

## Public Health and Purchasing

---

Training of police officers in relation to tobacco legislation continued, as did regional surveys and education campaigns on sales to minors within public health units. Completion of the 2000 Retailer Compliance Survey (5th biennial survey) indicated that 28 per cent of retailers in the Perth metropolitan area were willing to sell cigarettes to children, showing no significant change compared with the 1998 result.

The 2000 Rally Australia event was granted an exemption under Section 14 of the *Tobacco Control Act (1990)* and the conditions of this exemption were monitored by HDWA and the Commonwealth Department of Health and Aged Care. Compliance with the conditions of the exemption was excellent.

The Quit WA Program continued to coordinate the monitoring and enforcement of the *Health (Smoking in Enclosed Public Places) Regulations 1999*, in partnership with Local Government authorities and environmental health officers.

Prosecution action was initiated against one occupier of an enclosed public place, for two alleged breaches of the *Health (Smoking in Enclosed Public Places) Regulations 1999*.

Addressing youth alcohol and illicit drug use continue to be priorities for the Public Health Division. Recently released reports on the Western Australian component of the 1999 Australian School Students Alcohol and Drug Survey noted considerable use of drugs among 12 to 17 year-old school students, with 14 per cent having drunk above the adult daily recommended limits in the week prior to the survey, 20 per cent having used cannabis in the month prior to the survey, and between three per cent and six per cent having used drugs such as amphetamines, ecstasy and hallucinogens in this time. These findings are consistent with trends among adults.

Continued recognition was given to the importance of youth drug education. The Drug Aware Program is a collaborative partnership between the Alcohol and Other Drugs Program and the Western Australian Drug Abuse Strategy Office, and targets 14 to 24 year-olds and their parents. During 2000/2001, the Drug Aware Program included a range of strategies, including education, community support and development, policy and creating safer environments. Key campaigns and projects implemented in 2000/2001 include:

- the Youth Illicit Drug Education Project that indirectly targets young people 14 to 24 years by training youth, community groups, health and other professionals and other interested groups to run drug-free youth events and activities;
- the Marijuana Education Campaign that targets 14 to 24 year-olds with parents and caregivers as a secondary target group;
- the Psychostimulants Campaign that targets 14 to 24 year-olds with parents and caregivers as a secondary target group;
- the Youth Drug Driving Education Project that targets 17 to 25 year-olds. The project won an Insurance Commission of WA Award for Road Safety 2000–2001: Promoting Safer Road User Behaviour; and
- the development of a Night Venues Project – working with dance party organisers and night venue managers to develop supportive policy and implement educational and environmental strategies.

The Alcohol and Other Drugs Program implemented a number of major projects targeting the misuse of alcohol by youth and young adults. Reinforcing the importance of planning ahead, as well as providing strategies to limit alcohol intake and the effects of excessive drinking amongst 18-29 year-olds provided the major focus of the 2000 Respect Yourself - Think Before You Drink Campaign. The Program also supported community and school youth alcohol education activities across the State with activities, information resources and merchandise.

## Public Health and Purchasing

---

The Alcohol and Other Drugs Program continued to play a lead role in designing and implementing the Host Responsibility Program. The program is a partnership between Healthway, the Office of Road Safety, WA Drug Abuse Strategy Office, the Western Australian Police Service, the Office of Racing Gaming and Liquor and the Liquor Industry Council. The three-year statewide project aims to reduce alcohol-related harm by increasing the responsible service of alcohol in social and licensed settings. It targets 18 to 34 year-olds as this group has the highest rates of drinking at hazardous and harmful levels. Major elements of the campaign targeted social hosts about the responsible service of alcohol at private parties, and a licensed host campaign targeted patrons of licensed premises.

Parents of 9 to 11 year-olds were the target for the successful Fruit and Vegetable Campaign in 2000/2001.

Two-thirds of WA childcare centres registered in the Start Right – Eat Right award scheme, improving nutrition and food safety in childcare. One third of the industry received the award. The scheme was taken up by other States and published in an international journal.

A public health nutrition workforce development strategy aimed to increase the capacity in WA to implement state nutrition policies. The HDWA worked with other Government agencies and sectors to:

- increase the level of physical activity through the Physical Activity Taskforce;
- improve Western Australian's access to safe, affordable, nutritious food through the Food for All Conference and Taskforce;
- increase the incidence of breast feeding through the activities of the Breast Feeding Action Group; and
- promote healthy food for children through the WA Food Services Children Service Group.

BreastScreen WA was accorded full National Accreditation status following the BreastScreen Australia accreditation site visit in October 2000.

The Communicable Disease Control Branch continued its aim to minimise the occurrence and spread of communicable diseases in WA. Currently 62 diseases are notifiable, and during 2000/2001 the Branch and the network of Public Health Units received around 12,000 notifications. Several outbreaks of disease were successfully investigated and controlled.

Despite a number of cases of measles and rubella imported from overseas, there was only limited secondary spread and no evidence of endemic transmission of these diseases during the year. This represents a considerable milestone in elimination of both measles and rubella.

Considerable work was performed during the year in liaison with health providers, including general practitioners and health services, to further improve coverage for both childhood and adult vaccines, and to promote changes to recommended vaccination schedules.

During 2000/2001, the Branch provided screening and treatment for communicable diseases to a large number of refugee/humanitarian migrants, with the aim of improving health in these individuals and preventing transmission of diseases to the local community.

Tuberculosis (TB) notifications continue to be predominantly (around 85 per cent) in people who have arrived within the previous two years from countries with a high incidence of TB. Active surveillance of this risk group remained the most important activity of the TB Control Service, and its effectiveness reflected in consistently low incidence rates in WA, despite continued influx of people from high prevalence countries.

