

RESPONSE - KEY TOPICS

Early Intervention and Prevention

Western Australia provides in-principle support to the recommendations in relation to early intervention and prevention. However, it is noted that there are significant funding and resourcing implications that would need to be worked through as these cannot be absorbed within existing budget allocations. This includes the recommendation that all schools have a dedicated wellbeing leader supported by the State. Resourcing for this purpose would need to consider school size and student needs, and requires a specialist in the field rather than an educator. In larger schools, this should be a full-time position.

In this instance, if no new funding were to be made available from the Commonwealth, implementation of the recommendation would be dependent on the outcome of a review of existing programs that support school wellbeing initiatives to establish what, if any, funding could be redirected to the employment of school wellbeing leaders.

Mental Health Nurse - Undergraduate Degree

Western Australia does not support the recommendation relating to a three-year direct-entry undergraduate degree in mental health nursing. All nurses should receive adequate skills and knowledge to enable them to provide holistic care; the physical, emotional, psychological, spiritual and cultural needs of the patient should not be considered or treated separately.

It must be recognised that mental health care is provided within a wide range of settings. With more care being provided in the primary health setting, it further strengthens the argument for mental health nurses to have strong foundational skills as a nurse with mental health specialist skills. Many consumers are being cared for in the community or admitted to a general health system with mental health comorbidities and so it is important that general nurses also recognise and feel confident to care for this population within a recovery focus and trauma informed model of care and to recognise when to refer on to more specialist mental health care. Importantly, they must be able to assess and recognise risks related to mental health issues. Separation of the mental health component at undergraduate level risks reducing the already limited mental health focus of the broader nursing degree. Commitment to patient-centred integrated service delivery would be undermined if this was to occur.

By separating the undergraduate degrees, Western Australia will also miss opportunities to attract nurses who may not have necessarily considered mental health as a career option but often do so after being exposed to caring for this population.

Alternative options that could be considered include:

- Strengthening the current curriculum and ensuring there are specialist mental health post graduate courses available will allow expertise to be built in this area (much the same as other specialist areas, such as critical care).
- Consider recommendation 12 from the Educating the Nurse of the Future Report¹. If Western Australia was to move to a 4 year degree, consideration could be given to the 4th year providing the opportunity to specialise in mental health.

¹ [Educating the Nurse of the Future](#)

Western Australia does not see merit in the introduction of a specialist registration system for nurses with advanced qualifications in mental health. This will create another layer of practitioner which is not necessary when the professions should be providing holistic patient centred care. It also has the potential to create further divide amongst the nursing profession and has potential for unintended consequences including increasing secondary stigma for clinicians working in this area and the people that they care for.

Psychosocial Support and Coordination of Services

Western Australia supports in-principle the recommendation that all people with severe and persistent mental illness who require care coordination services due to their complex health and social needs should be receiving them. Western Australia acknowledges that there are risks to individuals if mental health services and supports are not adequately responsive to individual needs. Mental health services should be available to all individuals including those within the prison system and people with a disability, on the same basis as those within the community and without disability. Furthermore, it is acknowledged that reasonable adjustments may be required to facilitate access and achieve comparable outcomes for these at risk individuals.

Federal and State Governments should have a coordinated response to ensure continuity of psychosocial supports for vulnerable young people exiting out-of-home care. A capacity-building approach is recommended to develop expertise in the mainstream mental health workforce and enhance links and collaboration between services systems, agencies and providers to facilitate the best possible treatment outcomes.

There is a known gap in mental health services that are effective in treating and supporting people with disability who have complex and/or behaviour support needs. Western Australia has identified a need for improved and targeted services for people with cognitive and/or neurodevelopmental disability requiring concurrent mental health and disability supports to enable discharge from hospital services.

Similarly, Western Australia considers it is vital that prisoners can access at least an equivalent level of medical treatment that is available in the community. Prisoners are not able to access their Medicare or Pharmaceutical Benefit Scheme (PBS) entitlements while in custody and yet have significantly higher levels than the general public of: mental health problems, risky alcohol consumption, tobacco smoking, illicit drug use, chronic disease and communicable diseases. Release from prison is an especially critical time and lack of access to Medicare is a barrier to effective continuity of healthcare for prisoners as they transition to the community.

Requirements for continued access to psychosocial support should be changed so that anyone who requires it is able to access it. This should include prisoners, former participants of Australian Government-funded psychosocial supports and those eligible or not eligible under the National Disability Insurance Scheme (NDIS).

