Division 24: Mental Health Commission, $773 992 000 —

Mr S.J. Price, Chair

Mr R.H. Cook, Minister for Mental Health.

Ms J. McGrath, Mental Health Commissioner.

Mr L. Bechelli, Chief Finance Officer.

Ms K. Lazenby, Head of System Development.

Mr D. Axworthy, Head of Strategy and Reform.

Ms E. Paterson, Head of Community Support.

Mr G. Kirby, Head of Prevention Services.

Ms R. Charles, Assistant Director, Service Provision Treatment.

Mr N. Fergus, Chief of Staff, Minister for Mental Health.

[Witnesses introduced.]

The CHAIR: The estimates committee will be reported by Hansard. The daily proof *Hansard* will be available the following day. The Chair will ensure that as many questions as possible are asked and answered, and that both questions and answers are short and to the point. Estimates committee's consideration of the estimates is restricted to the discussion of items for which there is a vote of money proposed in the consolidated account. Questions must be clearly related to a page number, item program or amount in the current division. Members should give these details in preface to their question. If a division or service is the responsibility of more than one minister, a minister shall only be examined in relation to their portfolio responsibilities.

The minister may agree to provide supplementary information to the committee, rather than asking that the question be put on notice for the next sitting day. I ask the minister to clearly indicate what supplementary information he agrees to provide, and I will then allocate a reference number. If the supplementary information is to be provided, I seek the minister's cooperation in ensuring that it is delivered to the principal clerk by Friday, 30 October 2020. I caution members that if a minister asks that a matter be put on notice, it is up to that member to lodge the question on notice through the online questions system.

The member for Dawesville.

Mr Z.R.F. KIRKUP: I refer to "Significant Issues Impacting the Agency" and the strategic priorities on page 341. I am keen to understand where the government is at with respect to the young people priority framework outlined in paragraph 11 under "Sector Development", and the funding associated with that. I imagine that will be a continuing priority of the government. What money has been provided to that framework?

Mr R.H. COOK: Thank you for the question, member. Obviously the young people priority framework is about getting an understanding and agreement on where we need to put our major efforts in mental health services for young people. The framework is being developed at the moment. I ask the commissioner to make some comments.

Ms J. McGrath: Over the last few months, we have been working across government agencies and with stakeholders across the entire community to get some information to help inform the young people priority framework, which we will be able to provide in early December. The framework will help identify some of the gaps we know are in the system and priority areas that need to be looked at first.

Mr Z.R.F. KIRKUP: Minister, how much money has been set aside to fund the young people priority framework?

Ms J. McGrath: No money has been set aside to look at new initiatives and to fill some of those gaps in this budget. This current budget provided some money for suicide prevention that was related to youth. The new suicide prevention framework that was recently released allocated $32 million to continue programs for young people and others across the community. We have also provided $10 million for specific Aboriginal regional plans, which will be developed over the coming months.

Mr Z.R.F. KIRKUP: Thank you, minister; thank you, commissioner. Minister, there is no funding for that framework. The commissioner has identified a substantial gap in funding services for children and young people in Western Australia. When does the minister think it will be a priority for the government to start funding issues that respond to that?

Mr R.H. COOK: Can the member take me through that again?

Mr Z.R.F. KIRKUP: Obviously, no money has yet been set aside for the young people priority framework, and the commissioner said earlier there are significant gaps in services for children and young people in Western Australia.

Given these gaps and that the framework remains unfunded, when does the minister imagine the government will start providing funding to facilitate greater investment in these services?

Mr R.H. COOK: As we finalise the young people priority framework, we will be in a position to seek funding through the usual budgetary process. I should mention that we have a substantial number of services for young people at the moment. Recently we set aside a significant amount of money for a young people's community mental health and other drug services housing proposal. Some significant work in relation to young people is going on at the moment. The commissioner was saying that we are trying to make sure that we continue to provide enough services and that we identify the gaps to make sure we continue to identify where the weaknesses are. For instance, in the forward estimates we have committed funding of around $20 million to establish a 16-bed youth mental health, alcohol and other drug homelessness service in the metropolitan area. Additional capital funding of $5 million has been provided to construct a 16-bed facility resulting in a total investment of $25 million over a full year to establish the facility. There is a range of services that are already ongoing. We need to continue to cross-examine ourselves to identify where the challenges will come in the future.

As a general rule, we all understand and appreciate that young people in particular have been impacted by the COVID-19 pandemic and it is appropriate that we take a fresh look at aligning our priorities for young people. Anecdotally, and I think this is borne out in one of the key studies that we are funding through schools, looking at the psychosocial impacts of COVID-19 suggests that among young people there is a greater level of anxiety and, potentially, depression. We need to make sure we take the opportunity to look at where the new challenges will be coming from. As a result of that, I commend the new framework.

Mr Z.R.F. KIRKUP: Minister, obviously the mental health and other drug services plan was put together nearly five years ago now. Funding for this framework was a recommendation of that plan, but there is still no money for that framework. Does the minister not concede there is clearly an issue with the lack of funding allocated to that? We have had a 25 per cent increase in young people's attendances at emergency departments in the last year, and I think a 300 per cent increase in emergency department attendances for children and young people over the last nine years. The government has had a plan sitting there for five years and that plan recommended funding this framework, but the government still has not done it. Surely that is an issue, and there has to be greater leadership to make sure there is more funding—or any funding—allocated to that framework as a matter of priority.

[9.10 am]

Mr R.H. COOK: I do not accept that analysis.

Mr Z.R.F. KIRKUP: Sorry; what part does the minister not accept?

Mr R.H. COOK: I do not accept that we are not funding the framework. The framework is being put together as we speak, and as a result of that we will be in a position —

Mr Z.R.F. KIRKUP: It is five years old, minister!

The CHAIR: Member for Dawesville, do you have a further question?

Mr R.H. COOK: Chair, I do not think I had an opportunity to complete my answer. I was being interrupted by the member.

The CHAIR: You were indeed. Please carry on, minister.

Mr R.H. COOK: That is all I have to say.

The CHAIR: Thank you, minister. Further question on this, member for Kalgoorlie?

Mr K.M. O'DONNELL: The minister was talking about the beds for youth. Are there any purpose-built beds for children suffering mental health issues in regional areas in our state?

