



Government of Western Australia  
WA Country Health Service



**MENTALLY HEALTHY,  
RESILIENT COUNTRY  
PEOPLE LIVING  
SATISFYING,  
CONTRIBUTING LIVES.**

WA Country  
Health Service  
Mental Health  
and Wellbeing  
Strategy  
2019–24



## **Acknowledgements**

WA Country Health Service acknowledges the Aboriginal people of the many traditional lands and language groups of Western Australia. It acknowledges the wisdom of Aboriginal Elders both past and present and pays respect to Aboriginal communities of today.

## **Using the term—Aboriginal**

Within Western Australia (WA), the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. Aboriginal and Torres Strait Islander may be referred to in the national context and Indigenous may be referred to in the international context. No disrespect is intended to our Torres Strait Islander colleagues and community.

## **Using the term—on country**

For the purposes of this document, on country represents a term used by Aboriginal people referring to the land to which they belong and their place of Dreaming.

## **Use of the term— substance use disorder**

The term substance use disorder refers to the harmful use of substances such as alcohol and other drugs.

## **Definition of cultural security**

Cultural security is the provision of programs and services offered by the health system that will not compromise the legitimate cultural rights, values and expectations of Aboriginal people. To be culturally secure, programs and services need to:

- identify and respond to the cultural needs of Aboriginal people
- work within a holistic framework that recognises the importance of connection to country, culture, spirituality, family and community
- recognise and reflect on how these factors affect health and wellbeing
- work in partnership with Aboriginal leaders, communities and organisations.

**Please note: Aboriginal people should be aware that this publication may contain images or names of deceased persons in photographs or printed material.**

## **Glossary of terms**

Definitions of a number of health terms used in this document are in the glossary on page 21.



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Inclusive, culturally secure and non-discriminatory care must continue to be emphasised as a key social determinant of health.

SUSTAINABLE HEALTH REVIEW FINAL REPORT







*Healthy minds,  
healthy country  
communities*

# Message from the Board Chair

**Providing high quality care and treatment for people experiencing mental health problems, including alcohol and substance use disorders, is core business for the WA Country Health Service (WACHS).**

**WACHS recognises and values the importance of good mental health for all people living in rural and remote regions of Western Australia, its impact on quality of life and the ability for people to be contributing members of the community.**

Mental health problems are now the second highest disease burden in WA after cancer. Nationally suicide is the leading cause of death of our young people – accounting for one-third of deaths of Australians aged 15–24. These figures are even higher in Aboriginal communities.

People living in remote areas are twice as likely as people in major cities to smoke daily, drink alcohol in risky quantities and misuse other substances, which may result in poorer physical health outcomes. Country people who experience mental health problems, alcohol or substance use disorders often face barriers to accessing appropriate services when they most need them.

This **WACHS Mental Health and Wellbeing Strategy 2019–24** (the Strategy), provides a five year plan to strengthen the integration of mental health care within all regional health services, ensuring a seamless journey for the consumer and their family. It represents a new era in improving access to high quality and contemporary mental health care, closer to home and on country.

The Strategy aligns with the **WACHS Strategic Plan 2019–24** priorities of addressing disadvantage and inequity, building healthy and thriving communities in collaboration with our partners, and providing a safe and secure workplace.

People experiencing mental health problems, alcohol or substance use disorders access services across all WA's health and social care systems, which makes mental health everyone's business.

As such, WACHS's specialist mental health services will work with a broad range of partners and consumers to achieve safer, co-located and integrated mental health services, enabling equitable access to care for people in country communities similar to that available in the metropolitan area.

WA Health is currently undergoing a cultural shift towards innovation following the release of the **Sustainable Health Review Final Report**. The Strategy aligns with the priorities identified in the Sustainable Health Review Report, the **WA Health Digital Strategy 2020-2030** and our own digital developments to embrace emerging technology, digital opportunities and innovative service reform, including the recent introduction of a Mental Health Emergency Telehealth Service. This new service is changing the way mental health services are delivered by increasing opportunities for people in country WA to access specialist mental health treatment closer to home.

We will ensure mental health care is provided in a sensitive and compassionate, person-centred manner to anyone who presents to a WACHS facility, promoting a 'no wrong door' culture when people need care, where and when they need it, no matter what part of the health system they access.

Our thanks go to the many stakeholders and health staff who have worked with WACHS in the development of this Strategy. Your input will help WACHS deliver more inclusive, culturally secure and non-discriminatory mental health services, resulting in better care closer to home for WA country people.

PROFESSOR NEALE FONG  
Board Chair  
WA Country Health Service

*One in five adult Australians will be affected by a mental health disorder each year;<sup>1</sup> 13 per cent of people aged over 13 smoke daily and almost one in five are risky drinkers.<sup>2</sup>*

# Drivers for change

 *The global burden of mental disorders is large and continues to grow.*

*World Health Organization, 2013*

**While 85 per cent of Australians aged over 15 years rate their health as good, almost half will experience some kind of mental health problems, alcohol or other substance use disorders in their adult lives.<sup>1</sup>**

Mental health problems and substance use disorders are recognised as one of the eight national chronic disease health priorities. They are the second highest cause of disease burden in WA after cancer and the third highest in Australia, particularly in terms of non-fatal productive years lost due to disability.<sup>3,4</sup>

Studies indicate that people experiencing serious mental health problems are more likely to die early, with their life expectancy reduced by up to 30 per cent.<sup>5</sup> Stigma towards people experiencing mental health problems is prevalent in Australia and regrettably, this may also include discrimination by the health workforce. The impact of stigma is profound and can be further compounded for people experiencing co-existing alcohol and/or other substance use disorders, those who are from groups that are already vulnerable or marginalised and those who have co-existing physical health issues.

The Strategy is aligned with the WA Mental Health Commission's ***Better Choices. Better Lives. Western Australian Mental Health, Alcohol and other Drug Services Plan 2015 – 2025*** and principles from the State Government's Sustainable Health Review, including partnerships, clinical excellence and person-centred care. The Commission recognises that it is not uncommon for drug, alcohol and mental health problems to co-exist and that the full range of integrated and coordinated services to address these issues is needed to ensure a seamless journey for the consumer and their family.

Responsiveness to health reform impacting on the delivery of mental health, alcohol and other drug services such as the National Disability Insurance Scheme and the Aged Care Reform Agenda will drive the need for increased partnerships to improve the quality of life for consumers and their families across WA.

## PREVENTION AND EARLY INTERVENTION

Many health and social challenges such as mental health problems, obesity, heart disease and poor literacy and numeracy, can be traced back to pathways that originated in early childhood.<sup>6</sup> These pathways are often associated with traumatic events in the early years, and may be associated with intergenerational trauma for some cultural groups.

Preventive health approaches aim to improve mental health and stop or reduce factors that contribute to poor mental and physical health. Health systems with strong primary health care are more efficient, have lower rates of hospitalisation, fewer health inequalities and better health outcomes. Investing in preventative actions are less expensive and have a positive impact on health outcomes, whereas expenditure on treating symptoms is more costly and has a lower rate of success in improving health outcomes.<sup>7</sup>

Prevention and early intervention strategies aim to use efficient and effective approaches to reduce the future need for acute, high cost or intensive health responses. Prevention initiatives align activity to key transition periods during the life course from perinatal through to older people.

# Drivers for change

## CONSUMER-LED CARE, CO-DESIGN AND CO-PRODUCTION OF SERVICES

Clinicians must actively engage with consumers in planning their care from a strengths-based perspective to address individual needs. The development of a WACHS-wide peer workforce (people with a lived experience of mental illness) will improve and strengthen our connection with consumers and their families.

Consumers have to be at the heart of all mental health service design, delivery and evaluation. Implementation of this Strategy must include consumer and carer co-design and co-production at all levels, to ensure the design and delivery of user-friendly, recovery-oriented mental health and substance use services are developed and evaluated to continuously inform on competencies and outcomes for consumers.

Using a variety of evidence-based techniques to understand our systems WACHS will work directly with consumers, carers and key stakeholders to build a better understanding of people's needs and expectations, in particular focusing at the key touch points where people access the healthcare system. This understanding also enables health providers to align services at a system level with the needs of their consumers.

