

WA Mental Health Commission  
**Mental Health, Alcohol and Other Drugs Strategy 2025-2030**  
December 2024

# Advocacy and Collaboration to Improve Access and Equity

### Acknowledgement of Country

We acknowledge and respect Aboriginal peoples as the state's first peoples and nations, and recognise them as traditional owners and occupants of land and waters in Western Australia.

We acknowledge that the spiritual, social, cultural and economic practices of Aboriginal peoples come from their traditional lands and waters, that they maintain their cultural and heritage beliefs, languages and laws which are of ongoing importance, and that they have made and continue to make a unique and irreplaceable contribution to the state.

We honour and respect their Elders past and present, who weave their wisdom into all realms of life – spiritual, cultural, social, emotional, and physical.

This submission was developed on Noongar Whadjuk Boodja.

### Acknowledgement of Lived Experience

We recognise those with lived and living experience of a mental health condition, including community members, RANZCP members and RANZCP staff.

We affirm their ongoing contribution to the improvement of mental healthcare for all people.

### About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation responsible for training and maintaining professional standards of medical specialists in the field of psychiatry in Australia.

Its roles include support and enhancement of clinical practice, advocacy for people affected by mental illness and it plays a key advisory role to governments on mental healthcare.

The RANZCP is the peak body representing psychiatrists in Australia and New Zealand, and as a binational college, has strong ties with associations in the Asia and Pacific region. The RANZCP has over 8500 members, including more than 680 psychiatrists and those training to qualify as psychiatrists in Western Australia.

The RANZCP Western Australia Branch Committee (RANZCP WA Branch) partners with people with lived experience, including through an active partnership on our Branch Committee.

### Contact

Dr Jasmina Brankovich  
WA Branch Policy and Advocacy Advisor  
[jasmina.brankovich@ranzcp.org.au](mailto:jasmina.brankovich@ranzcp.org.au).

### Introduction

The Royal Australian and New Zealand College of Psychiatrists Western Australian Branch (RANZCP WA Branch) welcomes the Mental Health Commission's discussion paper on the Mental Health, Alcohol and Other Drugs Strategy 2025-2030 (MHAOD Strategy). This is a great opportunity for the sector to shape the mental health system for the next five years, and we thank the Commission for its engagement with the Branch.

We acknowledge the work that has been done so far in emergency mental health reform, child and adolescent mental health system transformation, and additional hospital beds announced in the 2024-25 State Budget. We bring potential solutions to the table, informed by the expertise and experience on the Branch Committee and the sub-specialty subcommittees.

### List of recommendations

The RANZCP WA Branch recommends that:

- The vision, aims, and guiding principles of the MHAOD Strategy refer to system transformation objectives over the next five years.
- The Mental Health Commission initiates a cross-sector roundtable to advise on the future of psychiatric clinical leadership across the public mental health system.
- The Mental Health Commission considers the following for inclusion as system-enablers:
  - Collaborative commissioning mechanisms
  - System navigation functions
  - Co-design
- The Mental Health Commission develops a new framework to guide a comprehensive approach to suicide prevention in WA.
- The Mental Health Commission facilitates and funds the development of place-based, collaborative models of care with hospitals, community support and community treatment services.
- The Mental Health Commission develops a detailed plan for rolling out of specialised community treatment services in identified areas of priority need.
- The Mental Health Commission works with the Department of Communities to produce a comprehensive plan that ensures people with mental illness have better access to long-term housing and other supported accommodation that meets their needs.

The Branch also recommends that the State Government funds an adequate number of hospital beds commensurate at least with the population growth rate.

### Vision, aims and principles

The Branch supports the development of a sector-wide vision, aims and guiding principles for the mental health system. The development of the Strategy is an opportunity for the Mental Health Commission to build a shared understanding of recovery-oriented, person-centred care across the sector.

The vision of the MHAOD Strategy should focus on optimal mental health outcomes and zero harm from alcohol and other drugs in the Western Australian community.

