

MENTAL HEALTH — CHILDREN AND YOUNG PEOPLE — DATA

825. Hon SALLY TALBOT to the Minister for Mental Health:

- (1) Is the report of the Commissioner for Children and Young People “The State of WA’s Children and Young People — Second Edition” correct when it says “... there is no adequate or reliable data which accurately reflects the extent of mental health problems and disorders among Western Australian children and young people.”?
- (2) Why is none of the existing data disaggregated by age, Aboriginal status or area of residence?
- (3) Does the minister intend to ensure that adequate and reliable data is collected in future?
- (4) If so, what changes has the minister made to data collections practices; and
- (5) when will these changes take place?

Hon HELEN MORTON replied:

I thank the member for some notice of this question.

- (1) There is adequate and reliable data for WA children and young people who access the WA public mental health system. It is acknowledged that there is a lack of data for children and young people who may have mental health and wellbeing concerns but have not accessed the public mental health system. I do not know whether members are aware of the hospital morbidity system in Western Australia, but it has an amazing ability to capture all information about postcode, age, diagnosis and other issues that relate to anybody who accesses any service within the public mental health system or the health system in general.
- (2) Data collected by WA public mental health services is available by a range of demographic variables, including age, Aboriginal status and area of residence, at a disaggregated level. Presentation of this data at a disaggregated level in public reports may not be appropriate for statistical reasons, for example, low numbers, and may also risk potentially identifying individuals where the number is very low in a small demographic.
- (3) Ongoing data quality and validation checks are undertaken to ensure data accuracy. I remind members that the hospital morbidity system in Western Australia is one of the best in the whole world.

Hon Kate Doust: You just said that!

Hon HELEN MORTON: I did not say that it was the best in the world. I am saying it is so good that many other jurisdictions have sought to replicate the level of information that we get through the morbidity system in Western Australia.

In the context of the implementation of the Stokes review and in the development of the 10-year mental health and alcohol and other drug service plan, I have held ongoing discussions with the director general of Health and the Mental Health Commissioner on improving data quality, collection and sharing—in particular, sharing. This is a complex issue and one that is being looked at carefully as a part of the ongoing mental health reform agenda, considering policy, legislative and information system requirements. The answer continues —

(4)–(5) Not applicable.

I also add that in the context of the mental health service plan that has been developed, we have utilised the national mental health service planning framework project, which has a raft of normative information around demographic issues—Aboriginality, age, location and expected levels of all different degrees of mental illness. This framework has been worked on collectively by all states and is being used to assist in the mental health service plan.