Consideration needs to be given to contemporary non-medical or in-community support models including:

- peer to peer recovery models of support;
- positive behavioural therapy and skill development models to mitigate risky behaviours and reduce the negative impact of mental health on the individual; and
- funding of 'living-skills' centres to support individuals to retain the autonomy in the community.

Work to streamline and better coordinate supports to NDIS participants may spearhead initiatives in the mental health sector or provide examples of good practice in integrated service delivery, however reform in the broader sector also needs to occur to adequately support both participants and those ineligible for the NDIS.

Housing Security for People with Mental Illness

Western Australia supports in-principle the recommendation that people with mental illness who exit institutional care (particularly hospitals or prisons) receive a comprehensive mental health discharge plan and services that have the capacity to meet their needs.

Western Australia supports the recommendation that housing services should increase their capacity to prevent people with mental illness from experiencing housing issues or losing their home. Supported housing providers need to be part of a coordinated support response when tenancies are at risk and mental health issues are a factor.

Non-specialist social housing providers are not best placed or resourced to provide the intensive support that people with severe mental illness require, and in many cases where tenancies fail, the tenant refuses to engage with available support. Western Australia supports building the capability of housing service officers with mental health training focussing on keeping staff safe, recognising indicators that a tenant may need mental health supports and to better understand pathways where mental health supports can be accessed.

In regional and remote areas, where minimal or no services currently exist, housing services would require significant additional resourcing both in funding and specialist personnel to achieve the aims of this proposal.

Western Australia supports the recommendation related to the review of policies concerning anti-social and disruptive behaviour. In Western Australia, the obligation to the broader community has been further strengthened through the development of the Disruptive Behaviour Strategy which is currently under review. This recommendation needs to take into account the legal requirements of the *Residential Tenancies Act 1987* and the general communities' right of quiet enjoyment of their own home.

Western Australia supports an increase in Commonwealth funding for State Government provided housing and homelessness services and is currently developing an Accommodation and Support Strategy which sets out the need for more community-based accommodation and support services for people with mental health issues in Western Australia.

Western Australia has also released 'All Paths Lead to a Home - Western Australia's 10-Year Strategy on Homelessness 2020-2030', for all Western Australians to be supported to achieve safe, secure and stable homes. To support this, Western Australia has recently announced a \$150 million Housing Investment Package to build more than 500 new homes for those most in need, as well as a \$72 million funding increase for homelessness services. This includes two 'Common Ground' facilities which bring together people on low incomes and others at risk of homelessness in a residential complex that includes self-contained apartments, communal areas and office spaces.

National Mental Health and Suicide Prevention Agreement

Western Australia is taking an increasingly integrated, collaborative and whole-of-government approach to suicide prevention. The Western Australian Suicide Prevention Action Plan 2021-25 is specifically being developed to align with the Fifth National Mental Health and Suicide Prevention Plan.

Western Australia supports in-principle the development of a National Mental Health and Suicide Prevention Agreement (National Agreement) between the Australian, States and Territory Governments to provide clarity on roles and responsibilities for mental health care.

A National Agreement should have flexibility to align with jurisdictional requirements and priorities. Clarity on the scope and how this Agreement would relate to and/or enable further structural reform is required to enable a comprehensive analysis and due diligence to be undertaken. Analysis should include a detailed review of where the National Agreement may duplicate or impact existing arrangements or propose new arrangements, and if this is likely to have a financial impact on the State. Consideration of transition arrangements would also be required. Alignment with the National Health Reform Agreement (NHRA) and related reforms (including current Commonwealth/State mental health bilateral agreements) will be critical.

Consideration could also be given to the potential to expand the National Health NHRA to include a specific mental health schedule. Western Australia notes that the negotiation of the NHRA may provide an opportunity for the Commonwealth and State Governments to implement measures with the aim to reform the architecture of Australia's mental health system.

Any new agreement should be consistent with the *Intergovernmental Agreement on Federal Financial Relations* (IGA FFR) which provides the foundation on which the Commonwealth and States and Territories collaborate on policy development and service delivery implementation.

While the Draft Report notes that a new agreement could improve accountability by clearly setting out responsibilities, this will only work if it is accompanied by sustainable and fair funding arrangements. Accountability should be established primarily through clearly defined roles and transparent reporting. Agreed performance measures contained in a potential intergovernmental agreement should be patient/outcomes focused, appropriate, achievable and relevant, consistent with the IGA FFR principles.

