Plan Update Team
Planning, Policy and Strategy
Draft Mental Health, Alcohol and Other Drug Services Plan Update 2018
Mental Health Commission
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Dear Plan Update Team

**Feedback on the draft Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 Update 2018**

I would like to thank you for the opportunity to comment on the draft Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (the Plan) Update 2018 (Plan Update 2018). As Commissioner for Children and Young People in Western Australia, my role is to advocate for the best interests of all children and young people under the age of 18 in Western Australia, and to promote and monitor their wellbeing. In doing so, I must have regard for the United Nations Convention on the Rights of the Child, and prioritise the needs of Aboriginal children and young people, or children and young people who are vulnerable or disadvantaged for any reason.

My office has undertaken a range of work regarding the mental health and wellbeing of children and young people in Western Australia, including an Inquiry and subsequent follow up review into the state of mental health and service provision across Western Australia, as well as providing input into the development of the mental health plan, and other relevant mental health and wellbeing strategies across the State.

I would like to provide some general feedback on the Plan Update 2018, with a particular focus on strategies outlined in the Plan to improve the mental health of infants, children, adolescents and young people. The Plan Update 2018 provides a high level snapshot of progress and achievements in implementing strategies set out in the Plan, as well an overview of key achievements, and ongoing priorities for the remainder of the Plan. However the description on the details of progress are provided as a high-level summary, and not directly linked or discussed in the context of the
specific actions outlined in the Plan, which makes it difficult to accurately monitor how the Plan is progressing. It is also difficult to ascertain the progress of the Plan in addressing the needs of particular groups of people, including infants, children, adolescents and young people, given the limited details provided about what actions have been taken or specific strategies that have been implemented.

Breakdown of service provision and funding for children and young people

Overall, there is limited detail provided about the breakdown of child and youth service provision across the Plan Update 2018. In original submissions to the development of the Plan, my office made a series of recommendations to ensure that services and strategies to improve the mental health of children and young people were discussed explicitly in the Plan, and that there were clear and detailed strategies and actions relating to how services would be provided to address demand and their needs. My office held concerns that without this, services to meet their needs would not be considered a priority in future planning and bids for funding, and that the need for services for adults may outweigh and take priority over services for infants, children and young people.

Whilst some areas of the Plan clearly identified the services to be provided for infants, children and young people, this was lacking in other aspects of the plan. After the release of the draft Plan in 2015, my office recommended that the Mental Health Commission “separately identify the hours of service and/or number of beds required for infants, children and adolescents and youth in mental health community support services, mental health community based services and alcohol and other drug services.”¹ This level of detail, and clear service targets, for infants, children and young people was not included in the final Plan, which makes it difficult to ascertain whether the current service levels are sufficient, or whether there are any specific service targets being worked towards. This issue also applies in the strategies around the delivery of specialised state wide services and forensic services, where there is no detail about how these services will be provided or delivered to meet the needs of infants, children and young people.

The Plan Update does not provide any detail around the breakdown of funding for infant, children, adolescent and young people’s services. The Plan Update states that there has been a 21% growth in total expenditure in mental health services since June 2013, however there is no information about how this growth extends in terms of funding for infant, children or young people’s services, or whether investment in that space is proportional to overall growth. Given the Plan clearly articulated the need to invest in services and supports for infants, children and young people, this information would be useful to provide context about how this investment is being made.

Reporting on key achievements and actions

The Plan Update 2018 would benefit from using a clearer framework to report on the progress and implementation status of each of the actions outlined in the Plan.

¹ Commissioner for Children and Young People 2015, Submission to the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025, Perth, Western Australia.
Appendix 2 provides a useful overview on the status of each of the actions, however lacks the level of detail to meaningfully interpret the reported status. Whilst some of this detail is provided in the content of the main document, particularly in discussion about key achievements, modelling updates and future directions, this is done without reference to the specific actions, and therefore makes it difficult to accurately reflect and track the progress that has been made against the strategies or actions of the Plan. The Appendix 2 table, or something similar, would be better provided earlier in the document and used as a framework to refer to throughout the document in relation to specific actions.

