

DATE: 9 June 2008

REFERENCE NUMBER:

ISSUE: National Action Plan on Mental Health 2006-2011 – WA Key Achievements

Type of briefing: For Information

Reason for briefing: Request for additional information following the Commonwealth Senate Inquiry Perth 7 May 2008

BACKGROUND

- In 2006, the Council of Australian Governments (COAG) published the *National Action Plan on Mental Health (Plan) 2006-2011*, providing a framework that emphasises co-ordination and collaboration between government, private and non-government providers, in order to deliver a more seamless and connected care system for people with a mental illness.
- The *Plan* outlines the four key actions of:
 - Promotion, Prevention and Early Intervention
 - Integrating and Improving the Care System
 - Participation in the Community and Employment, including Accommodation
 - Increasing Workforce Capacity
- The implementation of the *Plan* draws upon additional and significant financial commitments from both the Australian Government and the State and Territories. The value of measures covered in the Individual Implementation Plans totals approximately \$4 billion over five years with the Australian Government contributing \$1.9 billion.
- Western Australia's (WA) contribution to *Plan* is the \$252.552 million, which includes the *WA Mental Health Strategy 2004-2007(Strategy)* that commenced in 2004 prior to the national plan.
- The *Strategy* is the biggest ever investment in mental health care in WA and has been used to employ more staff, develop more accommodation for people with a mental illness, introduce better safety equipment and protocols, construct more in-patient beds and employ specialist mental health teams to work in Emergency Departments and in the community.
- The *Strategy* addresses five key areas where targeted interventions have the capacity to increase access to mental health services and reduce demand on acute care. The five key initiatives are:
 - Mental Health Emergency Services
 - Adult Inpatient Services
 - Community Mental Health Services (Children, Youth and Adults)
 - Supported Community Accommodation
 - Workforce, standards and safety Initiatives
- This is now considered to be Phase One of the WA Mental Health Strategy.
- In 2007, the Estimates Review Committee (ERC) approved an ongoing funding commitment for Phase One of the *Strategy* and an additional allocation for Phase Two, bringing a total State Government commitment of \$507.427 million since 2004.
- WA's contribution to the *Plan* is therefore not a one-off effort, but rather a continuation of the State's deliberate mental health strategy of growth and reform.

CURRENT STATUS

WA Government Investment

Action Area 1: Promotion, Prevention and Early Intervention

- These initiatives focus on early detection, rehabilitation and recovery.
- The following initiatives are operational:

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- A *Statewide Eating Disorders Service* with a particular focus on young adults has been developed.
- Two *Multi-systemic Therapy (MST)* Teams for young people (12 - 16 years) in the metropolitan area have been established.
- Initiatives to address mental illness during pregnancy and following childbirth have been implemented across the state through the *statewide perinatal mental health* unit.
- The *Assertive Community Care* model of treatment has been embedded within existing community mental health services to provide intensive intervention to people with severe and persistent mental illness. For further information on the Assertive Community Care initiative see *Attachment 1*.
- *Youth Reach South*, a community-based youth mental health service has been established to provide intensive youth support programs for young people at risk of developing complex mental health problems.
- Phase 2 of the *Strategy* commits a further \$21.64 million to expand community mental health projects that will help children, young people and adults and includes:
 - \$6.27 million to expand the Princess Margaret Hospital (PMH) *Eating Disorders Program for children and adolescents*.
 - \$4.72 million to increase *PMH inpatient and community mental health services for children and adolescents with a mental illness*.
 - \$3.5 million to expand State-wide non-government organisation (NGO)-run *parenting and school mental health promotion* programs which support the vulnerable *children of parents with a mental illness*.
 - \$1.52 million to *beyondblue*, the national depression initiative, to continue its work to raise awareness and reduce the stigma associated with mental illness.
 - \$5.64 million to establish two specialist clinics for the treatment of *Attention Deficit Hyperactive Disorder (ADHD)*.
- Phase 2 also includes an \$8.24 million 18-bed Bentley Rehabilitation Unit and the \$7.13 million 8-bed King Edward Memorial Hospital Mother-Baby Unit (MBU). The MBU will provide specialist statewide inpatient and outpatient services for women with a mental illness during pregnancy and following childbirth.