Staff working directly with consumers and carers will be supported to review their work processes, to enable them to assist consumers to co-design and evaluate service improvements to better meet consumer expectations and needs. Having everyone involved and responsible for service improvement is the key to service reform and cultural change.

▣ *Suicide accounted for 4.9 per cent of deaths of Aboriginal people, but was a more common cause of death among Aboriginal males (6.4 per cent) than Aboriginal females (2.9 per cent). Among non-Aboriginal people, suicide accounted for 1.6 per cent of deaths.<sup>8</sup>*

## RECOGNISING AND SUPPORTING HUMAN RIGHTS

The dignity and rights of people accessing health services will be respected at all times. The National Standards for Mental Health Services (2010) require that the rights of people affected by mental health problems are upheld, applied and promoted throughout care.

The *WA Mental Health Act (2014)* was implemented in November 2015, embedding a charter of principles and set of care standards (*the Chief Psychiatrist Clinical Practice Standards*) into legislation, ensuring services report on and meet these Standards. Consistent with this, the National Safety and Quality Health Service Standards (2nd Edition) require a partnered approach with consumers and their families to assist in minimising patient harm, and minimising the use of restrictive practices, including restraints, in health care settings. This has been identified as a clinical priority.





# Drivers for change

## REDUCING STIGMA

In order to reduce and possibly eliminate the stigma regarding mental health problems, it is important to understand the experiences of people living with mental health problems and the challenges they face and to understand the support required from within the community. The World Health Organization defines stigma as:

*“A major cause of discrimination and exclusion: it affects people’s self-esteem, helps disrupt their family relationships and limits their ability to socialize and obtain housing and jobs”.*<sup>9</sup>

This Strategy will promote stigma reducing approaches in service delivery across the patient’s journey throughout its implementation.

## BRINGING CARE CLOSER TO HOME

This Strategy prioritises access to care for all country people. Evidence has shown telehealth (videoconferencing) to be an acceptable means of accessing a service by mental health and alcohol and drug consumers and is already widely used in WACHS child and adolescent and youth mental health services. Young people sometimes prefer telehealth to face-to-face services.

Tele-mental health and other new digital opportunities are evolving as an alternative to travelling to the metropolitan area or to larger regional centres for country people and their families. It also facilitates a shift to providing specialist services at the frequency needed by consumers, rather than traditional outreach visit scheduling.

Embracing the use of technology and new opportunities such as the Mental Health Emergency Telehealth Service (see Glossary) will help drive the transformation required to close the access gap and bring specialist care closer to home in a timely manner.

## EQUITABLE ACCESS TO HEALTH CARE

In country WA, the impact of mental health problems is higher than in metropolitan areas despite similar prevalence of disorders. Limited access to primary health and specialist services often leads to people accessing services later in the development of disorders, resulting in later diagnosis, intervention and increased likelihood of chronic and acute physical co-morbidities.

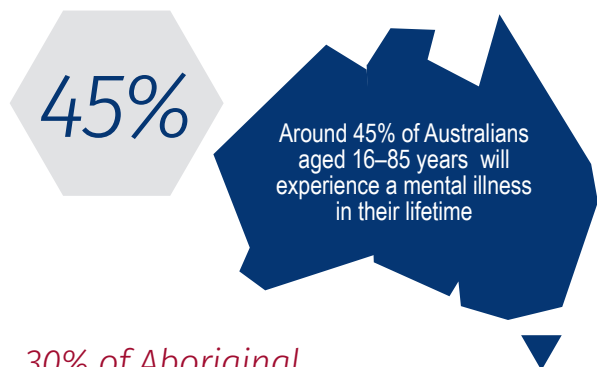
Recruitment of mental health professionals to regional areas is an ongoing challenge for regional services. The numbers and rates of specialist mental health and substance use disorder clinicians decline markedly with remoteness: 88 per cent of psychiatrists and 75 per cent of psychologists are employed in major cities, whilst only three psychiatrists and 30 psychologists per 100,000 population practice in remote and very remote areas.<sup>10</sup>



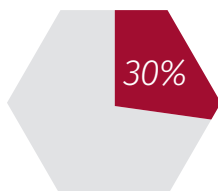


# Snapshot

## PEOPLE EXPERIENCING MENTAL HEALTH PROBLEMS



30% of Aboriginal people report having a mental health condition and/or dependence on drugs or alcohol



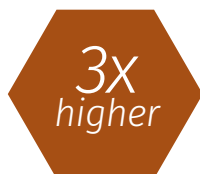
## SUICIDE AND SELF-HARM



In Australia, suicide is the leading cause of death for people aged 15–44 years

NON-ABORIGINAL

ABORIGINAL



In WA, the suicide rate is 3x higher for Aboriginal people than non-Aboriginal people

## CARE CLOSER TO HOME



4 in 5 country residents admitted for acute mental health issues were treated in WA Country Health Service sites

## PEOPLE LIVING WITH MENTAL HEALTH PROBLEMS

MILD	MODERATE	SEVERE
<b>9-12%</b>	<b>4-6%</b>	<b>2-3%</b>
of Australians have a mild mental health disorder	of Australians have a moderate mental health disorder	of Australians have a severe mental health disorder



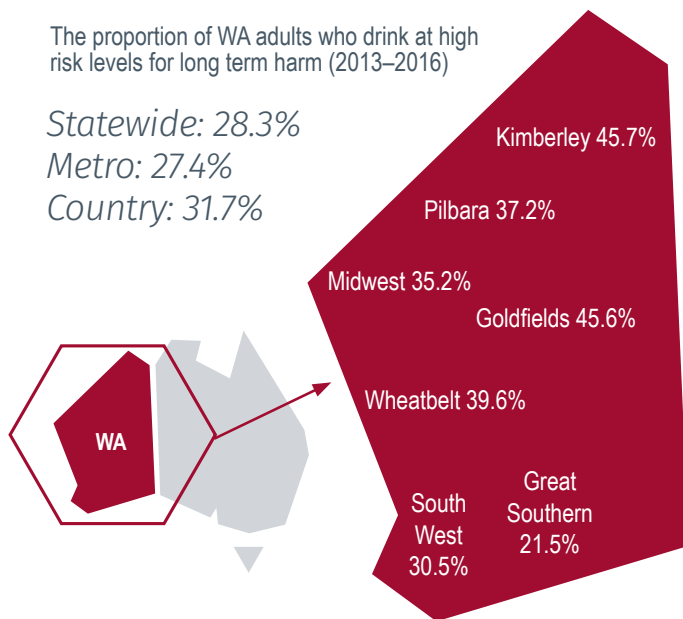
3 in 5 people aged 15–64 with a mental or behavioural condition were employed



## ALCOHOL AND DRUG USE

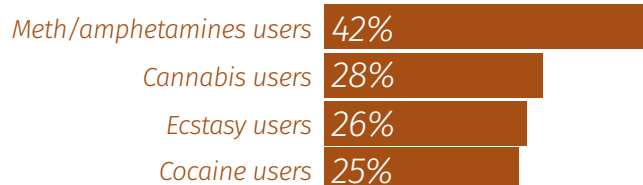
The proportion of WA adults who drink at high risk levels for long term harm (2013–2016)

Statewide: 28.3%  
Metro: 27.4%  
Country: 31.7%



People in remote and very remote areas are 2.5 times as likely to use meth/amphetamines as those in major cities

