who need ongoing psychosocial support are unknown, the Productivity Commission estimated circa 200,000. The National Mental Health Service Planning Framework modelling estimated that 290,000 Australians with mental illness require community support.

[34] Based on the Productivity Commission estimates of an average funded package of $35,000 per annum per NDIS participant.

[35] The Plan, Appendix F – Costing, p. 215 sets out projected State funding costs to Community Support for both MH & AOD at $245 million per annum in 2025. Based on Budget Estimates information. WAAMH estimates funding for mental health is around 86% of support costs, at $213 million.

The funds are contingent on states and territories also contributing funding to the program. WAAMH anticipates this would equate to an $8 million Commonwealth funding injection, based on population estimates. If funds are matched, this would result in a total funding increase of $16 million over four years for community mental health support in WA. Given the alarming funding shortfall (estimated at $220 million annually) this funding injection would be welcomed.

Recommendations:

9. **Provide state growth funding of $8 million to match the Commonwealth offer of $8 million for community mental health support for people with psychosocial disability, who are not eligible for the NDIS.**
10. **Develop a WA government, cross-portfolio strategy to support access to the NDIS for people with psychosocial disability and contribute to the sustainability of state funded services.**

F. Drive cultural change for consumer and family centred practice

Refocus the system to the needs of individuals, families and communities

Consumers, families and member organisations report that the culture and structure of health and mental health systems are preventing responsiveness to all a person's needs.

In addition to structural reform, the way we do things must change. Cultural shifts at all levels are needed to genuinely embrace and facilitate working with consumers and families as respected experts in their needs and experience. Investment in the capacity building of consumers, carers and families, and of service providers, will be needed to deliver services that place consumers and families, Aboriginal peoples and other diverse groups, at the centre of change.

Co-design and coproduction has the capacity to drive change that will lead to improved outcomes for consumers and families.[36] Innovative models where consumers and professionals are partners, such as Recovery Colleges, could both improve outcomes and innovate cultural shifts. Peer based supports should expand across the state through integration of peers into existing services and further development of peer-led models.

> *"Capacity building is needed so that carer and consumer voices can be heard."*
>
> *Family member, WAAMH consultation Speaking out about what matters: Regional, rural and remote mental health. 7 June 2017.*

Learnings from the Looking Forward Project shows there is a lack of service responsiveness to Aboriginal peoples, including the cultural aspects of their care. This innovative project is driving significant change at the service and systems level through its co-design approach with Aboriginal Elders at the centre and offers a model for further expansion and adaptation across the state.

People with lived experience report the need for opportunities and connection, not just services. Upstream approaches, that improve the social determinants of mental health, are oriented to wellbeing and prevention, and that build community connection and citizenship, are called for.[37] Place based approaches in rural areas can meet community-identified needs, and contribute to the capacity building of the community and its residents, whilst preventing the deskilling that can occur with the growth of metropolitan organisations servicing rural communities.[38]

While practice is improving in some contexts, many families continue to report a lack of inclusion in support planning and decision making, despite the centrality of interpersonal relationships and connectedness to recovery[39]. To enhance recognition of the rights and role of carers and families, it

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[36] Consumers Health Forum of Australia, September 2016, 'Consumer co-creation in health: innovating in Primary Health Networks'; Slay, J. & Stephens, L. 2013, 'Co-production in mental health: A literature review', London: New Economics Foundation

[37] Simon Duffy. 2016. 'Being a true equal: Citizenship, contribution and mutual support in the modern welfare state'. Presentation at Vicserv Mental Health Conference 2016, Melbourne. https://www.slideshare.net/simonduffy/being-a-true-equal-citizenship-mental-health-the-welfare-state?ref=https://twitter.com/i/cards/tfw/v1/733134591792316416?cardname=player&earned=true&lang=en&card_height=130 accessed 9 November 2017

[38] Western Australian Association for Mental Health. 2017. 'Speaking out about what matters: Regional, rural and remote mental health in WA. A consultation report'.

