



ELECTION 2025: An Election for Mental Health

20th November 2024

Acknowledgement of Country

CoMHWa acknowledges the Whadjuk Noongar Nation who are the Traditional Owners and Custodians of the land on which we operate today, and we pay our respects to their elders past and present.

We also further extend our acknowledgement to all Aboriginal and Torres Strait Islander peoples across Western Australia and recognise them as the Traditional Custodians of our lands and waters.

We recognise that elections are opportunities to prioritise and reprioritise the needs and rights of First Nations people. We will lend our support to First Nations calls to action and ways of knowing and being.

About us

Consumers of Mental Health WA (CoMHWA) is Western Australia's peak body for and by mental health consumers (people with a past or present lived experience of mental health issues, psychological or emotional distress, neurodivergence and psychosocial disability). We are a not-for-profit, systemic advocacy group independent from mental health services that exists to listen to, understand and act upon the voices of consumers. We work collaboratively with other user-led organisations and a diversity of stakeholders to advance our rights, equality, recovery and wellbeing.

Our language

CoMHWA uses the term mental health consumer throughout this document. Mental health consumers to refer to people who identify as having a past or present lived experience of psychological or emotional distress, irrespective of whether they have received a diagnosis of mental illness or accessed services. Other ways people may choose to describe themselves include "peer," "survivor," "person with a lived experience" and "expert by experience," This definition is based on consumers' call for respect, dignity and choice in how we choose to individually identify. As individuals we choose different ways to name and describe our experiences that may confirm or trouble ideas about "mental illness."

This guide

This Election Platform guide is intended to assist discussions with our core partner organisations and Government. Our public facing platform will create more accessible and engaging versions of this platform, with clear ways for partner organisations, current and possible Parliamentarians and community members (including CoMHWA members) to participate.

Why we're speaking up

The work of the 41st Parliament has made important contributions to mental health; governance reforms and investments in lived experience. These are positive. But we have bigger ambitions for the 42nd.



The past four years have seen Western Australia weather the storm of the COVID-19 crisis, endure increasing cost of living pressures, and adapt to a change in premier. Amidst these challenges, the government has delivered consistent financial surpluses. However, surpluses only matter if they provide a helping hand to the community through structural change.

During this time, CoMHW has worked hard to ensure that the voice of lived experience has been heard. Connecting with our members, being part of public forums and supporting the lived experience workforce has reinforced our understanding of systemic problems, but also the solutions that lay in lived experience leadership.

Our vision for a successful 2025-2029 Parliament centres on prioritising mental health. Even with recent positive government investment, and our Minister's current initiatives to elevate the voice of lived experience, we know that we can always do better.

Our 2025 Election Platform – with its three pillars and seven recommendations – aims to put mental health squarely on the agenda with effective solutions.

Currently, EDs serve as front-line access points to the mental health system. This approach results in ambulance ramping, strains the healthcare system, contributes to budgetary pressures and most importantly, fails individuals in emotional and mental distress. Our first pillar calls for an alternative response for people in crisis, diverting them from EDs. This not only leads to better outcomes and reduced costs but also saves lives.

It is widely acknowledged that at our mental health system is not fit-for-purpose. While many enter the field with good intentions, these alone cannot safeguard the human rights of those accessing mental health services and support.

We have made strides in addressing seclusion and restraint but have yet to establish a firm plan to

eliminate it. Advocacy under the Mental Health Act for those in inpatient wards is crucial but is insufficient to meet demand. Our second pillar addresses these complex issues with practical solutions.

No mental health system can be effective if it fails to serve the First Peoples of this land. The government has taken significant steps by funding pilot sites for Aboriginal Community Controlled Health Organisations and contributing to the Gayaa Dhuwi Implementation Plan. After consulting with First Nations leaders, we call for secure, sustainable funding for these ACCHOs and a commitment to the Gayaa Dhuwi Implementation Plan.

This next government has the resources and widespread community support to improve mental health outcomes. This is our call for the 42nd Parliament to make a difference. This call comes from the people who come first: people with lived experience.

Darren Munday

CoMHW CEO

CAMPAIGN

3 PILLARS

An Election for Mental Health: 3 Pillars

This election platform calls on the Western Australian Government to show strong leadership on mental health reform by responding to the seven actions under three pillars.

