



THE WESTERN AUSTRALIAN MENTAL HEALTH,
ALCOHOL AND OTHER DRUG SERVICES

Plan 2015–2025

Consumers of Mental Health WA

Plan Presentation

18 February 2015



The Vision

- Mental Health 2020, and Drug and Alcohol Interagency Strategic Framework
- Focuses on prevention and working together to keep people well in the community.

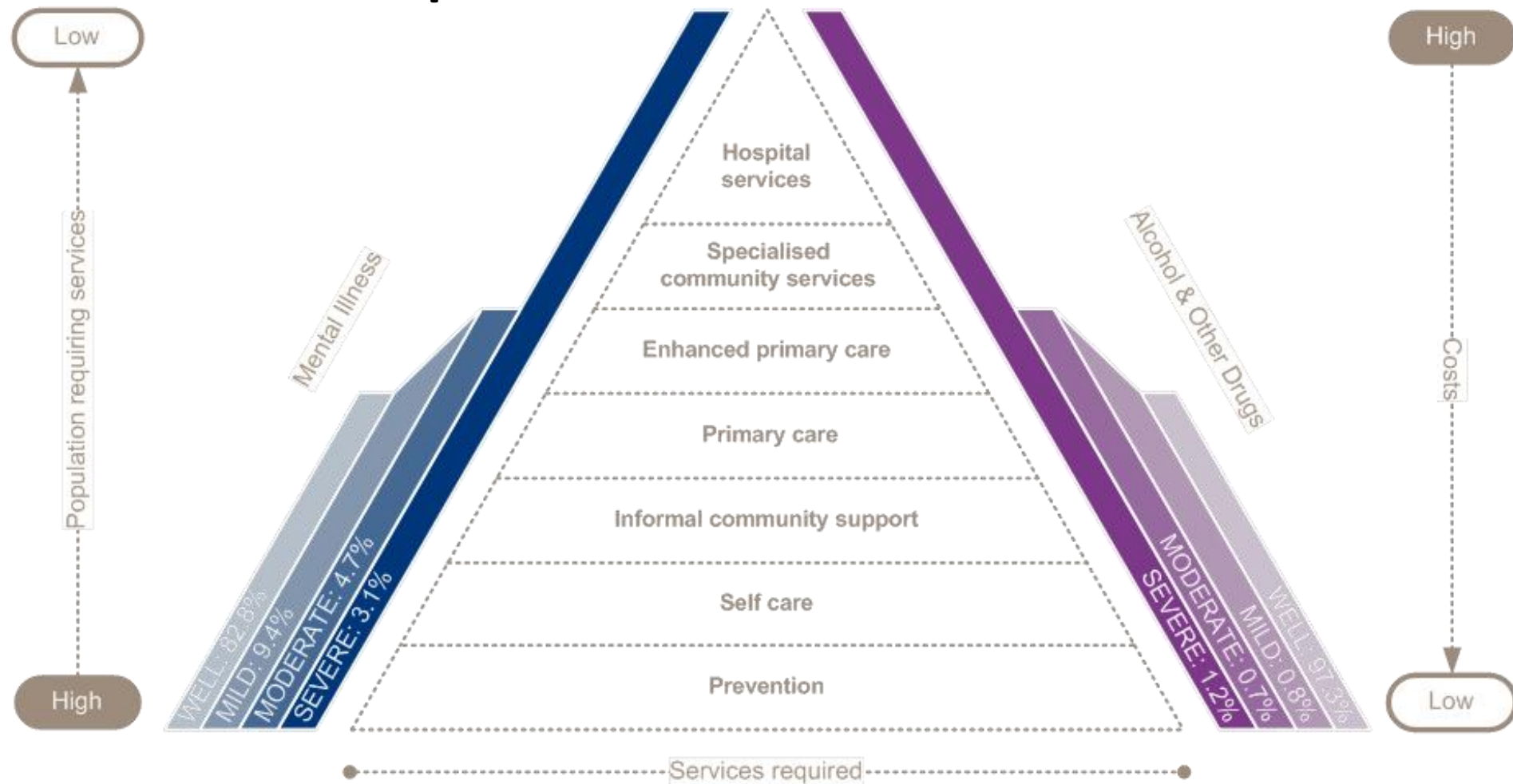


The Plan

- Seeks to build on what we have already done
- Estimates demand and optimal mix of services
- Provides options for investment
- Is based on providing care close to where people live
- Remodelled every two years
- Includes the closure of Graylands Hospital and Selby Older Adult Unit



