



Government of Western Australia
Mental Health Commission

Young People Priority Framework & Alcohol other Drugs Sector Consultation

Thursday, 29 October 2020; 9:00am – 11:00am

Zoom / MHC, Djeran (L1.06)

Attendees

Kim Lazenby (co-chair) – Mental Health Commission (MHC)
Jill Rundle (co-chair) – WA Network of Alcohol and Other Drug Agencies (WANADA)
Amanda Hughes - MHC
Ethan James - WANADA
Carol Daws – Cyrenian House
James Hunter – Cyrenian House
Sally Malone – Cyrenian House
Susan Carruthers – Peer Based Harm Reduction
Mario Gallo - Holyoake
Gary Bailey - Holyoake
Trudi Ruane – St. John of God (SJOG) Social Outreach South West Community Alcohol and Drug Service (CADS)
Jo Sadler - Mission Australia
Linda Richardson - Mission Australia
Jane Fajardo- Goldfields Rehab Service Inc.
Angela Corry – Peer Based Harm Reduction
Ben Headlam - Palmerston
Andrew Amor - Milliya Rumurra Aboriginal Corp
Emma Jarvis - Palmerston
Dominique Charpentier – Ngnowar Aerwah Aboriginal Corp
Leanne Pizzino - MHC

Apologies:

- Hope Community Services
- Wungening
- Local Drug Action Group
- WA Country Health Service (WACHS) – Mid West CADS

This report is a summary of the discussions and is not intended to be a verbatim record.

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Western Australia.*

Introduction

- Both the Western Australian Mental Health and Alcohol and Other Drug Services Plan 2015 – 2025, and the Commissioner for Children and Young People’s (CCYP) ‘Our Children Can’t Wait’ report from 2015, highlighted the need to improve services available to support young people with mental health and/or alcohol and other drug issues. Young People are identified as a priority cohort in the [WA State Priorities Mental Health, Alcohol and Other Drugs 2020 – 2024](#) document released by the Minister for Mental Health in March 2020.
- According to the [WA COVID-19 Recovery Framework](#) published by Youth Affairs Council of WA (YACWA) in August 2020, mental health is the issue of greatest concern to young Western Australians, with 88% of all survey respondents saying they were concerned about their mental health.
- In response to growing community concerns and expectations of urgent action, the Mental Health Commission (MHC) is developing a Framework to guide the mental health and alcohol and other drug sector, and State Government agencies, in supporting and responding to the mental health and alcohol and other drug needs of young people aged 12 to 24 years. This Framework will inform the development of new initiatives for investment and consideration by Government and new ways of working across existing services to achieve better outcomes for young people.
- The Framework will build on existing knowledge, modelling and reports, and to update this by consulting with young people and their families and carers, clinicians, service providers and other relevant stakeholders and updating data wherever possible.
- The Framework aims to address the mental health and alcohol and other drug service system from prevention and early intervention, through to more acute treatment within the hospital setting. This includes considering the primary care setting and services for young people.
- There is a considerable body of knowledge from a wide range of reviews, surveys and reports that highlight gaps in the system and suggested solutions to improve the mental health and wellbeing of young people. The MHC will use this body of knowledge as a basis for further stakeholder engagement to gain a consistent, clear and current understanding of the issues and gaps and prioritise suggested responses.
- The **Young People Priority Framework** (YPPF) is planned to be completed and released by the end of 2020. More detailed implementation planning for the Framework will be ongoing during the life of the Framework.
- MHC will be considering the needs of children under 12 years in 2021. The final Young People Priority Framework will have a narrative on children under 12 years and the work planned for 2021.
- YACWA shared key insights from work undertaken through direct engagement with young people. Accessibility to services (clearly demand is not fully met); lack of services in regional and remote areas; parenting and early intervention services is a key requirement; and there is a high need for skill training and development. This report will be available on the MHC website in conjunction with the Framework.