Pillar 1: Alternatives to Emergency Department

1. Transform crisis responses

Make a transformative investment in a community and lived experience-led alternative to Emergency Departments for people in emotional crisis.

Pillar 2: Building a holistic and rights-based system

2. Invest in the community and lived experience

Increase funding to co-designed community and peer-led mental health services to address the acknowledged Unmet Needs, including Foundational Supports.

3. Plan and commit to eliminate force

Commission an independent review, co-led by people with lived experience, on strategies to eliminate seclusion and restraint.

4. Enhance access to advocacy

Enhance access to independent non-legal advocacy as part of the Mental Health Advocacy Service.

5. Human Rights for Western Australia

Commit to a Human Rights Act for Western Australia.

Pillar 3: Creating a culturally safe system

6. Support Community Controlled Services

Provide secure and sustainable funding to pilot Aboriginal Community Controlled Services.

7. Implement Gayaa Dhuwi

Embark on a funded commitment to the upcoming Gayaa Dhuwi Declaration Implementation Plan.

Pillar 1: Safe Alternatives to Emergency Departments

In a nutshell

The problem

Emergency Departments aren't equipped to handle mental health crises, often resulting in unmet needs, trauma, and higher costs on our mental health system.

Our vision

Everyone in emotional crisis deserves dignity, safety, and connection through peer-led and co-led support services. Emergency Departments are no longer the first call for emotional crisis.

What the WA Government can do

We call on the WA Government to make a transformative investment in a community and lived experience-led alternative to Emergency Departments for people in emotional crisis, drawing on models such as the Urgent Mental Health Care Clinic.

What's the problem?

Plain-speak

Emergency Departments aren't equipped to handle mental health crises, often resulting in unmet needs, trauma, and higher costs on our mental health system.

Nobody benefits from Western Australia's over-reliance on Emergency Departments (EDs) to deal with mental health crises. EDs are not a safe, therapeutic, or appropriate environment for people in distress. People don't have their needs met, are forced to wait longer for admission, and often subject to suboptimal treatment like restraint, seclusion and lengthy periods of sedation. This causes individual harm to mental health consumers and causes significant costs to the mental health and other systems.

Examples of the problem

Examples of our ED crisis include:

- Significant wait times for people in ED settings¹ with 10% of people spending over 18 hours while waiting for mental health support,² and with Western Australia performing worst in Australia in providing on-time ED mental health responses³
- The second highest rates of mental health ED presentations in the country,⁴ highlighting the absence of alternative emergency responses
- Ambulance ramping caused by over-crowded ED settings⁵
- The use of force in ED settings that is both harmful and sometimes unlawful.⁶

What's our vision?

Plain-speak

Everyone in emotional crisis deserves dignity, safety, and connection through peer-led and co-led support services. Emergency Departments are no longer the first call for emotional crisis.

We see a Western Australian mental health system where:

- People in crisis are able to access timely non-coercive support that upholds their dignity and safety
- Crisis supports are co-led by people with lived experience of mental health issues and crisis
- Crisis supports transcend current risk-focused approaches to prioritising care and connection
- People in crisis do not spend their time in unsafe, untimely and unresponsive emergency department settings
- Hospital admissions are avoided through more holistic and rights-based responses to emotional crisis.

What should the WA Government do?

Plain-speak

We call on the WA Government to:

1. Invest in a community-led alternative to Emergency Departments for people in emotional crisis, drawing on models such as the Urgent Mental Health Care Clinic.

While we have further actions to rebalance the mental health system in favour of community investments, we create a stand-alone call on the Western Australian Government to create an alternative to ED settings for mental health crisis.

1. Invest in a community-led alternative to Emergency Departments

The Western Australian Government should make a landmark investment in a community-led alternative to ED settings for people in emotional crisis. The Western Australian Government should draw on comprehensive models such as the Urgent Mental Health Care Clinic. This should be co-funded with the Commonwealth Government.

A comprehensive and community-based alternative to ED settings would:

- Better uphold human rights and better meet people's needs
- Provide more timely support during crisis
- Reduce pressure and costs on other parts of the mental health, policing and other systems
- Create smoother linkages with other parts of the mental health and social support systems.