Mr R.H. COOK: Which line item are we looking at?

Mr K.M. O'DONNELL: It was a further question after the minister mentioned the 16-bed facility for youth with mental health issues. I was just curious.

Mr R.H. COOK: Okay. I will refer that to the commissioner or other advisers.

Ms J. McGrath: Thank you, minister. We do not have specific inpatient beds in regional areas. We have 20 beds at Perth Children's Hospital for children up to 15 years old. We have 14 inpatient beds in the south metropolitan region for 16 and 17 year olds. We have 12 beds in the east metropolitan unit. We fund youth mental health services in the regions through the WA Country Health Service, but it is not inpatient beds.

Mr K.M. O'DONNELL: The minister will be aware that we have had incidents in the regions of children suffering mental health issues being injected with a drug—the name of the drug escapes me—to settle these kids down. We found that if there were no beds available for them in the metropolitan area, they had to remain in the emergency

department at a hospital. Has there been any improvement in that area to find beds for them while they are waiting for placement in the metropolitan area?

Mr R.H. COOK: Does the member mean young people or in general terms?

Mr K.M. O'DONNELL: I am not referring to adults but to children. For example, in Kalgoorlie we have a ward for adults. My question is about beds for children.

Mr R.H. COOK: Member, obviously the ideal situation is that people are treated in the communities in which they live. That is a really important aspect of making sure we have the right number and types of services in regional Western Australia. Young people provide an extra complication in the provision of those services, because, firstly, there are not a lot of young people requiring those services and, secondly, if inpatient care is required, they need very specialised services. That is the reason why Perth Children's Hospital is our primary facility to take care of difficult or complex mental health patients. In general terms, we are trying to make sure that we have a better capacity to deliver a broader range of mental health services in regional Western Australia. One of the policies of which I am particularly proud is the progress we are making around the step up, step down services that we are developing in regional Western Australia. I will take the member through that service. We have opened a six-bed facility in Albany, which is running really well. We have opened a 10-bed facility in Bunbury, which I think opened in January this year. We are in the process of constructing a $1 million facility in Kalgoorlie, which is another 10-bed facility, as well as developing a step up, step down facility in Geraldton. We also have plans around Karratha and Broome, both of which are six-bed facilities. Obviously, they are harder builds because of the difficulty of construction in country areas, but we are making good progress around the Karratha facility and we are doing some headworks for the Broome facility to get that up and running as well. It is about the opportunities to make sure that we can embed a larger range of services in regional Western Australia. For instance, a new 12-bed acute mental health facility is part of the redevelopment at Geraldton Regional Hospital. That means we will be in a better position to provide people who are suffering from particularly acute episodes with the care they need without being transported to Perth. I think the point the member makes is important, and we need to continue to improve the number of services available in regional Western Australia. The challenge around young people, and children in particular, is that we need to take extra care and it is a particularly specialised area of psychiatry and mental health service delivery. In those instances, we tend to focus on Perth Children's Hospital, which has a 20-bed facility and high-level specialist care.

Mr Z.R.F. KIRKUP: All that is for adults. The minister continues to point to a tertiary hospital to provide the provision of care for children and young people. How much has been set aside for children and young people's facilities and in the development of those services being delivered in the regions, particularly in the south west region—outside of the settings the minister has outlined, which are largely for adults?

Mr R.H. COOK: Again, I invite the member to identify a line item.

Mr Z.R.F. KIRKUP: I refer the minister to page 341. I imagine it comes under the young people priority framework, which still remains unfunded by this government.

Mr R.H. COOK: As I said, a range of things are funded under young people's services, and the commissioner provided the member with a good deal of information about that. The young people priority framework is about identifying the future funding needs for young people in mental health, alcohol and other drug services.

Mr Z.R.F. KIRKUP: That framework is five years old and still remains unfunded. I ask the question again: what services are being provided for children in the regions, particularly the south west region?

Mr R.H. COOK: Obviously, we have a range of services that are based upon community support and other preventive services, in both the school and the community environments. I invite Ms McGrath or one of the members of her team to describe that further.

Ms J. McGrath: Thank you, minister. One of the things that I did not mention before was that as part of the COVID response over the last six months, we provided some immediate funding to help support some of the youth services across the state. One of those was the development of the child and adolescent mental health emergency telehealth service at the Child and Adolescent Health Service. Funding of around $1.5 million has been allocated until at least the end of the next financial year, and then that will be evaluated. That service provides support all over the state when specialist clinicians are needed but are not available in certain areas. We also provided funding of $395 000 to Perth Inner City Youth Services, which helps to provide intensive psychological support for young people aged 15 to 18 years. This was in addition to funding already provided to the PILLAR program. In terms of some of the things that have been happening in the regions, the WA Primary Health Alliance recently established two new Headspace centres, one in Karratha and the other in Port Hedland. The member is probably aware that Headspace, which is provided through the commonwealth, is located in a fair few regional areas; it supports the other services we have in WA.

As the minister announced, the funding for the 16-bed new facility in the north metropolitan region for young people is $25 million over the next four years. That will significantly complement our other youth service that operates out of Fremantle. We have 10 designated youth inpatient beds planned for Joondalup, which are due to open around 2021. In addition to what we are doing across the state through COVID funding, we have provided additional funding to Youth Focus in the midwest region to support and expand the school response program. We have also provided $235 000 for long-term support of the children and young people bereaved by suicide program, which is in addition to what we currently provide.

[9.20 am]

Mr R.H. COOK: Chair, before we go to the next question, it is important to highlight that the government continues to fund a range of child and adolescent mental health services delivered through the WA Country Health Service. The member for Dawesville will be familiar with our three-tier youth mental health program, which is run through a GP down south.

Mr D.T. REDMAN: That is just in Peel.

Mr R.H. COOK: That is right.

Mr D.T. REDMAN: So the Warren–Blackwood area, for which I sought extra resources, did not get support.

The CHAIR: Please carry on, minister.

Mr R.H. COOK: Thank you very much, Chair.