Action Area 2: Integrating and Improving the Care System

- These initiatives include improving mental health services in emergency departments (EDs) in metropolitan and regional hospital settings.
- The following initiatives are operational:
 - Three new integrated mental health emergency services have been implemented. These include the 24-hour *Mental Health Emergency Response Line* and north and south metropolitan after-hours *Community Emergency Response Teams*.
 - Integration of ED mental health liaison nurses and on-duty Registrars at eight metropolitan and one regional general hospital site.
 - 14 mental health ED observation beds have been established in metropolitan hospitals
 - Additional medical officers have been recruited at four regional locations (Albany, Bunbury, Geraldton, and Kalgoorlie).
- The WA Government recognises that consumers make a valuable contribution to the planning, implementation and evaluation of mental health services and believe that consumer input is essential if improvements in service delivery are to be achieved. For further information on how mental health consumer participation is supported in WA see *Attachment 1*.

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Action Area 3: Participation in the Community and Employment, including Accommodation

- These initiatives focus on providing additional services for people with a persistent mental illness and who require high levels of support to enable them to live more independently in the community.
- The following initiatives are operational:
 - An interim 16-bed *Intermediate Care Unit* has been operational since December 2006. 47 new intermediate care beds are scheduled for completion in 2009.
 - *Day Treatment Programmes* are fully operational at six metropolitan locations.
 - 35 places (of a total 200) *Community Supported Residential Units* are operational in Albany, Busselton, and Geraldton in partnership with the Department of Housing and Works (DHWs), and the remainder will be completed during 2008 and 2009.
 - The *Personal Care Subsidy* to support residents in licensed private psychiatric hostels was increased by 50% to improve the quality of personal care provided.
 - Additional *Psychosocial Support Services* have been purchased to assist people to continue to live in the community in their own homes.
 - Implementation of the *Clinical Rehabilitation Teams* which will support the community accommodation program has commenced.
 - The first of four *Community Options* accommodation units, in partnership with the Department of Housing and Works, accommodating 8 people with high-level support needs opened 4 June 2008.
 - Construction has commenced on the first of two facilities that will provide *Supported Transitional Accommodation* for people with a mental illness who are experiencing homelessness. The 16-bed Fremantle facility will accommodate homeless youth (17-22 years) and a 34-bed facility will accommodate homeless adults (18-65 years).
- The *Strategy* also provides an additional 120 places for the *Independent Living Program*, where residents live independently with the assistance of individualised psychosocial support.
- The *Strategy* provides a total of 400 (*excluding the 47 Intermediate Care places*) additional supported accommodation places in WA, increasing supported accommodation for people with a mental illness by 30%. The State Government recognises that further supported accommodation places for people with a mental illness are needed to meet demand now and into the future. An estimation of supported accommodation needs in WA for people with a mental illness is contained in *Attachment 1*.
- Phase 2 of the *Strategy* provides an additional \$28.1million for the supported community accommodation program for people with mental illness.

Action Area 4: Increasing Workforce Capacity

- WA continues to increase the capacity of the mental health workforce through workforce and safety initiatives, recruitment and retention strategies, and implementing national practice standards.
- Under Phase 1 of the *Strategy*, \$4 million has been provided for *Workforce and Safety Initiatives* across all public mental health services. This includes:
 - *Guidelines for the Management of disturbed/violent behaviour (2006)*.
 - The provision of duress alarms and safety modifications to interview and reception rooms.
 - The introduction of a *Zero Tolerance Policy* towards aggressive behaviour.

