

## Injury Matters Response to WA Mental Health, Alcohol and Other Drug Services Plan 2015 -2025 – The Draft Plan Update 2018

Emily Anderson, Manager Policy and Sector Support

Phone: 6166 7688

Email: [eanderson@injurymatters.org.au](mailto:eanderson@injurymatters.org.au)

### About Injury Matters:

For over 25 years, Injury Matters has been an injury prevention and recovery advocate for the Western Australian community. We are committed to making a difference, being supportive of our team, and pragmatic in our approach to safety.

Given the breadth and diversity of injury in WA, we work across a range of current and emerging injury priority areas affecting the community. This has included falls, trauma, recovery, community violence, mental health, substance-related harm, and safety promotion. Utilising our vision of safer people and places, we work to raise awareness of injury by providing training, advocacy, and support for those affected by the impact of injury.

### As an organisation, we work to:

- **Influence** individuals, agencies, and decision makers to recognise that injury prevention and the support of recovery is a priority.
- **Empower** people, communities, professionals, and agencies to make better decisions to prevent and reduce the impact of injury.
- **Collaborate** for effective shared solutions and positive injury outcomes for the community.

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### 1. Do you have any views or comments regarding the changes to the optimal level and mix of services (as included in the Plan Matrix)?

The Plan Matrix update provides a good overview of the State's current service delivery and the increasing need. This provides an ideal basis for understanding gaps and opportunities for future service delivery.

As mentioned on page 30, 'the modelling continues to highlight that further investment in community support and community treatment services is required to close the gap between current and optimal levels'

| Service Type                              | 2017 Actual State Total | 2020 Optimal State Total | Difference between 2017 Actual and 2020 Optimal |
|---|-------------------------|--------------------------|---|
| Prevention and Promotion (%)              | 1.4%                    | 4%                       | 2.6%  |
| Community Support Services - Hours ('000) | 916                     | 3,114                    | 2,196 (340%)                                    |
| Community Treatment Services Hours ('000) | 2,933                   | 4,113                    | 1,180 (140%)                                    |

Injury Matters are interested to understand how these large discrepancies between actual and optimal are going to be both addressed and met given the current economic climate in WA. Additionally, the variance in the optimal and actual within Prevention and Promotion at 2.6% extends the concern as to how the demand for service provision will be met into the future.

**2. Are there any other MHC key achievements that should be reflected in each of the service streams?**

Injury Matters congratulates the Mental Health Commission and its partners for delivering Key Achievements within each of the Service Streams throughout the Update Plan.

However, Injury Matters considers that some of the Achievements listed should be further emphasised and acknowledged for their innovative approach. For example, consideration to extend the reference to the collaboration in WA Police Mental Health Co –Response Program within the Key Achievements (page 74- 76). Additionally, highlighting the a cross agency partnership that was formed between East Metropolitan Health Service, WAPOL, Mental Health Commission and North Metropolitan Health Service to achieve better mental health outcomes for individuals in crisis. This was addressed by providing WAPOL advice for 8,000 at risk people in custody at the Perth Watch House and over 2,900 immediate assessments to members of the community<sup>i</sup> The program reduced the incidence of injury and harm to consumers thus impacting the need to be transported to hospital by police from 70 percent to 25 percent.

**3. Challenges and future additions in each of the service streams?**

Prevention Services

As described on page 36, ‘expenditure in Prevention Services has reduced by 9% since 2013-14, due to a number of factors, including reduced funding and expenditure for some federally funded programs, and efficiencies found within the Commission as a result of the amalgamation of the Drug and Alcohol Office with the Commission and the Agency Expenditure Review’. Injury Matters encourages the Mental Health Commission to maintain prevention as a priority and reflect this by considering an increase to the funding of preventive service streams.

Injury is a prevalent harm associated with alcohol use. It is estimated that 32% of emergency department injury presentations, 17.5% of injury fatalities and 11.8% of injury hospitalisations in Western Australia in 2012 can be attributed to alcohol<sup>ii</sup>. This equates to 245 injury fatalities, 5911 injury-related hospitalisations, and 56,057 injury-related emergency department visits that were attributable to alcohol in WA in 2012<sup>iii</sup>. Injury Matters requests the prevention services, address the link between alcohol and injury, including road trauma, drowning, and violence.

