GOVERNMENT OF WESTERN AUSTRALIA

Mental Health Commission

Vision for Western Australia's Community Treatment, Support, and Emergency Response Mental Health Services

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Executive Summary

Western Australia's (WA) youth and adult community treatment, support and emergency response services aim to provide appropriate, accessible, timely and clinically effective support to thousands of people across the state during some of the most challenging times of their lives.

This document articulates a vision for a future community treatment, support and emergency response (CTSER) system, in which people are supported to stay connected and build a life that has meaning for them through culturally appropriate, flexible, and evidence informed care in their communities. It also charts a roadmap to bring this about, summarised in Figure 1 (see overleaf). This vision will be realised when the components of the system work together to provide seamless and person-centred care:

- At the **access and assessment** stage, people come into the community system through a single, co-ordinated point of entrance and triage, that facilitates timely access to proportionate care.
- At the **treatment and support** stage, crisis responses allow people experiencing crisis to be supported to access appropriate services that act as an alternative to the Emergency Department (ED). Community treatment and support services ensure that care is provided in clinics and as outreach by a multidisciplinary team providing responsive and holistic support.
- At the **transition** stage, people experience a seamless transition to other care arrangements, with smooth handovers and the right support.

The path to the future system follows three Reform Directions, which are designed to guide, but not prescribe, the actions that will bring about the transition. These are:

- **Reform Direction 1:** Deliver services in a more coordinated and integrated way, in partnership with others in the system.
- **Reform Direction 2:** Improve the accessibility and availability of community treatment services.
- **Reform Direction 3:** Establish more seamless, safe, and effective non-ED crisis responses.

These reforms will not be delivered overnight and will require a gradual and considered approach across three Reform Horizons. Under Horizon 1, the focus will be on optimising and reconfiguring existing services. In Horizon 2, the focus will shift towards the extension and expansion of services. Finally, in Horizon 3, services will be transformed through innovative new models of care.

The remainder of this document is structured to provide further detail on the current service landscape; the vision for the future system; and how this will be realised through the three Reform Directions, and across the three Reform Horizons.

Strategic Directions for WA's Mental Health Community Treatment, Support, and Emergency Response service system

VISION: WHERE WE WANT TO BE

People are supported to stay connected and build a life that has meaning for them through seamless, culturally appropriate, flexible and evidence informed care in their communities

FUTURE SYSTEM: WHAT THIS LOOKS LIKE

ACCESS & ASSESSMENT

A single, co-ordinated point of entrance and triage that facilitates timely access to proportionate care

CRISIS RESPONSE

People experiencing crisis are supported to access appropriate mobile services and place-based ED alternatives

COMMUNITY TREATMENT AND SUPPORT

Care is provided by a multidisciplinary team providing responsive, holistic support

TRANSITION

Transitions to other care arrangements happen seamlessly with smooth handovers and the right supports

REFORM DIRECTIONS: HOW WE WILL GET THERE

REFORM DIRECTION 1:

Deliver services in a more coordinated and integrated way, in partnership with others in the system

REFORM DIRECTION 2:

Improve the accessibility and availability of community treatment services

REFORM DIRECTION 3:

Establish more seamless, safe, and effective non-ED crisis responses

REFORM HORIZONS: HOW WE WILL STRUCTURE THE TRANSITION

HORIZON 1: *Optimise and reconfigure*

Reconfigure the existing system to create a more streamlined system entry experience and provide more responsive care

HORIZON 2: *Extend and expand*

Expand services to ensure access to coordinated and continuous care that better reaches those in need

HORIZON 3: *Innovate and transform*

Transform services through innovative new service models that are more integrated and responsive and which address existing gaps

Figure 1 – Strategic Directions for WA's Mental Health Community Treatment, Support, and Emergency Response service system

Purpose and objectives

This report articulates a future vision of community treatment, support, and emergency response services

A sustainable, balanced, and effective mental health system is important to the wellbeing of all Western Australians. Previous reports into WA's mental health service landscape have highlighted systemic issues that must be addressed to reduce pressure on services and to provide the right amount and type of responses to meet the demand of communities.

CTSER services play a crucial role in delivering treatment and support in the community and providing care, and access to care for people in crisis. Clinicians, people with lived experience and their families, and carers have identified that these services are not achieving sustainable mental health outcomes consistently, and that reform is needed.

This report represents the next phase of the reform journey of CTSER services. It summarises the vision, priorities and actions that together establish the direction of future CTSER services. This report, and supporting documents, will be used as the reference point for future change, ensuring alignment to the vision of people with lived experience.

The future system vision was developed through a multi-stage methodology

This report summaries the directions and findings established through the Community Treatment and Emergency Response (CTER) Project. The CTER Project was initiated to provide the framework for transforming CTSER services. Across two phases, starting in 2021, the CTER Project undertook inter-jurisdictional scans, stakeholder engagement, activity and outcome data analysis, needs-based modelling, and service evaluations to develop a vision for the future system.

Through the CTER Project, the need for better integration of community treatment and community support services (defined below) was foregrounded. The vision for this report therefore extends to include community support services which should be integrated within and alongside of community treatment services.

This report focuses on the necessary reforms for CTSER services for youth (people aged 16-24 years old) and adults (people aged 18-64 years old). It is closely related, but distinct, from separate pieces of work – previously completed and currently underway – that have investigated reform for infants, children, and adolescents and for older aged people.