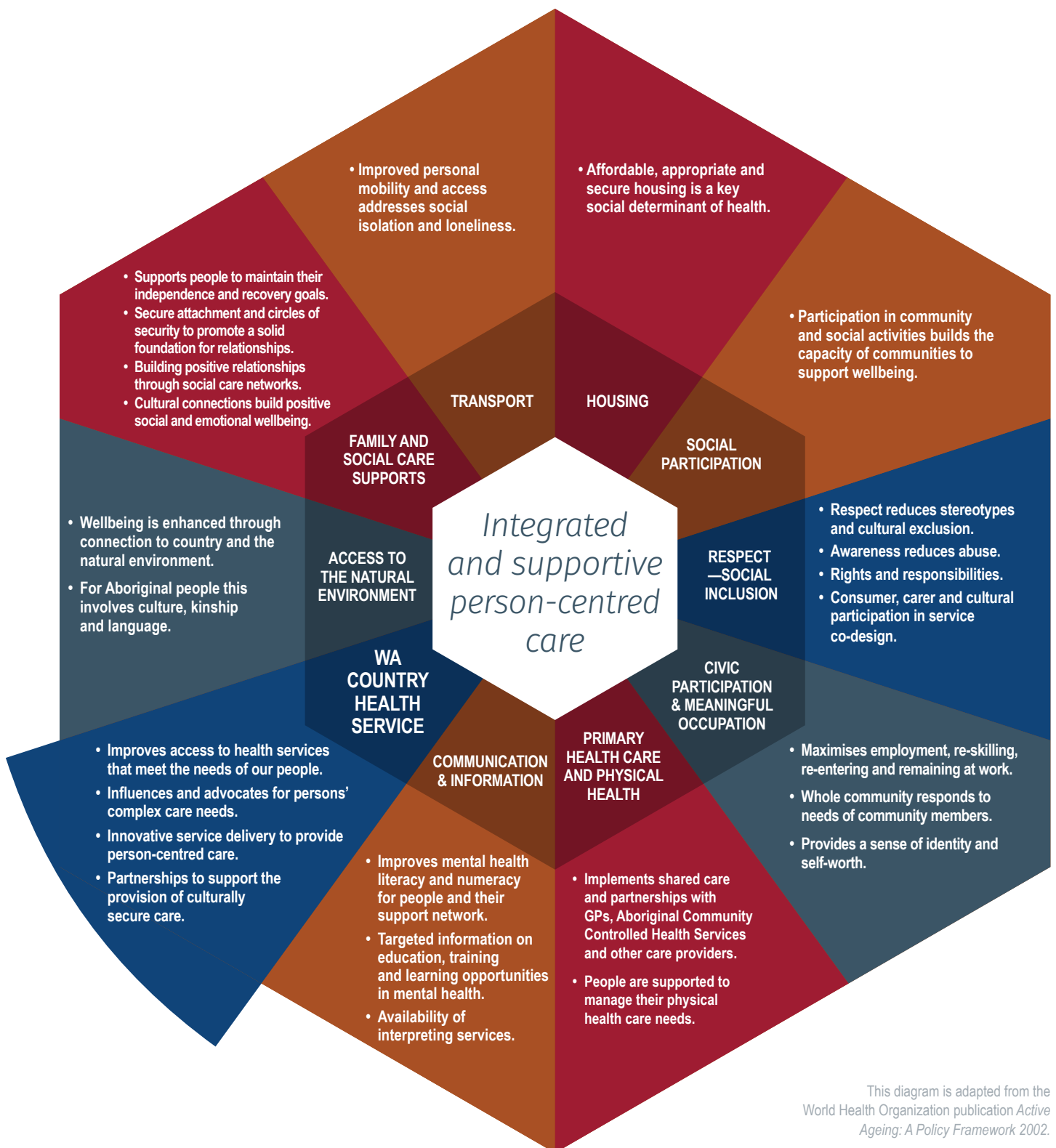
Many adults who use drugs also report having a mental illness



# How to stay mentally well and healthy in country WA

Supporting people living with mental health problems, alcohol and other substance use disorders to stay well and healthy is about creating the environments and opportunities that enable people to be and do what they value most throughout their lives.

Providing people with the right support services requires a lifespan multi-agency approach, assisted by the development of the right partnerships in country communities, as outlined in the diagram below.





# Vulnerable groups in country WA

## Implementation of this Strategy will target disadvantage and inequity in service access and outcomes for country people.

The Strategy will prioritise the needs of vulnerable groups when developing service models by addressing service gaps such as for young people, Aboriginal people and those with chronic conditions, whilst creating safe, caring environments that promote confidence and trust. In addition to the identified groups below, homelessness or a Culturally and Linguistically Diverse (CALD) background, create further vulnerability for people who experience mental health, alcohol and other drug problems.

The Strategy closely aligns with the *WACHS Aboriginal Health Strategy 2019–24* and the *WACHS Health Strategy for Older People 2019–24*.

## PEOPLE WHO HAVE EXPERIENCED COMPLEX TRAUMA

*'In contrast to 'single-incident' trauma, complex trauma is cumulative, repetitive, interpersonally generated, may involve several generations of the same family, and may include ongoing abuse perpetrated by family and those close to the survivor.*

*The cumulative impact of premeditated and multiple episodes of abuse compound the harmful impact. Complex trauma places the person at risk for not only recurrent anxiety disorders (e.g. Post-Traumatic Stress Disorder; other severe anxiety disorders), but also creates interruptions and breakdowns in healthy psychobiological development' (ASCA practice guidelines for the treatment of complex trauma).<sup>11</sup>*

Many people presenting to WACHS services have experienced complex trauma and unfortunately, many such people are re-traumatised by their experiences in the health care system.

All staff will adopt a comprehensive approach to providing patient centred care, to ensure they are not missing an opportunity to consider the physical and mental health of the consumer at the point of their presentation to the health service.

## CHILDREN AND YOUTH

The second *Australian Child and Adolescent Survey of Mental Health and Wellbeing (2015)* report<sup>12</sup> points to the need for refocussed effort by governments and the broader community to develop systems to both prevent mental health problems and to respond early to problems when they emerge.

The rates for depression, self-harm and thoughts about suicide in teenagers are particularly worrying, with approximately one in 10 indicating they have engaged in self-harming behaviour. Young people coming to terms with their sexual orientation and gender are particularly vulnerable. This period of life is also when the early signs of long-term severe mental illnesses can emerge, and early recognition and treatment has been recognised to improve long-term outcomes.<sup>13</sup>

In the report<sup>12</sup>, children and adolescents in low-income families experienced higher rates of mental health problems in the previous 12 months. Significantly higher rates of mental health problems were found in non-metropolitan areas.

*Most people who experience mental health problems recover well with appropriate ongoing treatment and support.*

# Vulnerable groups in country WA

For young Australians aged 4–17 years, around 14 per cent will have experienced a mental health or substance use problem in the previous year.<sup>1</sup> Many of these children experience co-morbidities including disabilities and physical development delays. This drives the need for the development of integrated services and partnerships between mental health service providers and other providers of child services to develop referral pathways. These pathways must be able to provide support and meet the needs of this ‘at risk’ group, to ensure that there are no missed opportunities at each touchpoint on the persons’ journey through the health system.

The best chance of preventing mental disorders or providing early intervention to minimise the impact of mental health problems across the lifetime is during childhood. The Stokes Review<sup>14</sup> (July 2012), recommended that “special provisions are made for the clinical governance of the mental health needs of youth (16–24 years of age).”

WACHS will endeavour to reduce barriers and improve access for youth to our mental health services. This Strategy will oversee the implementation of a Youth Stream which will ensure a consistent age-appropriate approach to service delivery for youth in all regions.

## ABORIGINAL PEOPLE

Aboriginal people have a great diversity of cultures, history and values that have existed for many thousands of years, based in spiritual, social, and geographical connections. Challenges as a result of colonisation and European settlement have impacted their natural environments and culture.

Combine with this the past policies of the forced removal of children (the Stolen Generations) adds to poorer mental health and wellbeing for Aboriginal people and their communities due to the ongoing effects of complex and intergenerational trauma across subsequent generations.

