WA Foundational Plan for Mental Health, Alcohol and Other Drug Services, and Suicide Prevention

A collaborative deliverable under the Fifth National Mental Health and Suicide Prevention Plan

WA Primary Health Alliance
Better health, together

phn
PERTH NORTH, PERTH SOUTH, COUNTRY WA
An Australian Government initiative

Government of **Western Australia**
North Metropolitan Health Service

Government of **Western Australia**
WA Country Health Service

Government of **Western Australia**
East Metropolitan Health Service

Government of **Western Australia**
South Metropolitan Health Service

Government of **Western Australia**
Child and Adolescent Health Service

Government of **Western Australia**
Mental Health Commission

Foundational Plan Structure

Chief Executives' Summary

The year 2020 has presented several challenges to Western Australia, particularly around how we consider our wellbeing and the provision of healthcare. The resulting impact of COVID-19 on traditional patient practitioner interactions has helped fast track collaborative and digital initiatives that were previously only considered aspirational goals. It is through the realisation of this potential to work together to produce meaningful systemic change that we present the *WA Foundational Plan for Mental Health, Alcohol and Other Drug Services, and Suicide Prevention* – a Commonwealth and State government agreed deliverable under the *Fifth National Mental Health and Suicide Prevention Plan.*

Those seeking support for their mental health, at risk for suicide, or experiencing problematic alcohol or other drug use can encounter a myriad of challenges to improving their wellbeing. Within health, attempts to navigate and gain access to services can be deleterious and add to the burden of care. People who require healthcare services need us, as healthcare leaders, service commissioners and providers, to work together to ensure the health system is well-integrated regardless of an individual's entry point.

The *Foundational Plan* outlines opportunities to improve access to services across community, primary, secondary, and acute care. It is built upon the objectives of the Quadruple Aim of Healthcare, which seeks improvements in - patient experience, health outcomes, cost efficiency, and provider experience. *Seven priority areas* have been developed through a collaborative and consultative process, setting specific objectives to achieve better integrated care for Western Australians. A clinical governance framework, built on existing partnerships, will hold us to account in implementing the plan. The inclusion of consumers, carers and clinicians from the communities we serve, will enrich the outcomes we are striving to achieve.

Each of us share a vested interest in undertaking collaborative planning to make better use of our mental health and AOD resources, to enhance care and achieve sustainability within the healthcare system. The WA Sustainable Health Review (2019) suggested that 'courage, collaboration and system thinking are needed to change how health care is delivered in WA for a healthier, more sustainable future.' We believe that the *Foundational Plan* provides the scope for delivering this goal by *ensuring clear accountabilities for joint planning, commissioning and service delivery for more integrated services* (Recommendation 6c – SHR).

We thank those who have contributed to the development of the *Foundational Plan*, and look forward to working together with the communities we serve as we transition from concept to implementation.

Learne Durrington
CEO WA Primary Health Alliance

Jennifer McGrath
Commissioner WA Mental Health Commission

Dr Simon Woods
A/CE Child & Adolescent Health Service

Liz MacLeod
CE East Metropolitan Health Service

Mr Tony Dolan
A/CE North Metropolitan Health Service

Paul Forden
CE South Metropolitan Health Service

Jeff Moffet
CE WA Country Health Service

Foundational Plan - Priority Area Overview

Area One

Enhancing Aboriginal Social and Emotional Wellbeing

Aboriginal people have timely access to culturally secure, evidence-informed programs and services close to home and/or on country to support their ongoing social and emotional wellbeing.

Area Two

Suicide Prevention

Western Australians experiencing a suicidal crisis have timely access to supports and services that meet their immediate needs.

Physical Health

Enhancing equity of access to physical health care for those living with severe mental illness.

Psychosocial Support for People with Severe Mental Illness

To assist those experiencing severe mental illness to access a level of psychosocial support that empowers them to achieve an optimal state of personal, social and emotional wellbeing.

Area Three

Regional Service Development

To support a systems approach to planning through the integration and coordination of commissioning and service delivery that improves access to care for people experiencing mental illness.

Service Navigation

To work towards a more integrated mental health and AOD service system that is easier for consumers, carers and clinicians to navigate.

Lived Experience Co-Design

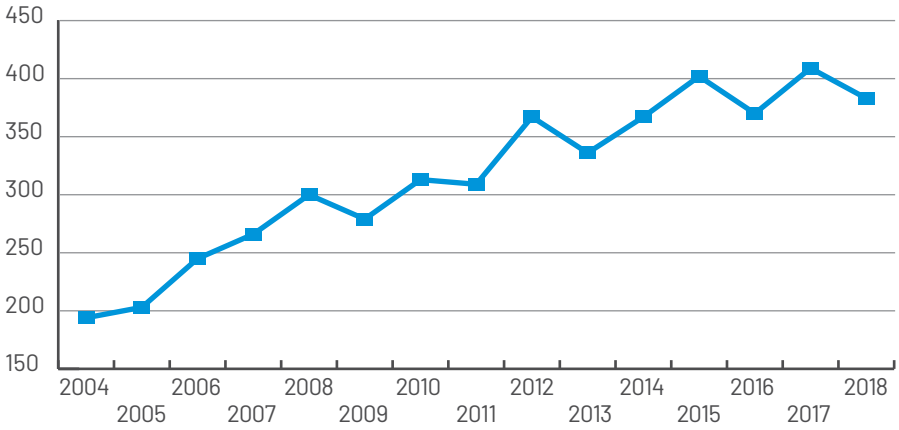
To develop a regional mental health service system that is designed around and responsive to the diverse needs and views of the community requiring services and supports.

Western Australia Snapshot

In the 2018 WA Health and Wellbeing Surveillance System Survey:

- **18.4%** of children 0-15 years were diagnosed with depression, anxiety, stress or another mental health problem in the past 12 months.
- **9.2%** of the adult population reported high or very high levels of psychological distress.

The annual number of suicide deaths has doubled between 2004 and 2018



In the 2018-19 Financial year (FY), the Medicare Benefits Schedule (MBS) was utilised by:

- **207,647** patients to engage in GP mental health services
- **62,738** patients to attend a clinical psychologist
- **55,727** patients to receive general psychological services
- **38,186** patients to attend a psychiatrist

mental health /ˌmen.təl ˈhelθ/ – a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (World Health Organisation)

In the 2018-19 FY, there were:

- **61,520** mental health presentations to an emergency department (ED)
- **56%** were discharged under their own care upon completion of the ED presentation
- **20,600** separations from public and private specialised mental health inpatient services involving 11,535 patients (2018 calendar year)
- **62,006** individuals who received care from a specialised inpatient and/or community mental health service (2018 calendar year)

In the 2018-19 FY, there were:

- **108** publicly funded alcohol and other drug treatment agencies
- **63%** of the treatment agencies located in Perth
- **25,236** closed AOD treatment episodes involving 19,348 clients

For those seeking treatment:

- **amphetamines** were the most common principal drug of concern (34% of episodes)
- **alcohol** accounted for the second highest proportion of episodes (33%), followed by cannabis (22%), and heroin (6%)

Primary Health Networks (PHNs)

The delivery of mental health care within WA involves multiple layers of responsibility and funding provided by Commonwealth and State governments, individuals and private health insurers, and includes a mix of not-for-profit, for-profit and government organisations.

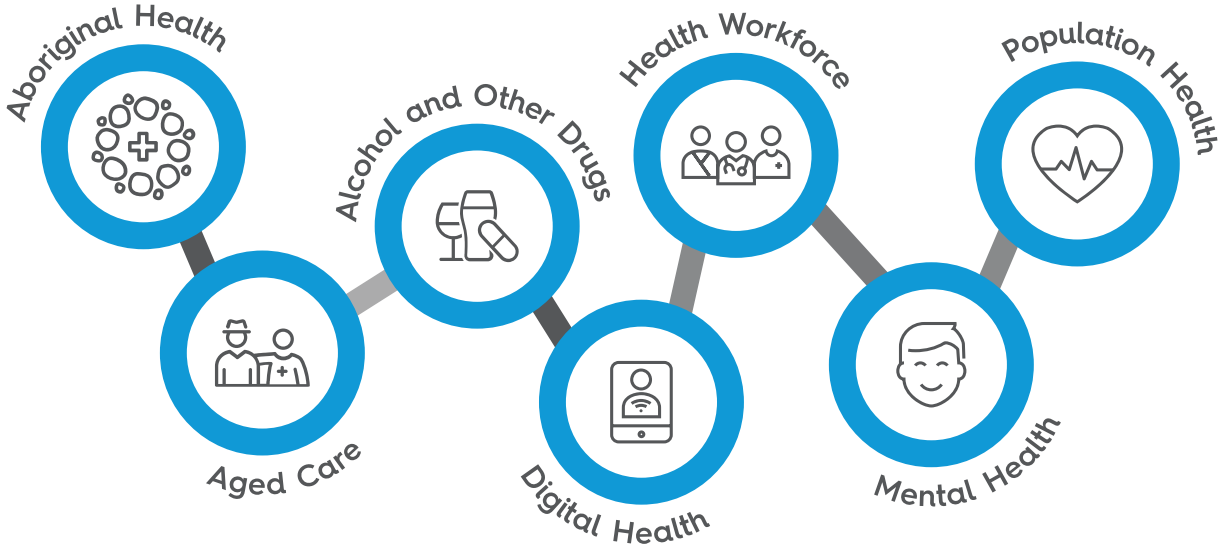
Primary mental health care is delivered through a variety of programs and provides services to about eight out of every ten people who present to health services for assistance. The Medicare Benefits Schedule system is a universal system that provides Commonwealth subsidised treatment for selected mental health services provided by GPs, psychiatrists, psychologists, eligible social workers and occupational therapists. Medicare is the predominant provider of services to those Australians who seek professional assistance for a mental health problem, with its coverage and role increasing annually. In 2018-19, 9.7% of the WA population accessed Medicare-subsidised mental health specific services.

In 2015, the Australian government established the Primary Health Network Program across the country to:

- engage with local communities to understand what primary health care services would make a difference, particularly for those people at risk of poor health outcomes;
- commission evidence-based health services to meet the prioritised needs of people in their regions and address identified gaps in primary health care;
- support GPs and all primary health care workers to continuously improve the vital care they provide; and
- help to better integrate the local health system, and in doing so improve patient care and experience.

Nationally there are 31 PHNs that work together to progress the seven national priorities for primary care, and form a central pillar within the National Health Reform Agreement 2020-25; with PHNs identified as the GP and primary health care partners for State-funded health and community services.

PHNs are commissioners of services in the primary care sector on behalf of the Australian Government and operate as part of the broader health system, collaborating with health system partners to support the delivery of seamless health care. While PHNs deliver a relatively small fraction of services compared to those seen under Medicare arrangements, they play an important yet limited part in the primary mental health system, with a mandate to deliver services to underserviced populations.



Seven national priorities for primary care

WA Primary Health Alliance (WAPHA)

In Western Australia, a unique arrangement exists whereby a single organisation – the WA Primary Health Alliance (WAPHA) – oversees the activity of the three PHNs in the State. WAPHA operates across the state to improve access to health care that is closer to home for those at greater risk of poor health outcomes.

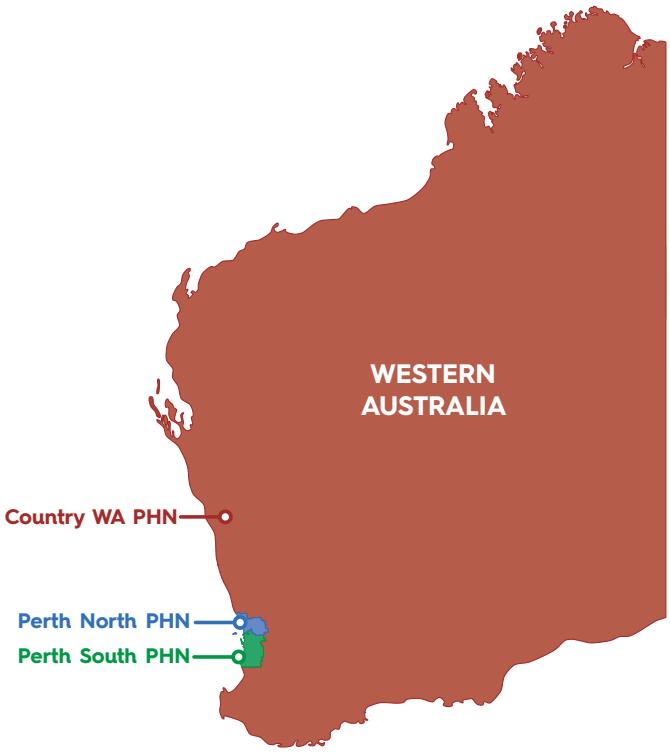
The Australian government defines the mental health and AOD commissioning guidance for PHNs. In line with this guidance and the organisation's strategic plan, WAPHA plans and commissions high quality primary mental health care that supports providers to mitigate gaps in access to services and enhance physical and mental health outcomes for West Australians.

