



## **WAAMH Sustainable Health Review Interim Report to the Western Australian Government: Update and Recommendations Summary**

The following pages provide a brief analysis of the Sustainable Health Review Interim Report to the Western Australian Government (the Report) and how it delivers in relation to the recommendations made by WAAMH in its submission to the [Sustainable Health Review consultation](#).

**WAAMH Recommendation 1. The Sustainable Health Review recommends a recommitment to the rebalancing targets of the Plan, and supports the Plan’s specific strategies and their scope, sequencing and timeframes.**

- Broadly, the Report acknowledges the importance of community-based care, the value of prevention, and the need to keep people healthy in the community. However, the Report does not specifically mention The Plan or its specific strategies and their scope, sequencing and timeframes.

*Update: WAAMH continues to advocate for this Recommendation.*

**WAAMH Recommendation 2. Government commit to ring-fencing all proceeds raised from the sale or partial sale of the Graylands site, for mental health investment only, to fund mental health system reform to achieve future sustainability.**

- This is not addressed in the Report.

*Update: WAAMH continues to advocate for this Recommendation.*

**WAAMH Recommendation 3. Renewed government commitment to the Plan’s targets for achieving a sustainable mix of services in the most appropriate settings, in particular:**

**a. 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.<sup>1</sup>**

- The Report acknowledges that public health spending in Australia has been decreasing over the last decade, and that prevention and early intervention spending in Australia is among the lowest in the developed world”. The Report also acknowledges that investment in prevention, rather than treatment of illness or injury, is cost-effective and delivers better health outcomes”.
- However, the Report does not make any specific recommendations to increase spending on prevention.

*Update: WAAMH continues to advocate for this Recommendation.*

**b. Increase community support hours 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.**

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<sup>1</sup> The prevention targets set out in the Plan are for the proportion of mental health spending only, not of the combined MH & AOD funding which the state budget uses.

- The Report acknowledges that funding focuses on acute medical services at the expense of community-based services, that care in the community helps people to stay well (physically and mentally) and avoid hospital admissions, and that a community-based mental health support system should be able to assist people to access services and supports at any stage, including after an acute episode that may have required hospitalisation.
- The Report also mentions opportunities for WA to improve the services provided to people with a mental illness in the community setting, including de-escalation and diversion of people with mental illness from the justice system and providing alternative pathways to EDs by working with police, ambulance and community health providers.
- However, the Report does not make any specific recommendations to increase community support hours and makes no reference to the Plan. The Report also refers to the need to improve access to mental health beds.
- Encouragingly, the Report does specifically mention the development of a Recovery College model as another opportunity for care in the community, although detail is lacking.
- It also identifies, as an area for further work, the need to identify current and future mechanisms to ensure effective care for people within the community setting. This is encouraging however more detail is needed.
- The Report's specific recommendation in this area is: "In collaboration with the Mental Health Commission (MHC), Department of Health, Health Service Providers, consumers and carers, immediately develop and then implement, an effective, contemporary clinical needs-based model that enhances or replaces the current patient flow model across all health services" (p. 36). The report's commentary on this issue appears primarily focused on beds and discharge, and the decision-making structures about these clinical services.

*Update: WAAMH is not confident that this represents a genuine directive to increase community hours and supports which appears to be a missed opportunity to enhance community recovery supports, and continues to advocate for this Recommendation.*

**WAAMH Recommendation 4. Expand health - justice interface projects delivering benefits for people with mental illness and establish new governance arrangements for in-prison health services.**

- The Report notes that, 'there are a number of opportunities for WA to improve the services provided to people with a mental illness in the community setting. These include de-escalation and diversion of people with mental illness from the justice system...' (p. 34). However, the Report does not specifically address the health-justice interface and does not make any recommendations for the delivery of health services in prisons to be serviced by the Department of Health.

*Update: WAAMH continues to advocate for this Recommendation.*

**WAAMH Recommendation 5. Develop a cross-government strategy focused on the implementation of the NDIS for people with psychosocial disability in WA.**

- The Report acknowledges concerns in the community regarding NDIS services for people experiencing mental health issues following the reduction of funding and of some services in this area, and states that there is an urgent need for the Department of Health, Mental Health Commission (MHC) and the NDIS to coordinate their delivery arrangements as access to mainstream health services will continue.

