

**MENTAL HEALTH — CHILDREN AND YOUNG PEOPLE**

*Motion*

**HON KLARA ANDRIC (South Metropolitan)** [11.14 am] — without notice: I move —

That this house commends the McGowan Labor government for its commitment to delivering record mental health funding, particularly for children and young people.

We all know that our mental health is incredibly important. As with every area of our health, it is crucial that we look after our mental health. My health is not the greatest today, but I shall push through to be able to speak on this very important issue.

The impacts of poor mental health include negatively affecting how we think, how we feel, how we act and how we get through our daily lives. At every stage of our lives, from childhood and adolescence right through to adulthood, our mental health plays a key role in enabling us to live a fulfilled life. It is crucial that if people are experiencing poor mental health, they have access to the help they need, as well as preventive measures to ensure that it does not spiral. In 2022, mental health is an area that still carries with it quite a lot of stigma, which in turn can make a sufferer less likely to seek help. It is essential that we break the cycle of stigmatisation for everyone, especially children and young people, and ensure that they have the resources available to them to look after their mental health.

As a mother of two girls, it is imperative to me that my daughters' generation is more open to talking about and discussing their mental health, as well as taking the necessary steps and precautions to take care of their mental health and wellbeing. I know that mental health was not discussed as much during my younger years and certainly the awareness of it was not what it is today. I am glad to see that we have made some progress. It is vital we ensure that children and young people have the resources available to them to develop good strategies to manage their mental health from a young age, and it is essential that we help all Western Australians to build mental strength and resilience, whilst reiterating to them the importance of reaching out for support when they need it.

I am pleased to see that the McGowan government is committed to delivering on mental health for our children and young people. This year's state budget has seen significant investment into mental health. I was delighted to see that a record \$2.5 billion in additional funding for health and mental health was allocated in the 2022–23 budget. This is going to go a really long way towards improving the mental health and wellbeing of Western Australians, and particularly young Western Australians. With a whopping \$1.3 billion allocated to WA's mental health, alcohol and other drug services this financial year, I am proud to say that this is an increase of 13 per cent on the funding in last year's budget.

I am sure members in this chamber understand the influence that drugs and alcohol can have on a person's mental health and life. We also know of the direct impact that drugs and alcohol can have on a person's mental health. The McGowan Labor government expanded the "Alcohol.Think Again" campaign in July this year to help protect young people from alcohol-related harm. This campaign aims to reduce alcohol-related harm amongst Western Australians between the ages of 12 and 17 by targeting the parents and caregivers of these young people. The new "Alcohol.Think Again—We all need to say no" campaign was informed by research that showed that the decision by some WA parents to provide alcohol to children under the age of 18 was guided by a common misconception amongst parents and carers that other parents allowed their under-18s to consume alcohol, which is not the case. Created by the Mental Health Commission and the Cancer Council Western Australia, through research with young people, parents and experts, the campaign raises awareness of the fact that two out of three parents are already saying no to under-18 drinking and urges all parents to join the movement to protect their children's developing brains. This is the first stage of the McGowan government's \$6.7 million commitment to expand awareness of the dangers of alcohol.

The McGowan government has also committed \$47.3 million to support the immediate recommendations from the Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents Aged 0–18 Years in Western Australia, and I want to commend Minister Sanderson for that. The task force was created following a recommendation by the Chief Psychiatrist, Dr Nathan Gibson, in response to the tragic death of 13-year-old Kate Savage in 2020. The ICA reform work needed is not just about funding, though; it is about getting the right model of care, building our workforce capacity and its capability, ensuring that services across all levels of government work together, and enhancing the infrastructure and the technology that underpin the system itself.

The final report from the ministerial task force was released in March this year. The McGowan government is firmly committed to implementing all 32 recommendations, with the most immediate challenges being addressed in this year's state budget. We have committed \$18.5 million to expanding the child and adolescent mental health service frontline workforce across seven regions by 11.6 FTE workers. This frontline service offers support, advice and treatment to young people, and their families, who are experiencing mental health issues. It is available to young Western Australians until they turn 18, and it is primarily focused on recovery. Some of the services offered

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include: complex attention and hyperactivity disorder services for children and young people experiencing persistent and severe attention difficulties; multisystemic therapy for families with young people aged between 11 and 16 experiencing serious behavioural and mental health problems; pathways, assessment, treatment and support for young people aged six to 12 with complex mental health issues; and the Touchstone day program for young people aged 12 to 17 years of age who are struggling with self-harm behaviours and associated mental illnesses. Further, \$12.9 million has been allocated for additional peer support workers.