The range of mental health and AOD activities currently commissioned by WA PHNs includes:

- Low intensity mental health services for people with, or at risk of, mild mental illness
- Psychological interventions for people who experience barriers accessing MBS-subsidised services
- Coordinated care for people with severe mental health conditions who are being supported in primary care (including clinical care coordination, psychological interventions and psychosocial supports)
- Services for children and young people (including headspace)
- Culturally appropriate and safe Aboriginal mental health services
- Psychological treatment services in Residential Aged Care Facilities
- Community-based suicide prevention
- Build capability within primary care to recognise and respond to alcohol and other drug use
- Facilitate and increase access to evidence-based treatment and support in high need areas and for those with mild to moderate alcohol and drug use

With expenditure on mental health and drug and alcohol services accounting for two-thirds of WAPHA's procurement of services, a high priority is placed on integrated planning and service mapping, opportunities for joint commissioning of services and the delineation of mutual roles and responsibilities between key stakeholders.

WAPHA has a robust working relationship with the WA Mental Health Commission that has seen the development of a Memorandum of Understanding and joint working arrangements on a range of issues between the two commissioning bodies. The close geographical alignment of WA's PHN and HSP boundaries, along with the recent establishment of a partnership protocol with the State's Health Service Providers, will assist the development of integrated care across the full spectrum of health care services.



Health Service Providers (HSPs)

The State health system comprises the Western Australian Department of Health (WA DOH), operating as system manager, and six board-governed Health Service Providers (HSPs).

HSPs are legally responsible and accountable for providing safe, high quality, and efficient health services to their local communities, in accordance with their Service Agreements with the Department CEO (Director General of the Department of Health) and Commission Service Agreements with the Mental Health Commissioner. Public mental health services delivered by HSPs include inpatient services, emergency department care, community clinical treatment services, and forensic services.

There are five HSPs responsible for providing public mental health services across metropolitan and regional WA, of which four deliver services within the Perth metropolitan area. These include North Metropolitan Health Service (NMHS); South Metropolitan Health Service (SMHS); East Metropolitan Health Service (EMHS); and Child and Adolescent Health Services (CAHS). The WA Country Health Service (WACHS) provides mental health services for children, adolescents and adults across regional Western Australia. In addition, there are three publicly contracted private providers of mental health services in metropolitan Perth; the Joondalup Health Campus (Ramsay Health Care), the Ursula Frayne Unit, at St John of God Hospital, Mount Lawley and St John of God Midland Public Hospital, as well as a number of private providers of mental health services.

Specialist acute and community mental health services are delivered primarily through state funding and, together with private hospitals, provide the most intensive mental healthcare predominantly to those with severe and more complex conditions. These services usually include multidisciplinary team-based specialist assessment and intervention with involvement from a range of different types of mental health professionals, including case managers, psychiatrists, social workers, mental health nurses, occupational therapists, psychologists and other workers. Specialist mental health services include treatment and care provided in bed-based settings, including acute psychiatric units, step-up/down facilities, rehabilitation units, and community clinics.

For the 2018 calendar year, 62,006 individuals received care from a specialised inpatient and/or community public mental health service(s) in Western Australia.

WA Mental Health Commission (MHC)

The WA Mental Health Commission (MHC) was established in 2010 under section 35 of the Public Sector Management Act 1994 (WA) to lead mental health reform across the State and work towards a system that places the individual and their recovery at the centre of its focus. The MHC amalgamated with the Drug and Alcohol Office in 2015, giving it responsibility for the Alcohol and Other Drugs Act 1974 (WA) and assuming clinical governance responsibilities for the State funded AOD sector. The Minister for Mental Health is the 'responsible authority' for the MHC with respect to its functions, performance objectives and budget.

The WA MHC was Australia's first such commission, and is the only commission in Australia responsible for mental health purchasing.

The MHC leads the development and monitoring of strategy and planning, including the implementation of reforms aligned to the WA Mental Health, Alcohol and Other Drug Services Plan 2015–2025, and has a key role in budgeting, procurement and administration of the WA Mental Health Act 2014.

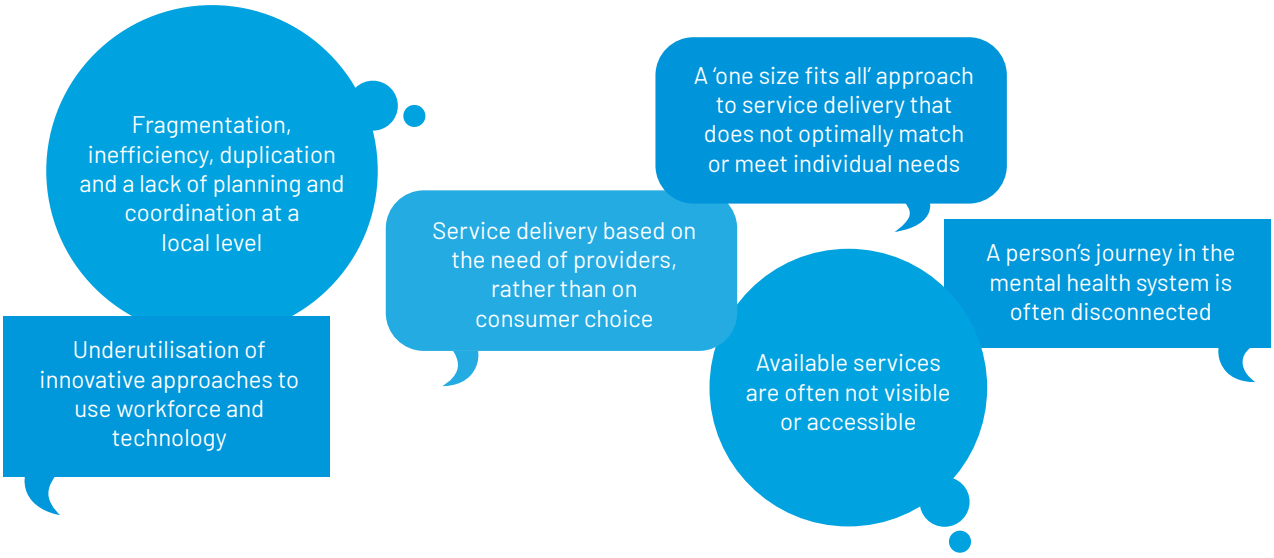
The MHC purchases, provides and partners in the delivery of prevention, promotion and early intervention programs; treatment, services and support; and research, policy and system improvements. It purchases mental health, AOD health services and support services across the State from the WA health system via Commission Service Agreements with the HSPs and other non-government health providers. It is responsible for determining the range of mental health services required for the State, together with responsibility for specifying activity levels, ongoing performance monitoring and evaluation of key mental health programs.

According to the 2020-21 WA State Budget Papers, ***93% of the MHC's resources is allocated to Hospital Bed-Based Services (42%)*** [comprising mental health acute inpatient units, sub-acute inpatient units, forensic units, Hospital in the Home and the high medical AOD detoxification unit at Next Step], ***Community Treatment (42%)*** [providing clinical care in the community for individuals with mental health and AOD problems and generally operate with multidisciplinary teams and include specialised and forensic community clinical services], ***and Community Bed-Based Services (9%)*** [focused on providing recovery-oriented services and residential rehabilitation in a home-like environment].

The MHC will also provide approximately $90 million to non-government organisations in 2020-21 for a range of community-based mental health support services, including psychosocial support. Primarily funded through long-term recurrent funding arrangements, these services are linked to housing, family and carer support, individual advocacy, mutual support and self-help, group support and education, the *Individualised Community Living Strategy,* and employment and training services.

Fifth National Mental Health and Suicide Prevention Plan (5th Plan)

Despite the allocation of increased funding and new service initiatives, national and state reviews have highlighted structural shortcomings with the mental health system:



Endorsed by the Council of Australian Governments (COAG) Health Council in August 2017, the *Fifth National Mental Health and Suicide Prevention Plan (5th Plan)* is focussed on addressing such issues by setting a direction for change that will provide a foundation for longer-term system reform.

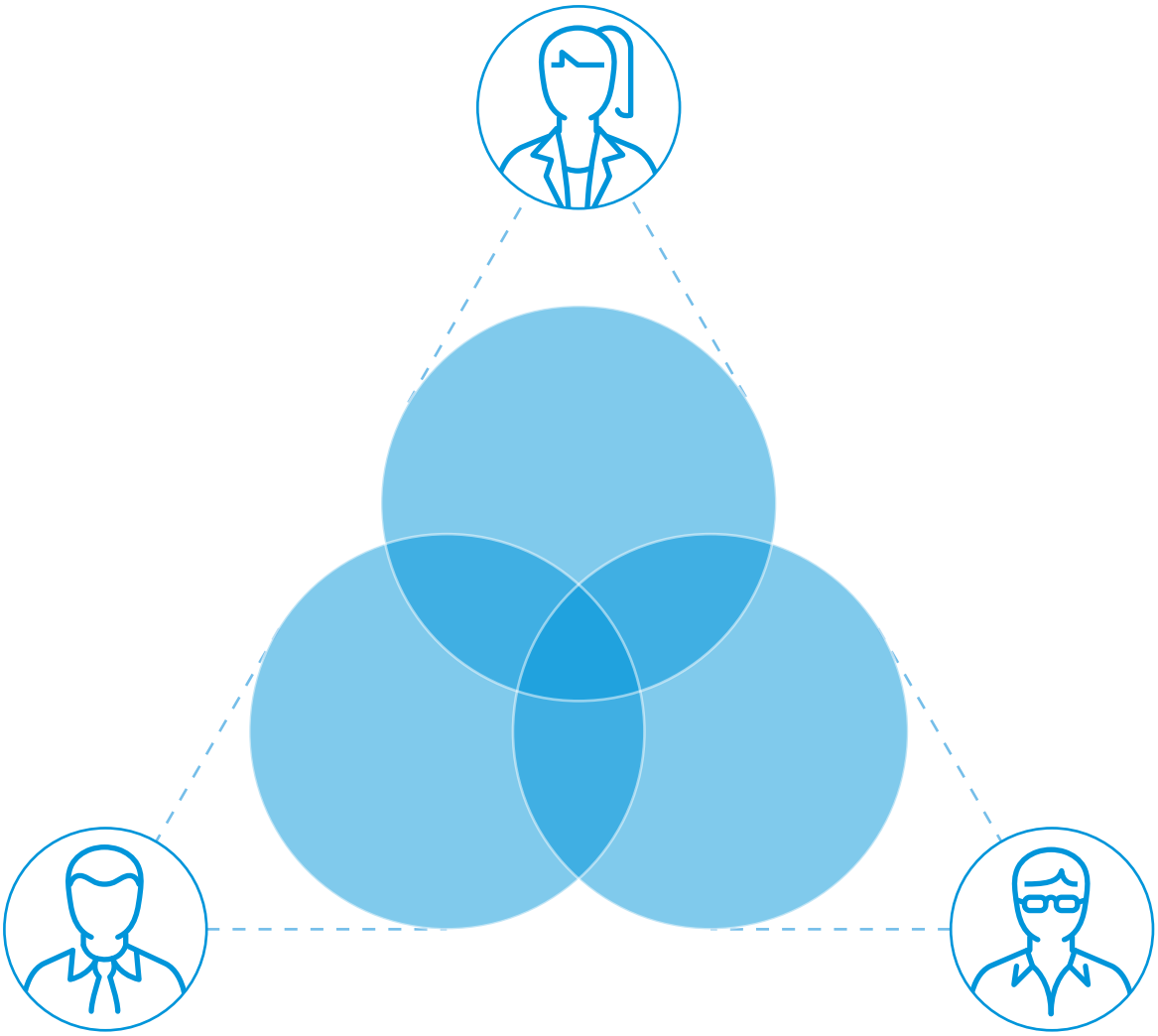
A pivotal theme underpinning the success of the *5th Plan* is integration and is concerned with building relationships between organisations that are similarly aiming to improve the outcomes and experiences of mental health consumers and carers at a local level.