That program is delivered to year 10 students at secondary schools throughout the Peel region in order to address complex issues surrounding youth mental health and suicide. As I said, a range of services and programs is delivered through the Department of Education by outfits such as School Drug Education and Road Aware, which is about supporting young people make smarter choices by providing a resilience approach to alcohol and other drugs. The WA Country Health Service provides targeted youth mental health programs in the south west and Pilbara regions, a WACHS-wide youth specialist consultation liaison service, improved access to and coordination of youth mental health services, and workforce development for youth mental health service provision. In addition, we are continuing to develop a range of non-admitted services such as community child and mental health services, and country health specialists, as well as the statewide specialist Aboriginal mental health service. We have recently engaged a child psychiatrist in the Kimberley, which is a very important development. To conclude, a range of programs are ongoing at the moment. The young people priority framework is continuing to identify gaps and make sure we can address those gaps. I look forward to finalising the framework in the coming months.

Mr Z.R.F. KIRKUP: Minister, I appreciate the response by the commissioner on funding in the regions, particularly about telehealth, but, outside of that, very little seems to have been delivered for regional communities. At what point in time does the minister expect the government to start funding the required community support hours that were identified in the plan, which is some years old now? Let us look at the situation in which the midwest requires 163 000 hours of community support, but the government has funded only 2 460-odd hours; the Kimberley requires 154 000 community support hours, but the government has funded only 760 hours; and the south west requires 321 000 hours, but the government has funded only circa 11 000 hours. At what point in time does the minister imagine the government will start funding these priority community support hours and, indeed, support young people who are identified in the framework, rather than continuing to allow it to languish years on end while youth suicide in our community continues to go up?

Mr R.H. COOK: The plan was put together by successive governments. The plan is a document towards which we are all working. It was more unfunded under the former Liberal–National government than under our government, so we are making progress.

Mr Z.R.F. KIRKUP: You are not making progress—more kids are killing themselves!

A member interjected.

Mr Z.R.F. KIRKUP: It is not a question. It is a statement of fact.

The CHAIR: Member for Dawesville!

Mr Z.R.F. KIRKUP: If you would like to dispute me, come out and do it!

The CHAIR: Member for Dawesville, the minister is responding to your question. Please carry on, minister.

Mr R.H. COOK: Obviously, the plan is a document to which successive governments have committed themselves. We are making significantly more progress in funding than the former government ever did, so I am surprised that the member for Dawesville would want to highlight the inadequacies of the former government.

Mr Z.R.F. KIRKUP interjected.

The CHAIR: Member for Dawesville, I am going to call you. Member for Dawesville, I call you for the first time.

Mr R.H. COOK: Member for Dawesville, last week was Mental Health Week. How many questions did the member ask on mental health?

Mr Z.R.F. KIRKUP: If the minister wants a question, how many lives have been lost under his watch?

The CHAIR: Member for Dawesville! The minister.

Mr R.H. COOK: I will answer that question—none!

Mr S.A. MILLMAN: My further question relates to issues that arose during a question by the member for Kalgoorlie about the provision of regional mental health services. The minister alluded in his answer to step-up, step-down services. Could the minister provide the estimated operational commencement date of the services he alluded to?

Mr R.H. COOK: Obviously we were really pleased to be able to open the Albany step-up, step-down service in August last year. The facility is located in the hospice, which was part of the old hospital site. The hospice was fairly new, while the old hospital was very old, so we were able to redevelop the hospice to create that six-bed step-up, step-down facility. In March this year, with the Premier, I had the pleasure of opening the Bunbury step-up, step-down service. I understand that in the last two months, the Bunbury service's occupancy has exceeded 90 per cent, which means more people are benefiting from that service. The other pleasing thing about that, member, is that 80 per cent of the building and construction contract comprised local content, so it was a great facility to have built. The Bunbury service joined three other step-up, step-down services already in operation around the state. Obviously, larger facilities are located in Rockingham and Joondalup. The planning, development and construction for a further four regional locations—at Broome, Karratha, Kalgoorlie and Geraldton—is still forging ahead and at various stages of progression. Kalgoorlie and Geraldton are going along at a pace, and we will open them in early 2021, and Broome and Karratha are continuing to be developed.

As I said in answer to the question from the member for Kalgoorlie, this is about making sure that people can get the services they need in the communities in which they live. We have announced the service providers who will be running the services in Karratha, Kalgoorlie and Geraldton, and, as I said, Kalgoorlie and Geraldton will open early next year. In Karratha, there has been some delay around land acquisition, and we had to do some work with the City of Karratha to finalise that. The design is already in place, and, as soon as those issues are resolved, we will go out to tender for the construction and go forward with that. As I said, the Broome development continues to move forward. We are focusing mainly on the forward works to ensure we have the utilities we need at that facility.

I understand that these things have to take place outside the wet season, so we will probably get that going and undertake that work in about March next year.

Last financial year, the Mental Health Commission's step-up, step-down services helped more than 520 people in total to recover or manage their mental health issues in the community. I was chatting to one of the residents in the Albany facility. This young fellow had had multiple visits to hospital. Each time he finished his care in hospital, he was put out on the street, and had to cope from there. He said that the step-up, step-down facility was really important. He can go from the hospital environment to a step-up, step-down facility, where he not only receives a range of therapeutic care, but also has the opportunity to slowly integrate back into the community. He said that one day residents will go out shopping, and they prepare meals and things like that. It is about getting people back on their feet. It is a fantastic service. We have invested over $87.6 million in capital and operational funding until 2023–24 to progress the establishment of the step-up, step-down program. I think those facilities will play a crucial role into the future to ensure that people in those communities have the joined-up services that they need.

[9.30 am]

The CHAIR: I remind members that when they ask questions, they need to identify which particular division they are referring to. If members have a further question that might take us to a different division, they should put it up as a new question, because we started off on the ninth point under "Strategic Priorities" and finished up on the eleventh point. I know we were following a line of questioning raised by the member for Kalgoorlie, but there is an order for when members can ask questions. If a member has a new question for a different division, they should acknowledge that, because they will get their chance, and we can then move through the budget papers in an orderly fashion.

Mr D.T. REDMAN: I refer to page 340 of the budget papers and the heading "COVID-19". The fourth dot point under "Impacts" states —

> Western Australians living in rural and remote areas of the State likely experienced heightened risk of isolation and loneliness during the COVID-19 pandemic, which can contribute to a range of mental health issues.