It is really important that the people who are working in this area have lived experience with mental health issues and are now living well. They support young people with poor mental health and help empower them so that they can improve their wellbeing. As one can imagine, it is quite important to be supported by people with lived experience, as they understand what the young people are going through and have come out on the other side. This gives sufferers the hope that they, too, will overcome the challenges that they are facing.

The McGowan government has also committed \$10.5 million to deliver a two-year virtual support service for at-risk children. This will help reduce the likelihood of emergency department presentations and keep children supported in the community. Given the amount of time we all spend online these days, it makes sense to ensure that mental health support services are available online as well. This is particularly relevant for children and young people. The McGowan government has committed \$1.3 million to mental health workforce initiatives. The initiative's aim is to proactively identify the workforce skill mix required and deploy training and development across the health system in response.

Our youth mental health workers are amazing at their jobs and the McGowan government is here to ensure that they are the best that they can be. Most employers find that investing in the workforce is a worthwhile investment and our youth mental health workforce is certainly no different. In March this year, the McGowan government launched the new Here For You mental health telephone hotline. It offers one-on-one contact with qualified counsellors from 7.00 am to 10.00 pm every single day. This service helps support people who are experiencing mental health issues or have a loved one experiencing mental health issues. It also helps those who are experiencing issues with alcohol and other drugs. It can help provide coping and prevention strategies, and opportunities to discuss other options. Mental health support is just a phone call away. This is going to assist those who are struggling because it can sometimes take weeks before people can see a psychologist in person. The new telephone hotline provides support when someone is in crisis or has a time sensitive issue and needs more immediate support.

The McGowan Labor government is also investing in 11 new innovative solutions aimed at strengthening mental health and building confidence and resilience. The government is funding the Innovation Challenge 2021: Child and Youth Mental Health, which is supporting some of WA's brightest minds to find new ways to help children and young people experiencing poor mental health. The Western Australian future health research and innovation fund will run the challenge and provide a secure source of funding to drive health and medical research innovation and commercialisation. The 11 applicants have been awarded up to \$50 000 each to undertake feasibility studies or build prototypes to progress their ideas, and they are competing for up to \$1.5 million to fully develop and implement their concepts. These successful proposals include interactive apps delivered in real-time, better screening, digital solutions to engage teenagers, and a safe haven cafe for young people experiencing mental health issues in the Peel region. I, for one, am very interested to see the success of these innovative solutions.

The McGowan government has dedicated almost \$3 million to pilot the state's first short-term youth residential service for young people experiencing suicidal thoughts and behaviours. The service is expected to assist up to 300 young people and their families each year. The pilot is expected to be operational next year, in 2023. The innovative model will provide support for 16 to 24-year-olds with suicidal thoughts in a residential environment. It will offer young Western Australians an evidence-based alternative to hospital emergency departments, which will reduce the stress on our hospitals. We are also delivering a 16-bed youth homelessness facility for those aged between 16 and 24 years who have mental health issues and are experiencing or at risk of homelessness. An eight-bed interim facility is currently up and running in Queens Park to help young people and their families to get the help they need and deserve. Addressing mental health issues can significantly help young people experiencing homelessness to get their lives back on track.

We are also committed to delivering a youth-specific step-up, step-down service in the Perth metropolitan area. This will be a 10-bed facility that will help young people and their families get assistance. The step-up, step-down service will prevent the escalation of mental health issues, which helps reduce the need for hospital admission and takes the pressure off our emergency departments. We have delivered \$27.7 million for youth long-term housing and psychosocial support services, with elements of co-design by young people.

The McGowan government is helping young people live in the community while accessing mental health and alcohol and other drug support. We can trust that this government will remain committed to delivering for our community's mental health needs. As a government, it is crucial that we deliver on the mental health needs of the children and

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young people of Western Australia. We must ensure that they have support available to them in times of need and the resources available to build up their resilience.

Mental health illnesses do not discriminate and I encourage all my parliamentary colleagues to think about what changes they themselves can make to ensure that they too stay mentally healthy.

**HON SAMANTHA ROWE (East Metropolitan — Parliamentary Secretary)** [11.29 am]: I rise this morning on behalf of the Minister for Health to give the government's response. I begin by thanking my colleague and friend Hon Klara Andric for bringing this important motion to the house this morning.

I think it is important, and I think everyone in the chamber would agree, that our children and young people have good mental health. We know that good mental health affects their ability to enjoy the healthy development of relationship building and allows them to make sure that they have healthy development throughout their lives so they can deal with the many challenges that will end up being thrown their way as they navigate school life, family life and work life. It is important that we always bring mental health issues to the forefront of this chamber, and it is timely that my colleague has brought this motion forward.