Accordingly, the Branch recommends that the vision directly references 'mental health' because the terms 'wellbeing and quality of life' as currently proposed are too broad. While 'wellbeing' and 'quality of life' are important policy principles, these are shared responsibilities with many other government and non-government agencies.

System transformation in this context should deliver a mental health system that integrates services and myriad supports across the communities wherever and whenever these are needed.

**The Branch recommends that the vision, aims, and guiding principles of the MHAOD Strategy refer to system transformation objectives over the next 5 years.**

### Challenges, opportunities, and future focus

#### System-wide enablers

The Branch recommends that system integration and service collaboration should be considered as guiding principles rather than enablers. System integration sets the foundation for developing community-led and place-based approaches to recovery oriented mental healthcare. Service collaboration improves access to those services.

System fragmentation is a key challenge for the sector and remains despite the changes made following the Independent Governance Review of the mental health system. It remains because the system lacks mechanisms to integrate service provision seamlessly as it is still hampered by poor collaboration, service silos, and inadequate communication.

The discussion paper identifies some system-wide enablers – such as data, reporting and evaluation – that are critically important. But some of the recommended system-enablers are broad concepts, such as ‘quality and safety’, with no indication of the tools used to ensure system-wide quality and safety. System-enablers should primarily include tools, mechanisms or processes that ensure the system functions seamlessly.

**The Branch recommends that the following are considered for inclusion as system-enablers:**

- **Collaborative commissioning** mechanisms that action partnerships and service collaboration.
- **System navigation functions** such as clinical navigation roles (for example, mental health nurses) that work across the Health Service Providers and community supports to coordinate service provision.
- **Co-design mechanisms** that involve clinicians, people with lived and living experience, and policy makers as equal partners in design and evaluation of services.

Psychiatric clinical leadership is an important system-wide enabler, and the WA Branch is concerned that this leadership has been downgraded with the dissolution of the Chief Medical Officer – Mental Health role. This followed the new governance arrangements arising from the Independent Governance Review.

The WA Branch also believes that psychiatric clinical leadership, embedded at all levels of mental health governance, is a prerequisite for integrated service provision to mental health consumers. In shaping strategy and planning, psychiatric leadership contributes insights specific and unique to the professional role of psychiatrists across the health system.

We acknowledge the formation of the Clinical Advisory Group arising out of the new governance arrangements. However, psychiatric leadership at senior operational levels in the Mental Health Commission and the Department of Health remains a gap in the mental health system that cannot be replaced by an external advisory group. This issue is as much about building a functioning mental health system, as it is about maintaining trust, accountability, and transparency within the system.

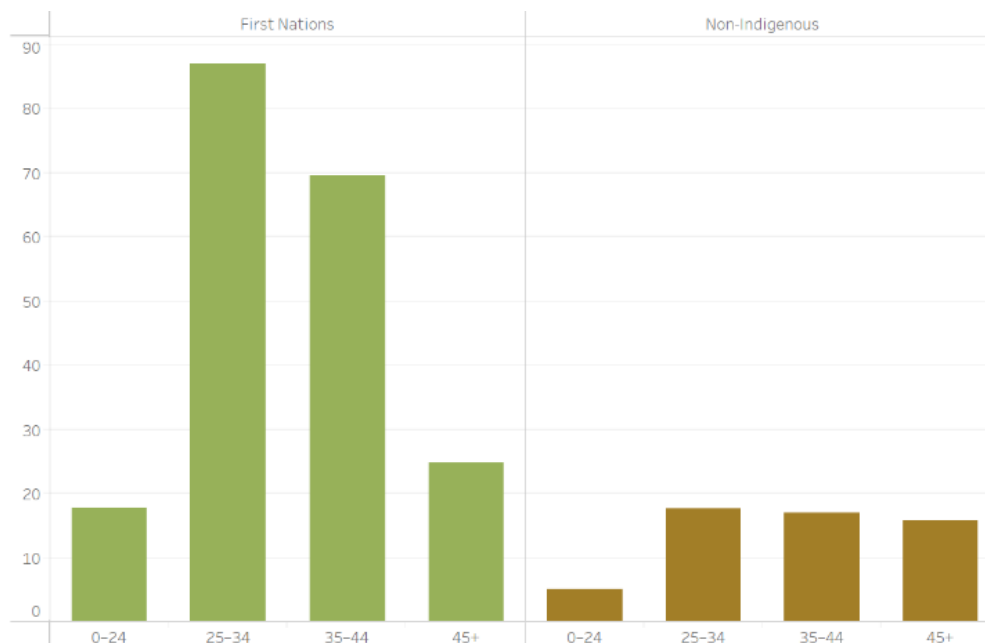
**The Branch recommends that the Mental Health Commission initiates a cross-sector roundtable to advise on the future of psychiatric clinical leadership across the public mental health system.**

