Dear Commissioners

On behalf of the Western Australian Government, I would like to thank you for the opportunity to comment on your Draft Report into Mental Health (Draft Report) and commend you on the level of detail provided within the report.

This letter and the attached Key Topics document, present a State-wide, whole-of-government response on behalf of the Western Australian Government. The response focuses on key issues and risks from a whole-of-government perspective rather than seeking to provide a specific response to all aspects of the Draft Report.

The Western Australian Government supports in principle the Draft Report’s focus reform areas and proposed “rebuild model”. The Government supports the commitment to an approach to mental health that allows place-based service design, puts consumers and carers at the centre and gives lived-experience a prominent role in the co-design and delivery of services. However, many recommendations in the Draft Report, including more flexible funding and service delivery models, come with substantial financial implications that would need to be clearly articulated and carefully examined before any decision was taken to pursue or endorse approaches recommended in the Draft Report.

Western Australia is unique in that its vast distances, population spread (one large metropolitan centre and a vast number of remote communities) and prevalence of remote communities add significant service delivery challenges compared to other States and Territories, which needs to be factored into decisions about service and national funding models.
Further, Western Australia is also managing the impact of a long standing and well documented market failure in relation to access to primary health care services for Western Australians. Western Australia is significantly disadvantaged compared to national average levels in primary health services: Western Australia’s rate of General Practitioners per 100,000 people is 77 compared to the national average 95; Western Australia’s annual Medicare spend is $670 per person compared to the national average of $844; and Western Australia’s annual Pharmaceutical Benefits Schemes per person spend is $270 compared to the national average of $332.

Western Australia recognised the need for a changed approach to the delivery of mental health services some time ago and was the first State in Australia to: develop a mental health specific Ministerial portfolio; establish a Mental Health Commission (MHC); and remains the only State to have integrated service delivery funding of public mental health care from both the non-government sector and the Health Service Providers into the role of its MHC. In 2015, the State’s Drug and Alcohol Office was integrated into the MHC to provide a more integrated and holistic approach to policy development and implementation to address care for people experiencing challenges with mental health, alcohol or drug use, or both. The MHC takes a lead role in the State in setting policy, commissioning public mental health and alcohol and other drug services and monitoring and evaluating service delivery across all aspects of public mental health care.

The development of the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (Plan)\(^1\) outlines the strategic direction of the State and ensures a real focus on the value of consumers and carers throughout the process. Consideration should be given to developing a robust and tangible structure for effectively supporting consumer and carer engagement, particularly in systemic advocacy. The Draft Report would benefit from the addition of a clearly articulated appreciation of the skills, resources and structures needed to identify and enable consumer and carer representation and engagement to truly drive new thinking and new planning in mental health at a national level.

The MHC has a close and constructive relationship with the Western Australian Primary Health Alliance (WAPHA) which, as the governing agent for the State’s Primary Health Networks, also commissions mental health and alcohol and other drug services on behalf of the Federal Government. The current commissioning functions of both the MHC and the WAPHA align with aspects of both the proposed “renovate” and “rebuild” models, putting Western Australia in a hybrid model of sorts.

\(^{1}\) The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (the Plan)
Western Australia's service system clearly needs greater investment, especially in mental health at the primary health level, in prevention, community support and community beds. Western Australia would be open to further discussion with the Australian Government about options for testing, bilaterally, a version of the "rebuild model" in close partnership with WAPHA. This could enable greater assessment and evaluation of efficiency and scalability of the proposed changes to ensure policy reform in an Australian context is rigorously evidence-based and sustainable.

The attached response provides the Western Australian Government's views on issues addressed in the Draft Report including on the funding model proposals as well as on topics of key interest to the State.

In addition to the topics of key interest to the State, the Western Australian Government feels that it would be remiss of the Productivity Commission not to mention the effects of the nation's bushfires in the Final Report. Pressures inflicted on so many Australians due to the recent fires will inevitably have an effect on the system. The reforms proposed in the Draft Report could strengthen processes to respond to these individuals appropriately.

Once again, thank you for the opportunity to provide feedback on the Draft Report and the opportunity to build a stronger national approach to addressing mental health care that puts consumers and carers at the centre of policy making and service design and delivery. The Western Australian Government looks forward to continuing to work with you as you prepare your final report.

Yours sincerely

HON ROGER COOK MLA
DEPUTY PREMIER
MINISTER FOR HEALTH; MENTAL HEALTH
20 FEB 2020
Att.