Improving mental health outcomes for children and adolescents remains a very important area of focus for our government. In 2020, the then Minister for Mental Health, Roger Cook, asked the Chief Psychiatrist to undertake a targeted independent review into the public mental health system following the tragic death of 13-year-old Kate Savage. The Ministerial Taskforce into the Public Mental Health Services for Infants, Children and Adolescents aged 0–18 years in WA undertook the targeted review, which resulted in seven recommendations to close critical service gaps in child and adolescent mental health services and to rebuild the system. Minister Cook acted immediately on one of the report's key recommendations, which was to establish a task force, with an independent chairperson, to collaboratively engage with families, children and staff from the Perth metropolitan and regional public child and adolescent mental health services.

The task force into public mental health services for infants, children and adolescents, or ICA, in WA was established to outline a comprehensive plan for a contemporary, world-class child-and-adolescent-service operating model, incorporating best practice nationally and internationally. In 2021, the ICA task force was informed by expert advisory groups comprising more than 100 members, including children, young people, families, carers, staff who work in mental health services and government and non-government agencies involved in supporting children and their families. There was a program of engagement with health service providers' executive teams and all clinical teams, which provide mental health services to children and adolescents, in collaboration with ICA task force members. There was also a review of the reports, reviews and strategies published over the last decade that were relevant to the public CAMHS in Western Australia and across Australia, which summarised the findings and recommendations for a system-wide improvement of services.

The task force delivered its final report to government earlier this year. The new Minister for Mental Health, Hon Amber-Jade Sanderson, committed to implementing all 32 recommendations. In the recent state budget, a record \$1.3 billion was invested to bolster mental health and alcohol and other drugs services in WA, representing an almost 13 per cent increase on the year before. That increase includes \$47.3 million to respond to the 32 recommendations of the ICA task force, including \$18.5 million to expand the child and adolescent mental health service frontline workforce across seven regions by 11.6 FTEs; \$12.9 million for additional peer support workers; \$10.5 million to deliver a two-year virtual support service for at-risk children; and \$1.3 million for mental health workforce development. That is in addition to the \$4 million allocated to ensure that the immediate and short-term recommendations of the infant, child and adolescent task force are effectively designed, overseen and implemented.

Implementation will be a complex and challenging task. To be successful, implementation needs to be well planned, effectively governed and appropriately resourced. Involvement from people with lived experience and clinicians will clearly be critical. The Mental Health Commission has initiated an implementation program, and a governance structure has been established. To implement the new ICA system, new models of care will be needed for all existing services, as well as new statewide services to address the gaps in the system. Reconfiguring services and establishing integrated pathways and supported transitions—for children moving between infant, child and adolescent services and youth or mental health services—will be essential. Also essential will be collaboration and co-design with children, families, carers and those who work within the services.

Thirty-two workshops for consumers, carers, health service providers, clinicians and community organisations are scheduled across September, October and November. The workshops will kick off the development of 12 models of care, which cover five general models of care, including crisis response, and seven specific models of care, including specialised services and partnerships.

The Mental Health Commission has also been allocated an additional \$181 million for new and expanded mental health, alcohol and other drug services. That is in addition to the \$129.9 million for a youth package that was

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funded in last year's state budget. Some of those initiatives have already been spoken about by my colleague Hon Klara Andric, so I will not repeat those.

In closing, it is important to acknowledge the task force that undertook this really important work under the leadership of its chair, Ms Robyn Kruk, AO. I acknowledge the task force for its extremely important work and the many hundreds of children, parents, carers, families and clinicians who contributed valuable insights to the task force's findings and its recommendations.

I want to put my support on the record, and I commend the motion moved by my colleague this morning.

**HON COLIN de GRUSSA (Agricultural — Deputy Leader of the Opposition)** [11.37 am]: I rise on behalf of the opposition to speak on the motion moved by Hon Klara Andric about mental health funding here in Western Australia. It may surprise no-one in the chamber to hear that I would be happy to stand every single day and talk about mental health. Mental health is an affliction that affects our society in a very pervasive way. It does not matter how old people are. It does not matter what their backgrounds are. It is not selective, and it affects our children right through to our elderly. Wealth, or any of those demographic traits, does not matter.