*Update: WAAMH acknowledges that the NDIS has been identified as a priority issue, and continues to advocate for this Recommendation, with an emphasis on the need for a cross-government approach and strategy.*

**WAAMH Recommendation 6. Develop and finalise a whole-of-government housing strategy with a specific health and mental health sustainability stream.**

- The report broadly acknowledges the importance of the social determinants of health and the need to focus on the person as a whole, with housing being specifically mentioned. The report supports, “the need to increase partnerships between service providers, and across sectors, to help address the underlying causes of ill health and create supportive environments which will in turn help address the rising demand for health services” (p. 25). The report also acknowledges that there is scope for the health sector to partner with other providers in relation to housing and other social determinants, to address some of the key issues faced by people with mental illness.
- The Report recommends that, “the Department of Health should take an active leadership role across the public sector in developing whole-of-government targets with potential impact for better health outcomes, commencing with childhood obesity” (p 25).
- However, the Report does not explicitly mention a housing strategy specific to health and mental health. WAAMH acknowledges the development of the Western Australian Mental Health, Alcohol and Other Drug Accommodation and Support Strategy 2018-2025 which is currently underway.

*Update: WAAMH continues to advocate for this Recommendation, while awaiting the Western Australian Mental Health, Alcohol and Other Drug Accommodation and Support Strategy 2018-2025.*

**WAAMH Recommendation 7. Ensure inclusion of integrated physical and mental health responses in the Sustainable Health Review recommendations.**

- The Report acknowledges that, “A sustainable health system is one that keeps people out of hospitals and supports them to maintain good physical and mental health in their community.” (p. 23).
- However, the Report does not formally address or make any recommendations for addressing an integrated physical and mental health response.

*Update: WAAMH continues to advocate for this Recommendation.*

**WAAMH Recommendation 8. Develop a comprehensive health system navigation and integration plan, including a specific mental health component.**

- The Report acknowledges the fragmented and complicated nature of the health system, and the difficulty this causes for service navigation and access.
- The Report states that the Panel supports further work to improve coordination and collaboration between the acute sector and community-based support services, and also includes a recommendation for the MHC, the Department of Health, service providers, consumers and carers to immediately develop and then implement, an effective, contemporary clinical needs-based model that enhances or replaces the current patient flow model across all health services.

*Update: WAAMH supports the need to improve coordination and collaboration between the acute sector and community-based support services, and enhance the patient flow model, and continues to advocate for this Recommendation and specific focus on mental health.*

**WAAMH Recommendation 9. Develop co-commissioning and commissioning practices which foster genuine partnerships and integrated delivery.**

- This is mentioned in relation to country-based services, with the Report stating that the Panel supports a proposal to pilot a joint regional commissioning model (collaboratively with the local community, Aboriginal community-controlled health organisations and the Commonwealth) initially in the Kimberley.

*Update: WAAMH acknowledges this as a positive recommendation and believes that this approach should be expanded to apply to commissioning of services in all areas.*

**WAAMH Recommendation 10. Develop a cultural change and innovation plan, with funding, to integrate and innovate in consumer centred care.**

- The Report states that the Panel is exploring several person-centred initiatives raised in consultation and informed by evidence of successful Australian and international exemplars.
- The Report recognises the disconnect between health and social services areas but states that the Panel was encouraged by the strong commitment in WA between government and non-government health and social care partners to improve transitions between sectors and progress collaborative service provision and suggested that this has the potential to enable joint exploration of consumer-centric funding for person-centred care.
- The Report also acknowledges the need to orientate the system around what matters to patients, families and carers and a desire for community members to be more involved in the decision-making processes and design of the WA health system.
- The Report specifically site the development of Recovery Colleges, which are based on an innovative model where consumers and professionals are partners.

*Update: This aspect of the report would be strengthened by an explicit commitment to co-design and coproduction, and further information about the proposed model for person-centred care. WAAMH continues to advocate for this recommendation.*

**WAAMH Recommendation: Leadership**

- WAAMH strongly advocates for the retention of an independent Mental Health Commission. 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.
- Despite feedback from many consumers, carers and families who are highly supportive of the MHC, the Report does not make a formal commitment to retaining the MHC, instead noting some of the strengths and perceived weaknesses of current governance arrangements and stating that the issue is ‘highly polarised’. The Report calls for a review of mental health clinical governance.

*Update: WAAMH is concerned by its lack of commitment to the MHC and continues to advocate for an independent MHC.*