What are Community Treatment, Support, and Emergency Response services?

Community treatment and support services are multidisciplinary supports provided in a community setting

Community treatment services are services that provide multidisciplinary clinical mental health support and intervention to people in a community setting. Broadly, these services include general community treatment services and state-wide specialised services.

General community treatment services support people in WA with serious and persistent mental illnesses that have a moderate to severe impact on their lives through clinical supports in the community.

General community treatment services also undertake non-urgent mental health assessments to ascertain the treatment and intervention a person requires.

State-wide specialised services provide expert clinical support to people with complex and/or co-occurring needs (such as people with eating disorders and women in their perinatal period). The ways in which services are delivered in the community vary from team to team, with some services delivered as in-reach, others as out-reach, and others through a community treatment service clinic.

Community support services, as distinct from community treatment services, are services that provide psychosocial and other support to individuals, their families, and carers. These services include self-help and group programs, personalised support for people to remain in their home, and programs for families and carers, amongst others.

Community treatment and support services are connected to community bed-based treatments, community mental health supports, and wider community supports. The extent of integration with other service types is dependent on the team and service being delivered. People aged 16-64, who use these services may have diagnoses such as: psychotic disorders, affective disorders, eating disorders or personality disorders.

Community treatment and support services need to account for the fact that a person's diagnoses may be complicated by co-occurring issues with alcohol and other drug (AOD) misuse. People accessing services are also more likely to be negatively impacted by various social determinants of health such as unemployment and job insecurity, homelessness and housing instability, poverty, family, and domestic violence, disrupted education pathways, and trauma. There are also disproportionately high rates of physical health co-morbidity.

Emergency Response services are services that provide care to people in a mental health crisis

Mental health emergency and crisis services are for individuals experiencing a mental health crisis, as well as their families and carers. This includes when an individual:

- is experiencing unmanageable distress
- is experiencing an 'acute' mental health episode
- has had a recent intentional self-harm or suicide attempt; and/or
- is experiencing rapid changes in behaviour.

Emergency and crisis response services do not comprise a distinct stream of service – rather they are a suite of necessary responses and supports provided by Health Service Providers (HSPs), and other defined providers, to people in a mental health crisis.

The types of services this may refer include:

- **Phone and Video Helplines** that provide access to front-line mental health staff for assessment, triage, and support.
- **Mobile Crisis Responses** that act as first responders to someone in a crisis, meeting the person at the crisis location. This role can be performed by Police, Ambulance or mental health assessment and treatment services. The focus of these responses is to provide on-location care and/or transport to a hospital or other therapeutic environment.
- **Facility-Based Crisis Stabilisation** services provide medical and mental health assessment and treatment to someone experiencing a crisis. This is traditionally provided in a hospital setting such as an ED but can also be provided through a 'Safe Haven'.

CTSER services are key components of a broader mental health service landscape

CTSER services, which are the focus of this report, are a part of an interconnected mental health service landscape that ranges from preventative activities to highly intensive hospital-based services. Many of these services are funded by the Mental Health Commission, however other services – such as primary care, are not. These service streams are described in Figure 2 (see overleaf).

In many cases, the service provided by a mental health support team spans multiple streams of CTSER services and of other mental health service streams. The mental health service landscape also interfaces closely with other support services, such as the National Disability Insurance Scheme and public housing services.