This sentiment aligns with the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025*, which has highlighted that it is essential for services to work together across sectors, in an integrated way, to ensure that people do not fall through the gaps across the service continuum and receive the appropriate level of care and support to meet their needs.

Achieving integrated regional planning and service delivery is the first priority area within the 5th Plan.

Under this priority area, State and Federal Governments require Primary Health Networks (PHNs) and Local Health Networks (known as Health Service Providers in WA) to jointly develop and publicly release joint regional mental health and suicide prevention plans by the end of 2020. The plans are intended to provide a local platform for addressing many problems that carers, families and people with lived experience of mental illness and alcohol and drug issues face when seeking treatment.

The WA Primary Health Alliance (WAPHA), five State-based Health Service Providers (HSPs), and WA Mental Health Commission (MHC) have a vested interest in undertaking joint regional planning to better utilise existing resources and create a more sustainable mental health system. These stakeholders have worked together to develop this *Foundational Plan* around collaborative activities that can enhance integrated mental health and AOD service delivery from prevention through to the interface with acute care. It aims to bring primary care and local public health services together to achieve a cohesive system approach that enables timely access to the right services, at the right time, in the right place for those needing care.



Two Stage Process for Joint Regional Planning (JRP)

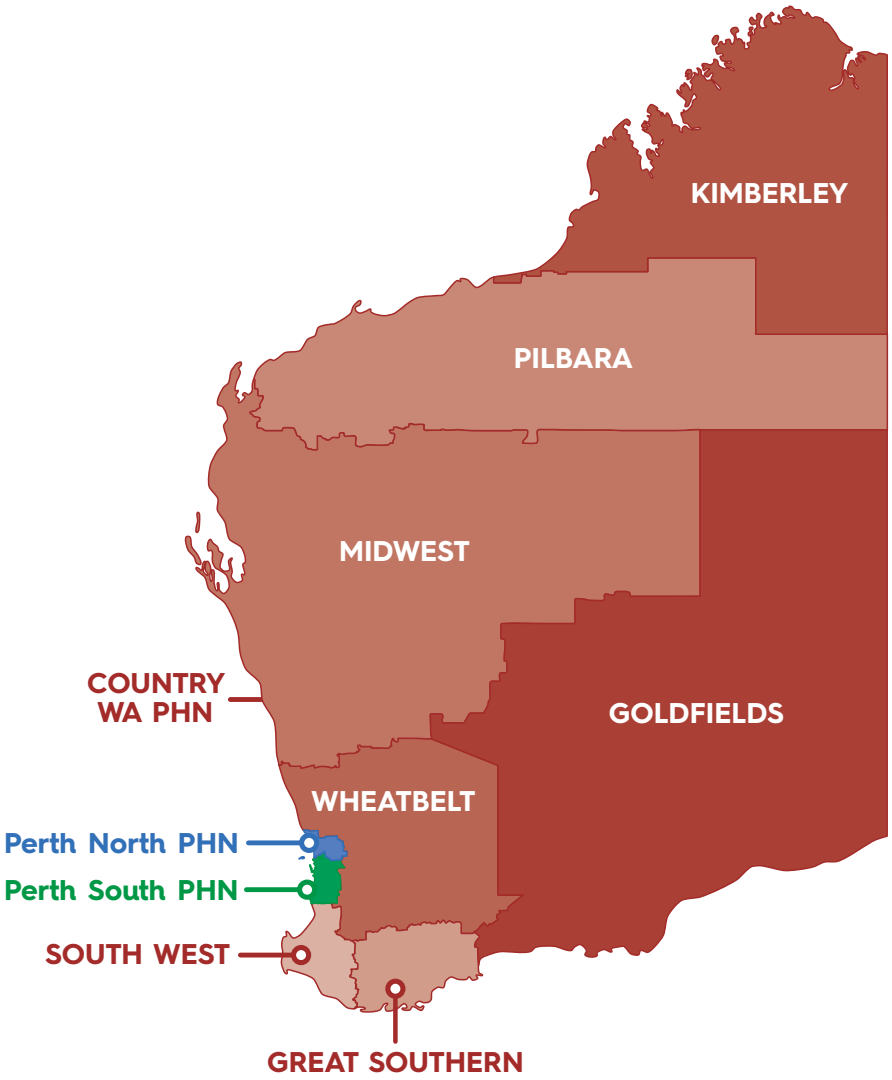
Foundational Plan – developed in consultation with WA's peak consumer, carer and sector bodies, the *Foundational Plan* provides an outline for collaborative action across a number of national and state priority areas to reduce the impact of mental illness, alcohol and other drug use, and suicidal behaviour within the Perth metropolitan region and country WA.

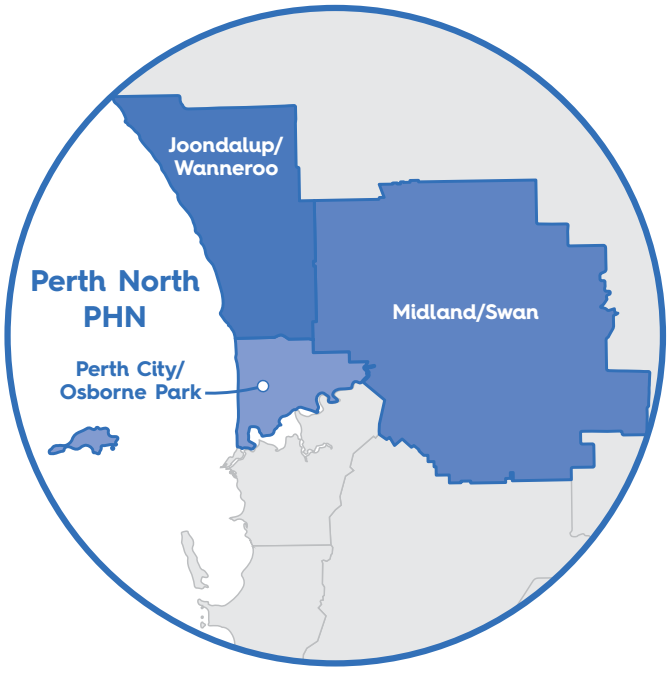
It focuses on ways to:

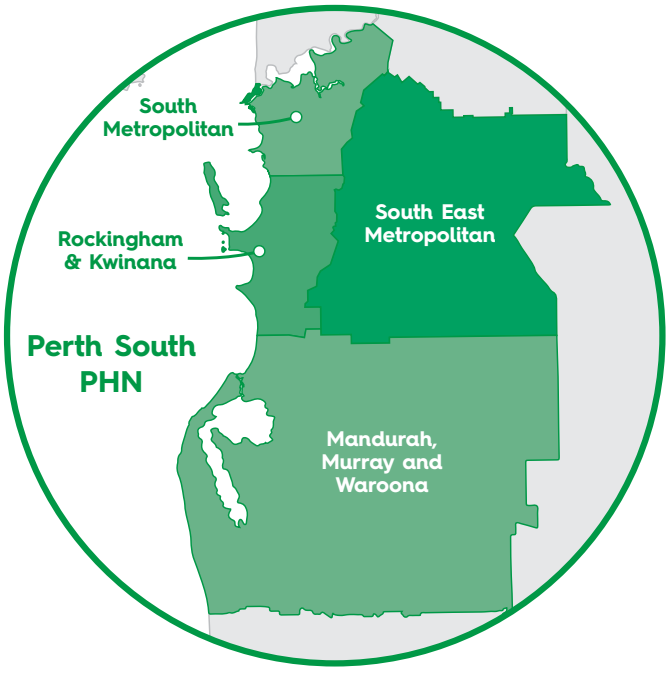
- Identify and address shared priorities, including opportunities for joint commissioning
- Integrate pathways for people with mental health and/or AOD issues within the current health system
- Reduce fragmentation and duplication of services

Regional Service Plans (due 30 June 2022) – working within the parameters of the *Foundational Plan*, this stage is about looking to the future and creating plans for how services should be developed to meet regional needs as new resources become available, or existing resources are redirected to meet current priorities.

Governments have agreed that for the purpose of regional planning, the region, in most circumstances, represents the area covered by the PHN with the HSP boundaries also being considered for the purpose of subregional activities.


KIMBERLEY
PILBARA
MIDWEST
COUNTRY WA PHN
GOLDFIELDS
WHEATBELT
Perth North PHN
Perth South PHN
SOUTH WEST
GREAT SOUTHERN


Joondalup/ Wanneroo
Perth North PHN
Midland/Swan
Perth City/ Osborne Park


South Metropolitan
South East Metropolitan
Rockingham & Kwinana
Perth South PHN
Mandurah, Murray and Waroona

Policy Context

The primary contextual driver for Joint Regional Plans is the National Mental Health Policy, which provides a strategic framework to guide coordinated government efforts in mental health reform and service delivery.

The National Mental Health Policy sets a vision for a mental health system that:

- Enables recovery
- Prevents and detects mental illness early
- Ensures that all Australians with a mental illness can access effective and appropriate treatment and community support to enable them to participate fully in the community.

The development of the *Foundational Plan* has also been shaped within the current policy context at a National and State level, including guidance material provided by the Commonwealth for PHNs, and other relevant national and international literature referenced within the document.

National

- Fifth National Mental Health and Suicide Prevention Plan
- National Aboriginal and Torres Strait Islander Suicide Prevention Strategy
- National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing
- National Drug Strategy 2017-2026
- National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014–2019
- Gayaa Dhuwi (Proud Spirit) Declaration

State

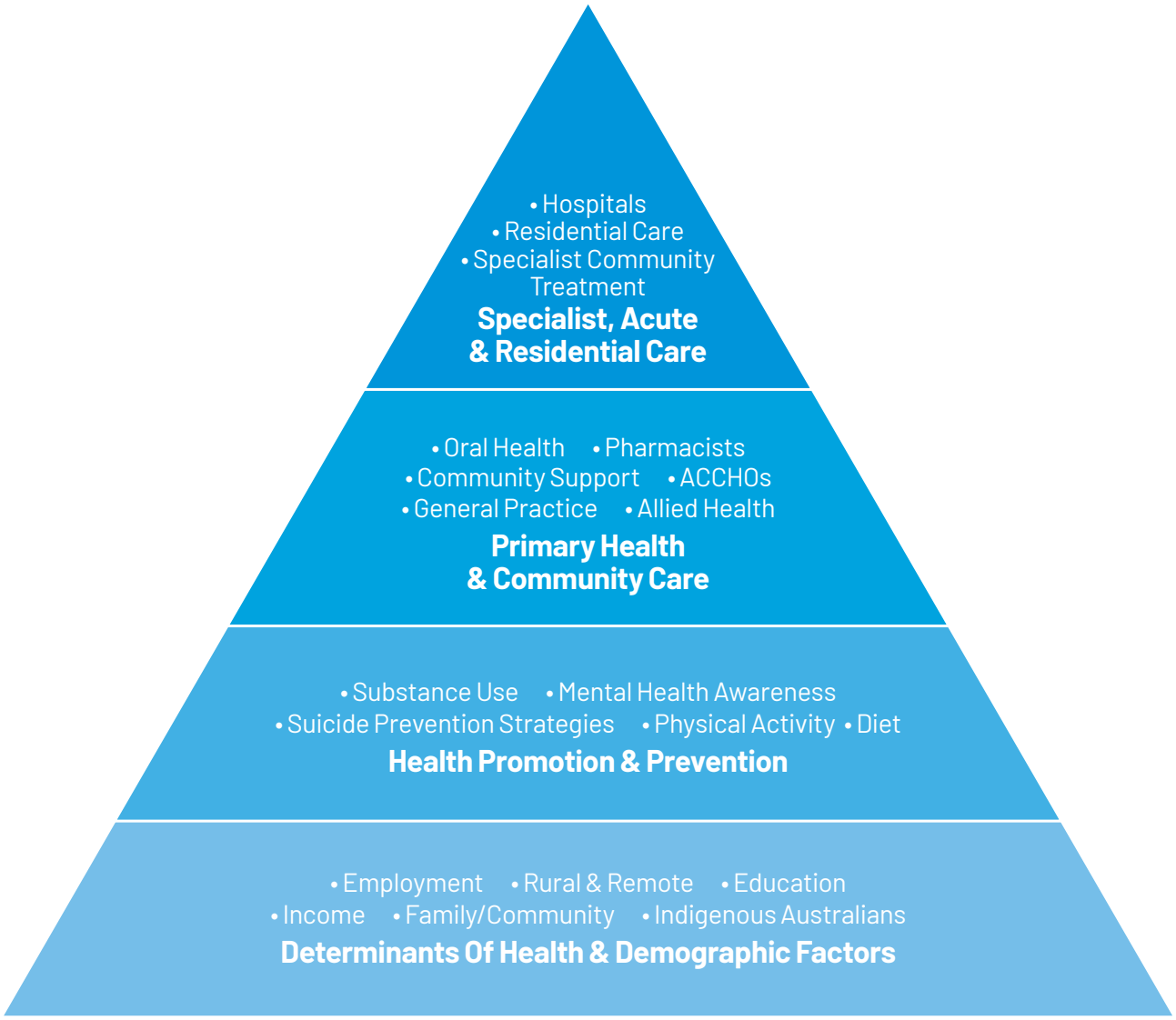
- Western Australian Alcohol and Drug Interagency Strategy 2018-2022
- Western Australian Suicide Prevention Framework 2021-2025
- Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025
- Sustainable Health Review
- WA Aboriginal Health and Wellbeing Framework 2015-2030
- Mental Health 2020: Making it personal and everybody's business