For more information on the UMHCC see: <https://umhcc.org.au/approach/>

Pillar 2: Building a holistic and rights-based system

In a nutshell

The problem

Because the mental health system operates on a 'one-size-fits-all' model, it often fails to meet our people's needs and causes harm.

Our vision

People should be entitled to choose amongst mental health services, and when they do, feel respected, treated with dignity and have their needs met.

What the WA Government can do

We call on the WA Government to

2. Increase funding to co-designed community and peer-led mental health services to address the acknowledged Unmet Need, including Foundational Supports
3. Commission an independent review from researchers, co-led by people with lived experience, on strategies to eliminate seclusion and restraint
4. Enhance access to independent non-legal advocacy as part of the Mental Health Advocacy Service
5. Commit to a *Human Rights Act* for Western Australia.

What's the problem?

Plain-speak

When Western Australians access the public mental health system, they are often hurt rather than helped. While the mental health system serves some, many don't have their needs met.

While some people have positive experiences accessing the public mental health system in Western Australia, many don't. Human rights and lived experience leadership are not adequately built into the governance, design and operation of the mental health system, and there is an under-investment in community-based mental health services. There is an over-reliance on bed-based mental health services that often only provided limited types of support and commonly use compulsory mental health treatment, seclusion and restraint. Consequently, many people cannot get the mental health support when they seek it, and where they do access public mental health services, they are often harmed rather than helped.

Examples of the problem

Examples of this include:

- The use of unhelpful medical interventions when psychosocial, spiritual and peer-based modalities were preferred and more appropriate
- The failure to respond to mental health care to the needs of diverse communities⁷
- The harmful use of compulsory treatment, seclusion and restraint⁸
- An over-weighting of funding in favour of hospital-based services⁹

- Lower rates of quality in the Western Australian system compared with other states and territories¹⁰
- An increasingly stretched Mental Health Advocacy Service providing independent advocacy while detained or treated under the *Mental Health Act 2014*.¹¹

What's our vision?

Plain-speak

People should be entitled to choose amongst mental health services, and when they do, feel respected, treated with dignity and have their needs met.

We see a WA mental health system where:

- People can access community-based and peer-led services that provide holistic and rights-based care
- All mental health clinicians Western Australia's public mental health system support the elimination of seclusion and restraint
- People have full, free and timely access to independent advocacy if they are under the *Mental Health Act 2014*
- Western Australia's mental health system is governed, funded, designed and operated based on human rights standards.

What should the WA Government do?

Plain-speak

We call on the WA Government to

2. Increase funding to co-designed community and peer-led mental health services to address the acknowledged Unmet Need, including Foundational Supports
3. Commission an independent review from researchers, co-led by people with lived experience, on strategies to eliminate seclusion and restraint
4. Enhance access to independent non-legal advocacy
5. Commit to a *Human Rights Act* for Western Australia.

We have identified five actions for the Western Australian Government to create a public mental health system where people feel respected, are treated with dignity and have their needs met.

2. Increase funding to community and peer-led mental health services

The Western Australian Government should commit to a clear, planned and substantial increase to community-based and peer-led mental health and crisis services. This plan, responding to an analysis of unmet need for people outside of the National Disability Insurance Scheme,¹² should be co-designed and developed by the WA Mental Health Commission with clear funding parameters. As part of this, the Western Australian Government should reaffirm its commitment to funding general and targeted psychosocial Foundational Supports as part of the implementation of the NDIS Review reforms.¹³

3. Commission an independent review from researchers, co-led by people with lived experience, on strategies to eliminate seclusion and restraint

The WA Government is already developing a position paper on seclusion and restraint by the Office of the Chief Psychiatrist. This is a necessary, but not sufficient way to pursue elimination of restrictive practices. More will need to be done to bring this position statement to life through statewide strategies to eliminate seclusion and restraint. The WA Government should commission a panel of researchers, co-led by a person with direct lived experience, to provide advice on system-wide strategies to eliminate seclusion and restraint. The researchers should invite participation and evidence from people with lived experience and provide a public report with recommendations. This will enable Western Australia to identify the structural and systemic causes of seclusion and restraint, as well as the structural and systemic solutions. The recommendations from this review should therefore inform future investments into the system.