[39] Rhys Price-Robertson, Angela Obradovic & Brad Morgan (2016): 'Relational recovery: beyond individualism in the recovery approach'. *Advances in Mental Health*. DOI:10.1080/18387357.2016.1243014

is necessary to conduct the overdue review of the Carers Recognition Act and further embed family centred practice across services, including in justice and drug and alcohol settings.

Additionally, consumer delivered models, and personalised services and budgets, require further innovation and embedding in mainstream practice.

Recommendations:

11. **Develop a cultural change and innovation plan, with funding, to integrate and innovate in place based, peer, consumer and family centred approaches.**

G.   Integrate the system for holistic care

"An accessible, integrated holistic care system is needed to help people heal and get their needs met" [40]

As the social and economic determinants of mental health encompass homes, communities, relationships and income, improving mental health requires a broader response than the mental health system alone can deliver.

There is a pressing need to tackle fragmentation, break down silos, and build integrated consumer pathways across sectors, and between community, primary and public health and mental health to achieve better whole-person outcomes. There are several sectors where integrated change is most urgent.

Effective justice system

The high rates of people with mental health problems in our prisons[41] and as victims of crime is a clear sign of systems failure, yet current approaches can worsen mental health or breach human rights. Effective responses that address mental health issues and minimise punitive approaches are emerging, but are only available to some people and in some areas.

The Police Co-response is a pilot project where mental health clinicians work alongside police, resulting in enhanced care of patients and an 80% reduction in police officers transporting mentally ill patients to hospital, with the clinicians instead treating them in the community. WAAMH recommends continuation and expansion of this program, expansion of the START Court which diverts people with mental health issues from the justice system[42], and prioritisation of the forensic services identified in the Plan, including better in-prison mental health and additional supports to transition to and remain in community.

Given the high rates of mental illness amongst prisoners, improving health services in prisons offers an important opportunity to stabilise mental illness and address mental health related offending. New governance arrangements establishing responsibility for the provision of in-prison health services with the Department of Health would enable the provision of quality, contemporary in-prison mental health treatment in keeping with national standards and without undue influence by a corrective philosophy.

Improve health outcomes with housing

Consumers and carers repeatedly emphasise the challenges of recovery without appropriate, safe and stable housing and associated supports. Distress about the lack of appropriate options remains high.

The Stokes review identified many instances where people could be discharged from hospital, if appropriate accommodation was available. This has not changed, resulting in continuing and increased cost pressures to emergency departments and the hospital system.

Increasing evidence demonstrates significant cost savings to health systems when people have access to safe, sustainable housing. For example, a recent WA study found that stable housing with

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[40] Individual member contribution to WAAMH consultation on the Sustainable Health Review.
[41] For example, internal modelling completed for the Ten Year Mental Health Services Plan shows that approximately 65% of the juvenile and 59% of the adult prison population have mental health problems. 'Mental Health Commission (2014) Western Australian Mental Health, Alcohol and Oher Drug Services Plan 2015 – 2025'
[42] http://www.magistratescourt.wa.gov.au/S/start_court.aspx

linked community mental health support can save the WA hospital system $84,000 per person per year through preventing acute mental health admission, with the saving realised in the first year of this intervention. [43]

The Stokes Review stated that to ensure continuity of care it is crucial that a range of accommodation options are provided within each region of the state.[44] The Review specified that there needs to be an additional 300 supported housing places in WA (and account for population growth). [45] However, the Plan provided no detail about its modelling for supported accommodation demand; it is essential that the demand modelling be transparent going forward.

Based on the existing supported accommodation programs in place, it is evident there is a continuum of need and therefore differing models that need to be resourced and developed.

A whole-of-government Housing and Homelessness Strategy with a specific mental health stream should establish joined-up approaches to increase access to secure homes, with associated mental health recovery supports. It should build on the MHC Accommodation and Support Strategy but take a cross-portfolio approach to improve outcomes and realise savings across the system.