There is no doubt that poor mental health has an impact across our society in many ways, including, of course, in the education of our children. I have seen this firsthand with my own children: the effects of the mental health challenges children face mean that they cannot undertake the normal classroom processes of testing, examinations and those sorts of things for a period of time. What we do not know is the long-term impact on children further down the track, when they are trying to go to university or further on. Those effects are incredibly powerful.

I will stop short of supporting the motion. It may surprise members across the chamber to hear that. Any funding into mental health is welcome—absolutely—and I do not think that anybody in the chamber would disagree that we need to do all we can to fund mental health as well as we can across the state. However, I think it is a little bit early to be congratulating anyone on any mental health achievements when we have significant waiting lists.

We were talking about this only yesterday. There is a 12.8-month wait for children to access clinical psychology as at 11 August this year. Those waiting lists are blowing out. We can throw a lot of funding at mental health services. We can throw billions and billions of dollars at them, but will it achieve a reduction in those waiting lists? Perhaps. Workforce challenges are making it hard to find the professionals we need. The other thing is understanding why. It is fine to treat the afflictions that result from poor mental health, but why are they happening? What is it in our society that is creating the seemingly growing pressures on mental health? Is it a problem with the way our education system works, for example? Is it solely to do with social media? We talk about social media and the impacts on kids. I do not think it as simplistic as saying that social media is a cause of mental health issues; it is about understanding what creates the challenges that our kids are facing.

I welcome funding for mental health services every day, but I do not think we are in a position just yet to be congratulating the government for its funding when we are still seeing these issues. We need to make sure that the funding is going towards understanding why mental health issues have become so prevalent in our kids and in society in general. We need to understand why more young women in particular are afflicted with mental health challenges. Numerous reports and inquiries have all come to very similar conclusions in that respect. The rates of mental health issues in our kids, and in young girls in particular, are really shocking. I am sure that many other members will know, as I do, that the effects that mental health issues have on our kids are very challenging and it is difficult to receive the right help at the right time.

I certainly welcome the funding. I look forward to a reduction in the wait times so that more kids can access the mental health services they need, but also so that adults and others can access those services. It is a discussion we need to have more of in this place. We need to be the leaders in this space and make sure that we talk about mental health and encourage others to talk about it. Suffering from depression or anxiety is not something to be ashamed of. It is a very common affliction across our society. The more we talk about these things, the more chance we have of understanding the causes and how we might better prevent these problems from becoming too pervasive across our society. I will not say any more than that. I know that other members are keen to speak. I just wanted to get a few of those points on the record.

**HON DAN CADDY (North Metropolitan)** [11.43 am]: I start by thanking Hon Klara Andric for bringing forward this motion and noting her discussion about the connection between mental health issues and homelessness in young people, and that is an issue that I will get to shortly. I also acknowledge the hardworking parliamentary secretary for her contribution. Today, I want to personalise it a little bit by talking about a specific youth service provider that I am very familiar with. I will look at one of the programs it runs and also, if time permits, some of the case studies that demonstrate the results that are coming directly from this funding, specifically those about a couple of young women, to pick up on what Hon Colin de Grussa had to say. This institution is Perth Inner City Youth Services. People have heard me speak about PICYS briefly in the chamber before. I have visited PICYS on several occasions

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in the past, as I know has the local member from the other place, Dr Katrina Stratton, the outstanding member for Nedlands, who is a big supporter of PICYS and the work it does.

Just a really brief, two-sentence history for members. The idea for Perth Inner City Youth Services was floated in the late 1970s and PICYS was born in the very early 1980s. It started originally as a drop-in centre for young people. It then became more of a drop-in centre for Indigenous youth. In 1982, PICYS applied for funding through the homeless persons' assistance program and within a few years was providing independent accommodation through a number of shared houses across Perth for both males and females aged 16 to 25.

The reason I see PICYS as being so vital is that Andrew Hall and his team work with young people who we may refer to as hard-to-reach clients—young people who are often not accepted by other services, for a variety of reasons. Generally, it works with young people who have a long-term history of homelessness; people who need ongoing support over the long-term; people who generally have a number of presented complex issues, such as mental health issues, which is what we are talking about today, drug use and, possibly, criminal behaviour; and young people with diverse sexuality and/or gender.

To my mind, the work that PICYS does is a stand-out when it comes to getting results and making a substantial difference to the lives of a number of young people who, as I said, would otherwise have possibly fallen through the cracks. I want to talk briefly about the PILLAR program at PICYS, because it shows how government spending on youth mental health can make a real and tangible difference. I want to look at it over the last two years, and also at the OPP40 program, which supercharged the PILLAR program. This was done in response to COVID. I will refer to data from a PICYS report, *PILLAR OPP40 report 2022*, which covers the period from June 2020 to June 2022. I am happy to pass that document on to other members if they would like to have a read of it.