Optimal Service Mix*



*Adapted from the World Health Organisation service organisation pyramid for an optimal mix of services for mental health (2007)



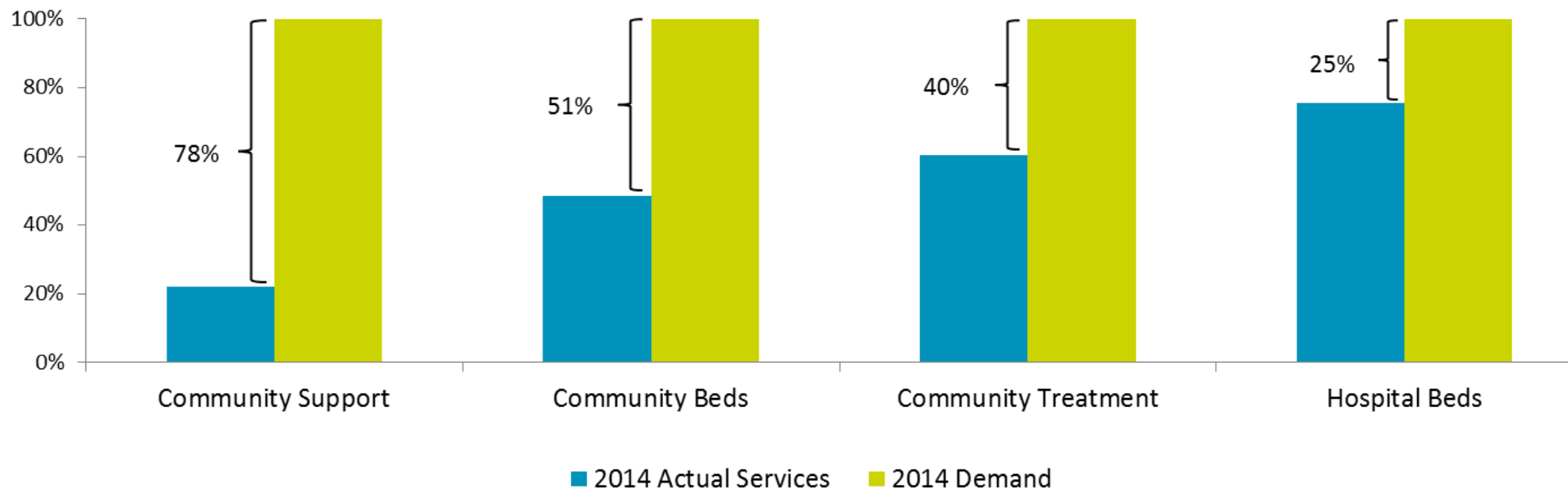
What is required to fix the system





The need for re-balancing

Current Services as a Proportion of 2014 Demand



43% of individuals occupying mental health inpatient beds at any given time could be discharged if appropriate community services were available.*

*SOURCE: Government of Western Australia. Results from the 2004, 2006, 2007 and 2009 snapshot surveys of mental health inpatient units in Western Australia. Internal document: MHD State-wide Mental Health Governance and Performance; 2010.



The Plan

- Provider neutral.
- Funder neutral.
- Models of service to be determined.
- Sets direction for service growth and development.
- Requires business case development for each initiative.
- Is subject to the State's fiscal capacity and normal budget processes.



Service Streams



Service Streams

- Prevention and Promotion
- Community support
- Community treatment
- Community bed-based
- Hospital based
- Specialised state-wide
- Forensic



Prevention and Promotion Strategies

- Further **enhance prevention capability** within the Mental Health Commission upon amalgamation with the Drug and Alcohol Office.
- Closely **monitor suicide rates** and develop programs and initiatives to decrease the suicide rate.
- Develop a range of complementary prevention strategies to **promote social inclusion** and create supportive environments.
- Further progress a range of initiatives that will reduce the **physical health gap**.
- Establish infant, child, adolescent and youth programs to reduce the **incidence of mental illness** and **prevent harmful impacts** of alcohol and other drugs.