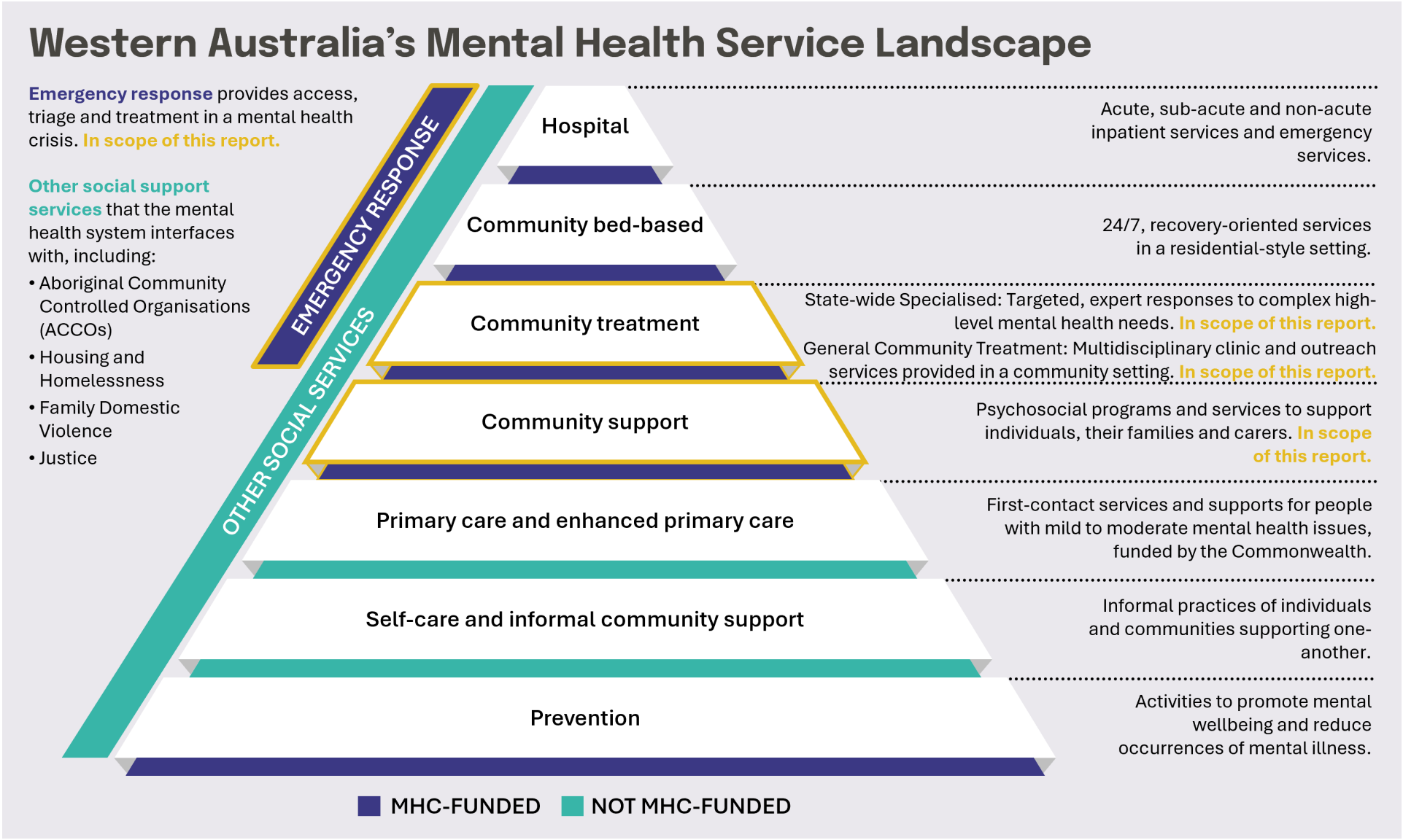

Figure 2 – Mental Health Service Landscape

*Mental Health Commission (MHC)

The Future System

Holistic community treatment, support and emergency response services should be available to all Western Australians at the right time and place

The vision for the future system has been designed to address the challenges faced by consumers, their families and carers and clinicians. Reflecting this, the future system will be one where people are supported to stay connected and build a life that has meaning for them through seamless, culturally appropriate, flexible and evidence informed care in their communities.

Realising this vision will require the transformation of the experiences of people accessing support from the point of initial access and assessment, through to their transition to self-care and/or other services. The future states of each stage are:

- **Access and Assessment:** a single, co-ordinated point of entrance and triage that facilitates timely access to appropriate care – where consumers have confidence they will be directed to the right care, at the right time, with minimal gaps in care.
- **Emergency Response:** people experiencing crisis are supported to access appropriate services that act as an alternative to the ED, ultimately providing service in the most appropriate therapeutic setting and reducing pressure on hospital EDs.
- **Community Treatment and Support:** care is provided in clinics and as outreach by a multidisciplinary team providing responsive, holistic support that is connected to, and delivered in partnership with other mental health and community services, as well as primary care.
- **Transitions:** transitions to other care arrangements happen seamlessly with smooth handovers and the right supports, to minimise disruption and re-traumatising individuals, while ensuring that governance of care is clear and coordinated.

At each stage, arrangements are designed to provide therapeutic support that is holistic and minimally invasive. Seamless connections also exist across stages, and between the services within stages.

A summary of these stages, and the types of services that will be available within them is provided in Figure 3, with further description of the services in subsequent sections.