OPP40 is an acronym for “optimising PICYS PILLAR to 40 young people”. As I said, it was a direct response to COVID. When the PILLAR OPP40 program started on 1 June 2020, it had an opening case load of 17 young people. We must remember that COVID hit everyone, but it hit this group of young people, who were already very isolated, very hard. Sixty young people took up this program over the following 25-month period, and a maximum case load of 77 young people was reached. Over this period, OPP40 managed to close “active case” status for 40 young people, which was the program’s goal.

I spoke earlier about diversity and the complexity of—I do not like the word “clients”—participants in these programs, and the young people who define themselves as being part of these programs. I will run through some stats from the report I referred to, and some of the key identified data of the people who engaged in these programs. Of these people, nine per cent identified as Aboriginal or Torres Strait Islander; 60 per cent identified as LGBTIQ+; 40 per cent identified as trans or gender-diverse; and 90 per cent had engaged with mental health professionals. That is what this is about. PICYS gives them a safe location, but it is the wraparound support and mental health support that makes this program so incredibly successful.

I go back to what Hon Klara Andric said: 25 per cent of these people identified their biggest issue with moving forward in their lives as homelessness; a further 25 per cent put suicide ideation down as a prominent issue. That is a very high number, and something that we should all bear in mind when thinking about youth mental health and where we need to go and what we need to do to address the problem.

Four conditions were listed under “primary diagnosis” in this report, three of which I will mention. One-third of young people experienced severe anxiety, one-quarter suffered from depression and one-quarter suffered from some form of post-traumatic stress disorder. That is why the service that PICYS provides is so critical. As we have heard, this government has taken a real lead in the funding for youth mental health. The current minister, the previous minister, whom the hardworking parliamentary secretary spoke about, and especially the parliamentary secretary in the previous McGowan government have made this a priority. PICYS funding has been a critical part of this service. As I have outlined, and I will say it again, PICYS services a niche group of our youth who may otherwise fall through the cracks due to a combination of housing, security and complex mental health issues.

I recognise that I am running out of time. I wanted to refer to some case studies. I will refer to the people by first name only, but their stories are public. I want to talk about Ruby, who had an incredibly complex case history that made it difficult for her to meet the criteria of any of the other agencies. PICYS engaged with her and worked with her to manage her mental health issues and lifestyle difficulties. I want to read a quote from her. She said —

... I know how to talk to people but still more skills than I had before. I think differently about my future now I used to think I would end up a junkie on the streets but now I think I’m going to have a good future.

You guys have helped so much, encouraged me with schooling, meeting people going through the same things and having somewhere to live that’s safe.

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I have read all the pages of what she wrote. Trust was the cornerstone. That is what PICYS does well; it builds trust with young people. Ruby, a young woman, was 21 years old when that was written.

The second story I wanted to read is from Sam. They said —

Since working with the youth worker I have conquered a meth addiction. I was a daily meth user for seven months and was working as a sex worker. Together, the youth worker and I worked on some goal plans and utilised many different techniques to help me cope with meth cravings and the trauma of ... work. Since November last year, I have on the most part stayed clean. I am now studying at Tafe. If it wasn't for the help I got at PICYS I would be homeless or dead.

This is the power of the funding that goes to the right places. These are the personal stories that show that the funding is doing what it is supposed to do. From drug-related issues and homelessness to a stable living environment and full-time study, this is a fantastic example of the outcomes of record funding in youth mental health and it is a credit to PICYS, which I have chosen to talk about today.

**HON PETER FOSTER (Mining and Pastoral)** [11.52 am]: I also rise today to speak in support of the motion moved by Hon Klara Andric. I thank her for moving this very important motion. I want to add my name to this motion in commending the McGowan Labor government for its commitment to delivering record mental health funding, particularly for both children and young people. I want to acknowledge Hon Klara Andric's contribution and also the contributions of speakers who have spoken before me on this important motion. As I have said previously in this place, I believe that mental health is everyone's business. I am glad that members on both sides of the house are continuing this very important conversation by participating in this debate today.

I have also said previously in debate that I live with anxiety daily. I know that many Western Australians do so as well, including young people and members of our LGBTQIA+ community. It is believed that as many as one in five Western Australians have a mental illness or a behavioural condition, with those aged between 15 and 24 years believed to have the highest proportion of mental illness and behavioural conditions. Numbers are estimated to be as high as three in every 10 young persons.