The fifth point refers to some of the more objective measures of people's mental health. Indeed, as the minister is well aware, this year we have had a number of debates in this house on the acute issues occurring in and around the

COVID-19 response. Could the minister give me an indication of the levels of resourcing going to support what is clearly a heightened risk of mental health issues in the COVID-19 environment, the rural component of that and the government's response to address this significant issue at this point of the COVID cycle?

Mr R.H. COOK: Obviously, we were cognisant of the fact that there would be a heightened level of anxiety in the community. Also, a number of our community partners did not have the revenue flows that they usually receive from other funding sources, so we were conscious that we had to support the sector much better over this period. There was a $6 million package to our not-for-profit partners to assist them during the COVID phase. I will invite the commissioner to make some comments on the longer part of the member's question, particularly the regional component.

Ms J. McGrath: As the minister mentioned, there was an immediate $6 million package to support many of the non-government organisations that under contract provide for us mental health and alcohol and other drug services. Many of those services had to change how they operate, to be less face-to-face and more virtual, so we provided support for those organisations in the regions as well as in the metropolitan area. As mentioned, the telehealth service provided by the Child and Adolescent Health Service supports regional people across the state. The recovery plan provides longer term initiatives. The minister and I have already talked about the 16-bed youth facility. In addition to that, we have the development of a 20-bed community care unit for people in hospital beds who are quite unwell but can be moved to a community setting for 12 to 18 months to help them to transition back into the community.

Mr D.T. REDMAN: Were those extra beds part of the COVID response?

Ms J. McGrath: Yes, that was in the WA recovery plan. It is $25 million.

Mr D.T. REDMAN: When are they due to come on?

Ms J. McGrath: The service is due to start mid-next year.

Mr D.T. REDMAN: The total response the minister has given me on the enhanced response to mental health issues specific to the COVID pandemic includes $6 million for not-for-profit organisations, and 36 beds, which are not due to come on until mid-2021. That does not sound like a very strong response to acute mental health issues in our community during the COVID pandemic.

Mr R.H. COOK: I think it is important to acknowledge that money has also been committed for the suicide prevention package, particularly for Aboriginal suicide prevention. A $10 million package will provide a regional response to how we craft suicide prevention services for Aboriginal people on a region-by-region basis. Obviously, we will continue to provide services to people generally during the COVID period. As we become more aware of the impacts of COVID-19 on the community generally, services may need to be continued or enhanced. Increased funding of $10 million for the Aboriginal suicide prevention program is an important step forward to ensure that we continue to build services that are relevant to Aboriginal people in their specific region. I think that was widely welcomed, but obviously there will be challenges with that as well.

Mr D.T. REDMAN: Although I absolutely acknowledge the importance of the suicide prevention package for Aboriginal people in Western Australia, I would think that is a response to the broader challenge identified in a number of high level reports. Is the minister saying that that is particularly a COVID response, as distinct from a more general mental health response?

Mr R.H. COOK: It was funded under the COVID recovery package.

Mr D.T. REDMAN: But was it in response to COVID-related matters?

Mr R.H. COOK: As a response to COVID-related matters, it is about understanding the demand for services and responding to that demand for services. During the COVID-19 pandemic, for instance, there was a huge drop in the number of people with mental health issues presenting to emergency departments. Since then, that demand has come back and then some. That demand has grown so we have to flex up to make sure that we have the services for those people. I guess that provides a context of the circumstances in which we are working.

Mr D.T. REDMAN: I am not satisfied that the minister has prosecuted an argument that much resourcing at all is going into a COVID response in the clearly acute mental health challenge, which is recognised in the budget papers, or, indeed, by extension, that the government has met the challenge of delivering those services in regional Western Australia. There will be a cut, rather than what the minister has tried to describe so far; namely, investments alone into the regions.

Mr R.H. COOK: What does the member mean by a cut?

Mr D.T. REDMAN: The minister talked about packages going to not-for-profit organisations—for example, the $6 million the minister mentioned in his initial response to my question. I assume a significant proportion of that funding will go to metropolitan Perth, yet the point I highlight is that people in rural and remote areas of Western Australia are at significant risk, in fact enhanced risk, to the point that the government chose to highlight

that in the budget papers. But the minister has not been able to my satisfaction to put a finger on the extra resourcing the government is putting into the mental health challenges in regional Western Australia.

[9.40 am]

Mr R.H. COOK: I am sorry that the member is not satisfied. We have put a lot more resources into telehealth services. The commissioner mentioned the paediatric mental health services based at Perth Children's Hospital. We do a range of telehealth services, particularly around telehealth mental health, through the WA Country Health Service. I think those services to regional Western Australia have been enhanced, not cut.

Mr D.T. REDMAN: I refer to page 43, the service summary table and the line item "Community Support". There is a budget of some $54 million in 2020–21. Can the minister get, or undertake to get, for me a breakdown of that allocation? What mental health support in regional Western Australia is that $54 million resourcing?

Mr R.H. COOK: Which line item is it?

Mr D.T. REDMAN: It is really an extension of my question about mental health issues in regional WA. It is the service summary table on page 343. The fifth line item, "Community Support", is allocated $54.151 million. Can the minister provide the regional breakdown of that investment in response to what I have highlighted, and assume, is a shortcoming in investment in the COVID response?

Mr R.H. COOK: I am sure we can get that information, Chair. Do you want us to provide commentary on that now?

Mr D.T. REDMAN: Yes, if the minister can provide commentary on the details of the regional component of that $54 million.

Mr R.H. COOK: Of the community support?

Mr D.T. REDMAN: Yes.

Ms J. McGrath: It might not be an exact reconciliation, but I will ask Elaine Paterson to provide some information on that.

Ms E. Paterson: We have a range of services across the regions, many of which are dealt with through the WA Country Health Service. We have a contract with WACHS to deliver lots of services. We have given it additional funding as part of the COVID response for a helpline for GPs in regional areas. If the member wants us to, we can give him a breakdown per region. We can take that on notice and get the member the information.

Mr D.T. REDMAN: Is the minister is happy to do that by way of further information? That might be the easiest way.

Mr R.H. COOK: I guess we probably need to provide a good description of tele-mental health services, which we cannot break down by specific regions but will go some way to answer the member's question. For clarity, Chair, the member has asked for a breakdown by region and target service area for community support as detailed on page 343. We would be delighted to provide that information.