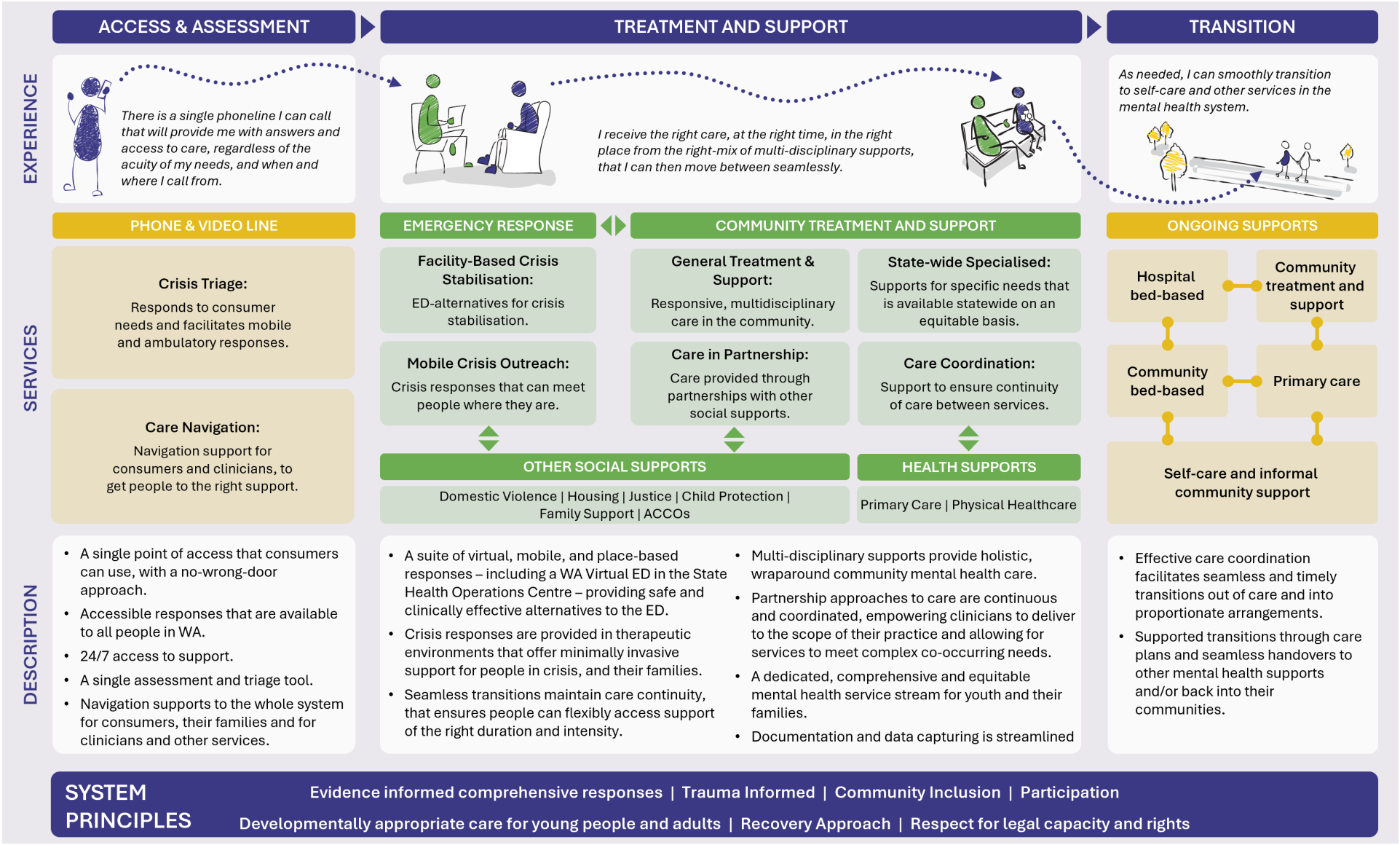

Figure 3 – Future System Overview

Access and assessment will be provided through a single-entry point

A single-entry pathway provided through a 24/7 phone-line, will enable access to timely and proportionate care, for all people across the State. The phone-line will serve as a unified access and assessment point, staffed by mental health professionals, that supports clinicians, consumers, families, and carers to access and facilitate access to services for people with mental health needs, regardless of their level of acuity. A single assessment and triage tool will support consistency and integration across the system.

A single point of access in a crisis will fill the recognised gap, ultimately diverting people from presenting to EDs and supporting them to connect with a more appropriate service (including non-ED crisis stabilisation). For those not experiencing a crisis, the same service can support people with identifying and accessing treatments and supports that meet their needs and circumstances. A single access point will also be readily accessible for all people regardless of their location in the state, thereby reducing the gap in service outcomes between metropolitan and regional areas.

Future emergency responses will help prevent unnecessary presentations to EDs

WA requires an emergency and crisis response system that decreases the pressure on hospital and ambulance services and provides a more appropriate therapeutic response for people in crisis. Future emergency response services will offer crisis stabilisation services through facility-based services – using hospital EDs and inpatient beds only as a last-resort – and mobile outreach responses – integrating mental health responses into ambulance and police 'co-responses'.

Hospital EDs will no longer have to be the gateway to the mental health system. ED-alternatives, combined with an accessible and timely contact point, will ensure that people in a crisis will be given the right level of care, in the right environment. These environments will be therapeutic, developmentally appropriate, and available closest to a person's community.

Community treatment and support will be available at the right place and time

Future community treatment services will deliver services to meet a broad range of needs and complexities, through general community treatments and supports and through specialised services. Future general community treatment services will use multidisciplinary teams to provide evidence-based clinical treatments to people when and where it meets their needs and the expertise of statewide specialised services will be available to all people in WA, regardless of their location.

Future community treatment services will offer care in partnership with other services – to holistically meet the needs of people – and support care coordination between acute emergency responses, general community treatments, specialised services and to community supports. A connected experience will reduce the fragmented nature of the mental health system, making the experience more navigable for consumers, families and carers and clinicians. The more connected future mental health system, with partnerships to primary care and community support combined with a single access point, will minimise the inconsistency of experiences faced by consumers and empower clinicians to deliver services to the full scope of their practice.

Transition pathways will ensure people are connected to other services

Effective transitions between different care arrangements are essential for minimising disruption and the risk of re-traumatisation. Establishing responsive care pathways that seamlessly bridge mental health services, individuals and their support networks ensures that individuals are transitioned between support services at the right time, into proportionate arrangements and can confidently engage in self-care, through community and primary care support.

Effective care coordination between mental health services will enable better outcomes for individuals and for the system. For individuals, effective care coordination will enable them to transition seamlessly in and out of care, into the most appropriate arrangements. For the system, care coordination that transitions people between services in a timely way, can lead to the creation of much needed capacity at critical points in the system, reducing wait-times for all services.