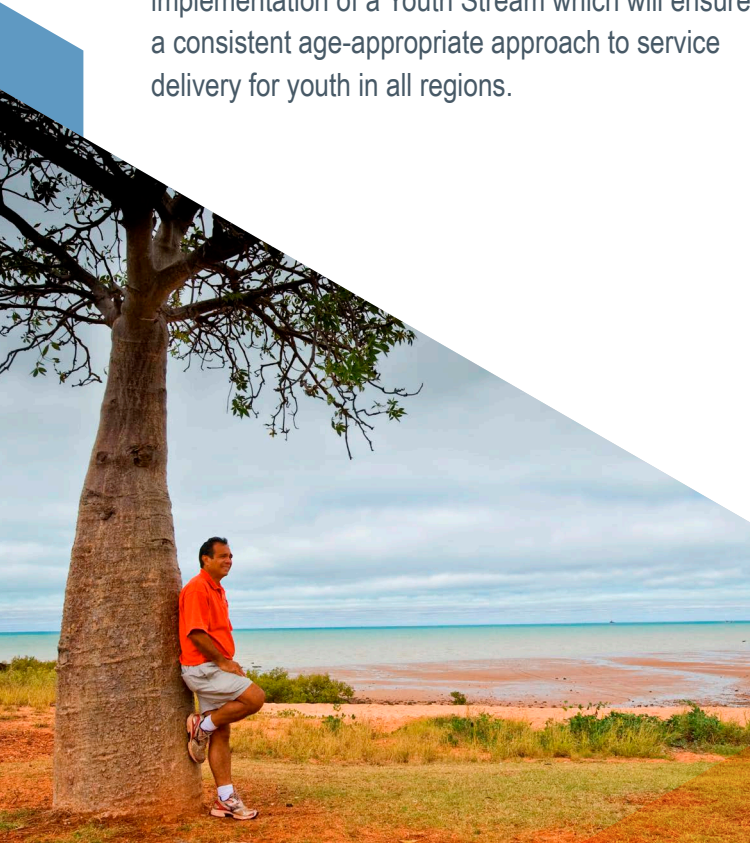
The Stolen Generations, compared with the general Australian population are:

- 30 per cent less likely to report being in good health
- 15 per cent more likely to consume alcohol at risky levels
- 10 per cent less likely to be employed.<sup>15</sup>

Consequently, Aboriginal people experience disproportionate rates of mental health problems and distress and high rates of alcohol and other substance use disorders compared to non-Aboriginal people, particularly those people who live in remote and very remote areas.

Young Aboriginal people may face additional obstacles in making a successful transition to adulthood. The effect of inter-generational trauma, racism and prejudice, and socioeconomic disadvantage are all relevant in understanding the experiences of young Aboriginal people today.

It is increasingly acknowledged that to successfully address mental health inequalities that exist between Aboriginal and non-Aboriginal people, service delivery needs to be culturally secure and undertaken in partnership with the Aboriginal community. This must be core business for all sectors of the WA health system.





# Vulnerable groups in country WA

The Statement of Intent on Aboriginal Youth Suicide (May 2019) notes that “while improving clinical services and responses remains essential, our approach must go deeper. By drawing upon the expertise of Aboriginal leadership our efforts must focus on the vital role of culture in building resilience and hope for children and families.”<sup>16</sup>

## OLDER PEOPLE

An estimated 10–15 per cent of older Australians experience anxiety and/or depression, and research has shown that some groups within older people are at higher risk of experiencing poor mental health.

Other older people in hospital, in permanent aged care, those with physical co-morbidities and/or dementia are known to have a higher prevalence of poor mental health. This also extends to those who are carers.

As the Australian population ages, it is anticipated there will be more people living longer with mental health, alcohol and substance use problems in old age. Some older people will also experience behavioural problems and psychosocial symptoms associated with dementia.

WACHS has developed a **Health Strategy for Older People 2019–24** that considers the issues of cognitive impairment, dementia and delirium in older people. This Strategy focuses on the other mental health and substance use problems experienced by older people. It is essential the two strategies align to identify and support integrated approaches that will provide care for older people experiencing mental health problems and or substance use disorders.

## PARENTS OF NEWBORNS AND INFANTS

There is wide acknowledgement of the increased risk of mental health problems occurring during pregnancy and in the postnatal period (perinatal period). It has been shown that in high income countries approximately 10 per cent of pregnant

women and 14 per cent of women who have given birth experience some type of mental health problems, most commonly depression (up to one in seven mothers and around one in ten fathers) or anxiety.<sup>17</sup> The needs of parents and their children during this period differ significantly from those of the general population and require tailored responses that will identify the need for prevention, early intervention and appropriate acute care if necessary during the phases of this mental health problem.

Mental health problems in the perinatal period often go undetected and untreated, imposing a great burden on women, their families, the health system and society more broadly. All women in the perinatal period will receive repeated assessment of psychosocial risk and screening for symptoms of depressive and anxiety disorders with access to early intervention when needed.

*Services must be welcoming to all who need them. They should be located within suitable environments, provide appropriate and comprehensive assessment and where required, work in partnership with other agencies.*



# Vulnerable groups in country WA

While referral and care pathways vary with setting and location, it is important that parents of newborns and infants are provided with access to timely, appropriate services post-assessment, ongoing biopsychosocial and emotional support and appropriate treatments. Screening for perinatal mental health risks with documented referral pathways for perinatal mental health care will be available within all WACHS regions. This will be supported by the use of Tele-mental health and the Mental Health Emergency Telehealth Service, increasing options for those identified as being at risk and where no suitable support services are available locally.


Treatment services will be culturally secure and family-centred. They will involve collaborative decision-making with the woman and her significant other(s) if the woman agrees, which includes full discussion of the potential risks and benefits of any treatments offered.

Health professionals providing care will have appropriate training and skills and work together to provide continuity of care for women and their families. This includes working in partnerships with primary health, general practitioners and other health professionals to ensure the recognition and management of identified vulnerabilities at both an individual and systemic level, to benefit from early intervention.<sup>18</sup>

## PEOPLE WITH EATING DISORDERS

Eating disorders and disordered eating together are estimated to affect over 16 per cent of the Australian population. The mortality rate for people with eating disorders is significantly higher than that of the average population and among the highest for a psychiatric illness. According to recent estimates, mortality is five times higher in individuals with anorexia nervosa than the general population, when matched for age and sex.<sup>19</sup>

Currently there are no specialised public hospital services in the State for adults with eating disorders and none outside the metropolitan area for any age group. In addition, country residents have minimal access to specialist outpatient care for eating disorders, as from a Statewide perspective much of this is provided within the private system. This means in regional WA, care for people with eating disorders needs to be provided through partnerships with general and mental health services.

 *People with a diagnosis of severe mental illness die on average 12–16 years before those without. This stark statistic perfectly demonstrates both the lack of parity and the connection between mental and physical health.<sup>23</sup>*

## PEOPLE WHO IDENTIFY AS LESBIAN, GAY, BISEXUAL, TRANSGENDER, OR INTERSEX (LGBTI)

People who identify as LGBTI experience disproportionate rates of mental health problems. Major depressive episodes can be four to six times higher than the general population, psychological distress rates are reported as twice as high, and suicide rates are higher than the general population.<sup>20</sup> Young LGBTI people coming to terms with their sexual orientation and gender are particularly vulnerable.

Service providers must be cognisant of the high correlation between experiences of stigma, prejudice, discrimination and abuse with the impact upon mental health and wellbeing outcomes.

There is a demonstrated need for a set of skills and understanding of issues around sexual orientation, gender identity and intersex conditions to be incorporated into person-centred mental health service delivery.



# Vulnerable groups in country WA

## PEOPLE IN PRISON OR WITH CORRECTIVE SERVICES

Prison populations are known to experience very high rates of mental health, alcohol and substance use problems. Partnerships with forensic services, prisons and local corrective services can facilitate access to appropriate services and work to avoid imprisonment where appropriate.

The literature on older prisoners suggests that many experience accelerated ageing because of poor health, mental health, drug and alcohol problems. Accordingly, a prisoner aged 50 years and older is considered aged. For Aboriginal people, the age threshold is 45 years. Court diversion programs are available for people experiencing mental health and substance use problems who have a criminal offence and mental health will work in partnership with these services.

## PEOPLE WITH CO-EXISTING AND CHRONIC ILLNESSES

Studies estimate that at least 30–50 per cent of people experiencing mental health, alcohol or other substance use problems have co-occurring issues.<sup>21</sup>

People who have experienced mental health problems have compromised physical health and often have their physical needs overlooked for a number of reasons. They often experience higher levels of discrimination and can have difficulty accessing appropriate services.

A large WA study revealed that death rates from all main causes were higher for people with mental health problems and the overall death rate was 2.5 times higher than the general population of WA.<sup>22</sup>

Integrating or providing interconnected services and ensuring the general and mental health workforce has the skills and knowledge to provide person-centred interventions, appropriate referrals and streamlined care along with a culture of vigilance to mental and physical health care needs is essential.

Similarly, people with disability, particularly intellectual disability, and other physical health problems often experience high rates of mental health problems, yet experience significantly lower rates of treatment for mental health problems than the general population.

