MENTAL HEALTH COMMISSION COMMENTARY
ON THE REPORT
‘A PROJECT TO MAP THE COMMUNITY MENTAL HEALTH SECTOR IN WESTERN AUSTRALIA’

INTRODUCTION
The non-government organisation (NGO) sector funded to provide mental health services in Australia has undergone rapid growth in recent years. In 2009-10 state and territory governments provided $267 million in grants to NGOs for the provision of support mental health services (excluding community residential services). This equates to an increase of 67% in five years from $159 million in 2005-06 (Report on Government Services 2012).

In Western Australia in 2011-12, $60 million was provided to NGOs for the provision of mental health services, a 59% increase in two years, from $37.8 million in 2009-10\(^1\), when the Commission was established. This shift towards more mental health support services being provided by NGOs is in line with the WA Government’s Economic Audit Committee’s Report: Putting People First: Partnering with the Community and Business to Deliver Outcomes, and the Mental Health Commission’s strategic policy document Mental Health 2020: Making it personal and everybody’s business.

The Commission recognises that there are other state as well as Commonwealth agencies that fund community mental health services and while the Commission has a good understanding of the services it purchases, it is essential to understand the broader non-government mental health service sector in WA. This understanding will ensure that the growing investment is consistent with policy directions and meets the needs of people with mental health problems.

In 2011, the Commission funded the WA Association for Mental Health (WAAMH) to undertake projects aimed at enhancing the community sector’s capacity to meet future demands including a project to map the community sector in Western Australia. WAAMH engaged independent consultants Barbara Gatter and Associates and Colin Penter Consulting to conduct this project.

The objective of the Mapping Project was to develop a detailed snapshot of the size, location, funding sources and service activity of the mental health community sector in WA.

\(^1\) The 2009-10 figure has been escalated to be comparable with the 2011-12 figure using the Non Government Human Services Sector Indexation Policy 2008.
The project scope was restricted to services provided by community sector organisations in WA that are funded to specifically address the needs/issues of people who are living with a mental illness/problem, and their families and carers. Services excluded were those that are time limited projects and funded non-recurrently; have the promotion of mental health community education as a primary objective; are universities and research organisations; or, are provided by the public mental health sector.

**DELEIVERABLES**

Key deliverables of the project included:

- A detailed report documenting the project findings. This report informed the development of the Sector Strategic Framework which underpins WAAMH’s Modelling Guides aimed at assisting organisations to identify recovery based models of service appropriate to the needs of consumers. The Framework will address issues such as service gaps, personalisation, individual budgets, new service models, service integration and collaboration with clinical services. WAAMH has three workshops scheduled to be finalised by the end of 2012.

- A table of service providers including a breakdown showing the areas in which the services are delivered that will inform the development of WAAMH’s web based service directory of community managed mental health services. It is anticipated that the directory will operate by both postcode and ‘service type’ search functions. The directory is aimed at assisting the sector to identify unmet need, potential service delivery partners and appropriate referrals for consumers. Following research of current web based directories, WAAMH is aiming to engage a web-designer by early 2013. The table will also inform the categorisation of services into a nationally agreed service taxonomy. This taxonomy will be utilised to ensure that Western Australia complies with the reporting requirements of the Non Government Organisation Establishments National Minimum Data Set for the community mental health sector.

The project has now been completed and the report is available on the Commission’s website at [www.mentalhealth.wa.gov.au](http://www.mentalhealth.wa.gov.au). The report provides invaluable insight for the Commission, WAAMH, people with mental health problems, carers, non government organisations and other key stakeholders into the complexity of the community mental health sector in Western Australia. The report includes information on the range of services provided, workforce profile, the extent that a recovery focus had been embedded in service delivery, referral sources, supplementary funding and formal partnerships established.

While the report does not include recommendations, it goes beyond the original specifications by raising considerations such as unmet needs and service gaps. Many of these issues were captured through interviews and a survey of staff working in the non government organisations involved in the project.
ISSUES

These issues are outlined in pages 24 to 30 of the report and can be categorised into three broad areas:

1. A framework for service delivery in Western Australia
2. The interface between federal and state funding
3. Rethinking the Community Mental Health sector

1. A framework for service delivery in Western Australia

The report raised the need for a coherent, integrated and articulated framework for community mental health service delivery in WA. The report outlines this issue in terms of needs and gaps identified in the following areas:

- homeless and supported accommodation/social housing services;
- alcohol and other drug treatment services;
- collaboration between job search and employment services; community justice system; general practice; and the private mental health sector; and
- Aboriginal mental health services.

The Commission recognises the importance of designing services around the specific needs of individuals and population groups. As expressed in its strategic policy, Mental Health 2020, the Commission’s key reform directions and action areas are in terms of specific population groups such as Aboriginal communities and people experiencing co-occurring mental illness and drug and alcohol issues and people in the justice system.

The Commission, in collaboration with the Department of Health, is finalising a two year Clinical Services Framework. A comprehensive ten year mental health services framework based on the proposed National Mental Health Services Framework will be completed at the end of 2013.

Some current key initiatives related to the above issues are briefly outlined below:

**Homeless and supported accommodation/social housing service**

The 2011-12 State Budget provided $55 million over three years to build or buy 115 houses to enable West Australians with a mental illness, or who are recovering from drug or alcohol problems to live in their own home. This new capital funding includes $46.5 million for 100 homes for people with a mental illness and $8.5 million for 15 new homes for people recovering from treatment from drug and alcohol use.

An investment of $26.7 million in essential community support services will assist people to live successfully in their home including $25.2 million in four years for people with a mental illness and $1.5 million in four years for home support by experienced drug and alcohol workers.
**Alcohol and drug treatment services**

The State Government is committed to reducing the impact of problems associated with alcohol and other drug use in Western Australia through collaboration across the mental health and drug and alcohol sectors to provide access to treatment that addresses both of these issues, either directly, or through referral to appropriate services.