Supported transitions to primary care and less intensive supports will enable people to re-engage with their community sooner, (and remain engaged throughout all their interactions with the system), and more successfully undertake self-care. Through seamless handovers to community supports and primary care, people can have confidence in maintaining their care plans and be less likely to require to more intensive mental health services. With people engaging more with less intense service types (self-care, community care, primary support, and community support on Figure 2), the pressure on the system will decrease, lessening the demand on CTSER services.

The future CTSER system will be underpinned by principles that promote equal outcomes and culturally appropriate care

All services in the future system will promote a person-centred and human rights-based approach to mental health care. Across all stages of the consumer journey, the Mental Health Commission, HSPs, providers and services will embed principles that support this goal. The principles described in Figure 4 represent the approaches, behaviours and practices that should inform service design and delivery. Realising these principles will lead to equitable outcomes for mental health service consumers, particularly those that face additional barriers to accessing care.

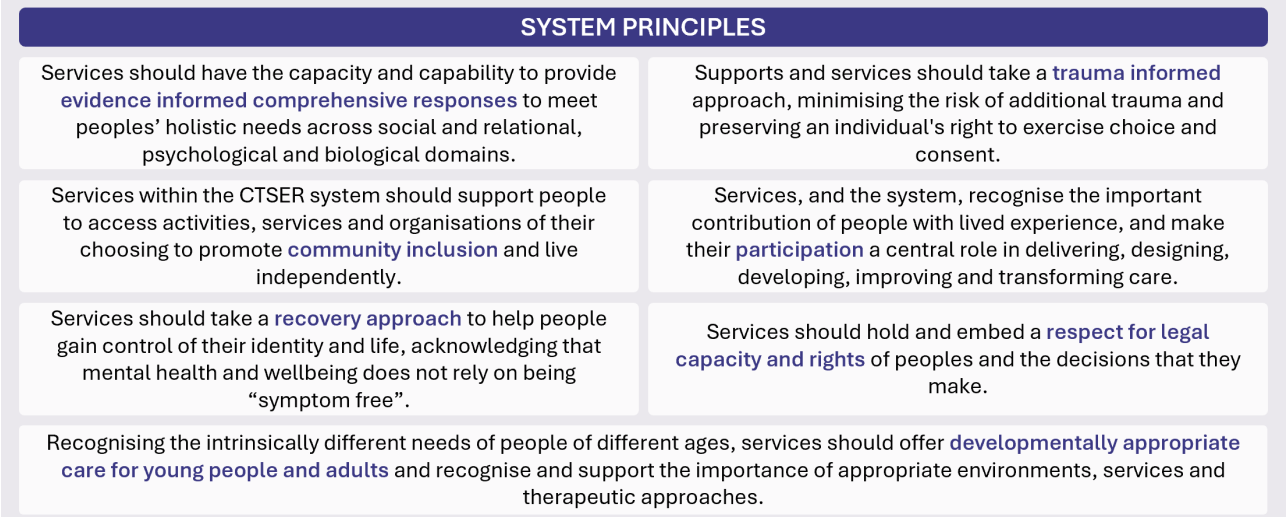

Figure 4 – System Principles underpinning the care journey

How we will get there

Three Reform Directions chart the pathway to the future system

Moving from the current service landscape to the future system will require concerted effort and investment across a range of areas. To achieve this, three Reform Directions have been developed that outline the high-level approach that will need to be taken to make transition from the current state towards the future system.

Each Reform Direction will need to guide its own stream of activities. However, the Reform Directions are complementary, and the future state can only be realised through synergies between the actions taking place across all Reform Directions.

Each will involve activities that are delivered over three Horizons, collectively shown in Figure 5. These Horizons reflect different levels of transformation and investment and as such provide a guide, not for sequencing, but for reform appetite. Initiatives within and across Reform Horizons and Directions can be progressed and implemented sequentially or simultaneously – depending on the specific actions.