### Suicide prevention

Deaths by suicide remain unacceptably high in Western Australia. According to the new data analysed by Everymind:[1]

- WA has the third highest age-standardised suicide rate in the country of 14.3% per 100,000 population, compared to the national rate of 11.8%.
- There is also a significant disparity between urban, and rural and regional WA: while the area of Greater Perth saw a decrease in the suicide rate between 2018 and 2022, the regional, rural, and remote areas saw an increase over the same period.
- The disparity between First Nations and non-Indigenous suicide rates places us further away from achieving national Closing the Gap outcomes, as shown in Figure 1: [2]

**Figure 1: Age-standardised suicide deaths per 100,000, by Indigenous status and age group, WA, 2018-2022**



Suicide prevention requires a comprehensive approach that spans systems, organisations, communities, cultures, and environments. It needs to combine treatment, support and intervention, and bridge gaps between fragmented services.[3] We note that the Mental Health Commission is considering a new framework to succeed the current plan, and recommend the following principles for suicide prevention:

- Universal access to timely, coordinated, high quality mental healthcare is a critical component of suicide prevention, particularly for people with serious mental illness and substance use disorders.
- Access to 24-hour crisis care is one of the most important aspects of mental health service provision in the prevention of suicide.
- Psychiatrists are committed to working in partnership with individuals, and other health professionals, to alleviate the distress involved in suicidal thoughts and behaviours, and importantly, preventing suicides.
- Clinical assessment and care will be more effective when an individual's needs are identified and prioritised, and a strong therapeutic partnership is developed.
- Families, friends, peer support and those with lived and living experience, provide crucial support and insights in suicide prevention efforts.
- Trauma is a key risk factor for suicide and a trauma-informed approach can enhance recovery.

- Population-based measures can reduce risk factors for suicide, for example reducing inequities, providing poverty relief and appropriate housing. promote protective factors against suicide, such as fostering social connectedness and inclusivity.
- Fostering social connectedness and inclusivity can also reduce risk factors.
- Limiting access to lethal means of suicide also needs to be considered.

Indigenous suicide prevention strategies should be co-designed with the WA's own [Centre of Best Practice in Indigenous Suicide Prevention](#).

**The Branch recommends that the Mental Health Commission develops a new framework to guide a comprehensive approach to suicide prevention in WA.**

### Community support

A recent report has estimated that there are 50,000 Western Australians with moderate or severe mental health challenges who have no access to community supports.[4] There are limitations to the study, but it is currently the only significant indicator available regarding the level of unmet need in the community.

The mental health system does not have relevant and contemporary models of care that facilitate collaboration between community support and community treatment services at system level. Innovative local service models arise as products of local community initiative but are often not adequately funded and often even rely on volunteer support. [5]

The community support sub-sector encounters the levels of complexity of presentations and symptoms seen elsewhere, and accentuated sharply in rural and regional areas, due to the gaps in community treatment. Both parts of the mental health system need functional, collaboratively commissioned funding models that will drive service collaboration and person-centred care.

**The Branch recommends that the Mental Health Commission facilitates and funds the development of place-based, collaborative models of care with hospitals, community support and community treatment services.**

### Community treatment and specialised services

The provision of adequate new community treatment services, foreshadowed in the discussion paper, will reduce inappropriate and lengthy inpatient admissions and ease the excessive demand for acute hospital beds. The Government's system transformation process should consider introduction of clinical navigation functions in existing services to provide better integration.