[*Supplementary Information No A5.*]

Mr K.M. O'DONNELL: I refer to the spending changes table on page 340, revisions to own source revenue and the fifth line item, "Mental Health Emergency Response Line". I notice that there is no funding in this budget or the forward estimates for that item. Has the emergency response line finished completely? Has another response line started up under a new name or direction? I am curious who someone, or the family of someone, with mental health issues or questions would contact.

Mr R.H. COOK: I will ask the commissioner to provide some broader commentary on the mental health emergency response line. It is an important service. To the specifics of the member's question, it is simply an acknowledgement that $90 000 was recouped from the East Metropolitan Health Service for the cost of the MHERL evaluation, so it is simply an acknowledgement that that money has come back into the Mental Health Commission as part of that process. That is why it is under spending changes. I will ask the commissioner or one of her team to provide some commentary on the broader issues of the role of the mental health emergency response line.

Ms J. McGrath: Thanks, minister. The MHER line recently underwent a review and some predominantly internal issues are being worked through. Those recommendations have been agreed between the Mental Health Commission and the East Metropolitan Health Service, which delivers that service for the state. That internal work is ongoing to improve services across the state. I might hand over to Elaine Paterson to give a bit more information on that.

Ms E. Paterson: The emergency response line, as the member knows, has been going for many years. The East Metropolitan Health Service, which runs the service, undertook a review to look at how it can make improvements. The service is definitely continuing. We provided slightly additional funding as part of the COVID response so that it could answer as many calls as possible. The service has not had any reduction in funding; it was just additional funding during the COVID period. The service continues.

Mr K.M. O'DONNELL: Is the response line available 24 hours a day, seven days a week?

Ms E. Paterson: It is, yes.

Mr Z.R.F. KIRKUP: I refer to page 341 and the heading "Suicide Prevention". The first paragraph states that Western Australia has the third highest rate of suicide in Australia. How does the government measure success in suicide prevention in our state?

Mr R.H. COOK: How do we measure —

Mr Z.R.F. KIRKUP: How does government know whether it has been successful?

Mr R.H. COOK: Member, that is a cracking question that all jurisdictions struggle with. Obviously, they can have a strict numerical approach. On that basis, no jurisdiction continues to meet with success as a result of that. It is one of the leading causes of death among Australians between the ages of 15 and 44 years. The commissioner and I spend many hours examining how we can continue to provide supports to particularly young people and young males who unfortunately take their lives. It is horrible. I am reminded, of course, of this morning's circumstances, which has brought the issue into sharp focus for us, on the front page of today's paper. When people feel that they have no support and no hope, it is a tragedy that not only impacts on the family, but also on all of us as a community. It is obviously an incredibly important part of what we do. The Mental Health Commission has developed the WA suicide prevention framework, which is funded by the recovery plan, to promote a whole-of-state approach to suicide prevention, with reduced duplication of services, less confusion in the suicide prevention space for consumers and support to help our community's need to prevent suicide. It is an area we need to continue to focus on.

Obviously, we have specific policies—for instance, the development of suicide prevention plans for Aboriginal communities across the regions—but there is a range of work that needs to go on, including funding organisations like Mates in Construction, which we do by about $250 000 a year. It spends its time predominantly working in construction and fly in, fly out communities to try to provide support that young men in particular need so that they do not feel that sense of isolation and hopelessness. Mates in Construction does a great job, but still we had a tragedy with a young FIFO worker just a fortnight ago.

We have expanded the WA suicide prevention framework under the COVID recovery process, and we have the Aboriginal suicide prevention program, "Suicide Prevention 2020: Together we can Save Lives" report and the Think Mental Health campaign. We will continue to look at ways that we can support these programs and make sure that people in the community feel that they have the support that they need.

I think the member asked how many people had committed suicide on my watch? I said zero. I was actually referring to how many questions the member had asked on mental health last week. I do not say that to be disrespectful, but in order to make sure that Hansard correctly reflects our exchange. I will ask the commissioner to make some comments.

[9.50 am]

Ms J. McGrath: Adding to what the minister said, only last week we released the Western Australian suicide prevention framework for 2021–25. As part of the development of that framework, we recognise that suicide prevention is a really complex whole-of-community issue and set the scene for the framework to do that. Some of the long-term outcomes we are to look at are increased personal and community resilience, decreased instances of intentional self-harm and, obviously, decreased deaths due to suicide. Data in this space is really important in determining how we know whether we have been successful. The national mental health pandemic plan, which was pulled together in May, recognises that, with data one of its top three priorities. It is really important that we have that data so we can understand the issues and be more informed so we can make better decisions about what services and supports are needed. We are doing some work with the National Mental Health Commission and other states, and internally, to ensure that we have better data. Some really great work is happening on self-harm, because, obviously, that is a real indicator. At the moment, we have that information from what happens in hospitals, but we know that a lot of self-harm is occurring outside of hospitals. How do we collect that data? How do we know about that?

Coming back to my first point, this is such a complex issue. It is complex because there are so many factors that could be impacting on people. We know that, for example, only 50 per cent of people who take their life by suicide have previous either mental health or health issues. Many factors can contribute to that. It is really important to have good data so that we can have targeted responses. We are doing a lot of stuff with data. We are also doing the Aboriginal-specific regional planning. It is a really important piece of work that has never been done before in Western Australia. We will work with regional people and communities to build community resilience from the ground up, which is really important. That it is one example.

Mr Z.R.F. KIRKUP: The commissioner spoke about data. It is obviously a priority for governments to understand how they are going when responding to this issue. What level of data does the commission have access to at the moment? Is there monthly or yearly tracking on self-harm, suicide and things like that in Western Australia?

Mr R.H. COOK: Member, data is one of the tricky things we face. For instance, information on a suspected suicide is not necessarily provided to all agencies and service provider partners until the coroner has provided that information. Timely data is often a challenge for us. We are trying to work through those issues. That is obviously important for some of the work going on in universities at the moment to try to understand this issue. They cannot get access to that data until the coroner, who has primacy in that space, has finished that work. That is the insight I can provide on data. Does the commissioner want to say anything further?