## ENDURING SEVERE MENTAL HEALTH PROBLEMS

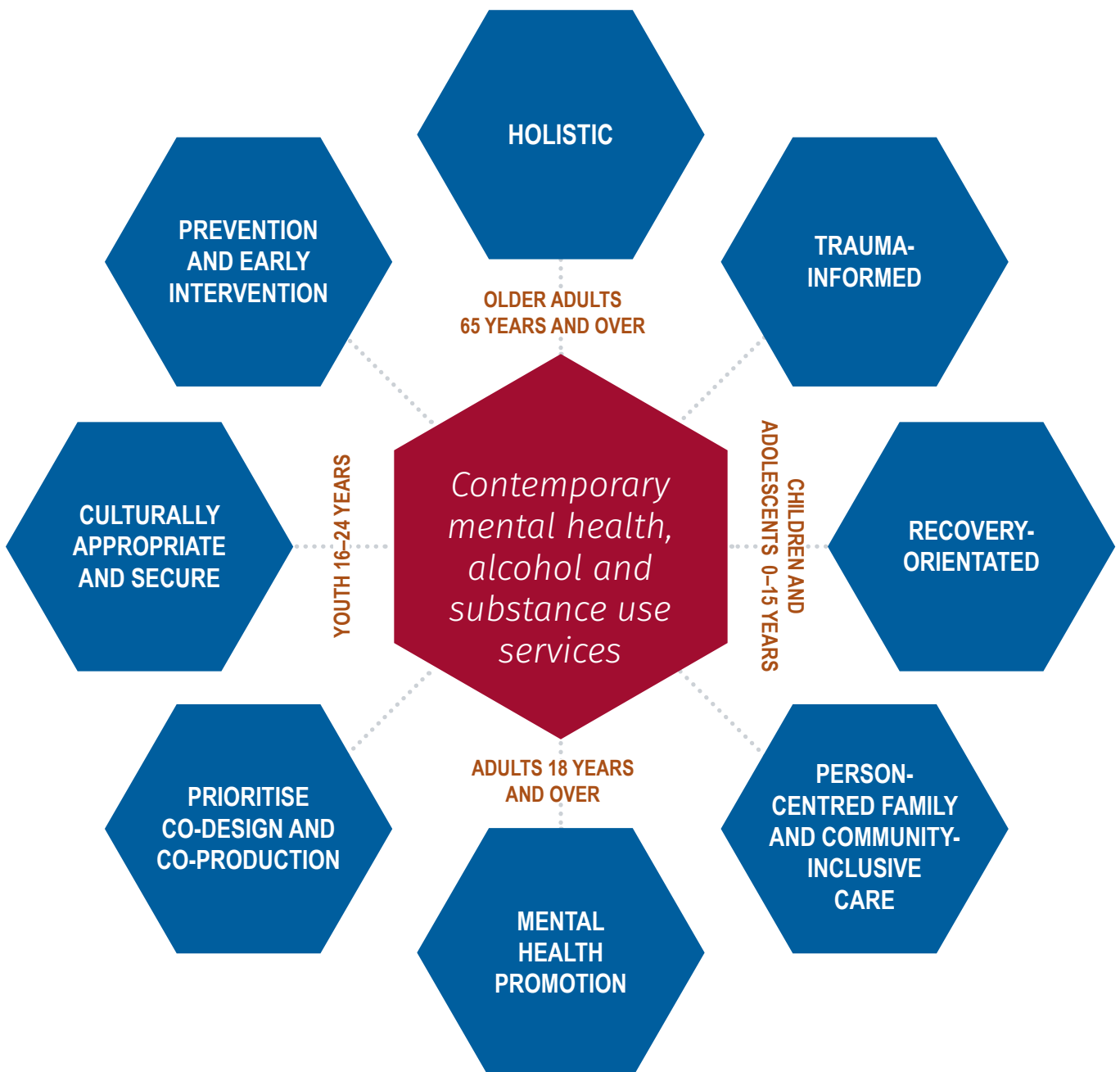
Some people in country areas will experience 'enduring chronic mental health problems' throughout their lifespan. These people require ongoing care and treatment and specific services to not only meet their needs for treatment but also to provide care in the community in regard to welfare, income support, housing, employment and social recovery.

Care and recovery planning for this group must be long-term and include key components such as advance health directives and working closely with family, friends and community organisations.



# Vision: Mentally healthy, resilient country people living satisfying, contributing lives.

Contemporary mental health, alcohol and other drug services will deliver evidence-based and knowledge-informed practice, that is integrated across all health settings.



Mission: Provide easy access to high quality, culturally secure and integrated mental health and substance use services.

**DIRECTION 1**

Delivering contemporary mental health and substance use disorder services

**DIRECTION 2**

Sustainable and skilled workforce

**Directions**

**DIRECTION 3**

Innovation through technology, partnerships and research

**DIRECTION 4**

Leadership, culture and governance





# Direction | 1

## DELIVERING CONTEMPORARY MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES

***Mental health is an integral part of health; indeed, there is no health without mental health. (Mental Health Commission Prevention Plan).<sup>24</sup>***

People experiencing mental health problems and/or substance use disorders have a right to equitable access to high quality health and services to meet their needs in a timely manner, consistent with their choice.

To achieve this, health services must be contemporary, integrated, innovative and responsive in their service ethos supported by strong leadership, governance and consumer participation in service design and delivery.

### OUTCOMES

**Equity of service access for country people experiencing mental health problems or substance use disorders is based on their needs, in their time and at a place of their choice**

- Face-to-face services and/or via tele-mental health including the Mental Health Emergency Telehealth Service to meet demand, together with the use of translation and interpreting services where required.
- Timely, needs and demand-led service access, benchmarked against state and national targets.
- Consumers and carers participate in co-designing and co-production of mental health and substance use disorder services and the assessment, treatment, support, recovery and discharge planning pathways.
- Care plans that address both mental and physical health care and wellbeing, developed with the consumer and their carer, inclusive of social and cultural wellbeing.
- Care pathways to facilitate access to a range of child and youth-friendly mental health, alcohol and substance use services.

**Consumers receive contemporary evidence based, knowledge informed, integrated standardised care**

- Provision of integrated and seamless care according to the patient needs and journey, enabled by direct service provision and/or telehealth and other digital modalities, provided either intra-regionally or across service regions as required.
- Working partnerships allow information sharing between WACHS, other government and non-government services.
- Country consumers access metropolitan-based specialist services through telehealth and other digital technologies.
- Best practice and knowledge-informed models of care are provided for people who may be suicidal or at risk of self-harm.
- Follow-up care and treatment pathways for people recently discharged from emergency departments and inpatient care are developed in partnership with the WA Primary Health Alliance (WAPHA) and other service providers.



*'Equality in health is a basic human right for all Australians. However, it is well known that people living in our community with mental illness have poorer physical health. They are not receiving the health care that the rest of the population does – and they die younger. This situation must not continue.'*

*National Mental Health Commission, 2017*





*With support and advice from health professionals, people often try different combinations of medication, therapy and lifestyle changes to manage their illness, before settling on what works for them.*

# Direction | 2

## SUSTAINABLE AND SKILLED WORKFORCE

**Country people experiencing mental health problems and/or substance use disorders need access to an agile, compassionate, appropriately qualified, multi-skilled, culturally-responsive workforce.**

The WACHS workforce will work collaboratively with other service providers and all health disciplines throughout the consumer's care journey, to improve mental health and wellbeing.

WACHS will promote a culture to improve the knowledge and skills of its entire staff so it can provide a flexible, culturally competent and sustainable workforce.

### OUTCOMES

#### Targeted recruitment and retention of mental health and substance use specialist positions

- A WACHS mental health and substance use workforce plan is developed based on projected future service demand including clinical and non-clinical needs.
- An increase in Aboriginal staff, including in mental health leadership, management and clinical positions, in alignment with the Aboriginal Health and Wellbeing Framework 2015–2030.
- Consultant psychiatrists are recruited and retained in WACHS, based on Australian benchmarks, across all regions.
- The WACHS graduate nurse program increases available places for mental health and substance use specialisation, across all regions.

#### A skilled and supported country general health, mental health and substance use workforce

- Improved access to training and support for general health staff in managing mental health and substance use disorders and chronic health conditions.

