



Mental Health and Alcohol & Other Drug services			
South West Substance Service	Target Groups:	Provides a drug and alcohol treatment and relapse prevention	
South West Aboriginal Medical Service	- People with co-occurring conditions	service via individual and group counselling to people who are	
	(e.g. Mental health, physical health,	12 years old and over with substance use issues, including	
Unit 5, 55 Forrest Avenue, Bunbury	chronic pain)	support to family members. Can also provide prevention	
T: 9726 6000	- Aboriginal people	activities for people under 12 years.	
E: mentalhealth@swams.com.au			
	Must be	Service is provided by qualified AOD counsellors and/ or	
Service delivery area:	a) Engaged with or seeking care via a GP;	mental health workers.	
Greater Bunbury	and		
	b) at risk of, or experiencing harm from		
	AOD use; OR		
	c) a family member or significant others		
	affected by someone else's AOD use.		
South West Aboriginal Mental Health	No age limit. Aboriginal or Torres Strait	The South West Aboriginal Suicide Prevention Service is an	
Suicide Prevention Service	Islander and a client of SWAMS who is:	evidence-based, holistic, culturally appropriate and safe,	
South West Aboriginal Medical Service		suicide prevention treatment service for Aboriginal and Torres	
	a) at risk of suicide or has been identified	Strait Islander people at risk of suicide in the South West	
Unit 5, 55 Forrest Avenue, Bunbury	as someone who has had a recent	Region.	
T: 9726 6000	suicide attempt or self harm;		
E: mentalhealth@swams.com.au	b) or a family and community member	The service is provided by suitably skilled staff via face-to-face,	
	supporting a person at risk of suicide,	telephone and virtual modalities.	
Service delivery area:	or who has recently attempted suicide;		
Bunbury, Busselton, Collie	and may or may not have co-occurring		
	mental health and/or alcohol and		
	other drug issues.		





headspace: (Bunbury Centre, Busselton	Young people aged 12-25 years who are	Ensuring young people (12–25-year-olds) can access expert
Satellite and Margaret River Satellite)		health workers in a safe, confidential and youth-friendly
Relationships Australia WA Inc	a) at risk of developing mental health,	environment. headspace can help young people with mental
	physical health, and/or drug and	health, physical health (including sexual health), alcohol and
Bunbury – 8 Spencer St Bunbury	alcohol problems; or	other drug services, and work and study support.
P: 6164 0680	b) b) showing early signs of mental	
Busselton – 7 Harris Rd Busselton	health, physical health, and/or drug	Satellite services are now available in Busselton and Margaret
P: 6164 0680	and alcohol problems.	River.
Margaret River – 36 Station St Margaret		
River		
P: 6164 0680		
Service delivery area:		
Bunbury, Busselton & Margaret River		
Integrated Primary Mental Health Care	People aged 16 and over with, or at risk of,	Support for individuals with mild to moderate mental health
GP down south	mental health conditions who	concerns including low intensity evidence-based interventions
	Hold a current health care/ pension	(aged 18+ years) and psychological therapies (aged 16+ years)
P: 1300 680 431	card or are experiencing financial	via face-to-face and telehealth sessions. Clinical Mental Health
E: <u>swprograms@gpdownsouth.com.au</u>	hardship	Care Coordination can also be provided to support GPs in the
	Are not currently in mental health	management of individuals with severe mental health
Service delivery area:	crisis and do not	conditions within primary care.
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Mental Health and Alcohol & Other Drug (AOD) Service South West Aboriginal Medical Service P: 9726 6000	No age limit. For Aboriginal and Torres Strait Islander people who are a) at risk of or experiencing mental health issues; and/or b) (b) be experiencing AOD issues.	The Integrated Aboriginal Mental Health and Alcohol and Other Drug (AOD) program provides a coordinated system of evidence-based, culturally appropriate and safe mental health and AOD care to address the needs of Aboriginal people in the Southwest of WA. The service links in with General
E: mentalhealth@swams.com.au	b) (b) be experiencing /(b) issues.	Practitioners, specialist drug and alcohol and mental health services, suicide prevention, social and emotional wellbeing
Service delivery area:		services and mainstream services.
Bunbury, Busselton, Collie		
Mental Health - Youth Severe WA Country Health Service – South West	Young people aged 16-24 years with, or at risk of severe mental illness in the lower South West.	Health professionals or allied health professions/ multidisciplinary teams provide recovery-focused mental health support and treatment face-to-face and via telephone
Busselton Health Campus, Mill Road,		for 16 – 24 your olds experiencing moderate to severe mental
Busselton		health issues.
P: 9753 6500		
Service delivery area:		
Lower South West - Augusta,		
Busselton, Dunsborough, Margaret River		