Ms J. McGrath: I will say a few things. We have the data that we get in hospitals, because it is easily collected, but we need to add to that. It is not just the data in hospitals, but also other data may be from other government agencies et cetera. As the minister alluded, work is going on around privacy and responsible information sharing legislation to improve all of that, and that is progressing well. A pilot run through different government agencies and the Department of the Premier and Cabinet enables some of that immediate sharing, and we will get some runs on the board in that space. Some of the work the commission wants to do is to develop a roadmap of where we are—what data we actually have and what data we need—so we are more informed, as I mentioned before.

The development of the Western Australian coronial suicide information system is an example of something really important that we have done that will be a great resource for us and researchers going forward. That is just being brought together now. Researchers will soon be able to use it, going through all the normal processes around privacy et cetera, to really help inform and better understand the specific targeted strategies that we need. It will have very detailed information on all the suicides that have occurred in WA from 1986 to 2017, and then that will continue to be added to.

Mr Z.R.F. KIRKUP: If I understand correctly, at the moment the provision of information to the state and the commission on the acuity of self-harm and the like, and suicide is not very timely. What is the most recent dataset the commission has? How far behind are we in understanding the level of self-harm, acute mental health concerns and suicide? Are we talking this year or was it some time ago? What does that look like, commissioner?

Mr R.H. COOK: I will ask the commissioner to answer that question.

Ms J. McGrath: The official data that we have on actual suicides is still the 2018 data. In a few days' time, the 2019 data will be provided. That is very old data. We get weekly data from our health service providers on self-harm et cetera, but, as I mentioned, nationally and probably worldwide, timely information in this space is really difficult to get, and that is what we are focusing on a lot.

Mr Z.R.F. KIRKUP: Does the data on self-harm provided by HSPs include suspected suicides?

Ms J. McGrath: Yes, I presume it would. The health services providers have their own definition of what is self-harm, and that is the information we get.

Mr Z.R.F. KIRKUP: Is that information collated? If the commission is getting weekly reports, I imagine it puts that together to understand the rough trend of how things are going.

Ms J. McGrath: Yes, we do. For example, in the most recent data we have from the child and adolescent mental health service and some comparisons we see that from 2015–16 to 2019–20 there was a 26 per cent increase in emergency department self-harm presentations for zero to 15-year-olds. A similar comparison over that same period saw a 22 per cent increase in ED self-harm presentations for zero to 18-year-olds.

Mr Z.R.F. KIRKUP: Minister, is that information broken down by Aboriginality as well?

[10.00 am]

Mr R.H. COOK: The commissioner.

Ms J. McGrath: I am not quite sure; it may be. We do not have that detail with us. Maybe it is a question that could be answered by the child and adolescent mental health service itself.

Mr R.H. COOK: I think the commissioner is suggesting that if the member would like to ask that question of the child and adolescent mental health service in about five minutes, those officers will be able to provide a bit more granularity about how those statistics are compiled.

Mr Z.R.F. KIRKUP: Thank you, commissioner. I appreciate that there is a lag in the provision of that information. All of us are keen to understand what has happened during the COVID pandemic and the mental health impact that it has had. Understandably, the minister speaks to the commissioner weekly, effectively, about what is happening out there. How does the minister really understand the impact it is having on those who present with self-harm and also, obviously, the impact on the suspected or confirmed rate of suicide? I imagine that the minister and the commissioner do not enjoy having a lack of information and would want to be as best informed as possible. I appreciate the work that has been undertaken to try to get more timely provision of information. At this point, how does the minister understand the impact, especially during the COVID-19 pandemic? Is he relying on emergency department attendances and things like that in that case?

Mr R.H. COOK: The new suicide prevention framework 2025 will give us an opportunity to provide a prism through which we can examine all these things around the specific impacts of COVID-19. At the end of the day, presentations to EDs and whether they fall within the category of mental health will provide a broad idea about what is going on in the community. What I think will give us more granularity is the DETECT Schools program. The member will recall that DETECT Schools was part of an exercise in understanding any presence of the COVID disease in a pathological sense within the school community. Obviously, we all know the results of that, because we have not seen any.

The other component, which is perhaps the more enriching component of the DETECT Schools program, is looking at the psychosocial impacts of COVID-19 in a school—a young person's environment. The emerging findings from that show that there were psychosocial impacts, and that would be measured by way of general anxiety—whether the young persons have presented for some support services in the school and things of that nature. That work will come down shortly, and that will provide us with a really rich vein of information on what we need to do, particularly in a school context, to make sure that we have the right sorts of mental health services in schools.

On suicide, I commend the Ombudsman's recent report. It provides some great insights into where the large number of suicides should be anticipated to come from. It shows in rough terms that the bulk of those people who are successful in suicide attempts are already known to authorities in one form or another, whether it is through child support, the police or mental health services and things of that nature. We know where the big cohorts of those people are, and it is just a matter of continuing to make sure that we fund those wraparound services that provide people with those supports.

Mr Z.R.F. KIRKUP: I appreciate the response, minister. When there has been the tragic suicide of an 11-year-old, as was reported on the front page of today's newspaper, I think there has been a systemic failure, and it is not just by health and mental health services. A range of failings have occurred over that time. How does the agency respond to something like that, or how does the minister respond to something like that? I imagine that there have been some gaps that have led to the unfortunate suicide of this 11-year-old girl. How does the minister look back and see where those gaps were? I appreciate that some of the framework that has been put together might have already identified those gaps. What work does the minister do now to look back and acknowledge that this has happened? It has been very widely reported and I think a range of things need to be fixed now. There are particular challenges in the south west; we are not talking about the Kimberley or the midwest, which have traditionally been the focus for Aboriginal suicide prevention. I appreciate that Aboriginal suicide policy frameworks have been put together, but in the south west context, what does the minister do to go back and look at where the gaps were and identify what more can be done?

Mr R.H. COOK: I guess these circumstances lead a minister to examine not just the services, but his soul from the point of view of what could have been done or what should have been done to prevent this set of circumstances. Clearly, within the justice department, there will be a formal inquiry into this specific issue. In relation to what we need to be learning about the mental health services and the supports that were provided to that young girl, I invite the commissioner to make some comments.