JRP Scope

Our health system plays an important role in the efforts to enhance the mental health and wellbeing of Western Australians. Our hospitals, health services and Primary Health Networks partner with people with lived experience, communities, service providers and other experts to provide evidence-based treatment and care to those at risk and experiencing mental ill-health, while supporting them to recover.

We know there is strong evidence that many of the 'levers' to prevent mental health issues lie outside of the health system and benefit from initiatives across multiple sectors, such as education, social services and justice. While many mental health, AOD and suicide prevention strategies, frameworks and approaches at a State and Federal level emphasise cross-sectorial approaches, the focus of the *Foundational Plan* is centred on the pathways of care that cut across services commissioned and delivered by the ***WA Mental Health Commission, Health Service Providers*** and ***WA Primary Health Alliance.***

Working together to understand the capacity and constraints of this shared service system in subregional areas is critical to ensuring regional planning enacts Federal and WA Government policy in a way that is responsive to local health needs.



Biopsychosocial Factors Influencing Mental Health in WA

Mental illness and service need in Western Australia

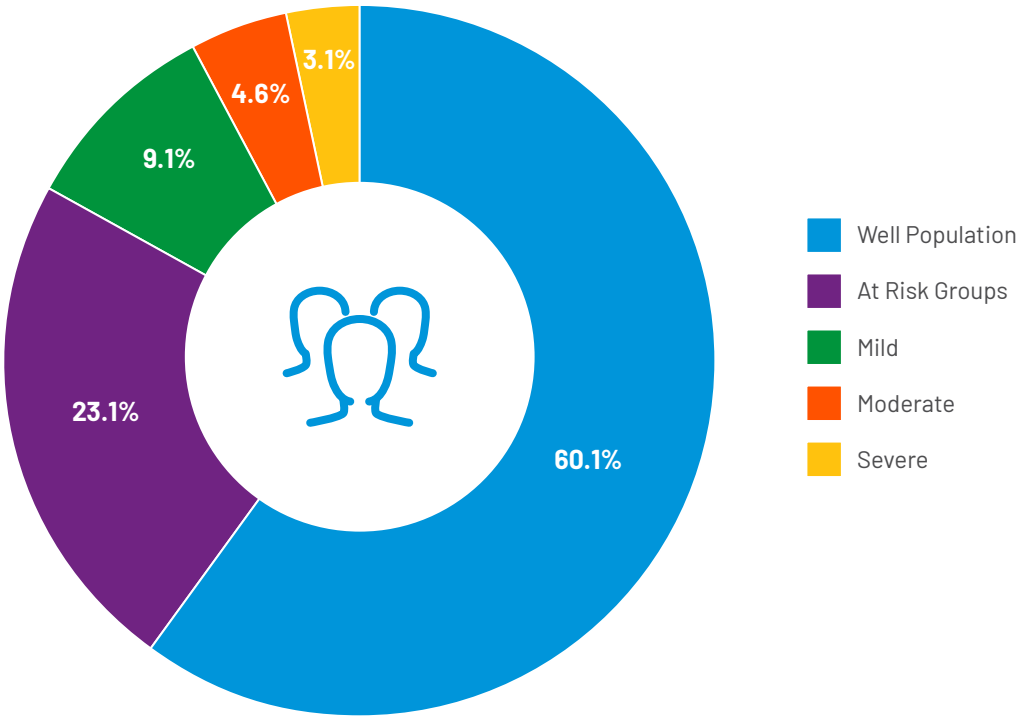
An understanding of the prevalence of mental illness across the spectrum of severity sets the context for understanding the service responsibilities in the sector. Almost half of the adult population will experience a mental disorder in their lifetime; 20% in a given year, with anxiety or mood disorders the most commonly experienced. Mental illness and substance use account for over 50% of the burden of disease in those aged 15–25 years, while 50% of mental health disorders that will affect people across the lifespan emerge by 15 years of age; 75% by the age of 24.

Not everyone experiences these disorders in the same way (see figure). In any given year, most West Australians will be mentally well, followed by those who are experiencing some level of symptomatology that does not meet diagnostic criteria. This includes individuals in remission who are at risk of relapse without ongoing mental health care, and those with early symptoms at risk of developing a diagnosable disorder.

People with mild and moderate mental illness make up the next most prevalent groups, representing around 9% and 4.6% of the population respectively. Individuals in these groups experience mental disorders that impact upon their wellbeing and functioning, and for some can cause significant disruption to daily life.

The smallest proportion of the population is found at the most severe end of the spectrum, accounting for 3.1% of the population. Individuals found at this level of care usually have a diagnosed mental disorder with significant symptoms and/or problems with functioning across everyday roles.

For the most part, as individuals move across the spectrum of severity, intensity of service requirements generally follow. In order to address the full range of clinical needs in the population and prevent inefficiencies associated with both under- and over-servicing, a stepped care approach has been recommended as a central component of system reform.

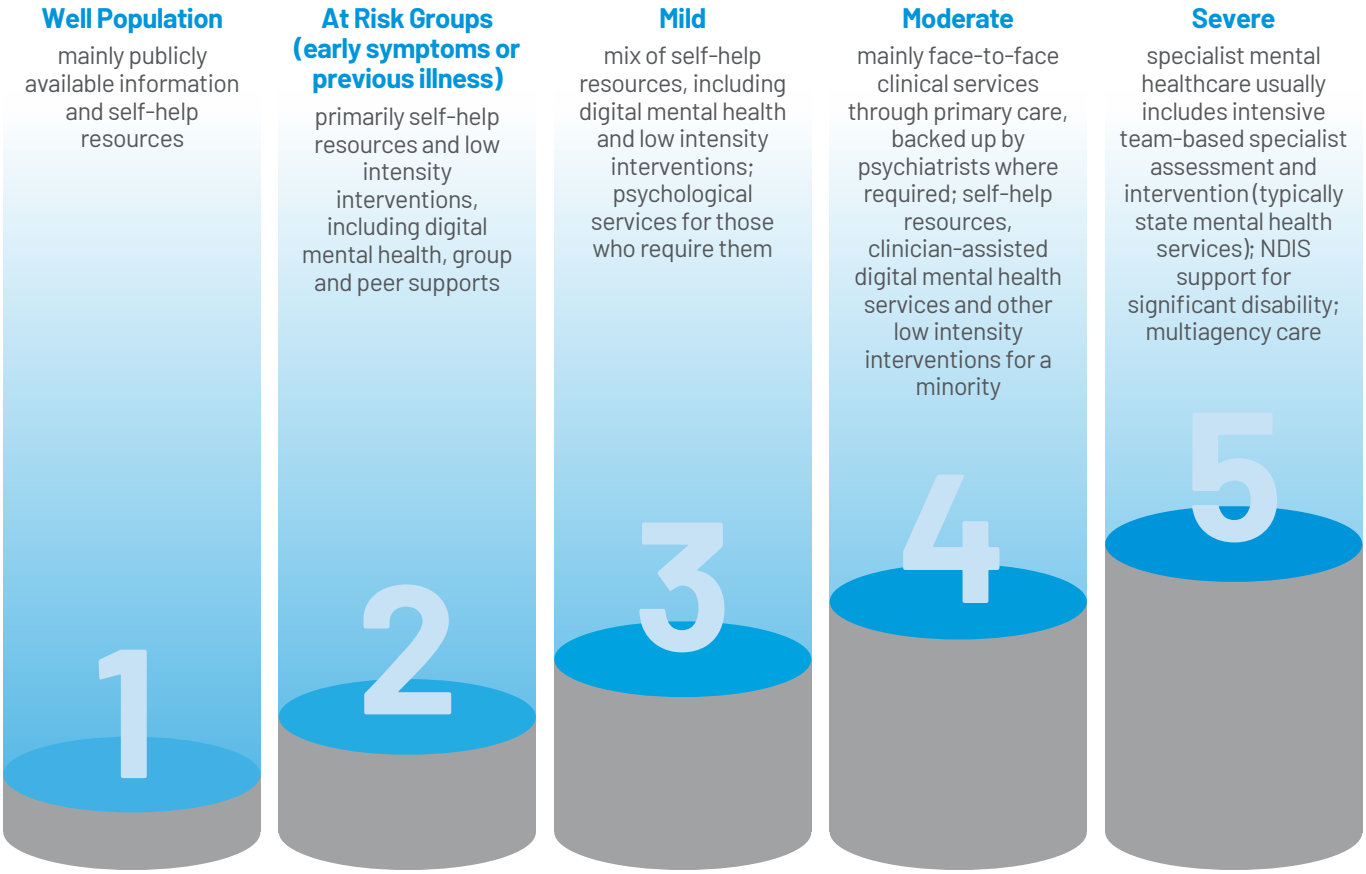


Stepped Care

The *Foundational Plan* is underpinned by the principles of stepped care. Stepped care is a model of mental healthcare delivery where service intensity is matched to an individual's treatment need and severity of their mental health issues, covering the full spectrum of interventions from self-help, digital and low-intensity interventions, to primary and specialist clinical treatment and psychosocial disability support.

Rather than having to start at the lowest, least intensive intervention to progress to the next 'step', individuals enter the system at any stage and have their service level aligned to their requirements. This results in a person-centred approach to treatment decisions, whereby the ideal intervention is the least intensive and least intrusive, and minimises the treatment burden for the individual.