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- An enhanced *Mental Health Clinical Information System* giving mental health staff immediate access to patient information to allow them to make clinical decisions more quickly.
- The development and publication of the *Clinical Risk Assessment and Management Policy (2008)*.
- The following *Workforce Development and Expansion* initiatives have been implemented:
 - An additional 369 mental health workers have been employed under the *Strategy*.
 - The most recent overseas recruitment drive to the United Kingdom in February 2008 resulted in over 34 mental health professionals being interviewed and recommended for appointment. This is in addition to the 80 mental health professionals offered positions from the overseas recruitment drive to the United Kingdom in June 2007.
 - Recruitment incentives up to \$20,000 for overseas recruits and up to \$10,000 for interstate recruits for the reimbursement for relocations costs. In addition, employers will arrange accommodation for newly arrived staff for a period of up to six weeks.
 - Thirty-four scholarships for a *Postgraduate Diploma of Mental Health* were offered.
- The following *Standards* initiatives have been delivered or implemented across WA:
 - Statewide orientation/induction programme for all new staff.
 - Clinical Supervision Framework and training package.
 - Management and Leadership course to 42 senior mental health staff.
 - Cultural competency training package and audit tool for mental health services.
 - Implementation and monitoring of service standards for non-government organisation (NGO) providers of community mental health services.

Other investment

- The *Strategy* also provides for an additional 137 inpatient beds of which 64 beds have been constructed in metropolitan and country WA recognising the many benefits to patients when cared for within their own community. This includes the Rehabilitation and MBU beds. Clinical Services Planning is currently underway for the future of the Graylands Health Campus, WA's stand alone inpatient psychiatric facility. See *Attachment 1* for further information regarding the Graylands Health Campus.
- A policy framework for implementing trials of Care Coordination in WA was endorsed in October 2007 and small-scale trials are under way in four locations in Perth. Significant further expansion is planned in the next 12-months.
- Please note, the *Strategy* funding outlined above is additional to the annual Department of Health (DoH) operational budget. It has been estimated that over \$400 million will be spent on mental health in 2007-2008, which includes \$62 million of the *Strategy* funding.

Commonwealth investment in WA

- WA has also benefited significantly from the Commonwealth component of the *Plan*. By March 2008 it had been estimated that WA funding exceeded \$60 million, over \$11 million of which was allocated to non metropolitan providers, with services including:
 - Eight *National Suicide Prevention Strategy* programs.
 - 14 primary schools implementing *KidsMatter*, a school mental health promotion and illness prevention program.
 - Three NGOs offering *Community Based Programs to Help Families Coping with Mental Illness*.

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- Six *Personal Helper and Mentor* NGO providers. In addition, the Broome West Kimberley site was recently announced as the first of WA's successful applicants for round 3 funding.
- Three *Support for Day-to-Day Living in the Community* providers appointed.
- Seven mental health respite providers, employing a brokerage model, and three new mental health respite providers (five in total), employing a direct funding model from the National Respite Development Fund, accessed through *Commonwealth Carelink Centres*.
- 50 Mental health nurse scholarships and 40 Clinical psychology scholarships.
- Although many of these new services are being provided by existing NGOs, some contracts have been awarded to NGOs that have not traditionally provided mental health services or have recently been established in WA, resulting in an expansion of the NGO sector in WA.
- The WA funding benefit under the *Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits schedule* is now approximately \$40 million with significant uptake of clinical psychology services. It should be noted that over the first sixteen months of the *Plan* WA has consistently underachieved its per capita share of all available mental health CMBS funding including new items (7.7 percent rather than 9.9 percent based on a population share).

In addition, three *Headspace* programs located at Albany, Broome and Fremantle for at risk youth are being established.

Additional Information

Additional information requested by the members of the Senate Select Committee on Mental Health is provided in Attachment 1 and includes the following:

- Mental Health Consumer Participation in WA
- Careers Recognition Act
- Supported accommodation needs in WA
- Assertive case management
- Graylands Health Campus
- State programs for older people with “challenging behaviour”.