The Plan Update 2018 provides information on a range of actions which have not been completed as per the targets for 2017, and it is noted that a number of these actions require significant growth and investment to be able to meet the projected service delivery or targets in 2020 and further in 2025. There is limited detail provided about how these areas will be progressed, or the additional investments or strategies that will be implemented to ensure that these actions remain on track and are achieved within the proposed timeframes. It would be helpful for the Plan Update to provide some further detail about implementation plans for these areas, or how these areas will be prioritised to ensure the outcomes and actions are achieved.

The Plan Update provides an overview of the Key Effectiveness Indicators which are used to measure and monitor progress of the Mental Health Commission and the performance of mental health services. However, very few key effectiveness indicators actually capture the mental health needs of, and effectiveness of services aimed at, infants, children, adolescents and young people. Without this information for children and young people under the age of 18, it is not possible to determine the performance of agencies in relation to improving outcomes for children and young people.

In particular, one of the main outcome indicators used by the Mental Health Commission looks at the percentage of the population experiencing high or very high levels of psychological distress, however this measure only captures this data for people aged 18 and over, and is not reflective of the experiences or prevalence of mental health issues for children and young people under the age of 18. The percentage of the population aged over 18 in WA with high or very high levels of distress is reported to be approximately 9.9% in 2017-2018, however national figures for adolescents (aged 11-17) actually suggest that the prevalence is much higher than the adult population - at around 19.9% in 2013-2014.\(^2\) It is vital that future reporting on the Plan include appropriate measures and data to be able to track the mental health needs of infants, children, adolescents and young people, and which report directly of the efficiency of services for these cohorts. This will ensure that services and supports can be appropriately targeted to meet their needs.

My office have developed a Wellbeing Monitoring Framework to monitor and report on the wellbeing of children and young people in Western Australia, predominantly using key data and information from government agencies. Whilst some information relating to mental health and wellbeing is available, overall there is limited data relating to the

mental health and wellbeing of infants, children and young people, or the prevalence of mental health issues that they experience. These data sources are critical to be able to have a clear picture of the mental health experiences of infants, children and young people, as well as to be able to monitor how this changes over time or as a result of service provision. The Mental Health Commission and state Government should explore options to develop such data sources, to improve our understanding about the mental health needs and experiences of infants, children and young people across the State.

*Focus on early intervention and supports*

Whilst the Plan outlines the need to invest early and rebalance the mental health system, the Plan Update 2018 shows that the areas of prevention, promotion, community support and community treatment services are still lagging behind in terms of their progress, and require significant investment in order to meet the demand modelled for the year 2025.

The Plan Update 2018 reported that there had been a 21% increase overall ($152 million) in the 2017-2018 mental health and alcohol and other budget compared to the 2013-2014 Pre-Plan year, but that in that time, there has also been a decrease of 9% (or $1.9 million) in spending in prevention services. The spend on prevention is equivalent to approximately 1.4% (June 2017) and 1.3% (June 2018) of the total budget, which is under the goal of two percent by the end of 2017. Forward estimates completed by other organisations have predicted that the proportion of Mental Health Commission’s budget spend will further decrease in the next few years, noting significant cuts as a result of suicide prevention funding ending. Additional investments will need to be made in 2019-2020 to reach the existing targets of 4% of state funding to be allocated to prevention by this time.