Mental Health and Alcohol & Other	The person must be:	Provides brief intervention and support to people in the
Drug (AOD) Co-occurring Model of	(a) at risk of or experiencing harm from	Warren Blackwood region who are experiencing co-occurring
Care	AOD use; or	mental health and low to moderate alcohol and other drug
South West Community Alcohol and Drug Service, St John of God Social Outreach	(b) a family member and/or significant others affected by someone else's AOD	use issues.
P: 9729 6700.	use.	
E: admin.swcads@sjog.org.au		
Service delivery area:		
Warren Blackwood Region (Shires of		
Bridgetown- Greenbushes, Manjimup,		
Boyup Brook and Nannup)		
Connections Count (Psychological	Resident of Aged Care Facility (RACF) with	Psychological therapy and counselling services for residents of
Therapy Services into RACFs)	a diagnosed mild to moderate mental	aged care facilities with mild to moderate mental illness,
Amity Health	illness (excluding dementia and severe,	delivered by a qualified mental health clinician face-to-face or
	persistent and complex mental illness)	by telehealth.
P: (08) 9842 2797	GP or RACF clinician referral required.	
E: query@amityhealth.com.au		
Service delivery area:		
South West Region		





Mental Health Primary Care	The person must be a client of Duchess	A Mental Health Care Coordinator works with to provide
Coordination	Medical Practice	coordinated clinical care for people with complex mental
Duchess Medical Practice	(a) Experiencing mental illness significantly	illness. This care will be delivered in line with a GP Mental
	impacting their social, personal and work life;	Health Treatment Plan or equivalent (Plan), developed by
69 Duchess St Busselton	(b) Previously hospitalised at least once for	the GP or psychiatrist.
P: 08 9752 4122	treatment of their mental disorder, or they are	
	at risk of needing hospitalisation in the future if	
Service delivery area:	appropriate treatment and care is not	
Busselton	provided;	
	(c) Expected to need ongoing treatment and	
	management of their mental disorder over the	
	next 2 years; and	
	(d) Given permission to receive treatment from	
	a Coordinator.	
Psychosocial Support Program	(a) Have a severe mental illness;	A peer support program that provides non-clinical
Chorus	(b) Have a reduced psychosocial functional	supports using a recovery and strengths-based
	capacity as a result;	framework. Services focus on building capacity,
P: 1800 264 268	(c) Not been a client of PIR, PHaMS or D2DL as	connections and links to clinical services to support a
	at 30 June 2019;	team approach to meet client needs and form part of a
Service delivery area:	(d) Not more appropriately supported through	multiagency care plan.
Bunbury, Busselton, Capel, Donnybrook &	NDIS;	
Harvey	(e) Aged 18 – 65 years;	
	(f) Resides in service area;	
	(g) Not be restricted in their ability to fully and	
	actively participate in the community	
	because of their residential settings (e.g.	
	psychiatric facility).	







Psychosocial Support Program	Psycho	social	Support	Program
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Forrest Personnel

P: 1800 224 548

Service delivery area:

Greater Bunbury, Augusta – Margaret River, Bridgetown, Collie & Dunsborough

- (a) Have a severe mental illness;
- (b) Have a reduced psychosocial functional capacity as a result;
- (c) Not been a client of PIR, PHaMS or D2DL as at 30 June 2019;
- (d) Not more appropriately supported through NDIS:
- (e) Aged 18 65 years;
- (f) Resides in Busselton area;
- (g) Not be restricted in their ability to fully and actively participate in the community because of their residential settings (e.g. psychiatric facility).

A peer support program that provides non-clinical supports using a recovery and strengths-based framework. Services focus on building capacity, connections and links to clinical services to support a team approach to meet client needs and form part of a multiagency care plan.