RECOMMENDATIONS

For Noting

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1 Mental Health Consumer Participation in WA

The WA Government recognises that consumers make a valuable contribution to the planning, implementation and evaluation of mental health services and believe that consumer input is essential if improvements in service delivery are to be achieved.

- For a number of years the Health Consumers' Council (HCC) has been recurrently funded by the WA Department of Health (DoH) to provide support and a voice and presence for all health consumers, including consumers of mental health services (approximately \$350,000 in 2007/08). Details of services purchased are provided in *Attachment 2*. The HCC recently advised that 50% of their advocacy work is done with mental health consumers. The HCC has recently been actively promoting the Consumer Representative Training to mental health consumers.
- The *Mental Health Consumer Participation Framework*, proposed in the 2005 draft Consumer Participation Plan document, had been supported by the then Director of the Office of Mental Health (OMH) and the Director General at that time. As significant funding was required for this initiative, it had to be considered within the context of competing demands for services, specifically direct service delivery, which included the expansion of mental health emergency and community services, inpatient beds and supported accommodation services, improvements to workplace safety and boosting the mental health workforce.
- Since 2005, certain components of the proposed Framework have been implemented within existing resources. These include:
 - In 2005/06, the Mental Health Division (MHD) provided recurrent funding to the North Metropolitan Area Mental Health Service (NMAMHS) as the lead agency for the Statewide *Consumer Participation Project (CPP)*. The CPP recurrent funding for 2007/08 is \$142,909, which includes salary and other goods and services (OG&S) components. The salary budget provides salaries for the Project Coordinator – 0.6 FTE and Consumer Consultant – 0.4 FTE and on costs associated with the positions.
 - A network of 16 Consumer Advisory Groups (CAGs) has been established across WA mental health services.
 - CAG members and consumer representatives, who are members of other registered advisory groups, working groups or committees, receive consumer participation payments.
 - Mental health consumers are involved and reimbursed for their participation in the clinical reviews undertaken by the Office of the Chief Psychiatrist.
 - Mental health consumer representatives have been supported to attend both local and national conferences and training programs. For example, mental health consumer representatives were funded by the DoH to take part in 5 day Recovery Programs in March 2007 and January 2008, and a number of mental health consumer representatives were sponsored to attend the *Annual Rural and Remote Mental Health Conference* in December 2007.
 - In 2006, the MHD, in collaboration with mental health services, initiated the '*Engaging consumer participation in outcome measurement in WA Mental Health Services*' project. A dedicated consumer project officer was appointed to work with consumers, clinicians and the Project Coordinator to increase participation in the completion of the consumer self-rated outcome measures. The aim of this project is to encourage consumer participation in the completion of the consumer rated outcome measures (K10+ and SDQ) across all mental health services and support ways of using the resulting information in care plans and encouraging mental health consumers to participate effectively in making decisions about their own health care.

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- Consumers are also being recruited, trained and supported to undertake paid Peer Support Worker positions in the metropolitan area. This initiative forms part of the *HealthRight* Project, which aims to improve physical health outcomes for mental health consumers in Western Australia.
- Standard four of the *Service Standards for Non-Government Providers of Community Mental Health Services*, advocates that consumers take an active role in the planning, delivery and evaluation of the services that they receive. A service agreement between the MHD and non-government organisations (NGOs) requires recipients of funding to demonstrate compliance with these standards.
- In addition, a *Peer Support Worker Project* is currently being undertaken by Graylands Hospital utilising existing staffing resources to enable a number of mental health consumers to be trained and supported for their eventual employment as Peer Support Workers. It is expected that this project will be operational early in the 2008/2009 financial year.
- In addition, there are a number of NGOs funded by the DoH and the MHD that employ mental health consumers, such as *GROW*, the Women's Healthworks *Bridges* program and the Richmond Fellowship's *Hearing Voices* program. There is also a number of consumer led incorporated associations and support groups that support people with a mental illness and participate in mental health program and service planning.
- Before any further commitment can be made to fund the implementation of the Framework, the document needs to be reviewed in terms of its relevance and currency.
- It has been conservatively estimated that in 2007/2008 around \$450K will be spent to support mental health consumer participation in mental health services in WA. This figure does not include any funding provided by the Area Health Services in addition to participation payments or by NGOs.

