WA Mental Health, Alcohol and Other Drug Services Plan 2015 -2025: draft plan update 2019

MISSION AUSTRALIA

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Introduction

Mission Australia is a national, non-denominational Christian charity that has been helping vulnerable Australians move towards independence for more than 160 years. In the 2017-18 financial year we supported over 120,000 individuals through 461 programs and services.[1] In WA we supported over 12,000 people through 46 services. Of these, we supported over 3,300 individuals through 19 mental health and alcohol and drug related services in WA.[2]

Mission Australia welcomes the opportunity to provide input into the mental health, alcohol and other drug services plan 2015-2025: draft plan update. This submission is based on a combination of research and insights from our direct service provision across WA and other states. It includes direct testimony from some of our practitioners and the participants they work with.

Recommendations

- Increased availability of Tier 2 mental health services for people who are not eligible for the NDIS or Tier 3 and 4 supports but will need on going supports and have needs that cannot be met by Tier 1 support services such as headspace.
- Community based supports co-designed and developed with Aboriginal communities and representative organisations should be increased as a matter of priority in response to the increasing rate of Aboriginal youth suicides. These services should be delivered through Aboriginal Community Controlled Organisations where possible and appropriate.
- Proactive and meaningful consultation measures should be adopted in collaboration with people with lived experience, diverse population groups and community organisations to identify the needs in the community and to assess the success of the current frameworks.
- Services that are achieving positive outcomes for young people experiencing mental health issues in rural and remote areas should be replicated and expanded.
- Prior to establishing new services, local communities should be consulted to identify the level of need and type of support required.
- Changes in the mental health service delivery landscape post NDIS implementation and the new commissioning framework through PHNs should be closely considered when identifying support needs and service priorities, particularly in rural and remote areas where the services are limited.

[1] Mission Australia, Annual Report, 2018, accessible at: https://www.missionaustralia.com.au/publications/annual-reports/annual-report-2018/809-annual-report-2018/file

[2] Mission Australia, Service Delivery Census FY 2017/18.

Additional challenges for service delivery

Currently, there are numerous services successfully assisting people with significant mental health and alcohol and drug dependence issues funded by the federal and state government. However, there remains a gap of service provision, particularly in rural and remote areas.

Hospitals and other intensive medical services are equipped to provide necessary supports to people needing Tier 3 and 4 mental health supports or people who need non-specialist minimal interventions under Tier 1 supports. However, there is limited support for people who require ongoing low intensity assistance to address mental health concerns.

People requiring mid-level supports are likely to increase with the gradual rollout of the National Disability Insurance Scheme (NDIS) and with services such as Partners in Recovery (PiR) and Personal Helpers and Mentors (PHaMs) rolling into the NDIS.

Mission Australia is encouraged to see the additional investment by the Federal government to continue provision of support to people with mental health issues to ensure there is a smooth transition between services. However, there is a risk of people not identifying as having a mental health issue or who are currently disengaging from services who may lose out on vital mental health supports.

Thus, measures should be put in place to ensure that people are provided with mid-level mental health supports without formal mental health diagnosis, where they have episodic mental health issues and in instances where they have not engaged with mental health services in the past.

There are a number of effective existing service collaborations, however, there needs to be additional support for staff training on comorbidities.

> "Funding was available in the past for multidisciplinary training for staff members working with people with mental health issues. These financial supports are not available anymore and staff have limited training opportunities."
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> Mission Australia, Manager – WA

Given the importance of the ability to provide holistic, wrap-around supports through service delivery, Mission Australia recommends the provision of funding to upskill the existing workforce.

Additional future directions to be reflected in service streams

Mission Australia is encouraged to see population based modelling to support and continuously improve service provision. The framework needs be flexible to cater for the needs of changing dynamics in the community, especially considering the increase in the incidents of suicide and self-harm in WA.[3]

[3] Australian Bureau of Statistics, 3303.0 - Causes of Death Australia 2017, accessible at: https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2017~Main%20Features~Intentional%20self-harm,%20key%20characteristics~3

Youth mental health and alcohol and other drug dependence

Over 28,000 young people participated in Mission Australia's youth survey last year, and 43% of young people identified mental health as one of the main issues in Australia.

In WA, 3,202 young people aged 15 – 19 responded to the survey and identified coping with stress (44%), school or study problems (34%), mental health (33%) and body image issues (31%) as their main issues of personal concern, with all of these issues relating to mental health. More investment is needed to meet young people's needs through youth-friendly service provision models.