Rural and regional Western Australians in particular face more substantial gaps in non-acute outpatient services than comparable regions in Australia for example, and Pilbara and the Kimberley are especially affected.[6] Moreover, these services will build capacity that is lacking and preventing people from accessing the right services they need at the right time.

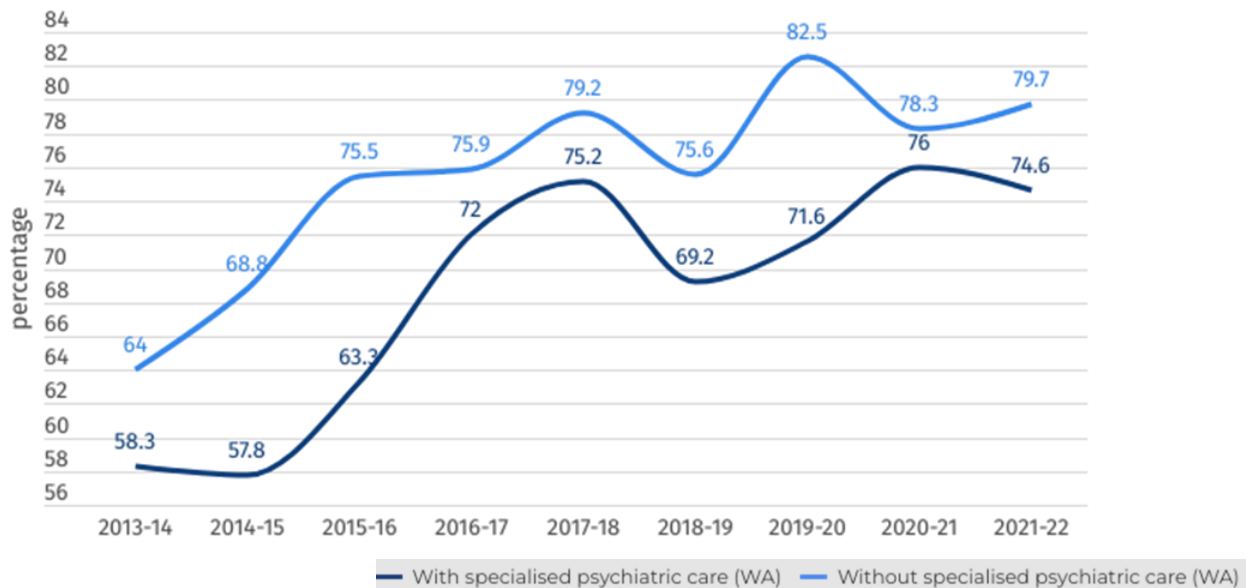
New services will require additional psychiatric and specialised workforce. We note the work of the Mental Health Commission in the development of a workforce plan that will adjoin the Strategy, and the study on the Outcomes Measurement Framework for the system which will ensure the workforce plan objectives are fulfilled.

The noticeable decline in the rate of community follow-up with psychiatric care is an indicator of the shortage of psychiatrists and shortage of specialist community treatment services (Figure 2).[7]

# Royal Australian and New Zealand College of Psychiatrists, WA Branch

## Mental Health, Alcohol and Other Drugs Strategy 2025-2030

**Figure 2: Rate of community follow-up within 7 days of discharge from a psychiatric admission**



The discussion paper foreshadows significant expansion of community treatment services for people with personality disorders, people with an intellectual disability, and people with co-existing neuropsychiatric disorders.

