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MINISTER FOR HEALTH

ATTORNEY GENERAL: ELECTORAL AFFAIRS

FOR WESTERN AUSTRALIA

Senator Gary Humphries
Chairman
Senate Community Affairs Committee
PO BOX 6100
Parliament House
CANBERRA ACT 2600

Dear Senator Humphries

Inquiry into Mental Health Services in Australia

Further to my letter dated 29 May 2007, I thank you for the opportunity to make a submission concerning initiatives to improve mental health services in Australia.

The National Action Plan on Mental Health

Promotion, Prevention and Early Intervention

Western Australia (WA) supports the additional funding directed at expanding suicide prevention programs. The WA Department of Health is currently preparing a statewide suicide prevention plan that will incorporate and complement these Commonwealth programs.

WA has the highest rate of illicit methylamphetamine use in Australia. The recent *WA Illicit Amphetamine Summit* proposed approximately 30 recommendations to the WA Government in relation to managing this issue and identified the importance of initiating a range of promotion, prevention and early intervention strategies. WA requests that the Committee considers providing advice to the Commonwealth about the use of targeted media to highlight the links between methylamphetamine use and mental illness within the *Alerting the Community to the Links Between Illicit Drugs and Mental Illness* measure.

WA supports the additional funding given to the Mental Health Council of Australia.

At this point, it is premature to provide detailed feedback to the Committee in relation to the impact of other funded initiatives within this area of action.

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Service achievements in WA

The investment in promotion, prevention and early intervention through the *Mental Health Strategy 2004-2007* to date has included the establishment of statewide adult and child and adolescent community teams, along with the child and adolescent day therapy services in the metropolitan area, and the multi-systemic therapy teams in Joondalup and Rockingham. Post-natal depression services have been expanded, including a website upgrade and staff education and training. The statewide Eating Disorders Unit was opened in October 2005. The statewide Indigenous Mental Health Service was established in February 2006 and currently operates from Graylands Hospital.

Integrating and Improving the Care System

WA strongly supports the range of initiatives across this area of action. WA welcomes the provision of additional funding for mental health nurses in private psychiatry and general practice. However, mechanisms for accreditation may need further consideration. The State also has serious concerns that some of the public mental health-nursing workforce may migrate to private mental health services to the detriment of existing public services. This is of particular concern in rural and remote areas of WA.

WA welcomes the introduction of new Medicare Benefit Scheme (MBS) items to improve access to mental health services. However, WA requests that the Committee note the differences in uptake between WA and other States. Due to a limited General Practice (GP) and private psychiatry workforce, WA is currently behind in its population share of this measure.

WA is still awaiting the announcement by the Commonwealth detailing new mental health services in rural and remote areas.

WA welcomes the introduction of Personal Helpers and Mentors and commends the Department of Family and Children's Services and Indigenous Affairs (FaCSIA) on their collaboration with WA in identifying suitable target sites. It is too early to provide detailed feedback to the Committee in relation to the impact of this and other funded initiatives in this area of action.

Service achievements in WA

The *Mental Health Strategy 2004-2007* includes investment in integrating and improving the care system. In WA, new appointments have been made for additional emergency department mental health liaison nurses at Royal Perth (RPH), Sir Charles Gairdner (SCGH), Bentley, Fremantle, Rockingham, Geraldton, Armadale and Swan Hospitals. From April 2005 to March 2006, there were 7,695 ED attendances by people with psychiatric disorders. Of these 4,709 were seen by mental health liaison nurses.

There have been additional on-duty medical registrars appointed to RPH, SCGH and Swan Hospital. The Mental Health Emergency Response Line (MERHL) commenced in October 2006, along with the Community Emergency Response Teams.

New observation beds have opened in emergency departments, including four at Joondalup Health Campus, five at RPH, and eight new sub acute beds for mental health patients at Armadale-Kelmscott Memorial Hospital. Psychiatric coverage in Albany, Bunbury, Geraldton and Kalgoorlie has also been increased.

Participation in the Community and Employment, including Accommodation

WA welcomes the additional places in the Personal Support and Youth Pathways Programs provided under this area of action.

WA welcomes the introduction of the *Support for Day-to-Day Living in the Community* measure and commends the Department of Health and Aging (DoHA) on their collaboration with WA in identifying suitable target sites and service providers. However, concerns have been expressed in relation to the centre-based nature of this model, as it does not reflect contemporary best practice.

Service achievements in WA

Achievements have been made in WA through the *Mental Health Strategy 2004-2007* in the areas of participation in the community and employment including accommodation. Achievements include the opening of the 16-bed Hawthorn House intermediate care facility in December 2006, the construction of community options facilities for eight residents in the metropolitan area and the construction of community supported residential units in the rural areas for a total of 35 residents.

Other achievements include an increase in the subsidy paid to licensed psychiatric hostels for improved care for residents, the opening of the Northbridge Art Therapy studio, and the expansion of psychosocial support services provided by non government agencies to assist people to live more independently in the community.

Coordinating Care

As a flagship National initiative, care coordination aims to link both existing systems and new programs of care for people with severe mental illness and complex needs who are most at risk of falling through service gaps. WA agrees that care coordination has the potential to offer significant opportunities and improvements in care for people disabled by mental illness.

While the WA government is working collaboratively with other Commonwealth departments to implement a model of care coordination, key stakeholders have raised concerns about the lack of specific funding for the care coordination initiative within the National Action Plan.

The evaluation of previous care coordination models in WA has highlighted the necessity for adequate and flexible funding to successfully implement a properly coordinated approach to care. Other care coordination trials in Australia have successfully used funding pools and incentives for GPs to motivate them to participate.

WA requests consideration is given to the identification of a new MBS item that allows GPs to be paid for time required to coordinate care. Similarly, additional funding may be required for NGOs to support their additional roles in coordinating community care. A new MBS item and targeted NGO funding for care coordination may also assist in the National evaluation of this initiative.

Increasing Workforce Capacity

WA recognises the need to work collaboratively with the Commonwealth to address current and future mental health workforce challenges.

While a measure of funding has been directed to Indigenous Non-Government Organisations (NGOs), additional services and investment is required in WA. There is also a need to further establish workforce capacity in the rest of the non-government sector. It is worth noting that Commonwealth initiatives do not currently focus on special needs groups, such as people from culturally and linguistically diverse backgrounds.

Service achievements in WA

WA has demonstrated a commitment to increasing workforce capacity through the *Mental Health Strategy 2004-2007*. An overseas recruitment program has been developed, and has resulted in the new appointment of mental health clinicians to public mental health sector positions. The program includes recruitment incentives for the relocation costs for new interstate and overseas mental health clinicians.

Other workforce initiatives achieved include the development of a statewide orientation program for new mental health staff, a clinical supervision and training package, the implementation of a mental health leadership and management program, and the development of cultural competency training for mental health services.

Areas of Unmet Need in Both National and State Plans

Community feedback has highlighted the necessity for both Commonwealth and State Governments to do more to improve the mental health of Indigenous people through culturally appropriate services.

The WA Government is committed to improving the health of the whole State population and appreciates the opportunity to make a submission to the Senate Community Affairs Committee concerning initiatives to improve mental health services in Australia.

Yours sincerely



JIM MCGINTY MLA
MINISTER FOR HEALTH

7 AUG 2007