The Plan lists *Action 18 – Identifying opportunities to enhance existing prevention initiatives targeting children and young people and families, and broader community as being underway but not completed. However further detail is not provided in terms of the actual progress on this action, or in relation to the child and youth prevention activities outlined in the Western Australian Mental Health Promotion, Mental Illness, Alcohol and Other Drug Prevention Plan 2018-2025. Achievements in prevention in the Plan Update predominantly focus on suicide prevention and response initiatives, with only a few achievements having relevance for children and young people. Furthermore, no detail is provided about the level of funding for prevention services which is invested and aimed specifically for infants, children, adolescents and young people. Given the prevalence of mental health issues for children and young people, and the likelihood of these becoming more severe as they age, it is vital that there is adequate investment into prevention services to stop issues from escalating or worsening. This information would be useful in reporting in the Plan Update in order to demonstrate investment in these areas.*

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4 Western Australian Association for Mental Health, 2018, *Balance the basics: Pre-budget submission 2019-2020*, Western Australian Association for Mental Health, Perth: Australia.
In addition, it is vital that there are strong evaluation methods in place, as well as data sources to measure the prevalence of mental health issues amongst children and young people, to determine the effectiveness of the prevention, promotion and early intervention initiatives and programs that are in place.

*Discussions around priority populations*

The Plan identified the need to *"Establish targeted programs for priority, marginalised groups or groups with complex conditions"*, outlining a range of population groups that should be treated as priority target groups, including infants, children and adolescents, Aboriginal people, people from regional areas, homeless people, Culturally and Linguistically Diverse (CaLD) people, people with co-occurring mental health, alcohol and other drug problems, people with physical health problems, disabilities, trauma and older adults. There is a lack of information about what actions have been taken to address the specific needs and demand for services for these groups.

*Broad strategic priorities and focus areas*

There were a range of priority issues that were discussed in the Plan but which were not translated into specific actions or strategies for implementation. These included:

- The need for services to meet the needs of young people with co-occurring mental health, alcohol and other drug problems. (Pg. 25)

- The need for youth mental health services to have capability to identify and treat early psychosis. (Pg. 25)

- The need to expand infant, child, adolescent and youth programs to reduce the incidence of mental illness and prevent harmful impacts of alcohol and other drugs. (30)

- The need to improve services for people with co-occurring mental health, alcohol and other drug problems, identify opportunities for integration with mental health community treatment services, and ensure services are responsive and accessible for young people and families. (Pg. 49)

- The need to increase availability of alcohol and other drug community beds for young people in regions outside of the Perth metropolitan area. (Pg. 59)

It is recommended that there are specific actions related to these priorities that are embedded into future planning, and that these actions are reported on through future updates of the Plan.

*Links to other strategies and initiatives*

There are a range of other state-wide strategies and initiatives which link to the Plan, some of which are noted in the Plan Update in the areas relating to the Current Strategic Content and in Appendix 1. However, a number of relevant strategic references could be further included, particularly those that reference the health and wellbeing needs of particular priority populations, including:

- The Youth Health Policy
- Aboriginal Health and Wellbeing Framework 2015-2030
- LGBTI Health Policy (when released)
- WA Youth Strategy and the At-Risk Youth Strategy (when released)

Further information should be provided relating to how these strategies will be considered and incorporated as part of the implementation of the Plan. The Plan Update 2018 also mentions the First 1000 Days report, and indicates that the recommendations will be considered and used to guide service procurement in the future. Further details should be provided around how this will be achieved.

Furthermore, the Plan Update 2018 should address what is being done to ensure continuity of suicide prevention services in the State, and what measures will be put in place to review and ensure appropriate investment in this space through a new suicide prevention strategy. The recent release of the Coroner’s Inquest into the deaths of thirteen children and young persons in the Kimberley Region, Western Australia outlines a range of complex circumstances leading to the death of these thirteen children and young people, as well as a series of recommendations on improvements that could be made to the service systems to address the issue of child and youth suicide, a number of which align to priorities outlined in the Plan. The recommendations included, but were not limited to, improving mental health service delivery in regional and remote areas, the incorporation of cultural healing in mental health treatment, the need for trauma-specific care, workforce development, addressing Foetal Alcohol Spectrum Disorder (FASD), and ensuring that Aboriginal communities are involved in the development and delivery of services to support those in need. The report also highlighted the fragmentation of services supporting vulnerable children and young people and their families, and the need for better collaboration and communication between services. Any future suicide prevention strategies should address and comment on the specific actions being taken to address recommendations from this, and other, inquiries, as well as approaches that will be taken to address the systemic issues and contexts which contribute to child and youth suicide.