- Improved access to training, either face-to-face or via telehealth, for mental health and substance use disorder staff working with people from the range of vulnerable groups identified in this Strategy.
- Staff working in mental and general health services are more knowledgeable and feel more confident in the use of the principles of trauma informed care in their workplace.
- Improved access to post-graduate training opportunities for doctors, nurses and allied health staff working in both mental health and substance use specialisation.
- A WACHS mental health peer workforce (see Glossary), including people whose lived experience includes being from vulnerable groups such as Aboriginal people or the LGBTI community, is implemented across all regions.
- Mental health and substance use education and training packages are provided to meet the needs of both specialist mental health staff and the generalist health workforce.
- Monitoring of mental health and substance use contemporary education and training across WACHS to inform on compliance and learning outcomes.
- Staff are supported to access appropriate supervision, for all professional groups, whether face-to-face or via telehealth.



# Direction | 3

## INNOVATION THROUGH TECHNOLOGY, PARTNERSHIPS AND RESEARCH

**Innovation through the use of digital design, access and delivery of services will build capacity to expand and enhance mental health and substance use service coverage across the State.**

WACHS Mental Health faces exceptional challenges in the provision of comprehensive health services across the whole of WA. In order to achieve greater equity of access for country people, it is imperative that WACHS Mental Health embraces the use of technology in the delivery of contemporary and innovative models of digital health care. This will drive efficiencies and lead to improved services, health outcomes and specialist care closer to home.

WACHS evaluation and research activities in partnership with other health services, academics and service users will build the evidence base for best practice in the rural and remote context and facilitate service and digital reform.

The *WACHS Research and Innovation Strategy 2019–24* and the *WACHS Digital Strategy 2019–22* will provide opportunities to research and evaluate service and cultural improvements including the use of innovative digital health care approaches in mental health and substance use disorder services.

### OUTCOMES

#### Innovative delivery of mental health and substance use disorder services

- Digital solutions are developed with stakeholders including e-referrals and electronic discharge summaries for improved sharing of information and to facilitate timely transfer of care for acutely unwell people.
- The clinical Mental Health Emergency Telehealth Service is established and available 24/7 and meets the needs of all age groups across the spectrum of mental health and substance use disorders cohort.
- Partnerships with community drug and alcohol services to provide interconnected care for consumers experiencing multiple and complex issues.

- Partnerships with primary care providers such as general practitioners, Aboriginal Community Controlled Health Services and Community Pharmacists to ensure good patient outcomes across the patient journey.
- Partnering with the WA Police and using digital solutions build capacity to co-respond to people experiencing mental health problems and substance use issues in the community and facilitate referral pathways to appropriate care.

#### Delivery of culturally-secure, consumer and carer informed evaluation and research

- The Your Experience of Service (YES) survey is implemented across all regions and the findings used to improve service delivery.
- Partnerships with universities, government, non-government and the Aboriginal Health sectors are developed in partnership with the WACHS Research Office to conduct evaluation and research into mental health, alcohol and other substance use priorities and service models to inform prevention, early intervention, treatment and recovery.
- Effective partnerships within WACHS and other health services work towards integration of digital enabled services and mental health reform.
- Partnerships that undertake targeted research informing Aboriginal mental health models for prevention, care and service delivery are explored.





# Direction | 4

## LEADERSHIP, CULTURE AND GOVERNANCE

### Good governance, leadership and organisational culture drives sustainability, performance, and improved patient safety and health outcomes.

It is vital to change the culture within health services so that all services respond appropriately with compassion and empathy to people with mental health problems and substance use disorders, including when these problems co-occur with physical health issues and disabilities. Patients experiencing mental health problems need to be provided with appropriate care at the point of their initial presentation and throughout their journey.

Parity of esteem is the principle by which mental health must be valued equally to, and given the same priority as, physical health. This principle must be considered in service reform within the regions.

System and cultural change requires strong and authentic leadership, true staff engagement and an investment in people.

### OUTCOMES

#### A person-centred culture that promotes integrated and standardised care

- Service models are reviewed in each region to ensure service delivery reform is based on person-centred care principles and cultural security.
- All WACHS staff demonstrate compassion and empathy in working with people with mental health or substance use issues, and their families and significant others.
- Person-centred care is evidenced by improved collaborative working relationships between WACHS programs, emergency departments, inpatient general and mental health, community mental health and substance use services; and improved

consumer experience of inter-connected care that meets their individual needs for health care.

- Mental health teams work in partnership with emergency departments and general hospital teams/services to assist in the development of a coordinated plan for appropriate patient-centred care.
- Opportunities for integrated and inter-connected service models with partner agencies including telehealth enabled approaches and services are trialled and evaluated in each region

#### Robust governance of mental health, alcohol and other substance use services

- WACHS mental health and substance use clinical governance supports integration, standardisation and consistency in service delivery, policies and procedures across regions in partnership with other providers.
- Parity and equity of service availability is consistently reflected in the distribution of funding across all regions and in digital approaches to service delivery.
- Opportunities for joint operational, clinical and cultural governance with partner agencies are explored, trialled and evaluated.
- Strengthened WACHS corporate and clinical governance for mental health and substance use services informs service reform.
- WACHS service provision aligns with the WA Chief Psychiatrist's Clinical Standards and the National Safety and Quality Health Service Standards (NSQHSS) second edition.
- The Statewide Alcohol and Other Drug Withdrawal Management Policy (2017) is implemented across WACHS.
- Commitment to the National Mental Health Commission's Equally Well Consensus Statement



# Next steps


**Successfully implementing the *WACHS Mental Health and Wellbeing Strategy 2019–24* will be an iterative process across the regions. It will rely on collaborative efforts, active involvement and partnerships within and external to WACHS.**

The development of an overarching, centralised implementation plan in line with the outcomes from the Strategy will guide the WACHS Mental Health Executive Advisory Group to drive and monitor the delivery of WACHS-wide actions and reform.

Regional service or action planning with consumers, carers and local service providers will guide the local implementation of the Strategy within the regional context and available resources, and in alignment with other key strategic documents.

WACHS will work in partnership with the Mental Health Commission to develop business cases where additional resources are required to implement the Strategy.

WACHS will also explore opportunities for accessing relevant Commonwealth funding grants.

 *Most people receiving psychological treatment or living with mental illness are able to work, have relationships and go about normal daily business.*



# Appendix | 1

## GLOSSARY OF TERMS

Term	Definition
<b>Aboriginal social and emotional wellbeing</b>	Aboriginal people have a holistic view of mental health and prefer to use the term social and emotional wellbeing. As described in the <i>Social and Emotional Wellbeing Framework</i> , the domains of wellbeing that typically characterise Aboriginal definitions of social and emotional wellbeing include connection to body, mind and emotions, family and kinship, community, culture, language, country, spirit, spirituality and ancestors.
<b>Biopsychosocial approach</b>	The biopsychosocial approach systematically considers biological, psychological and social factors and their complex interactions in understanding health, illness, and health care delivery.
<b>Comorbidities</b>	The presence of one or more additional conditions co-occurring with a primary health disorder.
<b>Co-design</b>	Identifying and creating an entirely new plan, initiative or service in collaboration with people who have a lived experience, that is successful, sustainable and cost-effective, and reflects the needs, expectations and requirements of all those who participated in, and will be affected by the plan.
<b>Co-production</b>	Implementing, delivering and evaluating supports, systems and services, where consumers, carers and professionals work in an equal and reciprocal relationship, with shared power and responsibilities, to achieve positive change and improved outcomes.
<b>Cultural security</b>	Cultural security is the provision of care by a health professional who has considered power relations, the legitimacy of diversity and difference and patients' rights.
<b>Cultural safety</b>	Cultural safety is not defined by the health professional, but is defined by the health consumer's experience, the individual's experience of care they are given and the ability to access services and to raise concerns.
<b>Cultural governance</b>	Cultural governance embeds Aboriginal cultural knowledge and beliefs into governing policies and mechanisms. Cultural governance includes cultural awareness, respect, competency, responsiveness, capability, safety, security, collective values and collective decision making.
<b>Family inclusive</b>	Strong family support is pivotal to a person's mental health and wellbeing. Within this Strategy we use the term 'family inclusive' to include a person's family (immediate and extended), carer, personal support person, supportive friends and significant others who can provide a supportive and caring role.
<b>Holistic</b>	The use of this word in this Strategy is characterised by the treatment of the whole person, taking into account mental and social factors, rather than just the symptoms of a disease or illness.
<b>Inter-agency</b>	Collaboration occurring or involving two or more agencies.
<b>Inter-disciplinary</b>	Relating to more than one professional group within healthcare e.g. between nursing and medicine.
<b>Intergenerational trauma</b>	Trauma that affects multiple generations (see also trauma informed care).
<b>Less restrictive practice</b>	Treatment will be provided with the least restriction on the person's freedom of choice and movement. Services will work to reduce or eliminate the use of restrictive practices such as seclusion and restraint.
<b>LGBTI</b>	Lesbian, gay, bisexual, trans, intersex or otherwise diverse in sexuality or gender. It is recognised that many people and populations have additional ways of describing their distinct histories, experiences and needs.
<b>Mental health</b>	According to the World Health Organization definition, mental health involves a state of wellbeing in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.
<b>Mental Health Emergency Telehealth Service</b>	A telehealth based virtual mental health service providing round the clock specialist mental health nursing and psychiatry access for patients in WACHS locations where they cannot access mental health services on the ground. This is part of the Command Centre whose functions include mental health patient flow.
<b>Mental health problems</b>	The term mental health problem is used throughout the Strategy as a generic term for a diagnosis of mental illness and mental health issues.