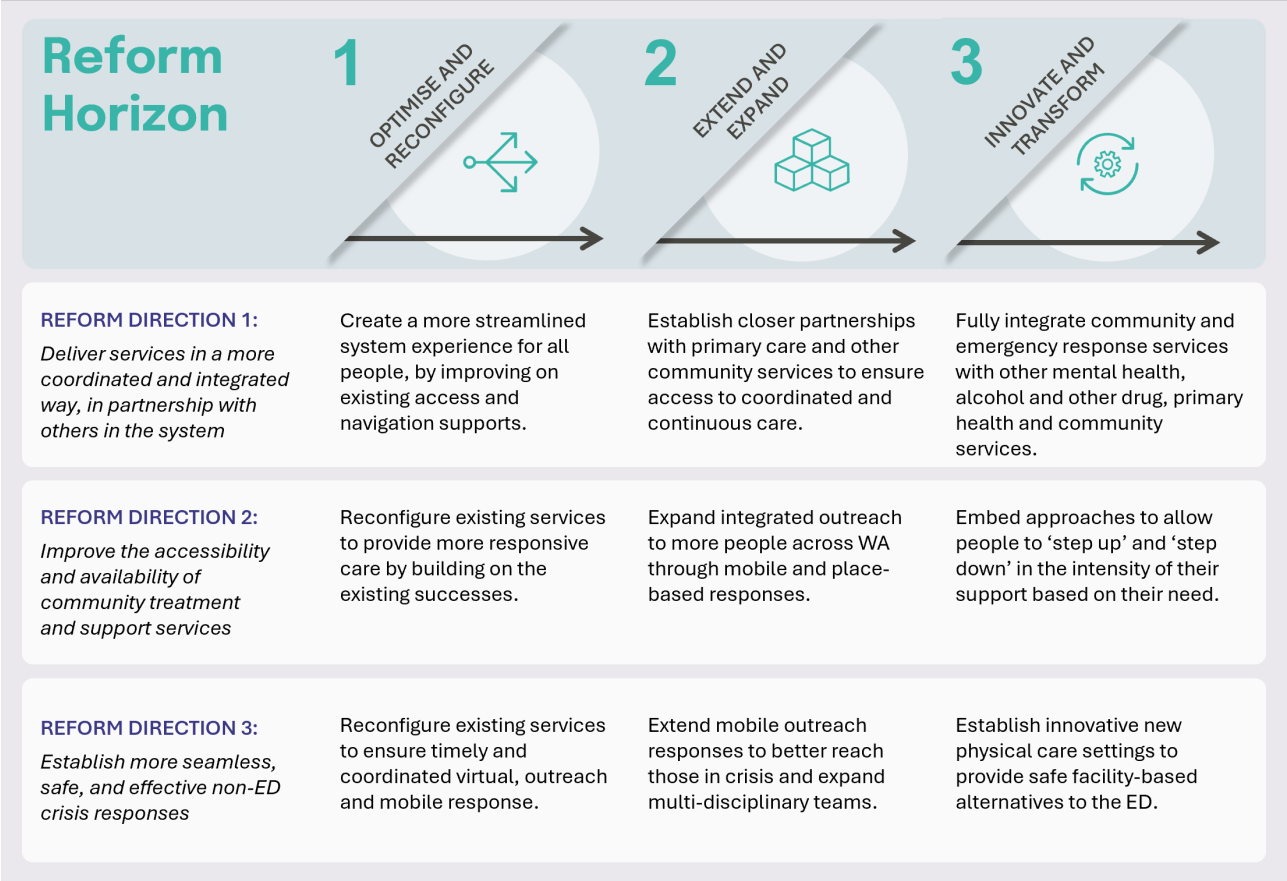

Figure 5 – Reform Horizons

Reform Direction 1: Deliver services in a more coordinated and integrated way, in partnership with others in the system

The current CTSER landscape is difficult to navigate and makes it difficult for consumers to receive wrap-around holistic support. The disjointed nature of services, in the mental health and health systems, creates a complicated web of inwards-facing teams that a consumer must navigate on their own. Under Reform Direction 1, CTSER services will be delivered in a more integrated way to address the multifaceted needs of people with moderate to severe mental illness. This will involve enhancing services that coordinate care and address existing gaps.

Structures of siloed and fragmented care will be gradually replaced with multidisciplinary community treatment and support services, accessible through a single point of entry, which work in close partnership with other adjacent systems to deliver holistic care. Services will be more inclusive, and staff will have the expertise needed to deal with specialised needs without being constrained by narrow exclusion criteria. There will also be stepped access to care for people with specialised needs.

The system design will recognise that mental illnesses are often co-occurring with other challenges such as social disadvantage, and physical and cognitive conditions that require the system to interface seamlessly with other community services. As part of this, mental health funding and commissioning will support collaborative models of care that strengthen links with other community services including (ACCOs) and community non-government organisations. Gaps in the ability of existing services to meet the needs of people transitioning between the infant, child, and adolescent and adult systems will also be addressed.

The Reform Horizons to progress Reform Direction 1, and possible actions that correspond to each Horizon, are shown in Figure 6 below.