Modelling

The Plan Update provides some information on the modelling framework that it has used to determine demand and service levels for mental health and alcohol and other drug services, however does not provide further detail about what these estimates are to give context to the change or investment and strategies for particular services. Whilst this level of information may not be necessary or appropriate to report on for all aspects of the plan, it would be beneficial to include a few key figures which demonstrate the projections around the prevalence and severity of mental health issues and alcohol and other drug issues across different age groups and populations to provide some context.

The Plan Update should also include information about any limitations of the modelling processes, or additional considerations, for example, challenges in the modelling for infant, child and adolescent mental health services due to a lack of data, particularly for younger children and young people.
The National Mental Health Service Planning Framework (NMHSPF) uses distinct age groupings which reflect the different services required across the age spectrum particularly for infants, children and adolescents (0-4, 5-11, 12-17, 18-64, 65+), however the Plan and Plan Update 2018 group the age groups together into infant, children and adolescents (0 – 15 for mental health; 0 – 11 alcohol and other drug) and youth services (16 – 24 for mental health; 12 to 17 alcohol and other drug).

By grouping infants, children and adolescents together, and without a clear picture being provided about the prevalence of mental health or alcohol or other drug issues across the different age groups, it is difficult to ascertain whether the services being delivered under the plan for infants, children, adolescents and youth are sufficiently meeting demand and addressing infants, children and adolescent’s needs. Reporting information about the prevalence of issues across infancy, childhood, adolescents and youth would provide greater transparency around some of the decisions that have been made around updating and re-modelling service levels, for example, in the reduction in the number of projected beds required for infants, children and adolescents due to reductions in the project population growth.

Summary and recommendations

To summarise the above information, and reiterate recommendations previously made by my office, I would recommend that further reporting on the plan:

- Separately identify the hours of service and/or the number of beds required for infants, children and adolescents and youth in Mental Health Community Support Services, Mental Health Community Bed Based Services, and for the four types of Alcohol and Other Drug Services.

- Provide detail about the specific delivery of services to infants, children, adolescents and young people, by age groups, across each action or service level, including prevention and promotion, community services, specialised state-wide services.

- Develop a clearer framework to report on the detail of progress and implementation of actions.

- Provide detail about how un-met targets will be prioritised and actioned.

- Include Key Effectiveness Indicators which accurately measure the prevalence of mental health issues for infants, children, adolescents and young people, and which measure effectiveness of services delivered to meet their needs.

- Provide details about the investments that will be made into prevention and promotion in order to meet demand modelled for year 2025, and monitoring framework to ensure that these are on track.

- Provide details about the actions being taken to address the specific needs of targeted priority populations or groups.

- Link broad strategic, but un-actioned, priorities in the plan to tangible actions for delivery and reporting.
- Ensure that other state-wide strategies and initiatives are considered in the implementation of the Plan and, where relevant, provide detail about how this will be done.

- Provide further information about the modelling framework, and an overview of any key figures which have been used to justify changes to services.

- Ensure that modelling is reflective of the prevalence of mental health issues as well as the need for services across infancy, childhood, adolescents and youth.

As you are aware, my office is currently conducting a review into the recommendations made in the Our Children Can't Wait Report, and will be requesting information from the Mental Health Commission and other agencies to identify progress made towards addressing the recommendations made by my office. This process, alongside the Plan Update, will provide an opportunity to review and reflect on our State’s progress to improving mental health outcomes for infants, children and young people, and I look forward to further discussion and collaboration around this important area. Please contact my office if you would like to discuss the content of this letter any further.

Yours sincerely

[Signature]

COLIN PETTIT
Commissioner for Children and Young People WA
11 March 2019