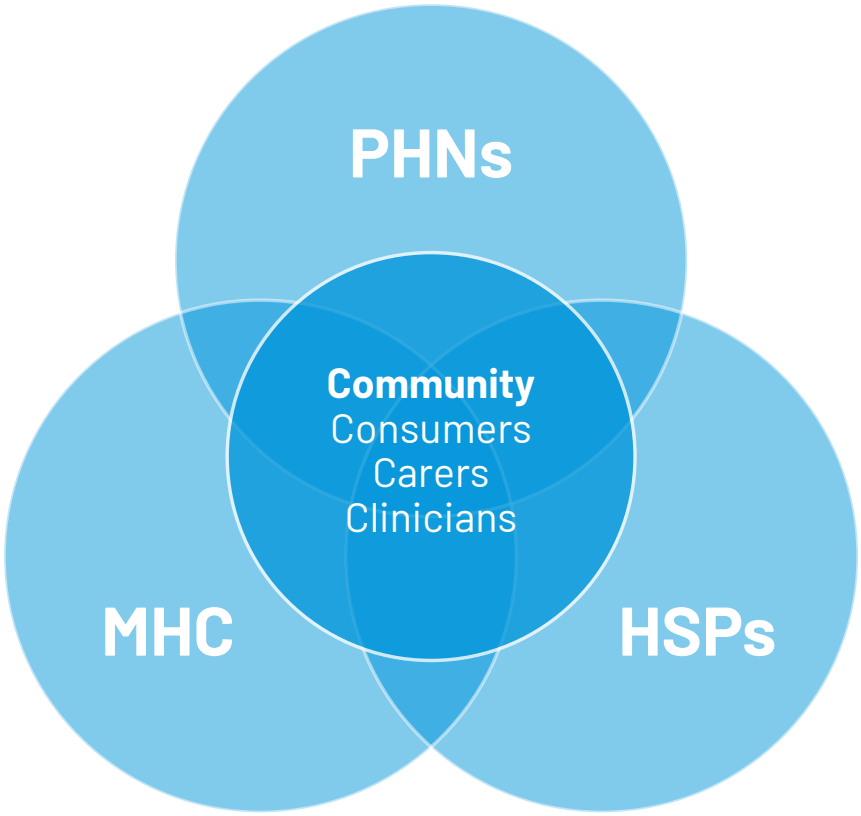
Multiple levels and services can exist within a stepped care approach. They do not operate in silos or as one directional steps. Rather, they provide a spectrum of service interventions encompassing both treatment and support. This enables the continuum of care to be correcting, whereby monitoring an individual's outcomes enables them to step-up or step-down as their needs change.



Better Health Together

There is substantial evidence that a lack of integrated prevention and management strategies contributes to greater burdens of chronic illness and disability, greater health care costs, and a range of other avoidable social and economic costs. When it comes to mental health, AOD and suicide prevention, there are numerous commitments that have been made at regional, state and federal levels. No one agency or organisation can deliver the expected benefits or reforms on their own. The ideal of seamless, person-centred care ultimately requires coordinated action and support for individuals across the full spectrum of their care needs. It is only through partnerships and collaboration that these complex challenges and ambitious objectives can be met.

The *Foundational Plan* has been developed to guide and support ongoing efforts to improve experiences and outcomes for people with mental illness and/or alcohol and other drug issues through greater integration and collaboration across the elements of the service system commissioned and delivered by WAPHA, MHC and the HSPs. It represents our commitment to work together, in partnership with the vital components of the community that are the focus of our services (*Consumers, Carers, and Clinicians*), to build a mental health system that works for WA.



integration / ɪntɪˈgreɪʃ(ə)n - *The management and delivery of health services so that clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system.* (World Health Organisation)

Service integration is more than partnerships, collaboration and co-location. It needs to occur both around the person at the local level, and be reinforced across the system. A well-functioning mental health care system should be values-based, taking into account clinical expertise, patient and carer perspectives, and scientific evidence. Clinicians and consumers need to be actively engaged in commissioning and strategic planning to ensure that decision-making reflects the needs of the population that services are intended to help.

The people in the best position to determine the functionality of the system are those accessing care and navigating their way through any obstacles and barriers. Consumer engagement is known to improve the quality and safety of health services as well as individual and population health outcomes, while also making health services more responsive to the needs of those they serve. As the key stakeholders to this collaborative initiative, we commit to maintaining consumer, carer and clinician engagement in the implementation of the Plan.

The following section details the seven priority areas that have been identified as pragmatic and achievable objectives for future joint regional planning and/or service development. They have been shaped based on the operational mandates of the three key stakeholders, reference to current National and State policy, and feedback from consumer and sector peak bodies. Each priority area will be applied against the needs and profile of specific age groups within subregional populations: children & adolescents, young people, working age adults and older adults.

Area One:

Enhancing Aboriginal Social and Emotional Wellbeing (SEWB)

Objective: Aboriginal people have timely access to culturally secure, evidence-informed programs and services close to home and/or on country to support their ongoing social and emotional wellbeing.

Aboriginal people are subject to the profound impacts of colonisation, racism, social exclusion and other negative historical and social determinants on their wellbeing and mental health. As a consequence, Aboriginal people experience higher rates of mental illness, suicide, substance misuse and psychological distress compared to the general population.

According to the Australian Burden of Disease Study: Impact and Causes of Illness and Death in Aboriginal and Torres Strait Islander People (2016), the disease group causing the most burden among ATSI Australians was mental and substance use disorders (19% of the total). Despite the prevalence and impact of these disorders on Aboriginal people, several barriers inhibit access to services, such as distance, cost, and cultural, language and other obstacles within mainstream services.

In addition to issues of cultural safety, Aboriginal people believe that mainstream concepts of mental health and mental illness are too focused on individual deficits and are limited in considering all the factors that involve wellness. The term social and emotional wellbeing (SEWB) is used by many Aboriginal people to describe the social, emotional, spiritual, and cultural wellbeing of a person. The term recognises that connection to land, culture, spirituality, family, and community are important to people and can impact on their wellbeing. It also recognises that a person's social and emotional wellbeing is influenced by policies and past events.

In seeking to meet this objective, areas for collaboration include:

- An overarching commitment to support the implementation of the Gayaa Dhuwi (Proud Spirit) Declaration, by ensuring greater regional leadership, self-determination and capability of Aboriginal people and organisations.
- Ongoing recognition and strengthening of ACCHSs as leaders in Aboriginal primary healthcare, including through sustainable funding for partnerships in prevention and early intervention activities, as well as general capacity building.
- Developing cooperative partnerships to achieve the common objective of providing Aboriginal people with improved access to services and to enable continuity of care at transition points across the healthcare system.

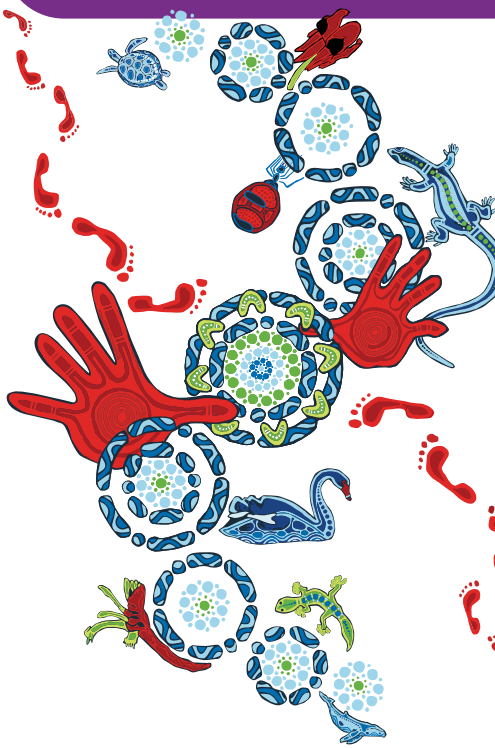
Key Facts

Aboriginal people represent 3.64% of the WA population, with 62% living in rural or remote locations

38% of Aboriginal people aged 15 years and over in WA report experiencing high-to-very-high levels of psychological distress

The Aboriginal suicide rate in WA is nearly 3 times that of the non-indigenous population, and rising to 8.5 times amongst children aged 5-17 years

There are 23 Aboriginal Community Controlled Health Services (ACCHS) in Western Australia, providing over 500,000 episodes of care per year



- **Development of localised and culturally appropriate Aboriginal specific mental health, suicide prevention, and AOD care pathways in HealthPathways.**
- **Ensuring greater accessibility to culturally appropriate and secure services by uplifting the cultural competency of staff within non-Aboriginal services.**
- **Creating opportunities for collaboration between local services to provide holistic care and address the social determinants of health and local need.**
- **Engaging community members and partners in the co-design of culturally safe, tailored SEWB services.**

The following key policy documents have informed and align with this priority area:

National

- National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH) (2015). *Gayaa Dhuwi (Proud Spirit) Declaration*.
- Department of Health (2017). *The Fifth National Mental Health and Suicide Prevention Plan.* Canberra: Commonwealth of Australia.
- Commonwealth of Australia (2017). *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023*. Department of the Prime Minister and Cabinet, Canberra.
- Department of Health (2019). *PHN Primary Mental Health Care Flexible Funding Pool Implementation Guidance: Aboriginal and Torres Strait Islander Mental Health Services.* Canberra: Commonwealth of Australia.

State

- Department of Health (2015). *WA Aboriginal Health and Wellbeing Framework 2015-2030.* Government of Western Australia, Perth.
- Mental Health Commission WA (2015). *Better Choices, Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025.* Perth.
- Chief Psychiatrist of Western Australia (2015). *Chief Psychiatrist's Standards for Clinical Care.* Government of Western Australia, Perth.
- Department of Health, Western Australia (2019). *Sustainable Health Review: Final Report to the Western Australian Government.* Perth.
- Aboriginal Health Council of WA (2019). *An Aboriginal Community Controlled Health Service Social and Emotional Wellbeing Service Model for Western Australia.* Perth.
- WA Country Health Service (2019). *WA Country Health Service Aboriginal Health Strategy 2019-24.* Perth.
- WA Country Health Service (2019). *WA Country Health Service Mental Health and Wellbeing Strategy 2019-24.* Perth.

Please note: Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. Aboriginal and Torres Strait Islander may be referred to in the national context and Indigenous may be referred to in the international context. No disrespect is intended to our Torres Strait Islander colleagues and community.

Area Two: Care Coordination

Suicide Prevention

Objective: Western Australians experiencing a suicidal crisis have timely access to supports and services that meet their immediate needs.

The impact of suicide has a devastating effect on families, friends and services that ripples throughout communities in terms of emotional suffering, as well as economic and productivity losses. Federal and State/Territory Governments have made suicide prevention a priority, committing substantial funding toward reducing suicide rates. Despite this investment, WA recorded its highest suicide rate in more than 20 years in 2018 and saw a 10% increase in the number who took their own lives between 2016 and 2017.

Suicide prevention can be viewed across three streams - Prevention/Early Intervention; Support/Aftercare; and Postvention. Previous reviews and reports have suggested that suicide prevention efforts have been fragmented and lacked coordination, with unclear roles and responsibilities across governments and agencies. A key finding of the WA *Suicide Prevention 2020* strategy highlighted that we need better local level coordination across government, non-government and community groups. While many 'levers' to prevent suicide lie outside of the health system and benefit from interventions across other sectors (eg, education, justice, social services), there are a number of indicated preventative interventions that can be implemented within health that are aimed at individuals who have been identified as at risk of suicide or who have attempted suicide. Accessibility to services for these people could be life saving.

There is an imperative to improve follow-up for people who seek help for suicidal behaviours, especially in the high-risk period following a suicide attempt. A suicide attempt is the strongest risk factor for subsequent suicidal behaviour, and up to 25% of people who present to Emergency Departments make another attempt following discharge. People with lived experience report difficulties in actively seeking help or following up on the services available to them as they grapple with the raw emotions after an attempt. Provision of timely, regular follow-up services in the community over this period can protect against this risk. Aftercare services have been shown to decrease further suicide attempts by up to 20%.

Moreover, a high proportion of people engaging in suicidal behaviour often visit a GP in the preceding weeks and months. GPs are therefore an essential frontline workforce in the identification and management of individuals who may be at risk of suicide. This includes providing care to people who have been bereaved by suicide and are themselves two-five times more likely to die by suicide and be at risk of ongoing mental health concerns.