The Housing and Homelessness Strategy should identify demand drivers, establish pathways for people most at risk of ongoing or cyclical institutionalisation and hospitalisation, and facilitate community based early interventions that provide secure housing with linked supports and community treatment to keep people living well in the community. Its key principles should include preventing escalation to acute services, and housing first.

Immediate, additional investment is needed to expand the range of accommodation options, with linked supports, including in regional areas and small towns. Immediate investment should prioritise long term stable options for people unable to discharged due to lack appropriate housing, and those most at risk of ongoing or cyclical institutionalisation and hospital admission. These will need to establish effective care pathways with acute and sub-acute services.

Alcohol and other drugs

There is a high rate of MH & AOD co-occurrence, which is especially evident in some populations.

With co-occurring issues consumers and families may need treatment or support for both issues, which is rarely holistically available with single problem models remaining dominant.[46] Both systems often require treatment or stabilisation of one issue prior to service access for the other, or in parallel. Despite long acknowledgment of this issue complex referral pathways remain a problem.[47] The structural differences between the AOD treatment sector and the community mental health sector include differing service models, historical practices and funding silos, which make it challenging to fund or provide holistic services and to integrate and navigate different services and models.

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[43] Wood, L., Flatau, P., Zaretzky, K., Foster, S., Vallesi, S. and Miscenko, D. (2016). What are the health, social and economic benefits of providing public housing and support to formerly homeless people? AHURI Final Report No. 265, Australian Housing and Urban Research Institute Limited, Melbourne.

[44] Stokes, B. (2012) Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia. Department of Health. Page 4

[45] Ibid, page 72

[46] Sax Institute. (2014). Comorbid mental illness and illicit substance use: an evidence check rapid review for the NSW Mental Health and Drug and Alcohol Office.

[47] Richmond Wellbeing (2017) 'Integrated system of care to support people with alcohol, drug and mental health issues. Engagement and co-design workshop report. Armadale (Gosnell's/Langford) region'.

This fragmented service system causes significant difficulties for consumer navigation and joined-up care. WAAMH welcomes the WAPHA funded initiatives to address these issues.

Women's health

Given the higher rates of depression, anxiety, self-harm and eating disorders amongst Australian women[48], the absence of a gender lens in mental health is concerning. The higher rates of these and some other gender specific mental health problems are influenced by a complex interplay of factors including biological and reproductive factors, gender inequality, violence, abuse and other trauma. Additionally, women remain the primary carers for their children and people with mental health issues; this carries both the opportunity to foster good mental health in children, and the risk of higher mental health issues due to their caring role/s.

The WA Department of Health is currently developing a 'Western Australian Women's Health Strategy 2018 - 2023', which has a strong focus on mental health as a key health issues affecting women.[49] 1 of the Strategy's 3 objectives is to broaden cross-sector collaboration through health and cross-sector recognition and shared responsibility for women's health, collaborative research initiatives including the prevention of maternal mortality form suicide, and integrated referral pathways.

However, the Strategy makes no connection to the major mental health policy of government – the Plan. WAAMH recommends that the MHC and the Department of Health work collaboratively to identify, plan and implement effective, integrated responses to women's mental health.

Recommendations:

12. **Establish new governance arrangements for in-prison health services.**
13. **Immediately increase investment in accommodation options, with linked supports, for people most at risk of ongoing or cyclical institutionalisation or hospital admission.**
14. **Develop and finalise a whole-of-government Housing and Homelessness Strategy with a specific health and mental health sustainability stream.**
15. **Work collaboratively with the Department of health to develop an integrated response to women's mental health in the 'Two Year Update' to the Plan and the 'Western Australian Women's Health Strategy 2018 – 2023'**

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[48] Australian Bureau of Statistics. Gender Indicators, Australia 2016, Health Data Cube Table 11 [Internet]. 2016 [cited 2017 June 20]. ABS Cat. No. 4125.0. Available from http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4125.0August%202016?OpenDocument
[49] https://consultation.health.wa.gov.au/strategy/womens-health-strategy-consultation/