In Western Australia, we have made substantial progress in establishing capacity-building, state-wide specialised services, and developing relevant models of care, such as in eating disorders. The Branch notes, however, that the services for personality disorders and neuropsychiatry have been awaiting implementation since the development of the *Mental Health and Alcohol and Other Drugs Plan 2015-2025*.<sup>[8]</sup>

- The WA Eating Disorders and Outreach Service (WAEDOCS) and WA Eating Disorder Specialty Services (WAEDOSS) provide effective, evidence-based 'hub-and-spoke' model that can be applied to neuropsychiatric and personality disorder services.
  - WAEDOCS, established in 2016, was the winner of the Mental Health Commissioner's Award at the 2019 WA Health Excellence Awards.
- The Statewide Model of Care for Personality Disorders was developed in 2020 by the Mental Health Network and the Personality Disorders Mental Health Sub-Network for the Mental Health Commission and awaits implementation.<sup>[9]</sup>

These models of care for community treatment services also address all the elements of the Sustainable Health Review and provide an opportunity to drive the cultural and behavioural shift across the health system.<sup>[10]</sup>

Perinatal mental health also requires specialised public mental health services. The integration of the Next Step Drug and Alcohol Service with the East Metropolitan Health Service represents an opportunity to work across the service systems:

- Specifically, these services would work collaboratively with the Women and Newborn Drug and Alcohol Service, to address rising prevalence of drug and alcohol issues in the community.
- Lifting capacity in service provision by training adequate specialist alcohol and other drug workforce should be a priority and will set a sound foundation for service expansion in perinatal mental health.

A better integrated service system will enable improved treatment, care and support for people who experience significant mental health challenges and are high users of our emergency departments and hospitals but have not been able to access coordinated care on their recovery journey.

**The Branch recommends that the Mental Health Commission develops a detailed plan for rolling out of specialised community treatment services in identified areas of priority need.**

### Community bed-based services

Psychiatrists refer mental health consumers to supported long-term and transitional accommodation and understand the role of housing and adequate supports in recovery. The RANZCP believes that people with mental illness have a human right to housing, that recovery is not a time-limited, linear process, and that accommodation plays a crucial role in facilitating recovery. [11]

The WA Branch notes that the Independent Community Living Strategy (ICLS) Guidelines changed in 2024, in that the program shifted from long-term accommodation to transitional accommodation.[12] Alongside the Independent Living Program, the ICLS is the largest supported accommodation program in the mental health portfolio, although it is unclear how the change fits with the strategic directions for supported accommodation.

The Branch notes that the Mental Health Commission's housing and accommodation strategy, *A Safe Place*, was released in 2020 and is due for a revision.[13]

**The Branch recommends that the Mental Health Commission works with the Department of Communities to produce a comprehensive plan that ensures people with mental illness have better access to long-term housing and other supported accommodation that meets their needs.**