Ms J. McGrath: I think it comes back to a few things that we have already talked about today. The development of the young people priority framework is exactly about this type of thing. I mentioned that the people who have been involved in that significantly are other government agencies, because we know from the Ombudsman's report that it is using better data and linking up across government absolutely. We know that we need to ensure that we work better on the Department of Communities' rapid response policy for children in care. That needs to be tightened up, especially in the mental health space and health services. That will be part of that. The data that we have talked about will be really important. Again, from an Aboriginal perspective, the responses and the way that we target our supports for Aboriginal people will probably be different from some of the other supports that we need for other parts of the community, and that is why the Aboriginal regional plans that are being built on the ground with Aboriginal people will give us the greatest impact.

Mr Z.R.F. KIRKUP: I think the minister said that the justice department is looking at inquiry options.

Mr R.H. COOK: I assume it will.

Mr Z.R.F. KIRKUP: Does the commission have a similar power to conduct a formal inquiry or some capacity like that to look back?

Mr R.H. COOK: No, there is no formal power that I am aware of—the commissioner is shaking her head, so I assume not. Obviously, we have the capacity to engage people to undertake some examination of these things. I have spoken to people on the ground this morning who are supporting that family and all are deeply distressed. It is a horrible set of circumstances, so we wish everyone all the very best with that.

Mr K.M. O'DONNELL: The commissioner mentioned that she is still waiting for data on self-harm and, I assume, suicide from 2019. Is she waiting for self-harm data only or both self-harm and suicide data? I just cannot grasp the

perception. I look back to my policing days. We would not wait 11 months for somebody to compile the previous year's data on certain things.

Mr R.H. COOK: Before I ask the commissioner to comment, I will say that we are certainly not waiting for data to act. We all know where action needs to take place. Ultimately, the policies and programs have to be informed by the evidence, so that evidence is continually being cross-examined, because we want accurate evidence to inform us about how best we can respond in a longer term context. The immediate responses that are needed will be clear: you can see it, hear it, smell it and feel it, and you therefore adapt and respond in an appropriate way. I will ask the commissioner to provide some further detail.

Ms J. McGrath: Just to clarify, the 2018 data we have is on suicide. That is the published data. The 2019 data for that is due in a few days. It takes time to get to that because a death has to go through coronial processes to be confirmed as a suicide. On a day-to-day basis, we have information on self-harm through our hospitals. There are things in place that we are working towards to try to get information on self-harm that is happening outside of hospitals, because it could be happening anywhere. We are doing some work so that we have more live data, basically, to give us some insights into what is happening.

We also fund more than 100 different non-government organisations across the state, which provide both mental health, and alcohol and drug services. We are in constant contact with them about what they are seeing and hearing, and about the demand for their services. Information comes in but it is not systemic. We want more systemic, real-time data that can help us. That is the same across Australia.

[10.10 am]

Mr K.M. O'DONNELL: With that further data, as the commissioner says, there sometimes will be coronial inquests, but in my opinion they would be few and far between. I would want to be given the data, knowing that it could always be adjusted later. It is like when we submit a sudden death report and we are waiting on a toxicology report. I would say, "Let's just submit the sudden death report and then we can do something when the toxicology comes back."

Ms J. McGrath: We feel the member's frustration. That is exactly what we want. We work with the police, but we also need to work with the coroner's office. That is what we are doing. It is all around privacy et cetera. We want real-time data so that we can support people. If it is a sad scenario and someone has taken their life by suicide, we know that a specifically targeted risk group is the family and friends of that person because they are more likely to need those services. We need to know what it is so that we can provide those services.

We have suicide prevention coordinators, who I should have mentioned earlier, all across the state. Part of their role is to be the ears on ground in each of the regions so that services and communities understand and know that so that they can link-up with services. That is happening today in the case of that 11-year-old.

Mr K.M. O'DONNELL: This is my quick final question. Does the minister know offhand how much money will be allocated to suicide prevention in my electorate—in the goldfields—and what is he going to do? If that needs to be provided via supplementary information, that is fine.

Mr R.H. COOK: Some are statewide services, so in that context the good people of Kalgoorlie richly deserve and will enjoy those services. Others are specific to particular towns; for instance, the step-up, step-down service is a Kalgoorlie-specific service. I will be very happy to provide the member some supplementary information on that. Many services such as the Strong Spirit Strong Mind program benefit young Aboriginal people particularly in the member's community as well as in the Pilbara and the midwest. To the extent that we can, Chair, we will endeavour to provide the member a breakdown of suicide prevention services and strategies specific to Kalgoorlie.

Mr Z.R.F. KIRKUP: Is that the district of Kalgoorlie?

Mr R.H. COOK: In the electorate of Kalgoorlie.

[*Supplementary Information No A6.*]

Mr D.T. REDMAN: I refer the minister to page 348, and line item 1.3 under "Asset Investment Program", which states —

> $0.9 million to refurbish facilities at Midland into an intervention centre.

Can the minister confirm whether that is in addition to the $4.8 million over four years that was promised in the 2019–20 budget and, of course, in the government's response to recommendation 29 of the "Methamphetamine Action Plan Taskforce—Final Report".

Mr R.H. COOK: I thank the member for the question. As he will recall, one recommendation of the Methamphetamine Action Plan Taskforce report was to establish an intervention centre. The idea is that it will provide short-term, community-based critical response for people experiencing a period of instability and crisis. We have committed $930 000 from the stimulus package to upgrade the Midland Health Campus premises and $6.2 million within four years to operate this facility. In relation to the initial funding that I think the member —

Mr D.T. REDMAN: It is $4.8 million over four years in the 2019–20 budget.

Mr R.H. COOK: I think that is part of the $6.2 million.

Mr D.T. REDMAN: So it is actually operational?

Mr R.H. COOK: I will invite the commissioner or an adviser to provide some more detail.

Ms J. McGrath: After consulting the community on the model of service, the additional $930 000 will be for further upgrades. Additional things need to be done to the building, so that money is for that. The $6.2 million incorporates the $930 000 as operating funds for the next four years, which is in addition to last year's budget.

Mr D.T. REDMAN: Can the minister confirm that that is on track to be operational in the first quarter of 2021?

Mr R.H. COOK: Yes, I can. It is anticipated that the service will be operational by March 2021.