Note:

- In the past additional funding to the HCC was also provided by the MHD for the delivery of Mental Health Consumer Advocacy; Mental Health Consumer Participation Payments; and Consumer participation at Mental Health Sector conferences. This funding was withdrawn in 2003 as part of the whole of health non-government organisations' (NGOs) review and budget strategy. The MHD, the Area Mental Health Services and the CPP has taken up the responsibility for supporting mental health consumers in these area with the HCC continuing to provide some of these services under the DoH main contract.
- In addition, a four year funding was provided to the HCC by the MHD for the implementation of the Mental Health Consumer Consultant Trial to increase awareness of service providers on issues of importance to consumers in relation to service planning, delivery and quality and to integrate consumer perspective into policy and practice. This funding ceased in July 2005 following the project evaluation.

2. Carers Recognition Act 2004

- The *Carers' Recognition Act 2004*, which came into effect on 1 January 2005, represents an important step in supporting the crucial, often difficult and complex role of carers. The Act recognises the role of carers in the community; and provides a mechanism for the involvement of carers in the provision of services that impact on carers and the role of carers. Clause 6 (1) requires that all organisations and officers comply with the Act.
- The Carers' Charter states:
 - carers must be treated with respect and dignity;
 - the role of carers must be recognised by including carers in the assessment, planning, delivery and review of services that impact on them and the role of carers;

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- the views and needs of carers must be taken into account along with the views, needs and best interests of people receiving care when decisions are made that impact on carers and the role of carers; and
- complaints made by carers in relation to services that impact on them and the role of carers must be given due attention and consideration.
- Four key outputs from the Act are:
 - The Organisation/Service Provider has policies, protocols and practices to ensure that the Organisation/Service Provider complies with the Carers Charter.
 - The Organisation/Service Provider makes information available about these policies, protocols and practices.
 - The Organisation/Service Provider ensures that staff are trained in these policies, protocols and practices.
 - The Organisation/Service Provider reviews its policies, protocols and practices with carers.

Implementation of the Carers Recognition Act 2004

- In 2007, the Mental Health Division (MHD) in partnership with the Office of the Chief Psychiatrist (OCP), the School of Psychiatry and Clinical Neuroscience, University of Western Australia, and Carers WA produced two booklets – the “*Communicating with Carers and Families: Information sharing for better outcomes*”, and the “*Carers Guide to information sharing with mental health clinicians: Communicating for better outcomes*”.
- The *Carers Charter*, *Communicating with Carers and Families: Information sharing for better outcome*, and the *Carers Guide to information sharing with mental health clinicians: Communicating for better outcomes* booklets have been distributed to all district mental health services.
- The OCP provides face-to-face education on the Mental Health Act (including the sections that relate to Carers) to staff in public and private mental health services, as well as to General Practitioners.
- The OCP is driving a project in collaboration with the MHD and Carers WA to adapt a template/permission form used in mental health services in the United States of America, for use in Western Australia’s public mental health services. This permission form will be used with mental health consumers and carers to negotiate what information is provided to the carer. This form will be trialled in one North Metropolitan Mental Health Service site, one South Metropolitan Mental Health Service site and in one WA Country Health Service Mental Health site.
- The North Metropolitan Mental Health Service (NMMHS) are currently finalising a ‘Carers Pack’ for distribution to the Carers and families of mental health service consumers. This pack will be trialled for 3 months (commencing on 1 July 2008) throughout North Metropolitan Child and Adolescent Mental Health Service, the Older Adult Mental Health program in Osborne Park, and with in-patient units at Graylands Hospital Campus. Once evaluated and finalised it will be rolled out to the remainder of NMMHS. The pack which was developed with Carers and families, includes information such as (note this is not an exhaustive list):
 - Carer and Consumer rights under the Mental Health Act
 - Council of Official Visitors brief
 - “How to make a complaint” information
 - Brochure(s) on specific mental health disorders (these brochures were developed by ARAFMI WA).
- In April 2007 the “WA Health Consumer, Carer and Community Engagement Framework” was published. This Framework has been developed to assist health staff, area health