It was suggested participants address 3 key questions, on a region by region basis:

(i) What are the main issues for young people impacted by alcohol and other drugs in your region? (e.g. own or other's alcohol and other drug use)

(ii) What are the best ways of responding to these issues? (e.g. need for new services/initiatives/service models, building capacity in other sectors to better address alcohol and other drug issues)

(iii) What is the top priority(ies) for responding to young peoples' needs re alcohol and other drug use and/or harms in your region?

General feedback

- Clarified age range for Alcohol and Other Drug (AOD) services - services for those over 18 years are referred to adult services; those below this age group are not.
- The sector acknowledged that the change definition of young people in the AOD sector, from 12-17 to 12-24, will have significant structural implications across policy, planning, procurement and service delivery.
- Young people 18-20 years need more youth-friendly services.
- Variations in the young person's development between individuals means that age ranges are not necessarily relevant.
- These have been key consistent issues raised in other YPPF consultations - MHC is focussing on the feedback regarding what are the priorities, in terms of steps to undertake.

Great Southern

- Service offers a range of community-based programs; provides suicide prevention and AOD services within the one service; provides outreach services, primarily as part of the WA Primary Health Alliance (WAPHA) regional program.
- Common issues in most regions include transport and physical accessibility of services; services have wide area to cover; services in the town/region need to be mobile
- Young people are expected to wait in a room and 'receive' the service in a certain timeframe; young people are required conform to this treatment modality; this becomes a negative experience for them and a challenge, as young people are reluctant to engage in the service.
- Regarding co-occurring issues, services in these regions reported difficulties in collaborating and coordinating care; efforts are hampered by limitations and restrictions in contracts especially with respect to early intervention make this challenging.
- Coordination and collaboration are ad hoc, with no uniform driving strategy; there are well intentioned, motivated staff and success depends on these individuals; there are no systemic strategies to coordinate these services or systematise collaboration; no centralised coordination for young people.
- Lack of service options for diverse young people in the regional areas.

South West

- There is only one AOD youth residential rehabilitation in the State (Perth based); this arrangement will never adequately meet the needs of young people in Kimberley/Pilbara.
- Need a plan for funding to meet young people's needs in WA – having one north, one south and one central service would be a good start.

- Need for a service in South West identified in 2017 but no youth beds have been provided.
- Mission Australia Yearly Youth Survey - 25,000 young people provided feedback on the issues that concerned them; recommend using this data for State based reports (difference of feedback from young people, State and regions).
 - Top issues in WA:
 - Mental Health - across WA
 - AOD – especially in South West
- There are gaps in services across all regions.
- Continuous issue being raised was lack of residential services.
- Support is required for families, need local services to meet local needs.
- Most of the region's services see young people 18 years and older, seldom younger people.
- In Bunbury, there is intergenerational drug use issues moving through families.
- There is a lack of detox services; young people not able to get into residential services until detox, which means moving to Perth which is difficult if you are a parent, have children and animals.
- Service is identifying mental health issues in young people 12-15 years; however, there is a general lack of support services in schools e.g. school chaplains, or youth services in schools.
- Crisis Care has waitlists for young people, also for adults.
- Lack of education in schools about drug use – just say no approach doesn't work; also, not enough resources for education.
- There are not enough resources to enable collaboration between services, this impacts services' ability to engage in collaboration.
- 12-month funding for services is not sustainable and the amount of funding is not enough for services' large geographical areas.
- Detox beds are also required.
- Issues include sexual assault and abuse while young people are intoxicated; including during 'leavers' celebrations and parties; in addition, leaving school and entering workforce are stressors.
- The School Drug Education and Road Aware (SDERA) program is helpful, but there is not enough awareness of this program by teachers etc.
- One local service offers a weekly session in some country towns but where do you refer young people to afterwards? 6-8 sessions is not enough.
- More support in the communities for outreach services required; there are only a few ad hoc services provided in further remote areas.
- One project officer for the South West to address prevention working in the community, this is not enough.
- Issue of transport for accessing services; one local service reports using a vast amount of taxi vouchers.
- Timeliness of service is an issue – young people are used to things happening quickly; issue of time limit, as young people are used to a quick turnaround; there is a window of about 14 days, then you have lost that opportunity to engage with them.