The Sexual Health Program continued to work in collaboration with other Government departments, health agencies and non-Government organisations to reduce the transmission of HIV, hepatitis C and other blood-borne and sexually transmissible diseases in WA, and to minimise the personal and social impact of these diseases.

## Mental Health

---

### Innovations (Continued)

Other services were also established in existing health services including a community forensic service for people with a mental disorder and a specialist community-based clinical mental health service for children. In order to support carers of people with a psychiatric disability, respite services were expanded throughout the State. The Inner City Hostels service which assists residents of crisis accommodation with psychiatric disability to transition to long-term community living, was established and two new intensive disability support services were funded in the metropolitan area to support people with complex or challenging needs to live in the community.

#### *The development of alcohol and mental health services for populations with special needs*

In 2000/2001, specialist providers increasingly took on a greater leadership and mentoring role, with an increased emphasis on meeting the needs of groups with special needs, such as youth, patients with physical and mental comorbidities, Aboriginal people and women. The introduction of the Joint Services Development Unit and pilot projects in the comorbidity area, and a specialist Youth Service in Next Step enhanced these activities.

#### *Using telepsychiatry to improve access to mental health services in rural WA*

Telepsychiatry, an audio and visual communications network, is an important innovation to help improve access to mental health services for people in rural and remote areas regardless of their location or distance to major centres. Established telepsychiatry units now exist in 35 clinical centres around the State linking regional mental health consumers with other mental health service providers and centres of excellence. Expansion during 2000/2001 of existing adult, child and adolescent and psychogeriatric clinical services within regions and from Perth further increased linkages.

#### *Implementation of the Mental HealthDirect service*

In December 2000, the Mental HealthDirect service was launched. The service aims to provide telephone access to the WA population to make health services more available and facilitate service delivery closer to where people live. The Mental HealthDirect Line provides a 24-hour telephone-based information, assessment, and referral service to the general public, health care professionals, consumers of mental health services and their carers in relation to mental health issues.

This initiative is designed to help Western Australians who have concerns about mental health gain access to the best advice and support. The service allows the public to inquire about mental health-related issues, as well as receive advice and information on mental illness through experienced and well-trained registered nurses. This service was only offered to the metropolitan population during 2000/2001, however extension of this service to rural WA is planned for late 2001.

#### *Expanding treatment options in the area of alcohol and other drugs*

Recognising the need for a comprehensive range of treatment options to achieve the best chances for successful outcomes led to alternative pharmacotherapy treatment options, including naltrexone and buprenorphine, being introduced. The HDWA continued a service providing free naltrexone to public patients, and a series of clinical trials. WA now provides Australia's only free public naltrexone service, operated through Next Step and a network of registered regional providers. The introduction of buprenorphine as a new treatment option to WA was facilitated by the development of an agreed State policy, and guided through the development of clinical and operational policy guidelines.

#### *The training and development of Authorised Mental Health Practitioners*

The role of the Authorised Mental Health Practitioner (AMHP) is to ensure that people requiring referral for a psychiatric examination will receive a high-quality assessment by a mental health clinician that is timely, lawful, professional and does not impinge upon an individual's right to the least restrictive intervention.

## Mental Health

---

### *Supporting people with psychiatric disability through the Independent Living Program and in-home support*

The Independent Living Program (ILP) which operates through collaboration between the MHD, Ministry of Housing, clinical service providers and the non-Government sector, provides support housing for people with a psychiatric disability. By providing stable housing, this program improves the ability of these people to participate in community life. In 2000/2001, this program and in-home disability support was further expanded throughout the State with a new program established in the Coastal and Wheatbelt region.

### *Improving the support provided to people living in licensed psychiatric hostels*

The MHD in collaboration with psychiatric hostels developed a funding process that will act to improve the support provided to people living in hostels by implementing individual personal care support packages. The aim is for people living in licensed psychiatric hostels to receive support based on their level of personal care support needs. Part of this process includes the monitoring of the standard of the support provided to clients in the hostels.

### *Programs targeting general health system development to address alcohol and other drug-related issue*

The response of the general health system in relation to alcohol and other drug-related issues has been targeted through the continuation and expansion of a range of program areas. Since 1998/1999, close to 100 projects have commenced or been reconfigured under the 'InterAction' banner, with approximately 12 new projects commencing in 2000/2001. These have included the development of hospital-based brief intervention services, drug withdrawal services including the piloting of innovative outpatient-based services, and the development of responses to patients with coexisting psychiatric and drug use issues (comorbidities). Numerous health services developed local strategic plans and projects, and considerable additional workforce development occurred with the continued of ADEPT training and continuing mentoring and support through Next Step.

Two conferences were also developed and hosted – the inaugural Healthy Responses Conference aiming to bridge mainstream health sector and specialist drug sector activity, and the Comorbidity Forum which established a direction for future policy and programs.

### *Development of a statewide Mental Health Disaster Management Plan*

The Office of the Chief Psychiatrist is responsible for the coordination of the statewide Mental Health Disaster Management Plan. This plan is designed to initiate the rapid deployment of assistance to augment local mental health services in the event of a disaster.

The need for a plan had its origins in the devastation of Cyclone Vance (March 1999) and was further reinforced a year later with Cyclone Steve (February 2000). The Office of the Chief Psychiatrist coordinated a major response on these occasions. The disaster response was initiated on three separate occasions during 2001 and included on site emergency responses in Carnarvon and Port Hedland.

Another aspect of the disaster management function was developed this year. A management strategy for the planned and unplanned closure of licensed private psychiatric hostels was developed with input from agencies such as the Public Advocate and Council of Official Visitors.

Annual Report  
2000/01



Volume One