4. Enhance access to independent non-legal advocacy

The WA Government should commit to a substantial increase in funding for the Mental Health Advocacy Service so that it is able to fulfill its statutory functions. Our members have spoken highly of this service, but with resourcing that is insufficient to meet demand,¹⁸ timely access to the service can be difficult, particularly given our state's unique geographic arrangements. Increased funding to ensure that these individual advocacy and broader systems advocacy functions can be met is crucial.

5. Commit to a *Human Rights Act* for Western Australia

The WA Government should commit to a *Human Rights Act* for Western Australia. We support a Parliamentary Inquiry to explore how this can be best achieved in Western Australia and the opportunities it presents for the mental health system.

Pillar 3: Creating a Culturally Safe System

In a nutshell

The problem

Mainstream mental health services aren't culturally safe, and community-controlled services lack funding to meet First Nations people's needs in Western Australia.

Our Vision

First Nations people in WA access comprehensive, culturally safe support from mainstream or community-controlled organisations focused on social and emotional wellbeing.

What the WA Government can do

We call on the WA Government to:

6. Provide secure and sustainable funding for current pilot Aboriginal Community Controlled Health Services that deliver services based on Social and Emotional Wellbeing
7. Embark on a funded commitment to the upcoming Gayaa Dhuwi Declaration Implementation Plan.

What's the problem?

Plain-speak

Mainstream mental health services aren't culturally safe, and community-controlled services lack funding to meet First Nations people's needs in Western Australia.

First Nations people in Western Australia don't enjoy adequate access to culturally safe mental health and social and emotional wellbeing services. This can result from the way mainstream public mental health services operate, and the lack of fully-funded community-controlled public mental health and social and emotional wellbeing services. As a result, the Closing the Gap targets are not being met.

When examining mainstream public mental health services, people do not always experience culturally safe mental health care that upholds their social and emotional wellbeing. There is a lack of training on cultural safety as well as more work to be done to implement the Gayaa Dhuwi declaration.

What's our vision?

Plain-speak

First Nations people in WA access comprehensive, culturally safe support from mainstream or community-controlled organisations focused on social and emotional wellbeing.

Our vision, in support of a vision articulated by First Nations people, is for:

- First Nations people in distress to be able to access services and supports of their choice, including either community-controlled services or mainstream services
- Wherever First Nations people receive care, that is done in a culturally safe manner
- Western Australia grows and supports community-controlled services that support social and emotional wellbeing.

What should the WA Government do?

Plain-speak

We call on the WA Government to:

6. Provide secure and sustainable funding for current pilot Aboriginal Community Controlled Health Services that deliver services based on Social and Emotional Wellbeing
7. Embark on a funded commitment to the upcoming Gayaa Dhuwi Declaration Implementation Plan.

In support of First Nations communities, we identify two actions that the Western Australian Government can take to create a culturally safe mental health system.

6. Provide secure and sustainable funding for current pilot Aboriginal Community-Controlled Health services that deliver services based on Social and Emotional Wellbeing

The Western Australian Government should commit to increased funding and support to Aboriginal Community-Controlled services that deliver social and emotional wellbeing services. At present, there are positive developments from five pilot sites across Western Australia (Kimberley, Pilbara, Goldfields, Mid-West and the South-West), commissioned by the Western Australian Mental Health Commission (MHC).¹⁴ We congratulate the Western Australian Government for this investment. These models embed Indigenous leadership and governance called for within the Gayaa Dhuwi Declaration and broader national plans. We urge that future funding continuity is provided to these pilot sites and any expansions under consideration.

7. Embark on a funded commitment to the upcoming Gayaa Dhuwi Declaration Implementation plan

The Western Australian Government should commit to fully implementing the Gayaa Dhuwi Declaration Implementation plan when it is finalised, across all mental health services. CoMHW is a supporter of the Gayaa Dhuwi Declaration.¹⁵ This plan is being developed with First Nations community leaders, including representatives from the Western Australian government.¹⁶ To enhance capability of mainstream mental health services and the trust with First Nations communities, the relevant actions to the Western Australian Government should be funded and implemented.

¹ National Mental Health Commission, *National Report Card 2023: Monitoring the Performance of Australia's Mental Health System* (National Mental Health Commission, 4 July 2024) 27 <<https://apo.org.au/node/327498>>.