Key Facts

383 individuals died by suicide in WA in 2018

For every suicide there are approximately 25 suicide attempts, and more than 135 people who suffer intense grief or are otherwise affected

Suicide is the leading cause of death for people aged 15-44 years and accounts for one in three deaths among those in the 15 to 24-year age group

Over 40% of deaths by suicide in the 25-44-year age group involved drug and alcohol misuse disorders and acute intoxication

The suicide rate among Aboriginal people is 3x higher than non-Aboriginal people in WA

In seeking to meet this objective, areas for collaboration include:

- **Better equip GPs and other health professionals to support people at risk of suicide through the development of localised and culturally appropriate suicide prevention care pathways in HealthPathways.**
- **Establish collaborative partnerships to develop aftercare services that facilitate timely follow up of patients returning to primary care after a suicide attempt.**
- **Support interagency postvention responses for individuals, families, and communities who have lost someone to suicide.**
- **Empower local Aboriginal communities and ACCHOs to support the planning, funding, implementation, monitoring and evaluation of culturally-based suicide prevention activities as guided by the goals and actions of the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy and the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP).***

The following key policy documents have informed and align with this priority area:

National

- NHMRC Centre of Research Excellence in Suicide Prevention (2016). *An evidence-based systems approach to suicide prevention: guidance on planning, commissioning and monitoring.* Commonwealth of Australia, Canberra.
- Department of Health (2019). *PHN Primary Mental Health Care Flexible Funding Pool Implementation Guidance: Regional Approach to Suicide Prevention.* Canberra: Commonwealth of Australia.
- National Suicide Prevention Project Reference Group (2019). *National suicide prevention implementation strategy 2020-2025: Working together to save lives* (Consultation Draft). Department of Health, Canberra.
- Department of Health (2017). *The Fifth National Mental Health and Suicide Prevention Plan.* Canberra: Commonwealth of Australia.
- Dept of Health and Ageing (2013). *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*. Australian Government, Canberra.
- School of Indigenous Studies (2016). *Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report*. University of Western Australia, Crawley.
- The Centre of Best Practice in ATSI Suicide Prevention and Black Dog Institute (2018). *Indigenous governance for suicide prevention in Aboriginal and Torres Strait Islander communities.* University of Western Australia, Crawley.

State

- Mental Health Commission WA (2020). *Western Australian Suicide Prevention Framework 2021-2025.* Perth.
- Mental Health Commission WA (2015). *Better Choices, Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025.* Perth.
- Dept of the Premier and Cabinet (2019). *Statement of Intent on Aboriginal youth suicide.* Government of Western Australia, Perth.
- Youth Mental Health Sub Network (2019). *Informing youth suicide prevention for Western Australia.* Mental Health Network, Perth.
- Chief Psychiatrist of Western Australia (2015). *Chief Psychiatrist's Standards for Clinical Care.* Government of Western Australia, Perth.

Area Two: Care Coordination

Physical Health

Objective: Enhancing the quality of and equity of access to physical health care for those living with severe mental illness.

While Governments understandably allocate significant resources toward stemming the rise of suicide in Australia, there is a little mentioned killer that has a more destructive impact among those with mental illness, claiming 10 additional lives for every one lost to suicide. Eighty % of people living with a mental illness have a co-occurring physical disorder, yet they receive 50% less health care and die younger than those without a mental illness. This is despite the fact that many of the factors underpinning the poor physical health of people with mental illness are modifiable. For Aboriginal people living with mental illness the life expectancy gap is even larger.

In many cases physical and mental health are inextricably linked, as a lack of care of one can lead to serious problems with the other. Unfortunately, a holistic approach to health care is often absent for people living with mental illness. Diagnostic attention often places the focus of treatment on mental illness and psychological distress to the detriment of many co-occurring physical health risks. The symptoms of severe mental illness in particular tend to overshadow the assessment and treatment of accompanying risk factors such as smoking rates, alcohol and substance misuse, a diet low in fruit and vegetables, physical inactivity, abdominal obesity, and an array of other cardiometabolic issues. Both mental and physical factors need to be considered to improve and maintain an individual's wellbeing.

We know small behavioural changes can significantly increase a person's quality of life and longevity. Improving the overall wellbeing within this population group will require not only better access to services, but a unified approach between health and community service providers, patients, and their families and carers to work together to ensure that the physical health care of those experiencing severe mental illness is a prominent component of their overall care and treatment.

Key Facts

Compared to the general population, people with a severe mental illness are:

- Six times more likely to have a dental health issue.
- Six times more likely to die of cardiovascular disease.
- Four times more likely to die of respiratory disease.
- Two to four times more likely to die of infectious diseases.
- Likely to die 20 years earlier.

In seeking to meet this objective, areas for collaboration include:

- **Working together to reduce stigma and establish collaborative care mechanisms between specialist mental health services, general practice and community services – to support the early detection and treatment of physical illness, prevention of chronic disease and promotion of a healthy lifestyle in those experiencing severe mental illness.**
- **Ensure pathways for severe mental disorders include assessment, treatment, and referral advice concerning co-occurring physical illness, lifestyle factors (diet/exercise/smoking), alcohol and drug use, and associated medication effects in HealthPathways.**

The following key policy documents have informed and align with this priority area:

National

- Department of Health (2017). *The Fifth National Mental Health and Suicide Prevention Plan.* Canberra: Commonwealth of Australia.
- National Mental Health Commission (2016). *Equally Well Consensus Statement: Improving the physical health and wellbeing of people living with mental illness in Australia.* Sydney, NSW.
- Roberts R (2019). *The physical health of people living with mental illness: A narrative literature review.* Charles Sturt University, NSW.
- Galletly C et al (2016). *Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the management of schizophrenia and related disorders.* Aust N Z J Psychiatry; 50: 410-72.
- Mental Health Commission of NSW (2016). *Physical health and mental wellbeing: evidence guide.* State of New South Wales, Sydney.
- Department of Health (2019). *PHN Primary Mental Health Care Flexible Funding Pool Implementation Guidance: Primary Mental Health Care Services for People with Severe Mental Illness.* Canberra: Commonwealth of Australia.

State

- Chief Psychiatrist of Western Australia (2015). *Chief Psychiatrist's Standards for Clinical Care.* Government of Western Australia, Perth.
- Stanley S & Laugharne J (2010). *Clinical guidelines for the physical care of mental health consumers.* University of Western Australia, Crawley.
- Lawrence D et al (2013). *The gap in life expectancy from preventable physical illness in psychiatric patients in Western Australia: retrospective analysis of population based registers.* British Medical Journal; 346 (7909).

Area Two: Care Coordination

Psychosocial Support for People with Severe Mental Illness

Objective: To assist those experiencing severe mental illness to access a level of psychosocial support that empowers them to achieve an optimal state of personal, social and emotional well-being.

In Australia, nearly 700 000 people have a severe mental illness, and while for some their illness is of short duration, many require support beyond the direct clinical care they receive. Psychosocial Disability (PSD) is a term used to describe disabilities that may arise due to mental health issues.

In general terms, PSD refers to the social consequences of disability and the way that an individual's life is impacted due to mental illness. People affected by PSD may find it challenging to set goals and make plans, secure and maintain accommodation, and engage in education, training, employment, and other social and cultural activities.

Individuals with PSD often rely on a wide range of support services provided by government and nongovernment organisations, as well as family and social connections. In addition to playing a vital role in enabling those with severe mental illness to live well and recover in the community, psychosocial supports can enhance the effectiveness of clinical interventions and reduce demand for more expensive health care services.

The National Disability Insurance Scheme (NDIS) was developed to maximize the potential of people with a severe or profound disability to live a fulfilling and contributing life, and was designed for people who might otherwise miss out on these opportunities. Western Australia was initially rolled into the scheme on 1 July 2019. While some teething problems are to be expected in the roll out of such an ambitious national program, for some participants with PSD the NDIS experience has been less positive, resulting in additional trauma and distress and significant service gaps for those who do not qualify.

Part of this difficulty is that the disability associated with mental health conditions can have a more variable quality or be generally less predictable. It may mean that some people with prolonged, though not permanent disability, miss out on what would otherwise be a very beneficial scheme for them. The NDIS application process can also be time-consuming and especially daunting for people with PSD, and concerns over the costs and difficulties associated with applying have been raised, as high level specialist medical documentation in support of the application is required.

Key Facts

Australians living with severe mental illness and psychosocial disability are among the most disadvantaged people in our community

Under the National Mental Health Service Planning Framework approximately 684 000 people were estimated to require some type of psychosocial support in 2019

Around 64 000 are expected to access individualised supports under the NDIS, while 320 000 will require less intensive assistance often for short periods of time

27 974 people with a primary psychosocial disability received support under the NDIS in June 2019

The full NDIS roll out in Western Australia is from July 2023

At a national level, the psychosocial support sector has traditionally been characterised by ad hoc funding arrangements, lack of coordination and cooperation and has been difficult for consumers and carers to navigate. Transition of service provision to the NDIS has left significant service gaps for many of those people with PSD who do not qualify for the NDIS.

For all people with mental illness, social inclusion — the capacity to live contributing lives and participate as fully as possible in the community — is a necessary, but too often neglected, part of a recovery plan. Consumers who require psychosocial support should be able to obtain it without enduring a long and difficult application process, or having to navigate a disjointed mental health system. Given the current contribution of State and Australian Government funding into a range of community-based mental health support services, it will be important to carefully monitor the impact of WA's transition to the NDIS on individuals accessing existing programs.

In seeking to meet this objective, areas for collaboration include:

- **Using NDIS uptake data to determine if eligible individuals with PSD are gaining access to the scheme and develop strategies that improve the successful transition to the NDIS for people experiencing severe and complex mental illness.**
- **Methods to streamline access to psychosocial support for people with severe and complex mental illness who have PSD and do not qualify for the NDIS.**
- **Developing a regional approach to commissioning psychosocial support services that meet local needs and is done in collaboration with consumers, carers and other key stakeholders.**
- **Ways to improve coordination of care that links clinical services to non-clinical community-based psychosocial support services in order to promote greater holistic care.**

The following key policy documents have informed and align with this priority area:

National

- Council of Australian Governments (2011). *National Disability Strategy 2010-2020.* Commonwealth of Australia: Canberra.
- Department of Health (2019). *Header Agreement for the National Psychosocial Support measure.* Commonwealth of Australia: Canberra.
- Department of Health (2017). *The Fifth National Mental Health and Suicide Prevention Plan.* Commonwealth of Australia: Canberra.
- Mental Health Australia (2018). *National Disability Insurance Scheme: Psychosocial Disability Pathway.* Deakin, ACT.
- National Disability Insurance Agency (2019). *People with a psychosocial disability in the NDIS – 30 June 2019.* Canberra, ACT.
- Productivity Commission (2019). *Mental Health, Draft Report (12 – Psychosocial Support).* Canberra.

State

- Mental Health Commission WA (2015). *Better Choices, Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025.* Perth.

Area Three: System Integration

Regional Service Development

Objective: To support a systems approach to planning through the integration and coordination of commissioning and service delivery that improves access to care for people experiencing mental illness.

Many Australians living with mental illness and/or drug and alcohol issues struggle to access the treatment they need due to disconnected, complex and fragmented health and social care systems. Some have argued that a clear service model is lacking and that quality access to care can be a location-based lottery. Numerous reviews have made it clear that the current planning, implementation and service delivery models for mental health treatment in Australia do not adequately meet the breath of needs of individuals or communities. The ensuing magnitude of disparities found between and within regions puts mental health systems, and those working within them, under intense pressure. While there is no generally accepted 'ideal' system of care for mental health, what is generally acknowledged is that there should be a balance between the mix of services available from primary care to tertiary services.

The 2014 *National Review of Mental Health Programmes and Services* drew attention to the need for local planning of care for people with a lived experience of mental illness, and the relevance of a bottom-up approach to understanding services available locally in the development of national policy. In its response, the Australian Government prioritised integrated regional planning and service delivery, and the development of a stepped model of care – a model grounded on the availability to consumers of a mental health care system characterised by a broad range of different types of services at several levels of need. This was the catalyst for the focus on *Joint Regional Plans* within the *Fifth Plan*, committing all governments to work together to achieve integration in planning and service delivery at a regional level.

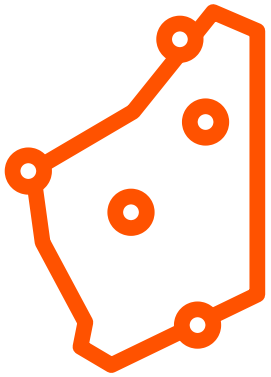
There are several resources available to assist policy makers and planners to achieve these goals. Numerous local, State and National datasets help to elucidate the populations and locations most in need of services. The National Mental Health Service Planning Framework (NMHSPF) has been designed to support evidence-informed planning and service development and provides guidance about the right mix and level of services and the workforce needed to deliver those services. The NMHSPF can be applied at a regional level to support joint planning and resource allocation in a nationally consistent way. Mapping and critically analysing the pattern and capacity of existing mental health care (and AOD services) within the care delivery system also enables comparison between areas,

Key Facts

Needs, environments and circumstances vary significantly between regions and indeed even within regions, especially regions as large as those in Country WA

The National Mental Health Services Planning Framework (NMHSPF) addresses a commitment under the Fourth National Mental Health Plan to *"develop a national service planning framework that establishes targets for the mix and level of the full range of mental health services, backed by innovative funding models."*

From May 2017, The University of Queensland began the process of training mental health planning staff from within Primary Health Networks and State and Territory jurisdictions to use the NMHSPF



highlighting variations, and detecting gaps in the system. Such holistic service maps allow policy planners and decision makers to build bridges between the different sectors, and to better allocate services.