- Issues around AOD are impacted by AOD availability, there cannot be a global response for young people.
- Not enough focus on harm reduction; information and education for young people required; school drug education is ad hoc; providing more of this information may assist, so demand for detox doesn't become problematic.
- Using AOD makes young people vulnerable but there are limited services for young people to address these issues.
- Can't assume AOD and mental health coexist, it is not always the case.

Goldfields

- One local service offers low medical detox and outreach in a one stop shop program; offers rehabilitation services; in May 2020, detox service opened with four beds.
- Service not funded to provide services to young people below 18 years but they do receive referrals for young people below 18 years; need a youth rehabilitation service in this area.
- Need to provide outreach to young people referred to them, on a waitlist or transitioning back into the community; have been in discussion over the past five years around providing a local treatment service; need a residential detox facility in the Goldfields for young people.
- Feedback from the Goldfields rehabilitation services and parents: more young people are using alcohol and cannabis and therefore not attending school; anti-social behaviour due to use of AOD; families struggling with not knowing what to do.
- The detox service operates on a one-year contract; continuous funding required for this detox service; the service would like to offer services for people younger than 18 years, to 12 years if more funding is available; additional support and finance required for the service to be able to continue.
- WAPHA provides 1-year funding for an outreach service.
- Young people from the lands get stuck in Kalgoorlie and can't get home.
- Gap of 24-48 hours once a young person is referred before they start to receive service; closing/filling this gap is essential before the young people disengage.
- The local service is not just an AOD service, and tries to be a one stop shop, via outreach, connecting young people with treatment services, and referrals to sexual assault service.

Kimberley

- Intergenerational AOD use, leads to family breakdown and Family Domestic Violence, both lead to young people not attending school.
- Young people are often parents themselves, with limited employment and education opportunities, therefore need to focus on families, peers and communities
- Disability issues not properly assessed in the communities, including trauma and Fetal Alcohol Spectrum Disorder (FASD); not enough National Disability Insurance Scheme (NDIS) services are available to support people with disabilities.
- School attendance across all communities has dropped over last 10 years; various reasons children don't go to school including: poverty; don't value education; cultural obligations; and regional issues such as distances to shops.
- Need to focus on building capacity of families.
- No detox service in the Kimberley region; some advantages in attempting to offer home based detox services but needs assertive case management.
- Large spike in alcohol use; meth use is high; spike in carers seeking support for the care of young people; carers getting desperate.

- No treatment programs for sex offenders; this means offenders get released back into the community where their victims live.
- No Family Domestic Violence programs in region.
- Prevention programs need to be more practical, focussing on building skills and capacity; should take a 'life course' approach, since AOD use starts with intergenerational trauma, disconnection with culture, disengagement with mainstream society and the education system, and easy access to substances.
- We know that toxic stress for children leads to poor life outcomes; this life course approach commences pre-natal, and the growing phase is critical; cycle of parents with their own AOD issues.
- AOD use is a chronic disease but we are wedded to an acute health treatment model; need a new model of care.
- Nours report into the Kimberley provided seven key areas through these consultations; top priorities include focussing on families, reducing stress e.g. transgenerational; pre-natal.
- Major issues in region with juvenile crime.
- Services offered in the region include residential rehabilitation; safe house for women; family; drug youth programs.
- Need to take a family approach when working with young people; issues include family stability; family domestic violence; trauma; no positive role models; overcrowding in the family's accommodation – reducing this is a top priority.
- Consistent messaging is essential, so families can engage and talk about AOD use and mental health.
- Need to restore sense of togetherness as a community and family pride, as well as being accountable for own actions.
- Need more cooperation with other agencies and different organisations; further emphasis on this needed to create an enhanced impact.

