

Development of a State Mental Health Policy and Strategic Plan 2010-2020 for Western Australia

PricewaterhouseCoopers has been asked to prepare a strategic plan for improving the future delivery of mental health services in Western Australia. This project will provide an agreed overarching policy framework to guide mental health service reform in Western Australia.

As outlined in the Government's election commitment, this project will undertake a comprehensive review of services; develop the State Mental Health Policy; and develop a State Mental Health Strategic Plan 2010-2020.

It is important the State Mental Health Plan delivers:

- a blueprint for "ground-up" reform
- strategic objectives and priorities
- a clear agenda for action
- efficient and effective funding models and service delivery
- an ongoing evaluation mechanism

Ultimately the success of the reform will be based on how well the service meets the needs of Mental Health consumers and their families and carers. Throughout the project there will be broad consultation with Mental Health consumers and their families and carers to define what this system would look like.

We know based on best practice evidence that it will need to be consumer-centric, and provide a holistic and seamless range of services across the whole spectrum.

This is challenging and will require greater integration and coordination of services between the 3 tiers of health care (primary, secondary and tertiary), between providers of mental health services (federal, state and local government, and the private and non-government sector) and between mental health services and broader human service organisations (federal and state government)

How can we improve mental health services?

We are currently organising a videoconference with each regional district to provide an opportunity for consultation with a broad range of stakeholders from across the region.

The purpose of the videoconference is to highlight the priority areas for the region which need to be considered in the development of the statewide Mental Health Policy and Plan 2010-2020.

Prior to the workshop, we would like each participant to detail the top five priority areas for improving future mental health services in Western Australia, as this will inform the workshop discussion.

Could you please email your submission to mentalhealthsurvey@pwc.com.au prior to the workshop, so that we can build on the key priority areas identified in the discussion. The feedback you provide will be completely confidential.

Priority areas for the Mental Health Strategic Plan in WA

In completing your response we would like ask you to consider all aspects of mental health services in Western Australia – across prevention, social inclusion programs, community programs to specialist treatment and recovery services. It may also be useful to consider what you think is currently being done well and should be reinforced, what the gaps in the service are, and what things need to be improved.

Q1: What do you think should be the priority areas to improve future services for people with mental health problems and promote mental health and wellbeing of all West Australians?

In each space provided please write in one key priority area. For each additional priority area use the next space provided.

Priority area 1: Appropriate, Affordable, Secure and Well Located Housing

The Community Supported Residential Units are a very good model but there are not enough, neither in the WA metropolitan area nor in any rural and remote locations. Planning for the delivery of accommodation needs to be informed by the prevalence of mental illness in the community and the specific data around homelessness and low socio-economic indicators.

Adequate Housing is the foundation of social inclusion, capacity building, employment, education and opportunity, and without it individuals have no personal capacity to address any other factors in their lives. Get housing right and the rest follows. Ignore housing needs and nothing further can progress.

Priority area 2: Appropriate, Flexible, Individually Tailored Support both in Community (visiting and outreach) and in residential facilities

There is a lack of community mental health care and an absence of visiting outreach services to ensure people struggling with a mental health problem can access low-level preventative support, and the kind of gentle, non-intrusive monitoring from trusted support staff that can identify changes in wellbeing and trigger increased assistance where mental illness escalates to become acute or episodic

Working collaboratively and respectfully with members of a persons' social system also needs to improve, it is often the family, friends or partners who identify changes in wellbeing and frantically try to generate a response from services – too often to no avail and the individual then deteriorates to eventually be forced into an involuntary admission or worse – becomes dangerous to themselves or others in the community. This is counterproductive for all and particularly in the use of government resources in acute hospital admissions that could be prevented, and long recovery and rehabilitation that would be unnecessary if early intervention was provided

Priority area 3: Respite services – both in-home in community and out-of-home residential

Carers of people living with mental illness are at risk of exhaustion, neglect of their own health and wellbeing and social isolation to the same extent as the people they support. Many get no relief and do not enjoy social support, recreational activities, holidays or other benefits of autonomy due to their carer responsibilities. Attractive and supportive, non-intrusive respite options need to be explored for people living with or being supported by a carer, particularly older parent carers. This is also a preventative strategy and a precautionary strategy

Priority area 4:

Linked treatment models to simultaneously address mental health and drug and alcohol misuse, along with any other concerns impacting on holistic wellbeing including nutrition and dietary requirements, physiotherapy and mobility, self esteem and self care

A Public Health Agency should not be able to refuse service on the basis of co-existing morbidity, but should be able to elicit a suitable response from an appropriate sister service to work in partnership to address any range or combination of imbalance(s).

All care and treatment needs to be with a view to the whole person, and integrated with the characteristics and experiences of the individual. People are experts in their own lives and 'professionals' who act with neglect or disrespect of this truth cause more harm. Good intentions are inadequate and often misdirected, and authoritarian, punitive or directive treatments that ignore people as agents of their own destiny, with a personal locus of control are ineffective. The medical model of denying people information about themselves under the proviso that 'doctor knows best' is no longer acceptable.

Priority area 5: Campaign to address stigma and discrimination

The public perception of 'madness' and the related stigma and discrimination that it ensues needs to be addressed. Many successful, intelligent, articulate, productive members of society manage a mental illness. Many genius world changing achievements have been undertaken by people with a diagnosed mental illness.

In tribal times and still, for some cultures, the experience of hearing voices, seeing visions and receiving premonitions are sacred and powerful and rather than an indicator of illness, are seen to be a sign of special gift and valued and cherished, both by the individual and the community as spiritually significant. With our society increasingly turning to alternative medicines and sustainable and environmentally harmonious ways of living there is merit in exploring these aspects of our world history and our current world view, and celebrating the richness and diversity of humankind.

OPTIONAL: We would like to ask you some details about yourself and the area of the mental health sector you represent so that we can better understand the priority areas identified.

Name: _____ **Bronwyn Kitching**

Position: _____ **Executive Officer**

Name of the organisation: _____ **Shelter WA**

Location/Region: _____ **Whole of State**

All submissions will be completely confidential.

Thank you for your participation.