While Western Australia would welcome more flexible funding arrangements, it must be acknowledged that current funding levels are insufficient to meet needs and any changes in approach will not improve success rates without adequate funding. With an integrated focus to the National Suicide Prevention Implementation Strategy (currently under development), funding and resource efficiencies could be created that would also benefit the alcohol and other drug service sector. It is integral, however, that funding allocation takes into account the vast geographical area and therefore, increased services needed for Western Australia.

Structural Reform - Proposed Rebuild Model (preferred option by Western Australia)

Western Australia, to an extent, is operating under a hybrid of the "renovate/rebuild models". This allows the State more flexibility to fund programs and initiatives specific to the needs of the State's population.

Each State and Territory currently operates differently and has different specific needs. In Western Australia, it would be appropriate for the MHC to assume the role of the proposed Regional Commissioning Agency (RCA). For States/Territories with greater population density, it may be feasible to have several RCAs established with one overarching governance entity but the nature of the Western Australian MHC and service delivery complexities of Western Australia do not support this approach.

The proposed “rebuild model” to provide RCAs response (or in Western Australia's case, the MHC) with responsibility for allocating Commonwealth Medicare Benefit Scheme (MBS) funding (i.e. for primary mental health care) has merit as it gives the MHC greater ability to coordinate a wider spectrum of mental health care. However, this may also transfer funding risks to States/Territories as the Commonwealth will still determine the amount of MBS payments provided to States/Territories and this may not be adequate to meet local needs.

More detail is required to assess the impact of potentially linking MHC mental health funding with projected MBS rebates for allied mental healthcare. Western Australia has concerns over the adequacy of this funding model as the State has lower than national average MBS and PBS funding per capita as well as lower rates of General Practitioners, partly due to the extent of regional and remote locations within the State.

Additional resources and expertise would be required in the MHC to purchase and manage these additional services as well as provide increased workforce to the State to deliver the services required. Such funding should be provided by the Commonwealth. Western Australia supports the inclusion of regional flexibility in any proposed national model so that implementation can take into account the different circumstances of each jurisdiction.

Role of the National Mental Health Commission

Western Australia supports in-principle the recommendation that the National Mental Health Commission (NMHC) should become a statutory authority whose responsibilities include strategic national evaluation, monitoring and reporting. The NMHC should have an interjurisdictional role but it should not duplicate the work of State/Territory based Commissions.

Western Australia considers that evaluation of a program should be incorporated in the planning of the program and reviewed throughout its life. This is best undertaken by the local program owners. Evaluation of State-specific programs by a national body risks an evaluation approach which does not recognise or account for unique service and consumer requirements specific to individual States and Territories. It also risks the State being tied to unnecessary burdensome reporting which would direct resourcing and focus away from service delivery.

The NMHC should have a skills based Board which acts to ensure that the NMHC fulfils its obligations and includes individuals with a lived experience as a priority. The NMHC should be apolitical.

Regardless of the model adopted (rebuild/renovate), all mental health commissions, including the NMHC, should work together to establish agreement on national measures so that a clear and consistent picture of mental health service development and reform is developed.

Next Steps

Western Australia would welcome the opportunity to work with the Federal Government to trial the proposed “rebuild model” in a single jurisdiction to provide proof of concept, noting that the States/Territories are at different stages of commissioning maturity and readiness for this nature of reform.

A trial or pilot may be an appropriate way to progress, noting that there is currently no body of Australian-specific evidence regarding joint commissioning/pooled funded of this scale. Available evidence-base and evaluation learnings are from international jurisdictions.

A pilot option might be to assign the RCA role to the Western Australian MHC. The WAPHA and State based PHNs could have greater focus on primary care and the essential role of coordinating and integrating care between community, hospital and primary care services.

With comprehensive evaluation, Western Australia could pilot this model and provide the evidence that is needed to inform a decision for the other State and Territories and the nation as a whole.

As well as the considerations suggested within this response, if Western Australia was to become a pilot State for this level of reform, the following should also be considered:

- the impact on existing interfaces between services systems, including NDIS and Aged Care;
- the roles/responsibilities of other involved/impacted agencies (such as Australian Institute of Health and Welfare, Australian Bureau of Statistics, Australian Commission on Safety and Quality in Health Care);
- a key objective of structural reform should be achieving improved outcomes for consumers and carers;
- consideration of interaction of RCA/MHC with Aboriginal Medical Services and Aboriginal Community Controlled Health Organisations; and
- significant consultation/engagement would be required to ensure limited loss of regional expertise and/or existing working relationships.