² 'Emergency Department Care Access - Australian Institute of Health and Welfare' <<https://www.aihw.gov.au/reports-data/myhospitals/intersection/access/ed>>.

³ 'Emergency Departments - Mental Health', *Australian Institute of Health and Welfare* (24 July 2024) <<https://www.aihw.gov.au/mental-health/topic-areas/emergency-departments>>.

⁴ Ibid.

⁵ 'Hospitals Struggle amid Record Levels of Ambulance Ramping', *The West Australian* (30 June 2024) <<https://thewest.com.au/news/health/ambulance-ramping-reaches-record-levels-in-june-as-hospitals-struggle-with-surgings-winter-demand-c-15192504>>.

⁶ David Weber, 'Warning for WA Health Workers over Keeping Patients in Hospital against Their Will', *ABC News* (online, 19 June 2023) <<https://www.abc.net.au/news/2023-06-20/warning-for-wa-health-workers-over-unlawful-detention-hospitals/102497536>>; see also: Jonathan Knott et al, 'Restrictive Interventions in Victorian Emergency Departments: A Study of Current Clinical Practice' (2020) 32(3) *Emergency Medicine Australasia* 393.

⁷ We note that in a private mental health setting these issues were found in the Esther Foundation review: Education and Health Standing Committee, *Report of the Inquiry into Esther Foundation and Unregulated Private Health Facilities* (Legislative Assembly of Western Australia, December 2022) 13–18 <[https://www.parliament.wa.gov.au/Parliament/commit.nsf/\(Report+Lookup+by+Com+ID\)/2ABA1113F29846094825890A00268F40/\\$file/221128%20-%20EF%20inquiry%20report.pdf](https://www.parliament.wa.gov.au/Parliament/commit.nsf/(Report+Lookup+by+Com+ID)/2ABA1113F29846094825890A00268F40/$file/221128%20-%20EF%20inquiry%20report.pdf)>.

⁸ Mental Health Advocacy Service, *Annual Report 2023-2024* (Mental Health Advocacy Service, October 2024) <https://www.wa.gov.au/system/files/2024-10/mhasannualreport2023-24_web_1.pdf>.

⁹ Debbie Childs, 'Why Haven't We Seen More Done about Australia's Mental Health Crisis', *The Western Australian* (online, 28 June 2024) <<https://archive.md/IE4aQ>> ('Debbie Childs').

¹⁰ Mental Health Commission, *At a Glance – Consumer Satisfaction with Mental Health Services in Western Australia* (Government of Western Australia, 2021) <<https://www.mhc.wa.gov.au/media/4369/2021-your-experience-of-service-yes-survey-snapshot.pdf>>.

¹¹ Mental Health Advocacy Service (n 8) 7.

¹² Health Policy Analysis, *Analysis of Unmet Need for Psychosocial Supports Outside the National Disability Insurance Scheme* (Health Policy Analysis, August 2024) <<https://www.health.gov.au/sites/default/files/2024-08/analysis-of-unmet-need-for-psychosocial-supports-outside-of-the-national-disability-insurance-scheme-final-report.pdf>>.

¹³ 'Meeting of National Cabinet – the Federation Working for Australia | Prime Minister of Australia' <<https://www.pm.gov.au/media/meeting-national-cabinet-federation-working-australia>>.

¹⁴ Patricia Dudgeon et al, 'Evaluating a Social and Emotional Well-Being Model of Service Piloted in Aboriginal Community Controlled Health Services in Western Australia: An Aboriginal Participatory Action Research Approach' (2023) 13(10) *BMJ open* e075260.

¹⁵ Consumers of Mental Health Western Australia, *COMHWA Member Briefing Paper – Gayaa Dhuwi Declaration* (Consumers of Mental Health Western Australia, 2024) <<https://comhwa.org.au/wp-content/uploads/2024/05/SA-2024-Briefing-paper-1-Gayaa-Dhuwi.pdf>>.

¹⁶ 'Implementation Plan for the Gayaa Dhuwi Declaration | Gayaa Dhuwi' (20 January 2023) <<https://www.gayaadhuwi.org.au/implementation-plan-for-the-gayaa-dhuwi-declaration/>>.



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