As has already been said, the 2022–23 state budget was handed down earlier this year and it contained a record \$1.257 billion for mental health, alcohol and other drug services right across Western Australia, an increase of 12.5 per cent on the previous year's state budget. I know that this investment was welcomed right across the sector. In the 2022–23 state budget, \$5.1 million was allocated towards the mental health emergency telehealth service operated by WA Country Health Service. This service is well utilised by regional residents in the electorate that I live. Additionally, the 2022–23 state budget included an allocation of \$181 million to the Mental Health Commission for new and expanded mental health, alcohol and other drug services.

I want to spend a bit of time in my contribution today talking about the Mental Health Commission. The Mental Health Commission, through that investment, purchased a number of services for the state from a range of service providers. As a regionally based member, I want to focus my brief contribution on one of those services. If members have never visited the Mental Health Commission website, I strongly encourage them to do so. It is a good source of information. I played around with it yesterday. People can type in their region or address and it brings up their local provider. If members in their electorate office deal with people who are experiencing mental health concerns, I strongly encourage their electorate office staff to bookmark that page, because it is a really good source of information. For me, in Tom Price, I could see where local service providers are in Tom Price, in Newman and over on the coast in Karratha.

The needs of LGBTQIA+ youth in regional WA are very complex. According to studies undertaken by the LGBTIQ+ Health Australia organisation, almost 25 per cent of LGBTQIA+ young people aged between 14 and 25 years live in regional WA. That is one in four. The same study showed that almost 64 per cent of LGBTQIA+ young people aged between 14 and 21 have been diagnosed with a mental health condition. Only 45 per cent of those have reported to have received treatment. That is a considerable number of LGBTQIA+ young people in regional WA who cannot access treatment. Compared with the general population, LGBTQIA+ young people are more likely to experience and be diagnosed with depression, with those LGBTI six times more likely, and those in the trans and gender diverse community seven times more likely. Almost 50 per cent of LGBTQIA+ young people aged between 14 and 21 report being diagnosed with depression. Almost 50 per cent again are diagnosed with anxiety. An astounding 83 per cent of those aged between 16 and 17 present high levels of psychological distress, with over half experiencing suicidal ideation. I think that is really sad. Those statistics paint a very grim picture, especially for us in regional WA.

Last Friday, 26 August, was Wear It Purple Day, which is why I am wearing my badge today to show my support for rainbow young people. Too many young people experience bullying and harassment—I was one of those in my younger days—from lack of acceptance about their sexuality or their gender identity. I want to say to all rainbow young people that you are valued, you are accepted and you are loved.

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In November last year, the Minister for Emergency Services, in his previous capacity as Minister for Mental Health, announced an investment of \$500 000 to support LGBTQIA+ youth in regional Western Australia, funded through the Mental Health Commission for a 12-month pilot program. This program commenced in Geraldton, Bunbury and Kalgoorlie, focusing on building healthy, inclusive and connected communities. The aim of the project is to provide direct support to young people; explore the broader issues they face in regional communities; deliver workshops; and deliver information to schools, educators, healthcare professionals, caregivers and parents. This project is being delivered by WAAC, formerly the WA AIDS Council, which has the aim to welcome and support people from all walks of life and build healthy, inclusive and connected communities.

I had the honour a few months ago to visit WAAC's offices just down the road in West Perth, and had a meeting with the CEO, Lisa Dobrin, and her team. They are doing fantastic work right across WA in tackling some of these really serious issues. We talked about the Freedom State program, which is what the \$500 000 was allocated towards. Lisa told me that her team is working collaboratively on the ground with local groups, community members and agencies and building referral pathways to other services to ensure that young people get the support they need. It was pleasing to discover this week that the Western Australia AIDS Council has had its pilot program extended for a further 12 months, which is great. This service will now continue until June 2023 and it is expanding. WAAC services Bunbury, Geraldton and Kalgoorlie. It is also moving into the south west region and Esperance and is looking at moving into Carnarvon. I had an initial meeting with a worker who is looking to build some connections in Carnarvon. In Bunbury and Kalgoorlie, WAAC is collocated with Headspace. In Geraldton it is collocated with a psychology service and it works with a number of local organisations including OUT South West, OUT Midwest, Goldfields Price and Margi Pride. It also works with other organisations such as the YMCA, the Cities of Bunbury, Greater Geraldton and Kalgoorlie-Boulder, Mission Australia, Youth Focus, WA Country Health Service, Geraldton Regional Aboriginal Medical Service and many of the local schools in their catchment area.