Mental Health and Alcohol & Other Drug services – Telehealth

Mindspot GP

Access Macquarie

P: 1800 614 434

Service delivery area:

State Wide

- (a) WA residents aged 16 years+
- (b) Mild-moderate anxiety, depression and substance use concerns

GP referral form

Free, evidence-based assessment and treatment available online and by telephone to residents of WA aged 16+ to help manage mild-moderate anxiety, depression and substance concerns. Once successfully referred by GP/other service, patients can access online features 24/7, with registered mental health professionals support available 9am – 5pm weekdays.

The MindSpot Clinic does not provide an emergency or instant response service.





Head to Health Assessment	and
Referral Phone Service	

Amplar Health

Monday – Friday 8:30am -5:00pm

P: 1800 595 212

Service delivery area:

South West Region

All ages – for mental health assessment & referral

Self-referral or clinician referral

The Head to Health Assessment and Referral Phone Service provides state-wide access to telephone-based assessment and referral to match people to services to meet their mental health needs. The service undertakes a standardised assessment to identify an individual's required level of care and facilitates referral to an appropriate community-based and/or digital mental health service.

Chronic Disease Services

Integrated Team Care

South West Aboriginal Medical Service

51-55 Forrest Ave Bunbury P: 9726 6000

1 Pratt Road, Eaton P: 1800 779 000

72 Steere St North, Collie P: 97863003

19 Brockman St, Manjimup P: 1800 779 000

Busselton Outreach Clinic, 88 Duchess St

Busselton P: 9726 6080

E: ITC@swams.com.au

Service delivery area:

South West Region

Aboriginal and Torres Strait Islander people aged 18 years and over who:

(a) is enrolled for chronic condition management in a general practice or an ACCHS

(b) have a GP Management Plan (within 3 months of referral) and

(c) be referred by their GP

(d) Require care coordination support to manage their chronic condition associated healthcare needs and

improve capacity for ongoing selfmanagement. Assists Aboriginal and Torres Strait Islander people to obtain primary health care as required. Provides care coordination services to eligible Aboriginal and Torres Strait Islander people with chronic disease/s who require coordinated, multidisciplinary care, and improve access to culturally appropriate mainstream primary care.





Integrated Chronic Disease Care

GP Down South

P: 1300 680 431

E: swprograms@gpdownsouth.com.au

Service delivery area:

Augusta, Margaret River, Nannup, Bridgetown, Boyup Brook, Bunbury, Busselton, Manjimup, Pemberton, Collie, Harvey. (a) aged 16 years or over

heart failure (CHF)

- (b) Referred to the Service by a General Practitioner, Nurse Practitioner or Remote Area Nurse, with provision of a GP Management Plan for their chronic condition prior to enrolment in the service (c) Diagnosis of at least one of the below
- priority chronic conditions:
 (i) Cardiovascular condition such as chronic
- (ii) Respiratory condition such as Chronic Obstructive Pulmonary Disease (COPD)
- (iii) Diabetes (Type I diabetes; or Type II diabetes; or Latent Autoimmune Diabetes in Adults ([LADA];
- or Maturity Onset Diabetes of the Young [MODY])
- (iv) Morbid Obesity (BMI 40+)
- (d) Require care coordination support to manage their chronic condition associated healthcare needs and improve capacity for ongoing selfmanagement.

Care Coordination and Diabetes Education services for socio-economically disadvantaged people 16 years+ with diabetes, chronic respiratory or chronic cardiac conditions, or morbid obesity. Aims to improve self-management and health outcomes via client driven assessment, goal setting, health education, skill development, linkage with community supports. Provided by health professionals in the home or clinic setting.