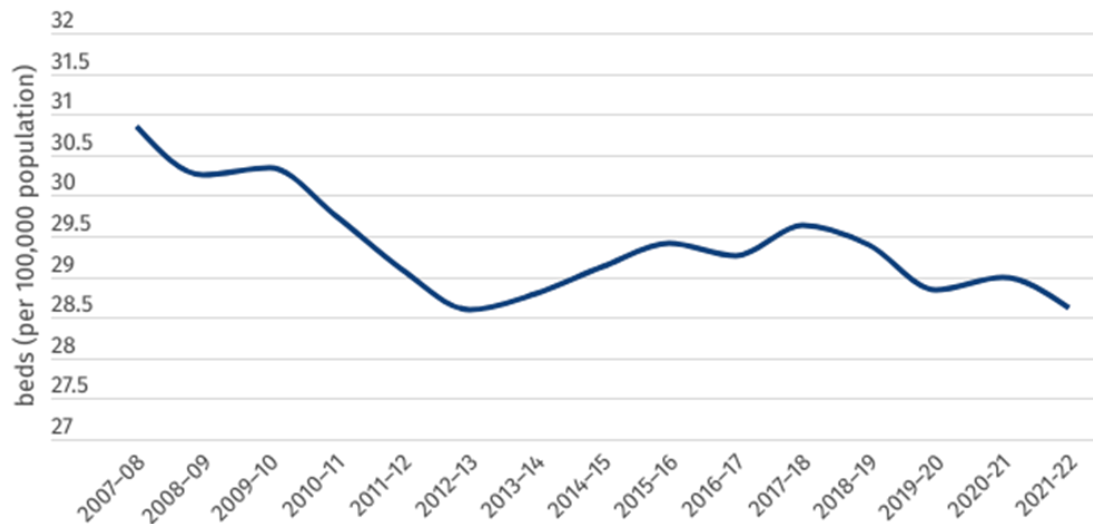
### Hospital services

The Branch welcomes the State Government's recent investment in additional hospital beds. However, WA's record population growth means that we are still short of the beds necessary to provide services to everyone who needs them.

The Branch regards intensive settings such as hospitals as appropriate for people for whom community treatment services are insufficient to assist with recovery. Hospital beds should be funded proportionately to the population growth to ensure that the level of unmet needs is minimal. While precise modelling is needed on the level of unmet need in the community, population growth remains the only measure available right now to compare funding over time. Figure 3 demonstrates that in real terms, the number of hospital beds has been falling further away from the record high rate in 2007-08 [5]:



**Figure 3: Specialised mental health hospital beds per 100,000 population**



**The Branch recommends that the State Government funds adequate number of hospital beds commensurate with at least the population growth rate.**

### Conclusion

The Branch's vision for the MHAOD Strategy is to increase the capacity of our psychiatric workforce and improve access and equity in services to meet the needs of WA's growing and diverse communities.

The WA mental health system deliver positive mental health outcomes for most consumers, but it requires additional workforce capacity and service integration to improve clinical outcomes for all Western Australians and ensure that no one falls through service gaps.

The current crisis in the system is demonstrated by the rising number of people with moderate or severe mental health challenges, who have no choice but to visit emergency departments as an entry point to the system.

Adequate funding for prevention, community treatment services, community support services, and system integration functions is required to divert consumers away from high intensity settings and provide safe and appropriate care. This should be the focus of the Strategy over the next 5 years.

Psychiatrists working in our public mental health system have developed evidence-based models of care that are proven to improve mental health outcomes. The models provide solutions to the major fault lines and gaps in the system: the models are statewide and target frequent users of high-intensity services.

The WA Branch looks forward to working with the Mental Health Commission in advancing the objectives of the MHAOD Strategy.

### References

1. Life in Mind – an [Everymind](#) program portal, data sourced from various sources, state and territory [summary](#) for 2023, latest available, accessed 29 November 2024
2. Australian Institute of Health and Welfare, [Deaths by Suicide among First Nations People](#), latest available, accessed 29 November 2024; Closing the Gap information repository, socio-economic [outcome area 1](#), accessed 29 November 2024
3. RANZP Position statement 101: [Suicide prevention: the role of psychiatry](#), 2020
4. Health Policy Analysis, [Analysis of unmet need for psychosocial supports outside the NDIS](#), Psychosocial Project Group, August 2024
5. Kaleveld L, Crane E, Hooper Y, [Going the Distance: Making Mental Health Support Work Better for Regional Communities](#), Centre for Social Impact, University of Western Australia, June 2023
6. van Spijker, B.A et al, 'Service availability and capacity in rural mental health in Australia: Analysing gaps using the Integrated Mental Health Atlas', *Australian and New Zealand Journal of Psychiatry*, vol 53(10), 2016 1000-1012
7. Australian Medical Association, [2024 Public Hospital Report Card – Mental Health Edition](#), Western Australian data, 2024.
8. Mental Health Commission, [Better Choices, Better Lives: Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025](#), Perth, 2015.
9. WA Association for Mental Health, [The Statewide Model of Care for Personality Disorders](#), Mental Health Commission, Perth, November 2020.
10. Sustainable Health Review, [Final Report to the Western Australian Government](#), Department of Health, 2019.
11. RANZCP Position Statement 86, [Recovery and the psychiatrist](#), 2016.
12. Mental Health Commission, [ICLS Program Guidelines](#), Perth, 2024
13. Mental Health Commission, [A Safe Place](#), Perth, 2020.