# Appendix | 1

## GLOSSARY OF TERMS

Term	Definition
<b>Mental health promotion</b>	Activities of mental health promotion support de-stigmatisation and assist people to become emotionally resilient, cope with negative experiences and participate in their communities (National Mental Health Policy 2008).
<b>Mental ill-health</b>	The spectrum of problems that interfere with an individual's cognitive, social and emotional abilities including both mental health problems and mental illnesses.
<b>Mental illness</b>	A clinically diagnosable medical condition that significantly interferes with an individual's cognitive, emotional or social abilities. There are different types of mental illnesses, with varying levels of severity. Examples include mood disorders (such as depression, anxiety and bipolar disorder), psychotic disorders (such as schizophrenia), eating disorders and personality disorders.
<b>Methamphetamine</b>	A group of stimulant substances used as a recreational drug.
<b>Obesity</b>	The World Health Organization defines obesity as a condition of abnormal or excessive body fat that impairs health.
<b>Parity of Esteem</b>	The Mental Health Foundation in the United Kingdom defines 'parity of esteem' as 'valuing mental health equally with physical health', which would result in those with mental health problems benefitting from: <ul style="list-style-type: none"> <li>• equal access to the most effective and safest care and treatment</li> <li>• equal efforts to improve the quality of care</li> <li>• the allocation of time, effort and resources on a basis commensurate with need</li> <li>• equal status within healthcare education and practice</li> <li>• equally high aspirations for service users</li> <li>• equal status in the measurement of health outcomes.</li> </ul>
<b>Peer Workforce</b>	The peer workforce draw on their lived experience of mental health illness and recovery and are at a point in their recovery when they are able to provide social, emotional and practical support to others in their recovery journey. Peer support is not based on psychiatric models and diagnostic criteria, but aims to bring about a desired social or personal change through the sharing of experiences. The essence of peer work is not what kind of service is provided, but who provides it and how.
<b>Perinatal</b>	Occurring from conception to 12 months after the birth of a baby.
<b>Person-centred care</b>	A person-centred approach requires more than just the direct provision of care. It is a holistic approach, embraced at all levels of the health service, that provides a consumer led, collaborative approach to decision making and respect for all involved in care provision.
<b>Puerperal psychosis</b>	A severe psychiatric condition occurring in the period immediately after childbirth.
<b>Recovery-focused</b>	The concept of recovery was conceived by and for people with lived experience of mental illness. It conveys a sense of hope for the future and supports the ability to create a meaningful and contributing life. Some standard definitions of recovery are more relevant to consumers of mental health services than alcohol and other drug services, though the broad concept applies.
<b>Telehealth</b>	Provision of healthcare via electronic and telecommunication technologies.
<b>Trauma-informed care (TIC)</b>	Many people accessing mental health, alcohol and other drug services have experienced trauma in their lives. This can be as a result of early childhood abuse or neglect, assault, domestic violence or other traumatic experiences. TIC is delivered from a stand point of understanding the prevalence of trauma and of its impact upon a person's physical, emotional and mental health. This can impact an individual's behaviour and ability to engage with services, understanding that their response to this and some interventions can re-traumatise the individual.

# Appendix | 2

## MEASURES AND MILESTONES FOR SUCCESS

In addition to the usual monthly and quarterly reported mental health and alcohol and other drug performance measures the following key measures of success for Strategy implementation are proposed.

### Types of measures:

#### Key Performance Indicator (KPI), Supporting Indicator (SI), Milestone (M)

Mission	Strategic measure of success	Targets (what we aim to achieve)	Timeframe	Type of measure
Provide easy access to high quality, culturally secure and integrated mental health and substance use services	<b>Access to services</b>	<b>Access targets</b>		
	<ul style="list-style-type: none"> <li>WACHS community mental health services are able to meet demand for services.</li> </ul>	<ul style="list-style-type: none"> <li>All referred patients will be responded to in line with clinically recommended guidelines.</li> </ul>	2021	KPI
	<ul style="list-style-type: none"> <li>WACHS Mental Health develops the capacity to review the consumer at the point of their presentation.</li> </ul>	<ul style="list-style-type: none"> <li>10% annual increase of 'client present' presentations by telehealth.</li> </ul>	2022	KPI
	<ul style="list-style-type: none"> <li>WACHS Mental Health regional self-sufficiency in regions that have an Acute Psychiatric Unit</li> </ul>	<ul style="list-style-type: none"> <li>95% inpatient (18-65 years) self-sufficiency in regions that have an Acute Psychiatric Unit.</li> </ul>	2020	KPI
	<ul style="list-style-type: none"> <li>Aboriginal mental health programs are expanded across the regions.</li> </ul>	<ul style="list-style-type: none"> <li>100% of regions implement and/or maintain an Aboriginal mental health program.</li> </ul>	2020	M
	<b>Service satisfaction</b>			
	<ul style="list-style-type: none"> <li>Implementation of Your Experience of Service (YES) questionnaire to measure, monitor and improve consumers' satisfaction with mental health care.</li> </ul>	<ul style="list-style-type: none"> <li>100% of regions have implemented YES survey.</li> </ul>	2020	M
		<ul style="list-style-type: none"> <li>Consumer satisfaction levels are ≥ the baseline established at 2020–21.</li> </ul>	2021–24	KPI



# Appendix | 2

## MEASURES AND MILESTONES FOR SUCCESS

Direction	Key performance measures or indicators	Targets (what we aim to achieve)	Timeframe	Type of measure	
Direction 1: Contemporary mental health and substance use disorder services	Equity of service access for country people experiencing mental health problems or substance use disorders based on their needs, in their time and at a place of their choice	• Annual increases of mental health telehealth use demonstrated.	• Baseline	2019	SI
			• 5% annual increase	2022	KPI
		• Patients experiencing mental health problems who present to ED will be reviewed with an appropriate plan for their ongoing care in line with their ED Triage rating score.	• 100% of mental health patients discharged from ED will receive a written care plan.	2022	KPI
		<b>Consumers receive contemporary evidence based, knowledge informed, standardised care</b>			
Direction 2: Sustainable and skilled workforce	Targeted recruitment and retention of mental health and substance use specialist positions	• Suitable E-learning package to address 'Principles and Best Practice for the Care of People Who May Be Suicidal' is developed and implemented.	• 100% of regions have implemented the package	2020	M
		• Establish processes to allow information sharing between WACHS and other service providers.	• 100% of regions establish processes.	2022	M
		• Current occupancy rate for Aboriginal mental health positions (S50-D positions).	• 90% substantially filled.	2021	KPI
	• Suicide Risk Assessment Training (MR 46)	• 80% ED clinicians complete on line training	2023	KPI	
	• Expansion of the WACHS graduate nurse program (currently 4 FTE).	• 12 FTE graduate nurse places available across WACHS.	2022	M	