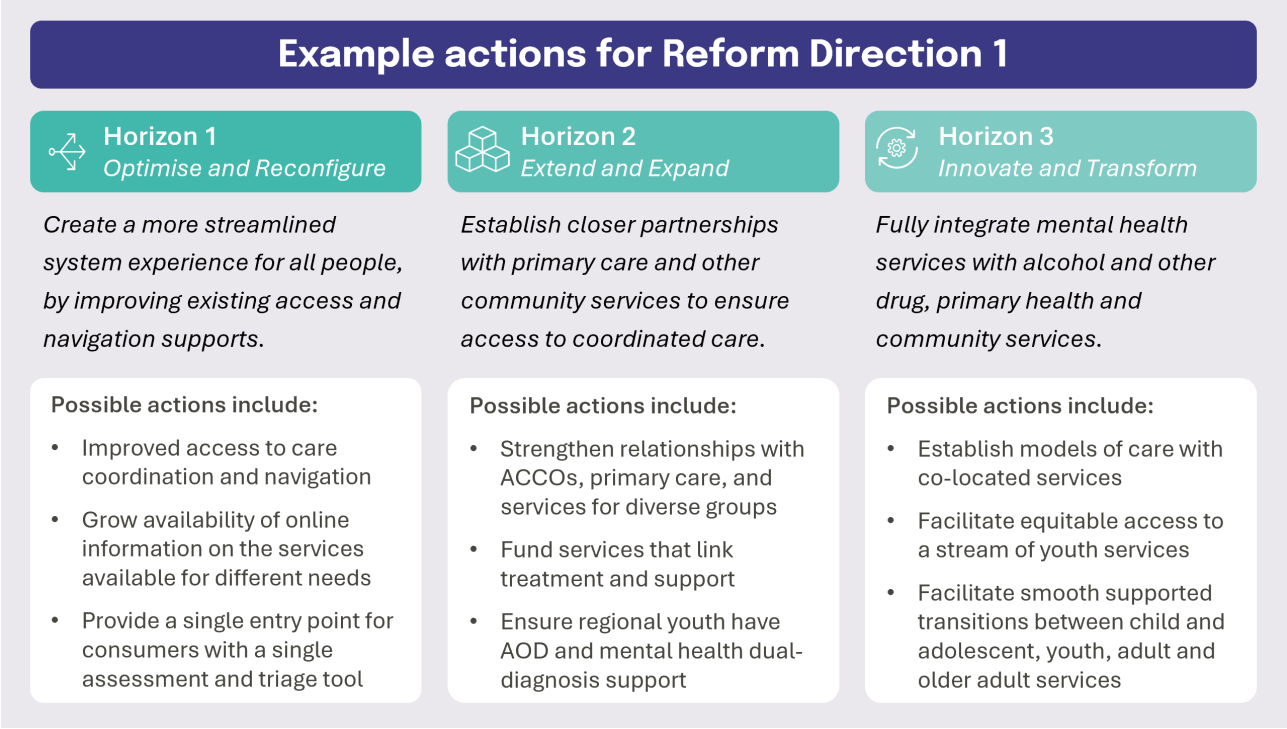

Figure 6 – Example actions for Reform Direction 1

Reform Direction 2: Improve the accessibility and availability of community treatment and support services

In the future system, community treatment services will deliver what people need, when and where they need it, regardless if a person lives in metropolitan, regional or rural WA. HSPs will continue to provide support through community-based clinics and intensive outreach but do so in a way that is able to better meet demand through more seamless and responsive care. To achieve this, activities for Reform Direction 2 will be designed to rebalance the mental health service mix towards support that is increasingly responsive, adaptable, and focused on delivering care to people where they are – in their homes and communities.

This will involve shifting the composition of care through the optimisation, expansion, and establishment of services to ensure that the most effective type of support will be available to more people more of the time. In different contexts, and for different services, this may involve expanding the hours that services are available, aligning services with the needs of hard-to-reach cohorts, and establishing outreach services and community place-based services that allow people to access care in more appropriate settings.

Changes in the composition of services will also be planned in a way that recognises that the needs of each person are different and that supports, that at one stage are appropriate, can later become either overbearing or inadequate.

Examples of possible initiatives that correspond to each Horizon are shown in Figure 7.

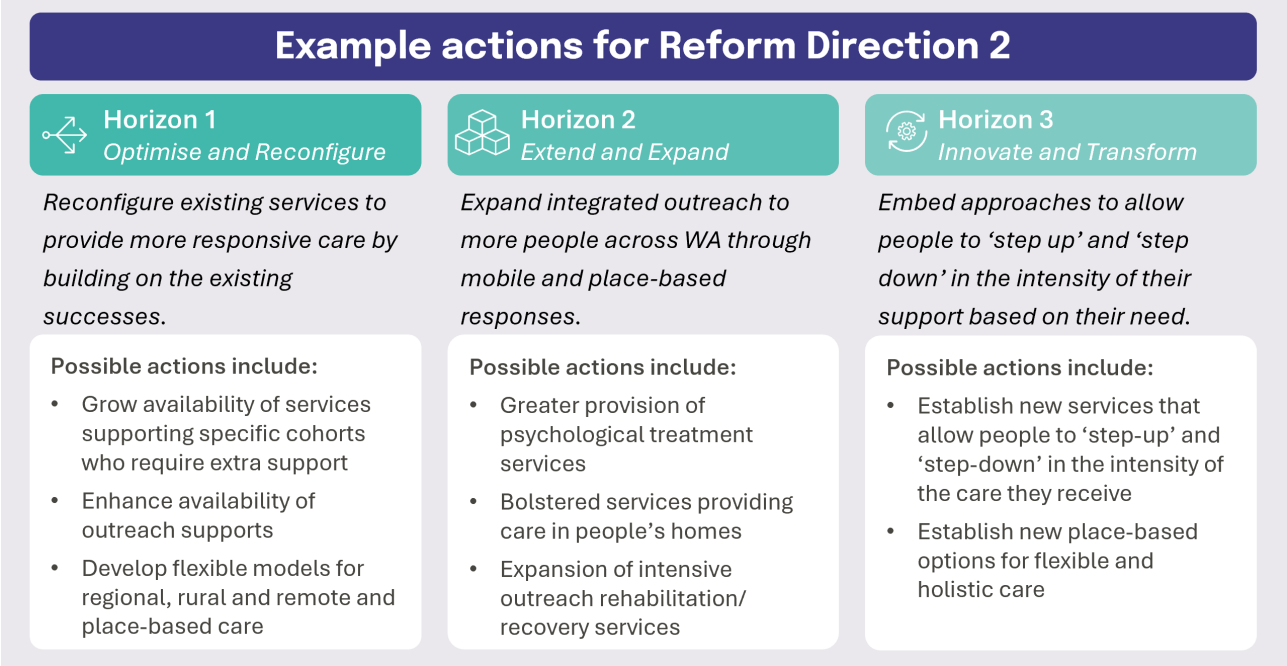

Figure 7 – Example actions for Reform Direction 2

Reform Direction 3: Establish more seamless, safe, and effective non-ED crisis responses

Many Western Australians see the hospital ED as the only way to access timely mental health services in a crisis. For people in crisis, most mobile responses are led by ambulances or police, which cannot divert enough presentations, when there are few other limited crisis stabilisation options. The over-reliance on EDs, leads many to give up on seeking help while many of those that are admitted would likely be better supported in a more therapeutic environment.