H.   Improve pathways and navigation

"I had to fight every day to get help for me and my son, and even then, I was totally let down, by the whole system. No one knows who or where to go to get help. 'System navigation' is almost impossible"[50]

Navigation pathways

People with mental health issues access support through primary care, community managed services, public and private mental health services, AOD services, informal groups and public health such as emergency departments. Consumers and families describe a bewildering and time-consuming maze with more barriers than open doors. Individuals and families often feel they must choose between the mental health or AOD sector when they need concurrent support from both, as they can only rarely access this holistic support.

The Plan agreed this is a major problem, and set out actions to improve system navigation; however, these appear to be lagging. Additionally, the ability of single agencies to address this alone is limited; cross government strategies, which build on important single agency actions are required. WAAMH recommends the development of a comprehensive health system navigation and integration plan, including a specific mental health component.

Commissioning for integrated responses

Effective commissioning is an important lever which could assist in overcoming fragmentation. Co-commissioning by WAPHA and MHC could further the availability of community supports to improve GP responsiveness and access, assist in overcoming fragmentation, and build genuine consumer pathways between primary care, public mental health services and community managed supports including AOD.

One example of where co-design and co-commissioning could have a significant positive impact is in the physical health problems and earlier death rates for people with mental illness. The Equally Well Consensus Statement[51] sets out the problem and identifies a range of actions which align with health system sustainability drivers: person centred approach; appropriate service mix; and integration across sectors. WAAMH recommends the forthcoming 10-year State Health Plan and Two-Year Plan Update commit to the six elements for health service organisations outlined in the Equally Well Consensus Statement.

Recommendations:

16. **Develop a comprehensive health system navigation and integration plan, including a specific mental health component.**
17. **Drive integrated responses through commissioning and co-commissioning.**

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[50] Jenny, carer and WAAMH member. Contribution to WAAMH consultation on priorities for systemic advocacy. 11 July 2017
[51] https://equallywell.org.au/wp-content/uploads/2017/03/Equally-Well-Consensus-Statement.pdf

I.   Strengthen our workforce and organisations

Strategic policy and commissioning

The effectiveness of community managed services is well established. They respond holistically and flexibly, empower consumers leading to more effective outcomes, and respond innovatively. They keep people living well in the community by connecting them to housing, education, employment and training, and by providing personalised support, family and carer support, counselling, advocacy, mutual support and self-help. [52] [53]

"Community managed services provide a critical gateway for people affected by mental illness to live valued lives in the community. They have led the way in establishing a recovery-oriented mental health service delivery culture and to counter the stigma and discrimination that results in social exclusion."

Community Mental Health Australia, 2012, 'Taking Our Place: Working together to improve mental health in the community', Sydney.

The sector is experiencing unprecedented and complex reform, with rapid expansion of NDIS supports gearing up and intended exponential increases in state funded supports. To meet the challenges, investment in sector capability is warranted to ensure maximum responsiveness, innovation and sustainability. The benefits of a range of providers, including niche and grassroots options, are necessary so that services evolve to meet locally-identified need in rural areas, and consumer-identified options in all locations.

The current review of the Delivering Community Services in Partnership Policy is an important opportunity to build on its benefits and principles to realise its potential to achieve better outcomes for West Australian people and communities.

Productive commissioning and procurement processes should be developed that strengthen the community mental health sector and minimise the harms of competitive tendering. These should prioritise outcomes, value community managed delivery models, preference longer term funding, privilege lived experience voices, value local expertise and relationships particularly in rural and remote communities, and create choice through enabling the viability of diverse providers including niche organisations.

Effective partnerships with primary and public services will assist in consumer responsiveness and overcoming integration problems. Yet WAAMH members continue to experience partnerships where the public service does not value the community organisation's contribution; cultural change is required to enable public health services to embrace the value and contribution of community managed supports to realise the benefits of these partnerships. Commissioning practices which prioritise or require genuine partnerships and collaboration, and develop conditions which foster rather than discourage this, would assist.