# Appendix | 2

## MEASURES AND MILESTONES FOR SUCCESS

Direction	Key performance measures or indicators	Targets (what we aim to achieve)	Timeframe	Type of measure
<b>Direction 2: Sustainable and skilled workforce</b>	<b>A skilled and supported country mental health and substance use workforce</b>			
	<ul style="list-style-type: none"> <li>Mental health, substance use and cultural competency education and training packages developed.</li> </ul>	<ul style="list-style-type: none"> <li>80% of staff in each region receives training.</li> </ul>	2022	SI
	<ul style="list-style-type: none"> <li>Expansion of pre-vocational and RANZCP accredited psychiatry training positions for medical staff within WACHS, allowing WACHS to 'grow its own' rural generalist psychiatrists.</li> </ul>	<ul style="list-style-type: none"> <li>100% current accredited training posts are retained, and a robust plan is developed for a WACHS psychiatry training pathway.</li> </ul>	2020	M
	<ul style="list-style-type: none"> <li>An e-Learning package will be developed and available for all WACHS staff to undertake on the principles of trauma informed care.</li> </ul>	<ul style="list-style-type: none"> <li>80% of relevant staff in each region receives training</li> </ul>	2024	SI
	<ul style="list-style-type: none"> <li>A mental health peer workforce program is available.</li> </ul>	<ul style="list-style-type: none"> <li>100% of regions.</li> </ul>	2024	M
<b>Direction 3: Innovation through technology, partnerships and research</b>	<b>Innovative delivery of mental health and substance use services</b>			
	<ul style="list-style-type: none"> <li>Implementation of digital referrals and discharges summaries across all regions.</li> </ul>	<ul style="list-style-type: none"> <li>100% of regions phase in digital referral and discharge summaries.</li> </ul>	2023	M
	<ul style="list-style-type: none"> <li>Implementation of the Mental Health Emergency Telehealth Service.</li> </ul>	<ul style="list-style-type: none"> <li>Mental Health Emergency Telehealth Service is available to all WACHS regions.</li> </ul>	2019	M
	<ul style="list-style-type: none"> <li>Establishment of MH and WA Police Co Response</li> </ul>	<ul style="list-style-type: none"> <li>All regions have access to this service</li> </ul>	2022	M
	<ul style="list-style-type: none"> <li>MIND data through the use of the Business Intelligence dashboard is used to drive service reforms.</li> </ul>	<ul style="list-style-type: none"> <li>All regions have service redesign projects informed through the Business Intelligence dashboard.</li> </ul>	2022	M
	<b>Delivery of culturally secure, consumer and carer informed evaluation and research</b>			
	<ul style="list-style-type: none"> <li>Partnerships with universities, government, non-government and Aboriginal health sectors to build a body of knowledge to inform priorities in WA regional populations</li> </ul>	<ul style="list-style-type: none"> <li>WACHS will have at least two partnership arrangements.</li> </ul>	2022	M

# Appendix | 2

## MEASURES AND MILESTONES FOR SUCCESS

Direction	Key performance measures or indicators	Targets (what we aim to achieve)	Timeframe	Type of measure
Direction 4: Leadership, culture and governance	<b>A culture promoting person-centred, integrated care</b>			
	<ul style="list-style-type: none"> <li>WACHS Mental Health is signatory to the Equally Well strategy.</li> </ul>	<ul style="list-style-type: none"> <li>WACHS mental health becomes a signatory to the Equally Well Strategy.</li> </ul>	2021	M
	<ul style="list-style-type: none"> <li>Mental health clinical pathways for patients discharged from ED are available.</li> </ul>	<ul style="list-style-type: none"> <li>All regions</li> </ul>	2022	M
	<b>Robust governance of mental health and substance use services</b>			
	<ul style="list-style-type: none"> <li>Improved compliance with Chief Psychiatrist’s Clinical Standards as reported in the Clinical Documentation Audit Report.</li> </ul>	<ul style="list-style-type: none"> <li>80% compliance all regions (average across each regions).</li> </ul>	2021	KPI
	<ul style="list-style-type: none"> <li>The ‘Alcohol and Other Drug Withdrawal Management Policy’ is implemented across WACHS.</li> </ul>	<ul style="list-style-type: none"> <li>Implemented in all regions.</li> </ul>	2020	M



# Appendix | 3

## BURDEN OF DISEASE

Top ranked causes of fatal, non-fatal and total burden of disease for Australians by gender<sup>4</sup>

MALES	Under 5	5–14	15–24	25–44	45–54	55–64	65–74	75–84	85+
Leading cause of fatal burden	Pre-term low birth weight complications	Brain/central nervous system cancer	Suicide/self-inflicted injuries	Suicide/self-inflicted injuries	Coronary heart disease	Coronary heart disease	Coronary heart disease	Coronary heart disease	Coronary heart disease
Leading cause of non-fatal burden	Asthma	Asthma	Alcohol use disorders	Back pain	Back pain	Back pain	Chronic obstructive pulmonary disease	Chronic obstructive pulmonary disease	Dementia
Leading cause of total burden	Pre-term low birth weight complications	Asthma	Suicide/self-inflicted injuries	Suicide/self-inflicted injuries	Coronary heart disease	Coronary heart disease	Coronary heart disease	Coronary heart disease	Coronary heart disease

FEMALES	Under 5	5–14	15–24	25–44	45–54	55–64	65–74	75–84	85+
Leading cause of fatal burden	Pre-term low birth weight complications	Suicide/self-inflicted injuries	Suicide/self-inflicted injuries	Suicide/self-inflicted injuries	Breast cancer	Lung cancer	Lung cancer	Coronary heart disease	Coronary heart disease
Leading cause of non-fatal burden	Asthma	Asthma	Anxiety disorders	Anxiety disorders	Back pain	Osteoporosis	Osteoporosis	Dementia	Dementia
Leading cause of total burden	Pre-term low birth weight complications	Asthma	Anxiety disorders	Anxiety disorders	Back pain	Osteoporosis	Chronic obstructive pulmonary disease	Dementia	Dementia

■ Note: Coloured boxes highlight causes related to mental health problems, alcohol and other substance use disorders.



# Appendix | 4

## KEY STRATEGIES AND PLANS

The **WACHS Mental Health and Wellbeing Strategy 2019–24** aligns with a number of national, state and WACHS publications that support and strengthen country health services including:

- WA Country Health Service Strategic Plan 2019–24
- Better Choices. Better Lives. WA Mental Health, Alcohol and Other Drugs Services Plan 2015–2025
- Fifth National Mental Health and Suicide Prevention Plan
- National Standards for Mental Health Services 2010
- National Safety and Quality Health Service Standards Second Edition
- National Practice Standards for the Mental Health Workforce 2013
- National framework for recovery-oriented mental health services (2013)
- Gayaa Dhuwi (Proud Spirit) Declaration
- Mental Health 2020: Making it Personal and everybody's business (WA Mental Health Commission)
- WA Aboriginal Health and Wellbeing Framework 2015–2030
- Strong Spirit Strong Mind Aboriginal Drug and Alcohol Framework for Western Australia 2011–2015
- Suicide Prevention 2020: Together we can save lives
- Western Australian Methamphetamine Action Plan
- Drug and Alcohol Interagency Strategic Framework for Western Australia 2011–2015
- Chief Psychiatrist's Standards for Clinical Care as required by the Mental Health Act
- 2014 Charter of Mental Health Care Principles
- Carers Recognition Act 2004
- Equally Well consensus statement
- Sustainable Health Review Final Report to the WA Government 2019
- WACHS strategic, operational and regional planning documents.
- Western Australian Youth Health Policy 2018-2023
- Working together: Mental Health and Alcohol and Other Drug Engagement Framework 2018–2025
- National LGBTI Mental Health and Suicide Prevention Strategy
- WA Disability Health Framework 2015–2025.



Leadership *strong* together *Gayaa Dhuwi* outcomes *Declaration National mental health*  
*proud spirit Aboriginal and Torres Strait Islander*

### The Gayaa Dhuwi (Proud Spirit) Declaration

**On Aboriginal and Torres Strait Islander Leadership Across All Parts Of The Australian Mental Health System To Achieve The Highest Attainable Standard of Mental Health And Suicide Prevention Outcomes For Aboriginal and Torres Strait Islander Peoples**

# Appendix | 5

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# Appendix | 5

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