Under the future system, EDs will not function as a significant gateway to the mental health system. Under Reform Direction 3, when crises do occur, they will be met with coordinated responses that divert demand away from EDs and into more appropriate therapeutic environments.

Underpinning the coordinated response will be a single-statewide phone-line, which will facilitate triage and seamless referrals between services. Responses will be a mix of mobile crisis responses (including co-responses with police and ambulance services). As well as place-based ED alternatives (including peer-led alternatives) that provide avenues for crisis stabilisation in a non-ED like environment. Virtual care will also be provided through the phone-line service itself, which will be staffed by clinicians and experienced peer workers.

The design of the future system will allow for access to care for people in environments that involve minimal disruption for them and their family. It will also be recovery-focused and ensure that links to ongoing services are established, that reduce the prevalence of re-admission.

Examples of possible initiatives that correspond to each Horizon are shown in Figure 8.

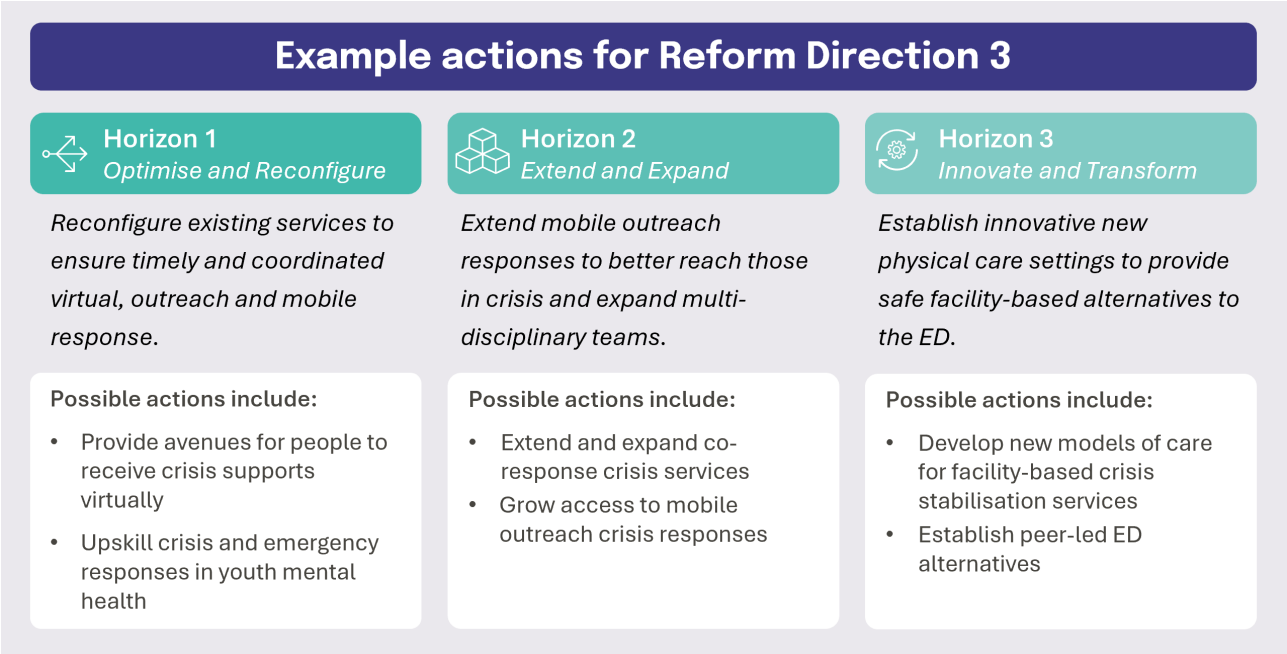

Figure 8 – Example actions for Reform Direction 3

Our next steps

Future investment and activities will be guided by the vision articulated in this document

This document has been drafted to define a clear vision for the future of WA's CTSER services, and the way in which these services can collectively meet the needs of Western Australians. It further articulates the Reform Directions that will need to be taken to achieve this vision, and how activities may be distributed across three Reform Horizons.

Through the vision, and the Reform Directions and Horizons through which it will be realised, this document charts a roadmap that will guide the direction of future reform initiatives being undertaken across the system. The Mental Health Commission will align future activities and investment with the strategic direction laid out in this document.

The allocation of funds, and investment in future activities, will require a commitment to strategic commissioning, to bring together HSPs, community services, the Department of Health and other government agencies. Through sector-wide collaboration, a connected treatment and support system can be implemented to support people and communities in WA. Further work to support the implementation of the vision, including the design of new models of care, will also need to be co-designed with service users and their families.

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