Community Support - Strategies

- Contribute to the piloting of the National Disability Insurance Scheme (NDIS) and **My Way trials**.
- Expand **family and carer** information, support and flexible respite services.
- Promote the expansion of **recovery focused** mental health services.
- Expand mental health, alcohol and other drug service **in-reach to homelessness services** and increase access to housing for people with mental health, alcohol and other drug problems.



Community treatment - Strategies

- Deliver mental health community treatment services through **three key service types**: Acute Services, Intensive Community Treatment Services and Continuing Intervention Services.
- **Realign** the current mental health community teams to new age streams.
- Establish a **Police co-response** program.
- Continue to work with the Department of Health to improve the **24 hour mental health** crisis and emergency response, triage, assessment, and treatment services to be effective and efficient, and valued by consumers and carers.
- Engage with **primary care and pharmacy** to improve the services delivered through these sectors.



Community beds

- MH - Subacute community short-stay (14-30 days)
- MH - Subacute community medium-stay (120-180 days)
- MH - Subacute community long-stay (365 days)
- MH - Subacute community long-stay (Nursing Home) (365 days)
- AOD – Low Medical Withdrawal (5-7 days)
- AOD – Residential Rehabilitation (25-180 days)



Hospital based services

- Acute hospital
- Subacute hospital short stay
- Subacute hospital long stay
- Hospital in the Home
- Mental Health Observation Areas
- Consultation and Liaison (AOD/MH)
- High medical withdrawal services
- Complex medical withdrawal services



Hospital based - Strategies

- **Realign** the type, quantity and location of hospital beds.
- Continue to **expand the Hospital in the Home (HITH)** program.
- Progress the **closure and divestment of Graylands Hospital**
- Establish additional mental health, alcohol and other drug **emergency department services.**
- Continue to commission a **transport service** for people requiring transfer under the Mental Health Act.
- Continue to monitor mental health **readmission rates.**



Specialised state-wide services

- Specialised state-wide services offer an **additional level of expertise** or service response for people with particular clinical conditions or **complex and high level needs**.
- Services can include targeted interventions, shared care, comprehensive care for extended periods, and support to general services.
- Some services will be developed as **centres of excellence** that will be located in the metropolitan area and provide expert advice and assistance across the State.



Specialised state-wide services

Inpatient beds and community treatment services:

- Eating Disorders
- Perinatal
- Neuropsychiatry and neurosciences

Community treatment services:

- Aboriginal Mental Health Services
- Attention Deficit and Hyperactivity Disorder
- Co-occurring mental illness and intellectual disability, including autism spectrum
- Hearing and Vision Impaired service
- Sexuality, Sex and Gender Diversity Service
- Children in Care
- Transcultural Services
- Homelessness Services



Forensic services - strategies

- Boost **early identification** and targeted **prevention programs** (court and police diversion programs).
- Establish **youth** forensic services.
- **Contemporary services** in the justice system, including in prisons (community treatment, inpatient acute/subacute beds and in-prison services).
- Expand **forensic hospital** services.
- **Transition services** for people moving from prison to community.



System Improvement and Supporting Change



System improvement and supporting change

- Promoting **recovery oriented** practice
- **Consumer voice** in policy, planning and service delivery
- **Culturally competent** service development and delivery
- **Youth** mental health service stream
- Improve service response for people with **co-occurring problems** (AOD/MH and trauma)
- Improve system **integration and navigation**
- Improve **organisational effectiveness and efficiency** – safety and quality, models of service, data collection etc.
- **Workforce development** – suitably skilled workforce available
- **Information and communication technology**



Consumer Voice

- Consumer involvement can be achieved across the entire service system through:
 - the promotion of leadership development;
 - design of service models and associated practices, procedures, protocols; and
 - commissioning practices.
- The changes place individuals at the centre of service planning, provision, review, and would deliver consistent high quality care reflecting national standards and frameworks.



Questions