Grow the community mental health workforce

Extensive consultations by WAAMH in 2017 identified a period of significant uncertainty and change that is having a major impact on the community mental health sector workforce. National and state policy reforms emphasise an increasing role for the community mental health sector, however, this

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[52] Duff, C, Murray, S., Alic, N., Loo, S & Jacobs, K. (2011). The Role of Informal Community Resources in Supporting Independent Housing for Young People Recovering from Mental Illness. Melbourne: Australian Housing and Urban Research Institute.
[53] Tew, J., Ramon, S., Slade, M., Bird, V., Melton, J. & Le Boultillier, C. (2011). Social factors and recovery from mental health difficulties: a review of the evidence. British Journal of Social Work in Community Mental Health Australia, 2012, 'Taking Our Place: Working together to improve mental health in the community', Sydney.

is occurring in a constricted fiscal and uncertain funding environment. While the reforms present unprecedented opportunities, there is concern that the sector is vulnerable in its ability to develop and sustain a workforce sufficiently equipped to deliver services consistent with recovery, co-production, peer work and personalisation.

These reforms are resulting in rapid growth and diversification of the workforce. Nationwide, demand for mental health services is expected to rise between 135% and 160% by 2027, requiring almost 9,000 extra mental health workers. In addition, the Plan envisages a 500% growth in the community mental health sector workforce, and the full roll out of the NDIS will require an estimated 20,000 additional full-time workers in WA.[54]

WAAMH's Workforce Report [55] found that the community mental health sector workforce is diverse, well qualified, highly skilled and experienced. However, many organisations are having trouble recruiting and retaining staff with the necessary qualifications, experience and skills. The most common contributing factor is low levels of funding, changing funding and uncertainty about funding.

Aboriginal workers are under-represented, which is of significant concern due to the disproportionate impact of mental health and social and emotional wellbeing issues on Aboriginal people and Aboriginal communities. Rural and remote services face additional workforce challenges in terms of recruitment, retention, training, skills development and supervision.

The sector is responding to more people with co-morbidities and chronic conditions, particularly co-occurring AOD or intellectual disability and mental health issues. Responding effectively requires a highly skilled and competent workforce that can work collaboratively with the AOD sector and others such as disabilities, housing, health, education, child and family services, and justice.

Increased demand cannot be met by traditional workforces alone and there is growing need to support and develop alternative employment models and other workforces, including the consumer and carer peer workforce, the rural and remote workforce, and the Aboriginal workforce.

Governments, peak bodies, employers, unions and the sector need to work together to increase the supply and skills of the community mental health workforce. This requires targeted strategies to attract, recruit, retain and develop the workforce including young people and those with higher level clinical expertise. Attention will need to be paid to remuneration, training, employment conditions and workplaces, development of alternative employment models, and dissemination of good practice.

Recommendations:

18. **Develop co-commissioning and commissioning practices which foster genuine partnerships and integrated delivery.**
19. **Fund workforce initiatives targeting the most difficult workforce challenges: rural and remote, Aboriginal, homeless/and street present workers, and Culturally and Linguistically Diverse.**
20. **Commit to commissioning that provides longer term, ideally 5-year, contracts, and includes sufficient funding levels to pay adequate salaries and provide for training and workforce development activities.**

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[54] Penter, C. McKinney, B & Jones, M. (2017) Workforce Development in Community Mental Health: Final Project Report.
[55] Ibid

J. Leadership

In a historical context that includes significant underinvestment in mental health, too strong an emphasis on clinical and hospital interventions, and a siloed approach to people's lives, it is essential that the independent Mental Health Commission be retained. An independent MHC will be best placed to provide the leadership to drive significant reforms needed to achieve a sustainable service mix, with a greater focus on cross government partnership and the social and economic determinants of mental health.

Recommendations:

21. **Retain an independent Mental Health Commission to lead and drive change across government, primary and community mental health.**

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