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services and WA Health in implementing meaningful and effective consumer, carer and community engagement strategies.

- The Framework is founded on the four levels of consumer, carer and community engagement:
 - individual client or patient interaction;
 - department, program or service level;
 - area health service level; and,
 - WA Health level.

For further information on the Carers' Recognition Act 2004 go to:

www.community.wa.gov.au/DFC/Communities/Carers/Carers_Recognition_Act_2004.htm

3. Supported accommodation needs in WA for people with a mental illness

- Information on unmet need for supported accommodation services for people with a severe and persistent mental illness can be obtained from a variety of sources.
- Currently in WA the types of supported accommodation provided include - low level support provided to people living in licensed psychiatric hostels; in reach support provided to people living in their own home or in public housing; and 24 hour supported accommodation facilities for crisis and medium term stay.
- As reported in the National Mental Health Report for 2007, WA had 36 supported accommodation beds staffed on a 24 hour basis during 2005-06. However, Victoria had 967 accommodation beds staffed on a 24 hour basis. In crude population terms this translates to Victoria having 19 beds per 100,000 people and WA having 1.8 beds per 100,000 people.
- Through the *WA Mental Health Strategy 2004-2007* an investment was made to provide a further 327 (*Intermediate Care 47 places; Community Options 30 places; Community Supported Residential Units 200 places; and Supported Transitional Accommodation for the Homeless 50 places*) supported accommodation places staffed on a 24 hour basis. The 50 places in rural areas will be all operational by September 2008, and two of the metropolitan services will commence in the second half of 2008. Due to this new investment, WA will have 15 beds per 100,000 people by 2010, while Victoria in comparison will have 21 beds per 100,000 people.
- The gap for 24 hour staffed accommodation in WA compared with Victoria will be 120 housing units by 2010.
- The Independent Living Program (ILP) provides supported accommodation for people with a mental illness who require relatively low levels of support to live in the community. In a recent review of the program it was estimated that WA currently needs 1,100 housing units and will require 1,300 housing units by 2012 to meet demand. In 2007 there were 745 properties provided through ILP and by 2012 there should be 930 properties available.
- The accommodation gap in WA by 2012 if measured through this approach will be 370 housing units provided through the ILP.
- Another indicator of unmet need can be gained through the results of the 2004, 2006 and 2007 *Snapshot Surveys* of patients in mental health inpatient units in WA. The *Snapshot* surveys all publicly funded designated mental health inpatient facilities in order to obtain information about the number of patients who could have been discharged if appropriate alternative community services were available. The results from the survey indicate that around 303 people could be discharged if intermediate care and/or accommodation were available.
- Homelessness is another indicator of the unmet need for accommodation for people with a mental illness. Research suggests that up to 85% of people who are homeless have a mental illness. In Chamberlain and Mackenzie's, *Counting the Homeless 2001: Western Australia*

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(WA) analysis showed 11,697 people were homeless in WA representing 12% of Australia's homeless population. In WA, 30% (3,506) of those experiencing homelessness were aged 12-18 years. The *National Youth Commission Inquiry into Youth Homelessness (2008)* report that in 2006, the estimated number of young people in WA experiencing homelessness has increased to 4,280.

