



**WESTERN AUSTRALIAN MENTAL HEALTH, ALCOHOL
AND OTHER DRUG SERVICES PLAN 2015-2025:
BETTER CHOICES. BETTER LIVES.**

WHEATBELT

OVERVIEW

The Wheatbelt region covers 157,000 square kilometres, which constitutes 6.3% of the total Western Australian land mass. The Wheatbelt region had a population of almost 80,000 in 2014 (representing 3.1% of the State's population). By 2025, the population is expected to reach almost 88,000 persons. However, although the population will increase, the percentage of the State's population residing in the Wheatbelt is estimated to decrease to 2.8%.

ABORIGINAL POPULATION

The Aboriginal population in the Wheatbelt totalled almost 3,800 people in 2011, which represented 5.0% of the total Aboriginal population of Western Australia. This is expected to grow to 6,000 by 2025, with the percentage increasing slightly to 5.1%.

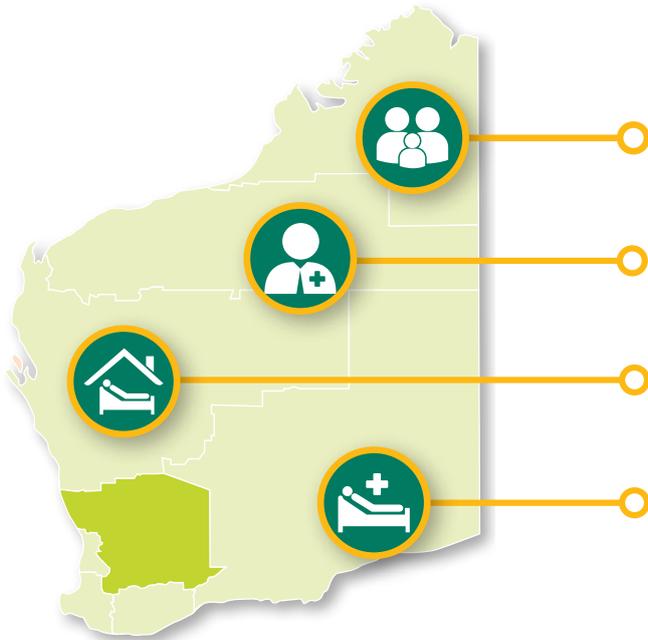
CONSULTATION FEEDBACK

During the consultation process for the Plan, people in regional areas raised a range of issues and priorities, including:

- a need for a greater level of detail about services for their region
- culturally secure services and programs for Aboriginal people
- the high proportion of children and young people in some areas and the need for early intervention
- challenges regarding transport and geographical distance.

Feedback from the Wheatbelt included that declared places need to be established for mentally impaired accused. The Mental Health Commission has included a new strategy and action in the Forensic Services section of the Plan: *commission a facility in the community for mentally impaired accused persons with a mental illness, which is an appropriate alternative to prison and hospital, by the end of 2020* (see page 99 of the Plan).





SOUTHERN COUNTRY – WHEATBELT

SERVICE TYPE	2025
Community Support Services	
Hours ('000)	182
Community Treatment Services	
Hours ('000)	179
Community Bed-Based Services	
Beds	57
Hospital-Based Services	
Beds	37

NOTES

Note: All services are Mental Health and Alcohol and Other Drug combined unless otherwise specified.

Define: Hours of Support (community support only): includes face-to-face time only. For example, hours a person spends in respite care, hours spent undertaking an activity, hours of face-to-face support with peer workers, or health, social and welfare support workers etc.

Define: Hours of Service (prevention, community treatment, specialised statewide services, forensics): includes face-to-face time between consumers/carers and staff, travel time, and time for other duties such as administrative requirements, training and research.

Note: the Plan articulates the overall intentions regarding service development and transformation of mental health, alcohol and other drug services over the next ten years. Exact locations and distributions of services as shown are subject to the Government's fiscal capacity and approval through normal budgetary processes, and will be determined by a combination of consultation process and the assessment of relative feasibility to deliver the service.

SERVICES



Community Support Services: give people with mental health, alcohol and other drug problems the help and support they need to participate in their community. Support services can include programs that help people identify and achieve their goals and that assist them to access and maintain employment, education, housing and social interaction.



Community Treatment Services: provide clinical care in the community. These services generally operate with multidisciplinary teams who provide outreach, transition support, relapse prevention planning, physical health assessment and support for good general health and wellbeing. Alcohol and other drug community treatment services also include pharmacotherapy, screening and counselling.



Community Bed-Based Services: provide 24-hour, seven days per week recovery-oriented care in a home-style setting, low medical withdrawal services and structured, intensive residential rehabilitation for people with alcohol and other drug problems, following withdrawal. These services support people to improve their capacity to function independently following a stay at an inpatient unit or to avoid hospital admission where appropriate.



Hospital-Based Services: include acute, subacute and non-acute inpatient units, emergency departments, consultation and liaison services, hospital in the home, mental health observation areas, and alcohol and other drug detoxification services.



SERVICES FOR THE WHEATBELT BY THE END OF 2025

The Plan models the level and mix of services required across Western Australia by the end of 2025. The need for services in the Wheatbelt by the end of 2025 includes:

- Significant increases in community-based mental health (to 175,000 hours per year) and drug and alcohol support services (to 7,000 hours per year). These include peer support, employment, education and training programs, housing, social opportunities and help with daily living tasks.
- Increase in community-based clinical treatment services for mental health (to 118,000 hours per year) and alcohol and other drug problems (to 61,000 hours per year) including the expansion of drug and alcohol service hubs and increased outreach services.
- For the Southern Country Region (includes Great Southern, South West and Wheatbelt), the increase in community based clinical treatment services for mental health represents a 108% increase on current levels, and for alcohol and other drugs, an almost fourfold increase.
- Provide community-based mental health beds (32); drug and alcohol residential rehabilitation beds (23); and two community-based beds for low medical withdrawal.
- Increase mental health hospital and hospital-in-the-home (HITH) beds by 34 which will enable approximately 950 additional mental health admissions per year.
- Three additional hospital beds for medically supervised complex alcohol and other drug withdrawal will enable approximately 110 additional admissions per year.



MODELLING

The modelling which underpins the Plan has been undertaken according to the population in given geographical regions, including:

- North Metropolitan
- South Metropolitan
- Northern and Remote comprising of:
 - Goldfields
 - Kimberley
 - Pilbara
 - Midwest
- Southern Country comprising of:
 - Great Southern
 - South West
 - **Wheatbelt**

Exact locations and distributions of services will be determined by a combination of consultation processes and the assessment of relative feasibility to deliver the service. For example, if the modelling identifies one bed in a region, consideration will be given as to how that can be adapted or combined with other service types for the practicalities of service delivery in order to successfully and efficiently commission the services required for the region.

The modelling tools' output is provided in hours of service, hours of support or bed numbers; however, these are considered a proxy for the levels of service that will be provided in any given location. The modelled output does not specify the model of service or the service provider.

In consultation with key stakeholders (including consumers, carers, families, and clinicians), models of service will be developed to achieve a degree of standardisation throughout the State. This will enable a consistent standard of service provision, however, this must be balanced with the key aim of personalisation to meet individual needs and adaptability to meet local area characteristics (including service availability, population profile, diversity and cultural factors).