People who access healthcare services need us, as healthcare leaders, funders and providers, to work together to ensure services are available, connected and well-integrated. No single organisation or branch of government can achieve mental health reform and system transformation on their own, and all stakeholders within the complex mental health and social care system have a role to play. It is only through working together that we will be able to address fragmentation of services and support mental health, AOD and suicide prevention reform priorities at a regional level to achieve more effective, person-centred care.

In seeking to meet this objective, areas for collaboration include:

- **Working towards data sharing and joint needs analyses in order to map localised services to identify duplication, inefficiency and gaps, and make the best use of all community-based assets to deliver care that meets local needs.**
- **Adding depth to service planning, design, utility and efficiency by developing a greater understanding of how people navigate the health system across the stepped model of care.**
- **Constructing enablers that are conducive to joint planning and co-commissioning activities across the stepped care spectrum and lifespan e.g. developing and implementing data sharing agreements, creating interagency working groups and ensuring they are operating effectively, and integrating relevant datasets.**

The following key policy documents have informed and align with this priority area:

International

- Health Foundation (2014). *Perspectives on Context. A selection of essays considering the role of context in successful quality improvement.* London.
- World Health Organization (2008). *mhGAP: Mental Health Gap Action Programme: scaling up care for mental, neurological and substance use disorders.* Geneva.

National

- Australian Government (2018). *Joint Regional Planning for Integrated Mental Health and Suicide Prevention Services. A Guide for Local Health Networks (LHNs) and Primary Health Networks (PHNs).* Canberra.
- Department of Health (2019). *PHN Primary Mental Health Care Flexible Funding Pool Implementation Guidance: Regional Approach to Suicide Prevention.* Canberra: Commonwealth of Australia.
- Department of Health (2017). *The Fifth National Mental Health and Suicide Prevention Plan.* Canberra: Commonwealth of Australia.
- Department of Health (2015). *Australian government response to contributing lives, thriving communities - Review of mental health programmes and services.* Canberra: Australian Government.
- National Mental Health Commission (2014). *The National Review of Mental Health Programmes and Services.* Sydney: NMHC.

State

- Mental Health Commission WA (2015). *Better Choices, Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025.* Perth.

Area Three: System Integration

Service Navigation

Objective: To work towards a more integrated mental health and AOD service system that is easier for consumers, carers and clinicians to navigate.

The *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025* notes that it is essential for services to work together across sectors in an integrated way, to ensure that people do not fall through the gaps across the service continuum and that they receive the appropriate level of care and support to meet their needs. Despite these intentions, consumers, carers and indeed clinicians have expressed frustration within several forums in navigating the mental health system.

Within WA, those attending the National Mental Health Commission's *Making Connections with your Mental Health and Wellbeing* 2019 town hall meetings, reported that they often did not know where to go for help and faced push back for apparently being '*not sick enough*' for some services, while being '*too sick*' for others. Similar sentiments were echoed in submissions to the *Sustainable Health Review* and those attending the 2019 WA *Mental Health Network Open Day* workshop – with experiences of a fragmented and siloed system that resulted in poor continuity of care and gaps in transitions between services. While we know consumers can benefit from treatment, a lack of integration and agreement on care pathways and service entry thresholds creates frustration and leads to poor outcomes and a loss of faith in the treatment system.

Health professionals in frontline services like primary care, general practice or emergency departments are often a first point of contact for the community seeking assistance for mental health concerns. Providing these clinicians with timely advice and easily accessible information on how to navigate the system, particularly in times of crisis, is considered a priority action. *HealthPathways WA* provides an example of what is possible when the primary and secondary health sectors work together.

HealthPathways WA helps clinicians easily navigate their patients through the complex primary, community and acute healthcare system. Administered by the WA Primary Health Alliance, and co-governed with the WA Department of Health, the HealthPathways WA website contains over 500 localised clinical pathways, which provide clear and concise guidance for assessing, managing and referring patients across Western Australia. With more than 8000 users each year, the program is designed to be used at the point of care primarily by GPs, but is also utilised by hospital specialists, nurses, and other health professionals. Developed through collaborative working groups of specialists, GPs and key

Key Facts

62,006 individuals received care from a specialised inpatient and/or community mental health service(s) in WA in 2018

WA had the lowest State based rate (per 1,000 state specific population) of Medicare-subsidised mental health specific services in 2018-19

According to the 2017 Integrated Atlas of Western Australia, there were a total of 213 teams identified as delivering mental health care across Country WA and 429 teams in metropolitan Perth

As of August 2020, there were 70 active mental health and AOD related clinical pathways on the *HealthPathways WA* website

stakeholders to identify localised issues affecting patient care for specific health issues, this initiative is helping individuals to receive the right treatment in the right place at the right time.

Mental health and AOD consumers and carers should not have to worry about who funds and owns the various services they need, nor should they have to tell their story to a variety of different providers. A well-functioning mental health and AOD system should cohesively deliver care that is targeted, seamless and joined-up regardless of how the individual first enters the system, or as their requirements change over time. Our primary metric for determining quality of care should capture the needs of those seeking our services and reflect their relief of suffering, reduction of disability, and maintenance of health.

In seeking to meet this objective, areas for collaboration include:

- **Identifying and harnessing opportunities for digital mental health to improve service integration, and connect consumers to the support they need.**
- **Promoting the development of region-wide multi-agency agreements, shared care pathways, triage and information-sharing protocols to improve continuity of care and assist consumers and carers to navigate their local system.**
- **Continuing to develop and maintain mental health and addiction pathways within HealthPathways WA.**
- **Promoting partnerships between NGO youth services (eg, headspace) and CAMHS to ensure seamless collaborative care and referral pathways for young people with or at risk of mental illness.**

The following key policy documents have informed and align with this priority area:

National

- Bywood, Brown & Raven (2015). *Improving the integration of mental health services in primary health care at the macro level.* Adelaide: Primary Health Care Research and Information Service.
- Consumers Health Forum et al (2018). *Snakes & Ladders: The Journey to Primary Care Integration.* Deakin, ACT.
- Department of Health (2017). *The Fifth National Mental Health and Suicide Prevention Plan.* Canberra: Commonwealth of Australia.
- Productivity Commission (2019). *Mental Health, Draft Report (Volume 1).* Canberra.
- Senate Standing Committees on Community Affairs (2018). *Accessibility and quality of mental health services in rural and remote Australia.* Canberra: Commonwealth of Australia.

State

- Department of Health, Western Australia (2019). *Sustainable Health Review: Final Report to the Western Australian Government.* Perth.
- Mental Health Commission WA (2015). *Better Choices, Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025.* Perth.
- Mental Health Commission & Department of Health – Office of Mental Health (2016). *Final Report on Progress of Implementing Stokes Review Recommendations.* Government of Western Australia, Perth.
- Mental Health Network (2019). *Mental Health Network Open Day – Summarised Workshop Report.* Mental Health Commission, Perth.
- 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.* Government of Western Australia, Dept of Health and Mental Health Commission, Perth.

Area Three: System Integration

Lived Experience Co-Design

Objective: To develop a mental health service system that is designed around and responsive to the diverse needs and views of the communities requiring services and supports.

Consumers and carers are directly impacted by the quality and effectiveness of their health care, putting them in a unique position to identify and lead the changes the system needs to make in order to better serve individuals, families, and communities. Their *lived experiences* of these systems have provided them with fundamental knowledge of what works, what doesn't and why, and positions them as primary stakeholders in mental health, AoD and suicide prevention reforms. Despite this experiential intelligence, consumers and carers have expressed their ongoing frustration with the limited opportunities that they have been given to authentically contribute to the design of services that should be serving their needs.

The 5th *Plan* recognises the role of consumers and carers in overseeing improvements in mental health care, giving them a central role in the way services are planned, delivered and evaluated. It commits Federal and State Governments to the principle articulated in the 2008 *National Mental Health Policy* that acknowledges that consumers and carers have vital contributions to make and should be partners in planning and decision making i.e. ***'Nothing about us, without us.'***

Collaboration built on trusted and valued partnerships with consumers, carers, and communities can create a system of care that responds to the needs and preferences of people, rather than requiring people to organise themselves to fit the needs of the system. Empowering consumers and carers to lead change will shift our focus from what will be different about the system to what will be different for people.

Drawing on the results of previous submissions by consumers and carers can help to inform the early stages of planning, monitoring and evaluation, and lessen undue consultation fatigue. When transitioning to the co-design phase there are several resources available to assist with this process. The IAP2 Spectrum of Public Participation provides a useful participation framework which shows the increasing public impact achieved over the spectrum from informing through to empowering. Mental Health Australia sets out the responsibilities for participants in its *Co-Design in Mental Health Policy*, while the National Mental Health Consumer & Carer Forum has produced an *Advocacy Brief on Co-design and Co-production* that set out a number of principles that need to be applied for co-design and/or co-production to be successful. At

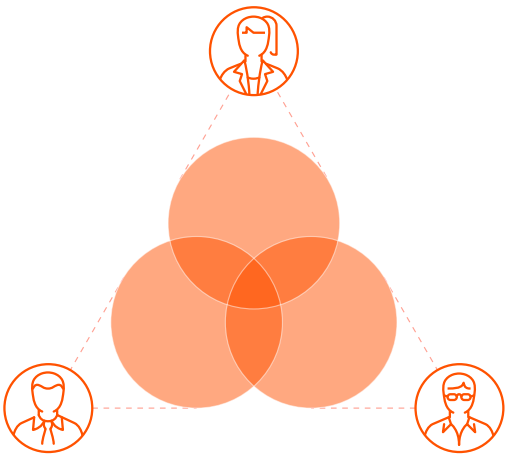
Key Facts

62,006 individuals received care from a specialised inpatient and/or community mental health service(s) in WA in 2018.

WA had the lowest State-based rate (per 1,000 state specific population) of Medicare-subsidised mental health-specific services in 2018-19.

According to the 2017 Integrated Atlas of Western Australia, there were a total of 213 teams identified as delivering mental health care across Country WA and 429 teams in metropolitan Perth.

As of August 2020, there were 70 active mental health and AOD-related clinical pathways on the *HealthPathways WA* website.



a State level, the Mental Health Commission's *Working Together: Mental Health and Alcohol and Other Drug Engagement Framework 2018-2025*, aims to assist organisations and the community to effectively engage and work together to achieve better outcomes for people whose lives are affected by mental health issues and/or alcohol and other drug use.

Faithfully adhering and implementing these principles will provide the communities we serve with an active voice in the planning, delivery and evaluation of services, and naturally shift the discourse form *doing for* to *doing with.*

In seeking to meet this objective, areas for collaboration include:

- **Upholding the principle articulated in the National Mental Health Policy that acknowledges that people with a lived experience of mental health issues, and their carers, have vital contributions to make and are key partners in planning and decision making.**
- **Ensuring the implementation of activities across each priority area empowers consumers and carers to drive change that responds to their needs and preferences.**
- **Developing a central, readily accessible point for people with a lived experience to find out about, and get involved in collaboration and co-design opportunities.**
- **Actively recruiting a diverse group of people with a lived experience to participate in planning, commissioning, delivery and evaluation of services, including Aboriginal people, young people, older people, LGBTIQ+ people, culturally and linguistically diverse people and people experiencing problems related to the use of alcohol and other drugs.**

The following key policy documents have informed and align with this priority area:

National

- Australian Government (2018). *Joint Regional Planning for Integrated Mental Health and Suicide Prevention Services. A Guide for Local Health Networks (LHNs) and Primary Health Networks (PHNs).* Canberra.
- Australian Health Ministers (2009). *National Mental Health Policy 2008.* Commonwealth of Australia; Barton, ACT.
- Department of Health (2017). *The Fifth National Mental Health and Suicide Prevention Plan.* Canberra: Commonwealth of Australia.
- Mental Health Australia (2017). Co-design in mental health policy. Deakin, ACT.
- National Mental Health Consumer and Carer Forum (2017). *Advocacy Brief: Co-Design and Co-Production.* NMHCCF; Deakin, ACT.
- Productivity Commission (2019). *Mental Health, Draft Report (Volume 1).* Canberra.