I will read from my notes a few of the comments made by staff who work for WAAC and deliver the Freedom State program. A staff member in Bunbury says that they have participated in youth events that have provided some young people within the LGBTQIA+ community with the first positive representation of queer people that they have ever seen in the region. This has shown them that people care and that times are changing. They said that they have met a lot of wonderful young people who have entrusted them with some of their deepest and closest inner knowings about their gender journey—something that this staff member holds very dear. A highlight for this staff member was working with the Shire of Capel and receiving feedback from young people who said it was the first positive LGBTQIA+ event that they had ever seen. A young person said that it was great to see that this will have a positive influence on school bullying, which was flagged as an issue, and another student at a local senior college had expressed their gratitude as they had to move schools due to bullying.

A community development officer in Kalgoorlie said that a key highlight for them was a community parents and carers workshop. All the attendees earnestly wanted to know how to support their young person through their journey and experiences. A few attendees spoke about someone in their young person's life who was not supportive of them and was making their life challenging. At the workshop, when discussing the challenges that the young person was facing, a few people began to cry due to sadness, wanting their young person to be okay and not knowing what to do. The officer described how they held space for them in that moment and reassured them that they were taking the correct steps to seek help and that that would mean a lot to the young person knowing that they were safe in that moment.

Noting that I only have 20 seconds left—there is much more to talk about on this topic—I thank the McGowan government for its record investment, particularly for the Freedom State program, which is providing real benefits and saving the lives of regional people. I thank Hon Klara Andric for moving this motion and for giving me the opportunity to speak.

**HON SANDRA CARR (Agricultural)** [12.03 pm]: I rise to support the motion put forward by Hon Klara Andric. I thank her for putting forward a motion on such an important issue. I heartily agree with the celebration of, in particular, the record spending by the McGowan government in mental health and in embracing innovation and education to support the mental health of Western Australians. This is a topic that is close to my heart and very personal. I am sure it is the case for pretty much everyone in the room that we are, in some way, personally connected to someone who has at some stage of their life, or is currently going through, mental health challenges. For me, as I have mentioned in the past, it manifests in the form of anxiety and depression and also a diagnosis of adult attention-deficit disorder. I do not necessarily believe that people could have openly admitted these things in a context such as this place in the past. It is a very encouraging development that I can say that openly to my colleagues in the context of the Legislative Council chamber and feel no fear of repercussions or anyone undermining my credibility because of the particular mental health challenges that I, as well as the people around me, may face on a daily basis.

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In my discussion of mental health, I will focus on youth, education and some of the McGowan government's contributions to regional spending. I will refer to a couple of measures in the 2022–23 state budget that are particularly important to me. First is \$18.5 million being spent to expand child and adolescent mental health services across regional Western Australia. I am a regional member and spending in the regions is very important to me. I always pay very close attention to that, making sure our regions are not overlooked or left behind. There is also \$5.1 million to continue mental health emergency telehealth services. That is about ensuring our regional residents can access mental health services, which is particularly important. As we all know, people in the regions rely more heavily on telehealth, apps and internet services to access a lot of essential health services. I noted that yesterday when Hon Donna Faragher, who is out of the chamber on urgent parliamentary business at the moment, talked about access to child health services, she gave the example of someone living in the metropolitan area who had travel to another suburb. It really made me reflect on how intensely those challenges are amplified for regional people who have to travel hours upon hours to access those services, if they get the opportunity to access them at all. It requires far greater effort and commitment for regional people to access those services.

The McGowan government is doing great things. In March this year, the Minister for Education and Training, Hon Sue Ellery, announced a new fee-free course. The mental health practice skill set course is now free, even for people who are already in the workforce. The course is about building capacity in our community to make sure there are people out there with the skills and attributes that can help support people who are experiencing mental health challenges. I think this is an excellent development because the cost barrier is one of the greatest challenges for people skilling up to provide the services we need or to fill that workforce need. Some of the most valuable people delivering mental health support often experience financial or socio-economic barriers. They have direct on-ground experience that enables them to relate directly to people experiencing specific mental health challenges and life experiences. It is so important that we have a diverse workforce to meet and engage with people experiencing mental health challenges so they can connect with people who they directly relate to. It makes communication open and so much easier for people with those challenges.