Nearly 9,500 individuals presented at WA Emergency Departments due to alcohol/drug misuse and alcohol/drug induced mental disorders in 2016.[4] Evidence demonstrates that it is much more cost effective to provide necessary harm reduction supports at a community level to reduce the number of Emergency Department presentations. Therefore, in addition to the immediate harm reduction measures, the long-term strategy should incorporate clear processes to support individuals to access withdrawal support and rehabilitation facilities in their local communities.

Numerous State Government funded support programs in WA provide effective harm reduction services through health or social intervention related service models. These include the WA Mental Health Commission funded Drug and Alcohol Youth Service (DAYS) and Pilbara Community Alcohol and Drug Service (PCADS).

Drug and Alcohol Youth Service (DAYS)

A number of co-located programs and services operate under this umbrella and aim to address the holistic needs of young people in WA who are trying to address their alcohol and/or other drug dependence and associated challenges such as mental illness, gender identity and a past history of trauma or abuse. Mission Australia works closely with young people, their families and other service providers in areas such as education, employment and housing. In particular, Mission Australia works collaboratively with Next Step, the clinical services arm of the WA Mental Health Commission, and court-related Juvenile Justice Teams to provide the DAYS integrated service. DAYS offers case-management, individual and family counselling, access to mentors, psycho-education groups and clinical psychology, residential services and includes access to an allied health team of clinical psychology, nurses, GPs and psychiatry.

DAYS also offers the additional programs set out below:

Youth Withdrawal and Respite Service

24/7 residential-based support (for up to 21 days) for young people aged 12 to 21 years, who want to detoxify and address their alcohol and/or other drug misuse.

[4] Australian Institute of Health and Welfare, Emergency department care 2015–16: Australian hospital statistics. Health services series no. 72. Cat. no. HSE 182. 2016, p.39.

Youth Residential Rehabilitation Service
24/7 residential-based support (for up to three months) for young people aged 12 to 20 years, who are experiencing difficulties related to alcohol and/or other drug misuse.

THASP/Transitional Accommodation
Supported transitional accommodation is available for young people who have completed residential rehabilitation for a period of 12 months.

Youth Outreach Service
This service is particularly suited to young people who find it challenging to engage with mainstream treatment service options. The DAYS Outreach Worker provides information and presentations to agencies regarding DAYS and referral processes.

Cannabis Intervention Service
With referrals from the WA Police, this early intervention service supports and counsels young people about the harmful effects of using cannabis.

Young Person's Opportunity Program
This early intervention and prevention/diversion program supports young people aged 12 to 17 years referred by the Juvenile Justice Teams due to offending behaviour related to substance misuse.

Youth Detention Counsellor
This service provides information, education and counselling support to young people aged 12 to 17 years in juvenile detention centres because of offending behaviour related to substance misuse.

Methamphetamine Initiative
The Methamphetamine Initiative supports young people who identified as meth-amphetamine using from the point of referral to the Drug and Alcohol Youth Service (DAYS) through to residential services using a short-term case-management model.

> "DAYS is the only targeted youth withdrawal and rehab support service in WA that is integrated [with Next Step Alcohol and Drug services]. DAYS provides structured supports like case management, access to alternative therapies including yoga, meditation and ongoing support in the community. Given the demand for our service, we would definitely like to see DAYS facilities in other parts of WA, particularly somewhere remote like the Pilbara or South West."
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> Mission Australia, Manager – WA

Considering the successful outcomes achieved through this program and the holistic approach to recovery and long-term wellbeing, Mission Australia recommends that future directions incorporate strategies to replicate successful services such as these in other parts of WA based on the increasing demand.

Suicide prevention

People living outside a major city may be exposed to a unique set of structural, economic and social factors that result in poorer mental health outcomes and increased risk of suicide. Timely diagnosis, treatment and ongoing management of a mental health condition in rural and remote areas is likely to occur later or not at all, often resulting in an increased likelihood of hospitalisation and sometimes leading to the most tragic of outcomes - self-harm and suicide.[5]

Deaths by suicide for those living in remote and very remote areas are almost twice as high as those living in major cities.[6] Concerningly, rates of self-harm and suicide increase with remoteness suggesting that there are significant mental health issues to be addressed in rural and remote areas.[7]

Numerous studies have found that within rural and remote communities, different cohorts of people are at a higher risk of self-harm and suicide. These include men, Aboriginal and Torres Strait Islander people, farmers, people from migrant and refugee backgrounds, LGBTI people and people from lower socio-economic backgrounds.[8]

Recent reports demonstrated that Kimberly, WA has the highest youth indigenous suicide rates.[9] Aboriginal children as young as 10 years dying by suicide has caused national concern and communities and sector organisations are calling on the Federal and State governments to adopt immediate measures to address these issues as a matter of priority. More needs to be done to provide the requisite supportive framework to prevent suicide, thus there is an urgent need for the Commission to work with the community, particularly, Aboriginal and Torres Strait Islander people, their representative organisations, and other relevant community and government organisations to take urgent action to provide culturally appropriate suicide prevention related supports.