State

- Department of Health, Western Australia (2019). *Sustainable Health Review: Final Report to the Western Australian Government.* Perth.
- Mental Health Commission WA (2018). *Working Together - Mental Health and Alcohol and Other Drug Engagement Framework 2018-2025.* Government of Western Australia, Perth.

Moving towards implementation

Many plans and strategies are developed with well intentioned objectives, but fail to translate into tangible actions during the implementation phase. We recognise that the Joint Regional Plan initiative is a single element within an ever changing policy and service delivery environment that can impact each stakeholder to varying degrees. Even if budgets allowed it, attempting to undertake everything in the first year or two would almost certainly result in change overload and lead to the plan failing to achieve its intended purpose.

To minimise this risk, we see implementation as a gradual and iterative process, involving:

- Setting the governance structure needed to support implementation and monitor progress;
- sharing information and data to inform sub-regional planning across the priority areas;
- undertaking collaborative sub-regional mental health, AOD and suicide prevention needs assessments and mapping to identify current service gaps and duplication, and make better use of existing resources;
- identifying opportunities for coordinated service delivery and shared service pathways;
- exploring innovative funding models through the course of the implementation phase.

Such an iterative process will ensure that:

- HSPs and PHNs are working within the service agreements and funding protocols that apply to their specific programs and services;
- Stakeholders are addressing needs that cannot be met through current models of service delivery; and
- Specific local issues that consumers, carers and clinicians are experiencing in relation to a lack of integrated/coordinated care will be the focus of implementation initiatives.

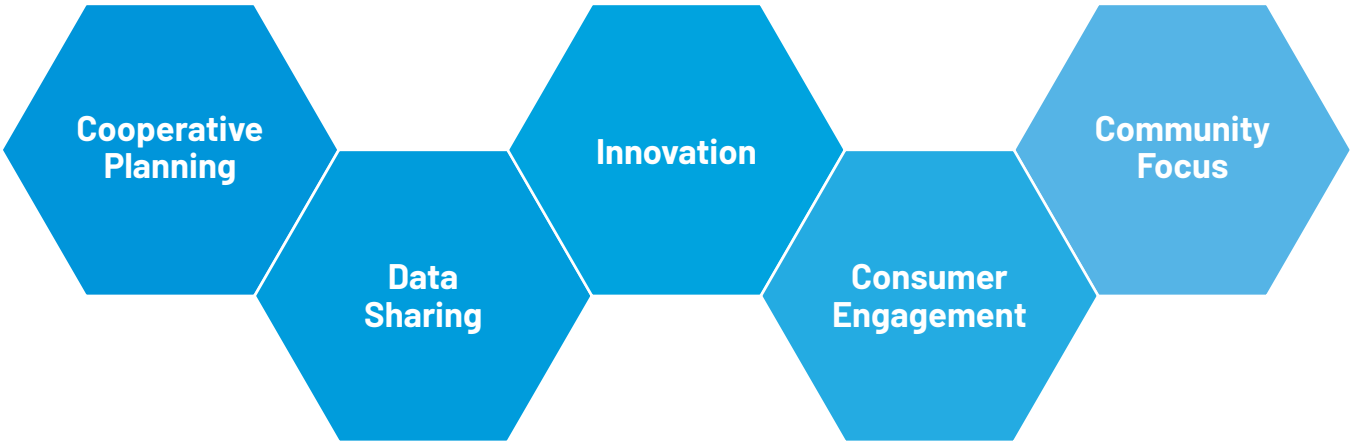
This approach to implementation will build a solid foundation at both an organisational level, and importantly at a local level, to support more integrated and collaborative actions across the spectrum of care for people experiencing or at risk of mental illness and/or problematic AOD use.

A robust governance structure

In the interest of efficiency and spirit of the Joint Regional Plans (*JRP*), the implementation phase has sought to avoid duplication where existing governance structures exist. WAPHA currently has two such structures in place that align with the goals of the *JRP* – the *HSP-WAPHA Partnership Protocol* and the *WAPHA-MHC Memorandum of Understanding (MoU).*

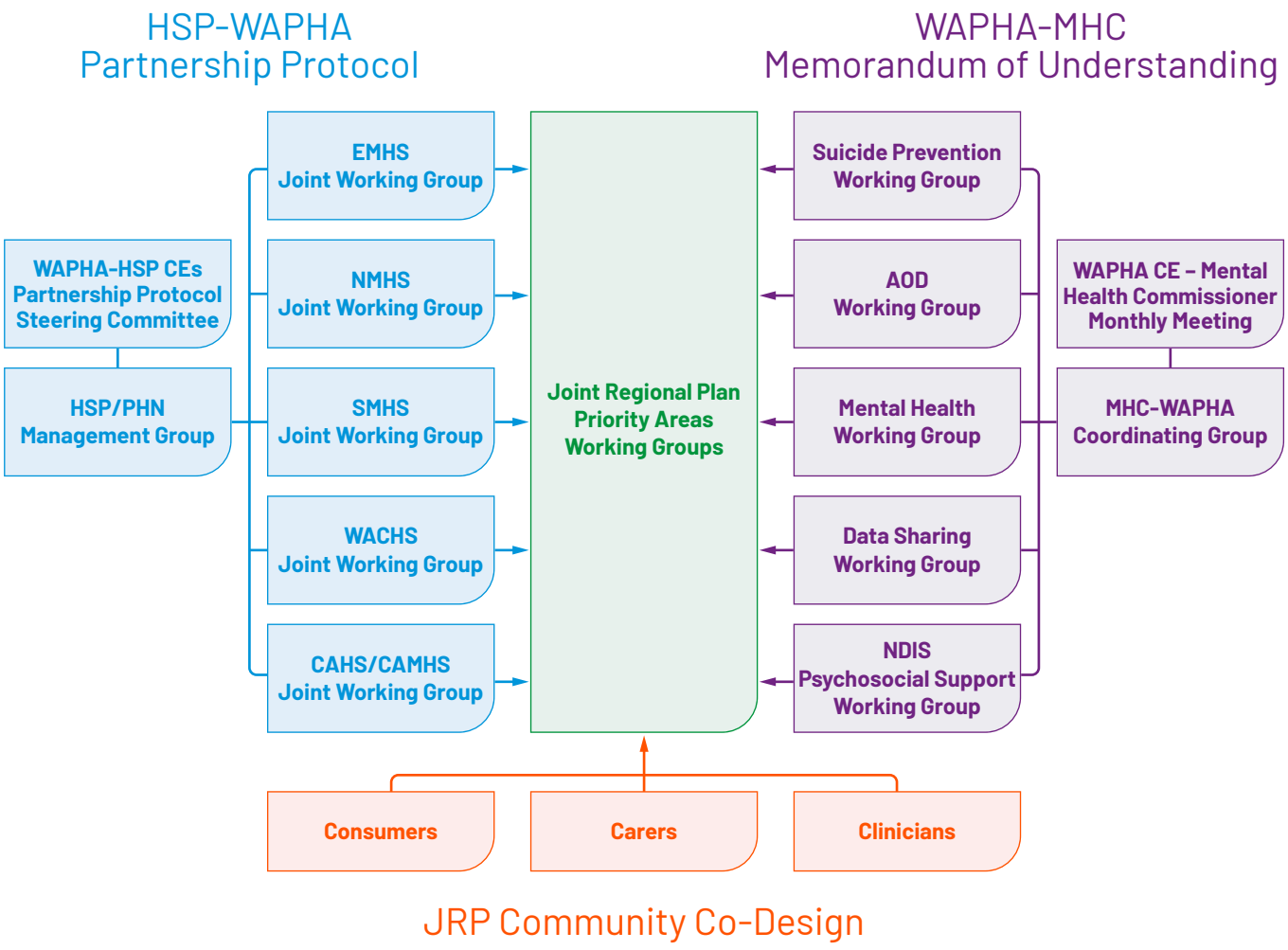
The overarching intent of the *Protocol* is for the Parties to adopt a shared and coordinated approach in seeking to address the health needs of the local population in the most effective and efficient manner possible; while the guiding principle of the *MoU* is an agreement to work together, where appropriate, to improve integrated service delivery through planned and coordinated commissioning, structured system change and a commitment to better health outcomes for Western Australians.

Several core components related to the *JRP* are found within the *Protocol* and the *MoU*:



Both the *Protocol* and the *MoU* have a governance structure that has organisational-level Chief Executive oversight, receiving direct reports from a management/coordinating group comprised of nominated Directors and Regional/Departmental Managers, responsible for monitoring, reporting and allocating members to local/targeted working groups, whose task it is to support the implementation of specific projects (see diagram on page 36).

Proposed JRP Governance Structure



Monitoring and Evaluation

The key to successfully implementing the *Foundational Plan* and effecting change at the subregional level, will be the allocation of appropriate participants to the *Priority Area Working Groups* and their ability to operate cooperatively and within scope of the *JRP*. At the Chief Executive level, this will require an ongoing commitment to the *JRP*, including regular progress updates from the Management/Coordinating Groups within the governance structure.

The Management/Coordinating Groups ought to be responsible for:

- Identifying and allocating organisational participants with the requisite skills required to contribute to the Working Groups.
- Ensuring the pro-active inclusion of consumer, carer and clinician engagement in the activities of subregional Working Groups.
- Monitoring the progress of the Working Groups against the *Foundational Plan*'s 7 priority areas and adherence to the associated activities for collaboration.
- Addressing any significant barriers to implementation.
- Reporting on the progress of the Working Groups.

Priority Area Working Groups should be established to support specific projects and/or actions as required across the life of the *JRP*. It is hoped that an organic process to implementation develops across subregional Working Groups, as their activity is informed by localised needs assessments and service mapping.

In the interest of transparency, internal and external progress reports should highlight progress within *Working Groups* and service system enhancements. An annual *Year In Review* report could feature a collation of achievements across the *JRP* initiative, showcasing activities accomplished and outstanding contributions, progress to date and upcoming areas of focus, and community case reports from consumers, carers and clinicians highlighting improvements within their local healthcare system.

The *JRP* should not be considered a static document, as there will no doubt be national and state-based policy changes and influences on the healthcare system over the course of the implementation phase. Utilising the existing governance structures, while monitoring for changes to the healthcare landscape, will enable us to update and refresh the *JRP* to ensure our collaborative work stays relevant.

Putting people at the centre of care and ensuring they have fair access to services where and when they need it, is at the heart of the WA *Sustainable Health Review*, with the Final Report noting the WA health system extends beyond hospitals and is interdependent with primary care services. The *Foundational Plan* is the first iteration in our collaborative approach to meet these aspirations, as it relates to mental health care, AOD services and suicide prevention in Western Australia.

JRP Milestones

Foundational Plan

2020

- Stakeholder engagement
- Define scope
- Set governance structure and principles

Regional Service Plans

2021

- Data sharing and joint needs analyses
- Determine subregional focus
- Community engagement (consumers, carers, clinicians)

Priority Area Implementation

2022–23

- Interagency working groups
- Integrated service development
- Collaborative commissioning

Review

2024–25

- Performance governance
- Monitoring and evaluation
- Application of shared learning

Acknowledgement

WA Primary Health Alliance acknowledges and pays respect to the Traditional Owners and Elders of this country and recognises the significant importance of their cultural heritage, values and beliefs and how these contribute to the positive health and wellbeing of the whole community.

Disclaimer

info@wapha.org.au
1300 855 702
/waphaphns
/WAPHA_PHNs
/company/wapha

WA Primary Health Alliance
Better health, together

phn
PERTH NORTH, PERTH SOUTH, COUNTRY WA
An Australian Government initiative

Government of **Western Australia**
North Metropolitan Health Service

Government of **Western Australia**
WA Country Health Service

Government of **Western Australia**
East Metropolitan Health Service

Government of **Western Australia**
South Metropolitan Health Service

Government of **Western Australia**
Child and Adolescent Health Service

Government of **Western Australia**
Mental Health Commission