Minister Ellery also recently announced the great election commitment of \$42.2 million over four years for the employment of an additional 100 full-time psychologists in schools. This is an excellent initiative. Minister Ellery and the McGowan government have recognised the need to address these issues within the school and educational context to make sure that our young people are being looked after. We are meeting their areas of need in the educational context, where they are typically most open to that. From my own experience as a teacher, and perhaps also as someone who has experienced mental health challenges, often one of the educational barriers my students experienced was mental health challenges, but they did not have the personal insight or emotional intelligence to necessarily recognise that in themselves. Part of my teaching was to gradually coach these students to recognise that what they were experiencing were actually mental health challenges and then to connect them to the appropriate services. There are always barriers to young people recognising those things and they come in all different shapes and forms. Among the challenges may be that families do not necessarily want to talk about mental health, or there is a lack of emotional intelligence. It is a range of things. But the educational context is such an opportune environment to address mental health conditions.

I am also really pleased to note the development of the WA respectful relationships teaching support program in schools and the great collaboration between Minister McGurk and Minister Ellery. The respectful relationships teaching support program delivers training that embeds respectful relationships in the way that teachers and staff deliver education and support to students in schools. It is particularly important at the moment, given the proliferation of social media identities, let us call them. I refer to the likes of Andrew Tate, who is having a significant impact on the thinking of our young male community. Respectful relationships is an excellent counterculture to that. Some of the media chatter that I have been listening to recently has been about young people engaging in and hearing that kind of content. Some might define it as toxic masculinity, but I can tell members right now that I do not like that term because I think of it more as toxic socialisation. I do not like the term toxic masculinity because I saw so often, particularly in the school context, young men feeling defensive when they heard that. They hear the words “toxic” and “masculinity” and they think that we are saying that males are toxic. That is not at all what we want our young men to think. We love our young men and want them to do well and feel equally valued across the whole community.

I think that the investment in respectful relationships is profoundly important as a counterculture to some of the toxic content and socialisation that our young people are experiencing on social media platforms. It is also a great way for schools to take some responsibility. We have to be mindful that education brought a lot of technology into young people's lives with the insistence on using things like iPads as part of the delivery of the school curriculum. Although they can be incredibly helpful learning tools, and even great for lightening the load of schoolbags by reducing the number of schoolbooks and things, they have also opened up the world of the internet and some of its darker aspects. Our young people get very little respite from all that information these days. Some of it is useful and some of it is profoundly damaging. I put Andrew Tate in that category. His platform is designed to



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generate outrage, and that self-perpetuating outrage keeps filtering through the algorithm back into our young people's worlds.

I am really grateful that we have programs like respectful relationships that allow our young men in educational institutions to recognise that that is unhealthy. Believe me, young men are saying that. They recognise that it is unhealthy. Some schools out there are writing to parents and encouraging them to talk about that kind of social media. Those schools are encouraging critical thinking in young people. They are encouraging young people to question who is being served by that kind of platform and to question whether it is healthy, what they think about it, and what is important to them.

I congratulate the McGowan government and Hon Klara Andric for her motion, which I fully support.

**HON DR BRIAN WALKER (East Metropolitan)** [12.12 pm]: In the few minutes left to us in this moment, I will also support the motion and congratulate the McGowan government. I thank Hon Klara Andric for presenting the motion and also the hardworking and reliable parliamentary secretary for all their words; indeed, I support all the words from all the contributors.

As a hardworking doctor who has been involved very heavily in mental health at the coalface, I can say that I very much appreciate every single dollar that the government can put towards mental health. But I would also counsel that measuring success by the amount of dollars put out does not actually work because for all we have invested in mental health, at the ground level we are not seeing much of an improvement. The model of care, the workforce and the infrastructure need to be looked at, as Hon Klara Andric mentioned.

I would heartily recommend looking closely at the child and adolescent mental health service because the experience I have had on the front line is that we are not getting a great deal of access or success. For members who are wondering why that is happening, it is not because money is not being spent. We need to look at how wasteful we are with our resources. It has been said that if we used our resources better, the outcomes would also be better. Effort needs to be put into that area as well, and I encourage doing that.

The community is also a major source of mental ill health. There are many, many causes for that. I could spend an hour talking about this. Every single aspect will be addressed by whichever government happens to be in power—alcohol use in the communities; indeed, alcohol use everywhere; drug use and abuse; but also the physical, mental and sexual abuse that seems to permeate vast areas of society, resulting in children being at risk. Members may not know but when I became a GP, I originally wanted to be a paediatrician, but I discovered I could not, because seeing children suffer made me suffer. I would have been dead long before had I become a paediatrician, simply with the pain of seeing the suffering. When I hear what is going on in society, and the issues of mental health in particular, I feel pain. Having experienced that in my own family, I feel pain. Action needs to be taken and I commend the McGowan government for this.

Motion lapsed, pursuant to standing orders.