Further, a person does not need to be suffering a diagnosable mental illness in order to consider suicide.[10] Therefore, services and supports need to be broad enough in scope to capture people with suicide ideation and a history of mental health issues or self-harm as well as equip people with information in relation to the supports available in instances where individuals experience a trigger event.

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[5] National Rural Health Alliance, *Mental health in rural and rural Australia. Fact Sheet*, 2017, Accessible at: http://ruralhealth.org.au/sites/default/files/publications/nrha-mental-health-factsheet-dec-2017.pdf

[6] Australian Institute of Health and Welfare, *Rural and Remote Health*, May 2017, p.1.

[7] National Rural Health Alliance, *Factsheet: Mental Health in Rural and Remote Australia*, December 2017, accessible at: http://ruralhealth.org.au/sites/default/files/publications/nrha-mental-health-factsheet-dec-2017.pdf

[8] See further: T. Hazell, H. Dalton, T. Caton and D. Perkins, Rural Suicide and its Prevention: a CRRMH position paper, *Centre for Rural and Remote Mental Health*, University of Newcastle, Australia, 2017, and M. Caldwell, et al, *Suicide and mental health in rural, remote and metropolitan areas in Australia,* 2004.

[9] NITV, Indigenous youth suicide at crisis point, 15 January 2019, accessible at: https://www.sbs.com.au/nitv/article/2019/01/15/indigenous-youth-suicide-crisis-point

[10] Education and Health Standing Committee, Parliament of Western Australia, *The impact of FIFO work practices on mental health Final Report*, 2015, p.2.

Changes to service delivery model

The majority of community services have the ability to provide flexible supports based on the needs of individuals. However, most of these services are only available during certain hours and set-locations. This in itself can act as a barrier for some people who are trying to access services.

> "Services should be designed to have the least impact on a person's life … If the appointments are during the day people have to spend money on travel, young people will have to come during school hours, adults have to take time off work or arrange childcare … We need to have more capacity to deliver outreach services so we can go to the client and deliver services. On the other hand, having a physical presence in local communities give more visibility and normalises the conversation … we need to be able to do both."
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> Mission Australia Manager WA

The future service planning and modelling should take into account the areas where there is an increase in need for community mental health supports. In addition to the existing research and data gathered by the Commission, the needs of the local community members should be at the forefront of service modelling. In order to ensure that these needs are captured, the commission needs to consult and work with people with lived expertise, people from local communities and local Elders.

Changes in strategic environment that should be reflected in the plan

As elaborated in the discussion paper, there are significant changes to the service landscape for people with psychosocial disability with the introduction of the NDIS.

In WA, the NDIS is expected to benefit close to 50,000 people with disability at the full rollout of the Scheme by 2023.[11] According to the ABS Survey of Disability, Ageing and Carers 2015, there are over 360,000 people with a reported disability in WA and just over 100,000 of those people have a profound or severe core activity limitation. Of all the people with a disability, over 76,000 people had a mental or behavioural disorder. [12] This means a large proportion of people in WA who are ineligible for the NDIS will require continuity of support or additional mental health services.

Some of the gaps in service provision will be addressed through the funding for continuity of support and additional funding through the Primary Health Network (PHN) commissioning framework. Careful planning is required to ensure that people across the state are able to access services delivered, especially given that the Country WA PHN is required to cover the whole geographic area not covered by Perth North PHN and Perth South PHN. The update of the framework should have clear direction as to

[11] WA Government, Heads of Agreement between the Commonwealth and Western Australian Governments on the NDIS, accessible at: http://www.disability.wa.gov.au/Global/Publications/NDIS/NDIS-Landing-Page/Helpful%20documents%20Oct%202018/Heads-of-Agreement-and-Bilateral-Agreement-NDIS%20.pdf

[12] Australian Bureau of Statistics, 4430.0 - Disability, Ageing and Carers, Australia: Summary of Findings, 2015, NSW, accessible at: http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4430.02015?OpenDocument

how the PHN commissioning model will cover the vast geographic areas, particularly where services are limited and how this will be complemented by state-based services.