Key priorities are articulated in the *Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015*. The Framework represents a guide for government, NGOs and the community to reduce the impact of problems associated with alcohol and other drug use. It encompasses two core elements: firstly a focus on the prevention and early intervention of alcohol and other drug use problems; and secondly, on providing those who need support with the assistance and services they require. While the Framework is necessarily broad, special attention has been given to those at higher risk of harm. Priority population groups include people with co-occurring mental health and alcohol and other drug problems, Aboriginal people, young people, families, the homeless and offenders.

In 2009, the WA Collaboration for Substance Use and Mental Health (WACSUMH) was established by the Commission and the Drug and Alcohol Office. WACSUMH brings together partners in the mental health, drug and alcohol, health and other related sectors to progress work around workforce development, the creation of a care pathway to promote integrated support, and the progression of promotion and prevention initiatives.

The Mental health Commission has also funded Primary Care WA’s Mental Health Program to employ a project officer to implement co-occurring mental health and substance use disorders training for GPs and primary health care professionals and build and strengthen relationships between key State mental health and primary health care sectors.

**Collaboration between job search and employment services; community justice system; general practice; and the private mental health sector**

Agencies specialising in supporting people leaving prison, or finding employment, are mostly funded by government departments that are out of scope for this NGO mapping exercise. Establishing network forums may be one strategy to assist agencies to become aware of each other and find ways of working together for the client group.

The Commission meets on a monthly basis with senior people from The Department of Corrective Services (DCS). The Commission is a member of the DCS Youth Justice Steering Committee. The Committee meets quarterly and provides a forum for stakeholders from the non-government sector and government departments to share information on developments within the youth sector and identifying strategies to reduce offending.

Future projects, for example, the Court Diversion program in the adult and children’s magistrates’ courts and police/clinical co-response service to address the needs of people with mental illness will also develop new linkages and strengthen existing ones.
Aboriginal mental health services

The National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes 2009 to 2013 aims to address health inequalities between Aboriginal people and the general population. Under this agreement, the State Government committed new funding of $117.43 million over four years and the Commonwealth committed $117.4 million.

As part of the WA Implementation Plan, the State Government invested $22.3 million in social and emotional well being programs for Aboriginal communities. The WA Country Health Service is implementing this program largely by funding non-government agencies in consultation with the Aboriginal Health Planning Forums.

The State Government’s commitment of $22.47 million over four years to establish a Statewide Specialist Aboriginal Mental Health Service (SSAMHS) is providing specialist clinical interventions to Aboriginal people with severe and persistent mental illnesses across WA. SSAMHS is funded by the Commission and utilises a whole of family approach, supporting individuals to access mainstream services and increasing services’ capacity to better meet Aboriginal people’s needs.

2. The interface between Federal and State funding

The Mapping Project identified mental health funding arrangements to be highly complex and coming from a diversity of sources. Analysis of the composite data collected failed to provide clarity on reasons for the provision of funding by different agencies with respect to location of services, consideration of other funding for the same services in the same locality, the target population, the service models that are supported and the reasons why.

The Commission recognises that there are many different state and federal agencies that fund community mental health services. Each organisation has their own agenda, timelines and priorities. This situation is not unique to the mental health sector and presents many challenges. The Commission has been actively engaged in more effective collaboration with, and across, these different bodies. This is demonstrated by recently negotiated funding between the state and federal government for various programs for example the Assertive Community Interventions.

3. Rethinking the Community Mental Health Sector

In posing the question “What is the Community Mental Health Sector”, the consultants raised the following questions for WAAMH and the Commission to consider:

Is it time to re-think the mental health funding silo?

The consultants propose a renewed focus on growth in the mental health expertise and capacity of organisations in other parts of the community services sector rather than just a focus on the expansion of service delivery in the mental health service sector. They posed the question: What could be learned from evaluation of for example the Housing Support Workers funded
through the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) which aims to enhance the mental health capacity of other parts of the community sector? The idea is to rethink what could be offered to organisations that are funded for other primary services, but whose consumer base includes people with mental illness and often those who are hardest to reach and/or have the most severe and persistent illnesses.

It should, however, be noted that while the Housing Support Workers initiative was funded by FaHCSIA and the Department of Child Protection, the model was developed in collaboration with the Commission. This is an example not of ‘silos’ but of taking funding opportunities and developing mental health services through, and in collaboration with, alternate funding sources.

Funding decisions were made based on whether the agency could demonstrate the ability to provide the best possible service to the client group. The issue of ‘growing’ or not ‘growing’ the existing ‘mental health’ or ‘community health’ sectors was not the primary consideration in funding decisions.

Is it time to re-define the community mental health sector so that inclusion is not determined solely by funding sources?

The report questions whether siloed funding of mental health services continues to be the best approach or only approach. The consultants propose that a new focus that builds mental health capacity across the community services sector might result in more integrated, responsive services that would deliver better outcomes for consumers.

While there are inevitable boundaries around roles and budgets for a state government department like the Mental Health Commission. The Commission is committed through Mental Health 2020 to a new person-centred approach which moves beyond traditional funding processes and boundaries. It is also committed to raising public awareness of mental wellbeing, promoting social inclusion and addressing the stigma and discrimination affecting people with mental illness and/or mental health problems.

Western Australia’s first sub acute service will be operated by a community sector organisation closely linked to clinical-in-reach services will provide a safe haven for people leaving hospital after acute illness is an example of moving beyond traditional funding processes and boundaries.

© Mental Health Commission WA
Current at February 2013