Pilbara

- Have less resources than the Kimberley; have a very young population especially less than 20 years old.
- Issues in this region are consistent with issues mentioned throughout and under resourced.
- Alcohol continues to be drug of choice; strong drinking culture in this region with alcohol consumption being twice the WA average.
- Young people 8-14 years have significant issues especially intergenerational AOD use; local treatment services often aren't contracted to provide a service to under 14-year olds – this is a misalignment of funding.
- Hedland and Newman receive an outreach service.
- Issues of accessibility to remote communities; not enough resources to service these areas.
- Local services report working closely with elders and young people in Roebourne and around Newman.
- Family approach is essential, as with the Kimberley; need to see young people as a person and as part of a family regardless of who is funding the service; mental health program, THRIVE and Family Domestic Violence service are all working with different parameters of funding programs and this causes issues.
- Another issue for young people/families is the lack of transport for them to return to their communities.

- FASD research in 2017 indicated 12.5% people in the Pilbara have FASD; local services and youth-specific metro services are able to support people with FASD.
- An Aboriginal Mental Health service in Meekathara takes a family approach and work with all ages; one AOD worker with the local non-residential AOD service.
- Family Domestic Violence is on the increase in Carnarvon due to COVID; 16% in the last six months due to increased AOD use; young children are impacted and traumatised.
- East Pilbara has seen a 52% increase in Family Domestic Violence.
- There is a lack of services for young people – local mental health services have reported significant waitlists, and there is a known demand for AOD treatment and support.

Wheatbelt

- 160,000km; 80,000 people; 5% of population is Aboriginal; 20% aged 14-24 years; a local service provider reports that 30% of their clients are Aboriginal.
- Main issues are no growth in targeted funding in services for youth; distance of travelling to people – service is exploring on-line options, although internet service in the remote regions not always reliable.
- Some youth services operate in Narrogin and Northam.
- Youth suicide is a concern generally; need prevention programs for young people.
- No dedicated program or resources for young people impacted by other people's use of AOD.
- Prevention is important, there is a noticeable difference when there are dedicated resources to prevention, need targeted programs for young people.
- Need in-reach options into youth services; need creative approaches to youth engagement; need to offer peer support programs, using staff who specialise in working with young people.
- Also need to explore online options and cultural programs need to focus on young people and their families.

Peel

- Youth unemployment is greater than 17%.
- According to Dropping off Edge report 2015, unemployment major issue in Mandurah; high housing stress in region – region has highest rate of rental assistance in WA.
- A co-design project in Peel Health Hub is evidence-based on the best practice model.
- In the survey, young people supported the outreach model; young people didn't want residential rehab, instead want local programs so they can stay at home; transitional planning is also needed, including assistance to get back into employment.
- Young people require a flexible service that is offered out of hours.
- headspace offers referrals for young people 12 plus years; gap in referrals for young people under 12 years.

Metropolitan

- The age range 12-24 years covers two different life stages.
- One metropolitan service reporting having services available for under 24 years; children; young people; adolescent and young adults; also has connections with Family Support Networks.
- 'Families' may mean other caregivers.

- Lack of funding and resources especially after hours and weekends, even though this is when a young person may want to engage or re-engage; offering four sessions only will not be a solution.
- Not enough resources for school support and drug education; service receives lots of phone calls from schools to request drug education; most haven't heard of SDERA.
- Need region by region approach.
- Need to use IT and apps so young people don't need to come into the service to obtain information; young people need to access information easily without necessarily having to go along to a session.
- Service provision is required to match this cohort.
- One service reported that 25% of their clients are aged 14-24 years.
- Other services in metropolitan Perth which support young people include headspace, Youth Futures, Schools links.
- Need more focus on harm reduction, noting government funding for harm reduction service delivery meets only 3% of modelled 2025 community demand.
- One harm reduction service reported more than 20,000 occasions of service annually; 10% of these involved young people 16-25 years, however, the service does not receive funding directly from the MHC for this age group.
- HIV and blood-borne viruses also an issue, particularly for young people who inject drugs. Greater focus is needed in this area.