4. Assertive Case Management

- Assertive case management, assertive community treatment or outreach is defined as a method of working with severely mentally ill adults with very complex needs who have difficulty engaging with mental health services. The approach is characterised by intensive, frequent contact with consumers in their own environment with an emphasis on engaging with consumers and developing a therapeutic relationship.
- Through the *WA Mental Health Strategy 2004-2007* additional funding was invested in the expansion of community mental health clinical services through an assertive case management approach. The service expansion is operational in Mirrabooka, Swan, Armadale, Rockingham, Peel and a number of regions in the WA Country Health Service.
- In October 2007 additional funding was invested in the Consultation Liaison services and the creation of an Assertive Case Management (ACM) Team at Princes Margaret Hospital for Children (PMH). The ACM team will provide multi-disciplinary therapeutic management to children and adolescents with mental illness outside of the tertiary hospital setting. The introduction of Assertive Case Management at PMH will enable patients to receive intensive treatment within a coordinated and consistent approach and improve follow up care for children and adolescents upon discharge.

5. Graylands Health Campus

- The Graylands Health Campus currently provides inpatient and community mental health services as well as clinical research and education. The inpatient services in the hospital provide a catchment area secondary level service for residents of the North Metropolitan Area Health Service (NMAHS) and a number of specialist mental health services for residents across the state, including rural and remote areas. There are currently 214 inpatient beds on the Campus.
- A new Clinical Services Plan is currently being developed for the Graylands Health Campus to outline the changes in service delivery forward to 2016. By 2016 there will be a reduced 156 authorised beds located on the Graylands Health Campus dedicated to statewide mental health services. The current role of providing authorised inpatient services for people in the NMAHS catchment area will be phased out, as new co-located mental health inpatient units become available in Swan/Midland, Joondalup, Osborne Park and Sir Charles Gardiner Hospitals.
- The Graylands Health Campus will accommodate statewide tertiary inpatient mental health services for Forensic patients, patients requiring long-term rehabilitation, and those with specialised psychiatric service needs. The specialised psychiatric services will focus on four broad areas: acquired brain injury, challenging behaviours, chronic treatment resistant psychotic illnesses and neuropsychiatric disorders. The Graylands Health Campus will also continue to provide a service for country patients requiring authorised acute inpatient mental health care.

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6. Programs for older people with “challenging behaviours”

- The Mental Health Division provides top up funding for 22 specialist residential beds for this population - 6 are provided by Anglican Homes and 16 are provided by Southern Cross with an average top up of \$46,000 per bed per year.

Mental Health Consumer Participation in WA

WA Department of Health Consumer Council Contracted Services

Description

Contribution to the health of the people of Western Australia by;

- Providing a "voice" and recognised presence for health consumers
- Contributing to the planning, development, provision and evaluation of health services; and
- Facilitating an exchange of views on matters of concern affecting the health of consumers.

Outputs

1. Education and Community Development Program

This includes:

- The production and distribution of Pamphlets and Brochures.
- The arrangement, conduct, facilitation and/or involvement in Health Forums and consumer education in Rural and Metropolitan areas.
- The establishment and support of a Health Information and Referral Line (1800) to facilitate the access of rural consumers.
- The production and distribution of Health Consumers' Council Newsletters.

2. Health Consumer Participation Program

This includes:

- The training, support and appointment of Consumer Representatives to health related decision-making bodies.
- Facilitating consumer involvement in Rural Health Issues.
- Establishing and conducting a Health Issues Group(s).
- Encouraging consumer involvement in the HCC and working groups.
- Consultations with health provider groups, including with Divisions of General Practice.

3. Advocacy for Patients Rights

This includes:

- Advocating with appropriate bodies on behalf of individual consumers.
- Representing health consumer views to health service providers, government, the media, and other parties to increase awareness and understanding of consumer experiences and expectations.

4. Information Base

This includes establishing and maintaining relationships across the health system, reference information, monitoring research, policy and developments in health, and providing access to this material through electronic and print material as appropriate.