

Funded services in the South West region



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



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headspace: (Bunbury Centre, Busselton Satellite and Margaret River Satellite) <i>Relationships Australia WA Inc</i> Bunbury – 8 Spencer St Bunbury P: 6164 0680 Busselton – 7 Harris Rd Busselton P: 6164 0680 Margaret River – 36 Station St Margaret River P: 6164 0680 Service delivery area: Bunbury, Busselton & Margaret River	Young people aged 12-25 years who are a) at risk of developing mental health, physical health, and/or drug and alcohol problems; or b) showing early signs of mental health, physical health, and/or drug and alcohol problems.	Ensuring young people (12–25-year-olds) can access expert health workers in a safe, confidential and youth-friendly environment. headspace can help young people with mental health, physical health (including sexual health), alcohol and other drug services, and work and study support. Satellite services are now available in Busselton and Margaret River.
Integrated Primary Mental Health Care <i>GP down south</i> P: 1300 680 431 E: swprograms@gpdownsouth.com.au Service delivery area: South West Region	People aged 16 and over with, or at risk of, mental health conditions who • Hold a current health care/ pension card or are experiencing financial hardship • Are not currently in mental health crisis and do not GP referral preferred	Support for individuals with mild to moderate mental health concerns including low intensity evidence-based interventions (aged 18+ years) and psychological therapies (aged 16+ years) via face-to-face and telehealth sessions. Clinical Mental Health Care Coordination can also be provided to support GPs in the management of individuals with severe mental health conditions within primary care.



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Mental Health and Alcohol & Other Drug (AOD) Service <i>South West Aboriginal Medical Service</i> P: 9726 6000 E: mentalhealth@swams.com.au <i>Service delivery area:</i> Bunbury, Busselton, Collie	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 Practitioners, specialist drug and alcohol and mental health services, suicide prevention, social and emotional wellbeing services and mainstream services.
Mental Health - Youth Severe <i>WA Country Health Service – South West</i> Busselton Health Campus, Mill Road, Busselton P: 9753 6500 <i>Service delivery area:</i> Lower South West - Augusta, Busselton, Dunsborough, Margaret River	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 for 16 – 24 year olds experiencing moderate to severe mental health issues.



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

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Mental Health Primary Care Coordination <i>Duchess Medical Practice</i> 69 Duchess St Busselton P: 08 9752 4122 Service delivery area: Busselton	The person must be a client of Duchess Medical Practice (a) Experiencing mental illness significantly impacting their social, personal and work life; (b) Previously hospitalised at least once for treatment of their mental disorder, or they are at risk of needing hospitalisation in the future if appropriate treatment and care is not 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.	A Mental Health Care Coordinator works with to provide coordinated clinical care for people with complex mental illness. This care will be delivered in line with a GP Mental Health Treatment Plan or equivalent (Plan), developed by the GP or psychiatrist.
Psychosocial Support Program <i>Chorus</i> P: 1800 264 268 Service delivery area: Bunbury, Busselton, Capel, Donnybrook & Harvey	(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 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).	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.

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Psychosocial Support Program <i>Forrest Personnel</i> P: 1800 224 548 <u>Service delivery area:</u> 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 <i>Access Macquarie</i> P: 1800 614 434 <u>Service delivery area:</u> 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.

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Head to Health Assessment and Referral Phone Service <i>Amplar Health</i> 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 <i>South West Aboriginal Medical Service</i> 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 self-management.	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.



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Integrated Chronic Disease Care <i>GP Down South</i> 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 (b) Referred to the Service by a General Practitioner, Nurse Practitioner or Remote Area Nurse, <u>with provision of a GP Management Plan</u> 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 heart failure (CHF) (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 self-management.	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.
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Chronic Disease Services – Telehealth		
Diabetes Telehealth <i>Diabetes Association of Western Australia</i> Appointments available office hours, Monday to Friday; after-hours offered. P: 1300 001 880 <i>Service delivery area:</i> Regional WA	Diagnosed with Type 1 or Type 2 Diabetes Aged over 16 years Living in regional WA. No wrong door for referrals.	A free telehealth service for people living in regional WA with diabetes. The service provides clinical education and support via videoconference with a credentialed diabetes educator.
Diabetes Connect <i>Diabetes WA</i> Monday to Friday, 8:30am to 4:30pm (excluding Public Holidays) with Endocrinologist available for 4 x 4-hours sessions per week. <i>Service delivery area:</i> Regional WA	GPs, GP registrars (including at Aboriginal Community Controlled Health Services) in Regional WA.	A free telephone support service (also provides virtual multidisciplinary case conferencing opportunities) for GPs in regional WA to access specialist advice across all diabetes types, including diabetes in pregnancy. The Diabetes Connect team includes a Consultant Endocrinologist, Credentialed Diabetes Educators and an Aboriginal Health Practitioner.

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Asthma & Chronic Obstructive Pulmonary Disease Telehealth Service <i>Respiratory Care WA</i> P: 08 9289 3600 E: telehealth@asthmawa.org.au Service delivery area: Regional WA	(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 OR A health professional who provides service in regional WA	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.
Health Navigator <i>Silver Chain</i> P: 1300 650 803 E: healthnavigator@silverchain.org.au Service delivery area: South West, Great Southern and Wheatbelt Regions of WA	(a) Adults aged 18+ years (b) Living in South West, Great Southern or Wheatbelt Region of WA (c) Diagnosed, or at risk of, chronic disease and requires additional support.	The Health Navigator service supports development of self-management skills of people living with chronic conditions. It is a telehealth service which utilises the evidence-based Flinders Chronic Condition self-management support program and offers individualised goal setting, phone coaching and health system navigation. Health Navigator aims to work in partnership with other 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.

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



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