Mr D.T. REDMAN: What accommodation will be provided for regional patients in that facility? Are there regional beds? What is the nature of the utilisation of the facility for regional patients?

Mr R.H. COOK: Member, we anticipate the facility will be available for anyone who requires care regardless of where they are from. Obviously, it is not just for people from Midland or the metropolitan area. In my mind, it is rather strategically placed in Midland, because Midland is a very important service district for many people in the wheatbelt.

Mr D.T. REDMAN: Can the minister confirm whether any intervention centres are planned for the regions?

Mr R.H. COOK: We do not have any specific plans for that at this stage. We are going to see how this one goes. It is a pretty new thing for Western Australia. The idea is that, essentially, people who are spiralling out of control, particularly in the context of their drug addiction, will have somewhere safe to go where they can be stabilised and then given an opportunity to get on a better healthcare pathway. As the commissioner alluded to a short while ago, the actual model of care, because it is fairly new, is undergoing rigorous testing, through consultations and so forth. We are very much looking forward to it starting up. I am quite excited about it providing a first landing point for people who are really struggling to get their addiction under control, especially for those whose addiction is having an impact on families and resulting in repeat return visits to emergency departments and so on. I am looking forward to seeing how it will work.

Dr A.D. BUTI: I refer to page 341 and significant issues impacting the agency. Paragraph 8 is headed "A Safe Place Implementation". Can the minister outline what has been done for community services that relate to the implementation of "A Safe Place"?

Mr R.H. COOK: I do not think the member's microphone was working.

Dr A.D. BUTI: I refer to page 341, paragraph 8, "A Safe Place Implementation". Can the minister outline what is being done for community services that relate to the implementation of "A Safe Place"?

[10.20 am]

Mr R.H. COOK: My apologies for my ageing hearing capacity. In June this year, the Mental Health Commission released "A Safe Place: A Western Australian Strategy to Provide Safe and Stable Accommodation, and Support to People Experiencing Mental Health, Alcohol and Other Drug Issues 2020–2025". It is a framework for how we will move forward. Basically, it is a vision about how we can provide timely access to a range of appropriate accommodation support options to meet the personal and cultural needs of an individual. As I said to the member for Warren–Blackwood, it enables them to get on that road to recovery. The safe place strategy represents an opportunity to improve the outcomes for people with mental health and alcohol and other drug issues while addressing the significant strain on the system due to the lack of suitable accommodation and support options. Key amongst these was the announcement that we made back in May to provide 20 community adult mental health beds. The first phase of the implementation is underway with an investment of $50 million over four years to establish Western Australia's first community-care unit and a new youth mental health and alcohol and other drug homelessness service in the metropolitan area. Housing is a crucial aspect of creating a stable environment for someone to then move onto their recovery pathway. We do community support and hospital accommodation really well. We need to find that subacute community-based housing and support in order to provide people with stability and then the opportunity for recovery.

I am pretty excited about this. We are getting greater clarity about where the gaps are and how we can address them. By making these two strategic, important decisions over the course of this year, we have been able to build upon the stocks that we have available for people.

Mr K.M. O'DONNELL: Greetings! This is my last question. I refer to budget paper No 3.

Mr R.H. COOK: I do not think we are doing budget paper No 3. I think we are just dealing with budget paper No 2.

The CHAIR: It depends on the question.

Mr R.H. COOK: Okay. Thank you, Chair.

Mr K.M. O'DONNELL: I refer to page 174 of budget paper No 3.

Mr R.H. COOK: I do not have budget paper No 3 with me. I will take the member at his word.

Mr K.M. O'DONNELL: I refer to the mental health programs and the fourth line item "Methamphetamine Action Plan—Kimberley AOD Residential Rehabilitation and Treatment Service". This service has not been allocated funding this year or in the forward estimates, yet the equivalent service in the south west will continue to get $11.2 million over the next four years. Why has the funding for the service in the Kimberley come to a complete stop?

Mr R.H. COOK: The 42 new beds for the south west AOD residential rehabilitation and treatment service was an important commitment at the last election. Two providers are providing a range of beds right across the south west that has significantly improved the alcohol and other drug rehabilitation services available in that area. This was provided at a time when Bunbury was experiencing high levels of methamphetamine use, which was widely reported in the media in the preceding years. It is a welcome investment but, as the member said, we need to make sure that other alcohol and other drug rehabilitation services continue to have the support that they need. I will invite the commissioner to make some comments about the Kimberley service.

Ms J. McGrath: I might get David Axworthy to comment further.

Mr D. Axworthy: The funding for the youth services in the Kimberley were outlined in last year's budget papers at $9.2 million over the forward estimates. They started in 2020–21, so this year, and they are contained within the base for the forward estimates. Funding has not ceased; it starts this year. The $9.2 million allocated for those youth beds going forward is consistent and incorporated into the numbers for the commission for this year and the forward estimates.

Mr K.M. O'DONNELL: I am not an accountant; I am just a common person, but if it is in the forward —

The CHAIR: What are you referring to?

Mr K.M. O'DONNELL: Sorry. I am referring to the same line item on the methamphetamine action plan for the Kimberley. If the allocation is still in the forward estimates, why has it not been put into that line item on page 174?

Mr R.H. COOK: I will ask Mr Axworthy to respond.

Mr D. Axworthy: I am also not an accountant, so I will refer the question to Mr Bechelli if that is permissible, please.

Mr L. Bechelli: The table that the member referred to contains royalties for regions funding. The south west residential rehabilitation service was funded by royalties for region, whereas the alcohol and other drug residential rehab in the Kimberley was funded through state appropriations. It is contained elsewhere in the document. This table reflects only royalties for regions funding. Most methamphetamine-related services were funded through state appropriations.

Mr K.M. O'DONNELL: I have a further question. I do not mean to be lazy but can Mr Bechelli let me know later where it is found in these budget papers, please?

Mr R.H. COOK: Does the member want that through supplementary information or does he want to catch up with Les afterwards?

Mr K.M. O'DONNELL: Will Mr Bechelli let me know later?

Mr L. Bechelli: Yes.

Mr K.M. O'DONNELL: Okay. Thank you, minister.

The appropriation was recommended.

Meeting suspended from 10.27 to 10.33 am