Alcohol price and promotion are key environmental factors that influence alcohol consumption among youth. A meta-analysis of 112 studies has found that alcohol price is linked to alcohol consumption<sup>iv</sup>. Importantly, alcohol consumption by young people is sensitive to price<sup>v</sup>. Similarly, exposure to alcohol advertising is linked to greater alcohol consumption among youth<sup>vi</sup>. Exposure to alcohol advertising increases the likelihood that a young person will start drinking, and if already drinking, increases the likelihood that a young person will increase consumption<sup>vii</sup>. Injury matters asks that the plan recognises the importance of these environmental factors, and, if it cannot promote initiatives to address

these factors, promote the gathering of information that may support action on these issues in future.

### Community Support Services

Injury Matters is increasingly noticing a need for non-clinical mental health and 'life administration' support, particularly navigation of the 'system' after a traumatic event (e.g. Road Trauma). Increasing community support services and 'case management' (e.g. accessing financial support/superannuation, funeral planning, relationship changes), particularly within a close timeframe to a traumatic event would assist the community greatly.

### Community Treatment Services

(Page 49) 'As with community support services, community treatment services provide recovery oriented and trauma informed care, supporting the inclusion of family members and/or carers in relevant treatment decisions in the context of person centred care.' Whilst it is encouraging to include family in consultation process of the service provision, it is also highly important to consider the family members as potential patients especially in relation to trauma- informed care. The family support persons have often experienced trauma of their own after a traumatic event e.g. changing family dynamics/relationships, responsibilities or lifestyle which can lead to other conditions.

### System-Wide reform

Injury Matters considers System-Wide reform an integral element of the plan and commends the inclusion, particularly regarding strategies which encourage collaboration and building on well established programs and services. Preventing alcohol and drug-related harm requires a collaborative approach between government and non-government agencies across multiple sectors. Continuing to include strategies such as 'build upon programs to improve the physical health of consumers including partnering with existing healthy lifestyle and injury prevention health promotion programs.' (pg 83) is important.

Injury matters considers the WA Health Promotion Strategic Framework 2017-2021<sup>viii</sup> another informing document which could also be linked to the plan and demonstrates how multiple agencies can work together for the benefit of the WA community.

#### **4. Are there any other changes in the strategic environment for mental health and alcohol and other drugs that should be reflected in Plan Update 2018?**

Injury Matters commends the inclusion of the First Interim State Public Health Plan for Western Australia (as in appendix 1 pg 87). Since the ascension of the Public Health Act 2016, Local Government's responsibility in regards to health and wellbeing in their communities has increased. They are integral because they understand the local landscape and have access to the local community. Consideration could be made as to how funding is allocated to Local Government services to ensure evidence informed activities are delivered in this space.

#### **5. Do you have any other comments or feedback on the draft Plan Update 2018?**

Injury across the age span can be predicted and prevented through coordinated evidence-based programs, policies, and services. Ongoing investment in reducing mental health and alcohol and other drug related harm and as such injury prevention is imperative to improving the lives of Western Australians and critical for reducing the cost and burden, to the system and to families.

## References

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<sup>i</sup> Henry and Rajakaruna "WA police Force Mental Health Cp-Response Evaluation Response", The Sellenger Centre ECU 2018.

<sup>ii</sup> Hendrie et al., "Incidence and Costs of Injury in WA 2012."

<sup>iii</sup> Hendrie et al.

<sup>iv</sup> Wagenaar, Salois, and Komro, "Effects of Beverage Alcohol Price and Tax Levels on Drinking."

<sup>v</sup> World Health Organization, "WHO Expert Committee on Problems Related to Alcohol Consumption."

<sup>vi</sup> Anderson et al., "Impact of Alcohol Advertising and Media Exposure on Adolescent Alcohol Use."

<sup>vii</sup> Anderson et al.

<sup>viii</sup> Chronic Disease Prevention Directorate, "Western Australian Health Promotion Strategic Framework 2017 - 2021."

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