Chronic Disease Services – Telehealth		
Diabetes Telehealth	Diagnosed with Type 1 or Type 2 Diabetes	A free telehealth service for people living in regional WA
Diabetes Association of Western Australia	Aged over 16 years	with diabetes. The service provides clinical education and
	Living in regional WA.	support via videoconference with a credentialed diabetes
Appointments available office hours,	No wrong door for referrals.	educator.
Monday to Friday; after-hours offered.		
P: 1300 001 880		
Service delivery area:		
Regional WA		
Diabetes Connect	GPs, GP registrars (including at Aboriginal	A free telephone support service (also provides virtual
Diabetes WA	Community Controlled Health Services) in Regional WA.	multidisciplinary case conferencing opportunities) for GPs in regional WA to access specialist advice across all
Monday to Friday, 8:30am to 4:30pm	regional W.	diabetes types, including diabetes in pregnancy. The
(excluding Public Holidays) with		Diabetes Connect team includes a Consultant
Endocrinologist available for 4 x 4-hours		Endocrinologist, Credentialled Diabetes Educators and an
sessions per week.		Aboriginal Health Practitioner.
P: TBA		
E: TBA		
W: TBA		
Service delivery area:		
Regional WA		





Asthma & Chronic Obstructive Pulmonary Disease Telehealth Service Respiratory Care WA P: 08 9289 3600 E: (will change) telehealth@asthmawa.org.au	 (a) All ages (b) Self-referral okay (c) Must be living in regional WA (d) Must be diagnosed with, or at risk of developing asthma or Chronic Obstructive Pulmonary Disease (COPD) (e) Must be an Australian resident 	A free telehealth service for people living in regional WA with asthma or Chronic Obstructive Pulmonary Disease (COPD), providing clinical support and education for both patients and health professionals. People diagnosed with Asthma or COPD can refer themselves for free telehealth sessions with a respiratory health nurse or educator for support to manage their condition.
Service delivery area:	OR	
Regional WA	A health professional who provides service in regional WA	
Health Navigator	(a) Adults aged 18+ years	The Health Navigator service supports development of
Silver Chain	(b) Living in South West, Great Southern or Wheatbelt Region of WA	self-management skills of people living with chronic conditions. It is a telehealth service which utilises the
P: 1300 650 803	(c) Diagnosed, or at risk of, chronic disease	evidence-based Flinders Chronic Condition self-
E: healthnavigator@silverchain.org.au	and requires additional support.	management support program and offers individualised goal setting, phone coaching and health system
Service delivery area:		navigation.
South West, Great Southern and Wheatbelt		Health Navigator aims to work in partnership with other
Regions of WA		health care providers including GP's, allied health and community services to address individual needs while reducing duplication and enabling timely access to required services.







	Aged care services	
care finder Program	65 years or older (50+ for Aboriginal or Torres	The care finder service supports senior Australians who
Advocare Inc.	Strait Islander)	require specialist and intensive assistance to understand
	<u>OR</u>	and access aged care services and connect with other
E: carefinders@advocare.org.au	50 years or older (45 or older for Aboriginal or	relevant supports in the community.
P: 1800 655 566	Torres Strait Islander) on a low income and	
	homeless or at risk of being homeless.	
Service delivery area:	AND	
South West Region	(a) Are eligible for aged care services;	
	(b) Have one or more reasons for requiring	
	intensive support to access aged care	
	and community supports; and	
	(c) Do not otherwise have support (e.g.	
	family or friends) to do this.	
	Medicare GP Urgent Care Centr	e
Medicare GP Urgent Care Clinic	All ages. Self-referral walk-ins. Medicare Urgent	Urgent care provided at a general practice when medical
Bunbury	Care Centres provide acute episodic care and	attention is required for an illness or injury that <i>can</i> be
The Health Hub at Eaton Fair	treatment that does not require a hospital	managed without a trip to the emergency department
	admission. This may include:	but cannot wait for a regular appointment with a general
The Health Hub at Eaton Fair	Minor infections, minor fractures, sprains,	practitioner (GP).
Shop 82 Eaton Fair Shopping Centre,	sports injuries and neck and back pai, urinary	Free bulk-billing Medicare service.
2 Recreation Dr, Eaton WA	tract infections (UTIs), sexually transmitted	Open 7 days a week, 7am to 8pm, 365 days a year.
P: 08 9785 6009	infections (STIs), minor cuts, insect bites and	Public holiday hours 8am - 6pm
	rashes, minor eye and ear problems,	, i
Service delivery area:	respiratory illness, gastroenteritis, mild burns	
Bunbury and surrounds		
	More information <u>here</u> .	





Service Name	Eligibility criteria	Service description
Provider		
Contact information		
Service delivery area:		
Area		