



Western Australian Network of  
Alcohol & other Drug Agencies

## **WANADA Submission to the Mental Health Commission**

### **Western Australian Youth Mental Health, Alcohol and Other Drug Homelessness Service – Model of Service Draft for Consultation**

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WANADA welcomes the opportunity to provide feedback on the proposed service model for the youth mental health, alcohol and other drug homelessness service.

WANADA notes the intent of the service model is to address the co-occurring issues of alcohol and other drug use, mental health and homelessness amongst young people, within a community service setting.

As currently worded, the service model is unclear and does not specifically describe the extent to which the service provider must have the capability to address these co-occurring concerns beyond support.

#### **Background context and framing**

The background (pp.2-3) outlines the strategic and service planning context for the service. The context blurs differences between mental health, and alcohol and other drug sectors. This results in statements which are not reflective of the issues impacting the alcohol and other drug sector.

- The WA Mental Health, Alcohol and Other Drug Services Plan is stated as aiming to achieve a balanced system “through investment in community-based support and accommodation”. While balanced investment is required, in the alcohol and other drug sector investment is most required in treatment and harm reduction services, community-based or otherwise, to meet projected demand.
- A dedicated youth stream is noted as not yet being fully developed, “requiring existing adult services to fill this gap”. Of note in the alcohol and other drug sector is the recent change in definition of young people to include those aged 18-24. This has significant implications for the funding of treatment services for young people.
- The paper states that there is a need for dedicated services “who are able to respond to more than one presenting condition”. Young people accessing alcohol and other drug services present with conditions beyond alcohol and other drug, homelessness and mental health. While additional funding for alcohol and other drug services specifically for young people is required, this statement infers that existing services for young people are not capable of addressing co-occurring needs. In the context of the alcohol and other drug sector, WANADA questions this assertion.
- The paper lists a range of drivers that contribute to homelessness. These drivers are co-occurring issues, in which alcohol and other drug issues are framed as mental health issues (“mental health issues (including co-occurring AOD issues)”).
- The paper refers to the service model as applying to the interim service. WANADA seeks clarification regarding whether this is for both the interim and future service.

#### **Clarity regarding service capability**

WANADA has interpreted the service model as being a mental health accommodation service with the capability to provide **support** to people experiencing mental health and select co-occurring issues, with medical clinical services available through partnership with a Health Service Provider.

- The service’s capability to address co-occurring alcohol and other drug use is not clearly defined. The severity of alcohol and other drug issues that the service is capable of addressing is unclear, and descriptions of the target group, interventions, pathways and relationships present conflicting positions regarding the extent of the service’s capability.
  - o Regarding pathways, the service model states that service users may require withdrawal prior to entry. The paper seems to suggest that once the young person has completed withdrawal, they will be able to enter the support service, which infers a potential capability issue to address more severe alcohol and other drug issues.

- The service model does not fully describe partnerships with alcohol and other drug treatment sector.
- In instances where a person's needs exceed the capability of the service, the model described transitioning to alternative support systems, organisations, or services. If this were the case, referral or transitioning requirements would be to more than further support.
- Alcohol and other drug specific interventions that are listed are limited (alcohol and other drug education, prevention, and crisis resolution strategies). There is no reference to providing alcohol and other drug specific support services such as harm reduction.
- The service staffing requirements state that the service “may include a staffing mix of trained mental health and AOD support workers, clinical mental health and AOD workers, and those with skills and experience in therapeutic activities and in working with young people”. The clinical staff inclusion suggests that there is an expectation of the service providing treatment.

WANADA notes the following:

- The service is described as “offering” cultural security, rather than “being” culturally secure.
- The service is described as needing to “sit quietly within their respective neighbourhood.” This phrasing is potentially stigmatising and does not refer to the need for the organisation to establish community connection, local support or social licence to operate.