

## ESTIMATES OF REVENUE AND EXPENDITURE

### *Consideration of Tabled Papers*

Resumed from 14 September on the following motion moved by Hon Stephen Dawson (Minister for Mental Health) —

That pursuant to standing order 69(1), the Legislative Council take note of tabled papers 534A–D (2021–22 budget papers) laid upon the table of the house on Thursday, 9 September 2021.

**HON COLIN de GRUSSA (Agricultural — Deputy Leader of the Opposition)** [4.13 pm]: I rise to make a contribution on the motion to note the budget papers for this year. I will not wax lyrical or lecture on economic issues or talk about specific items necessarily in all the budget papers. I want to focus my remarks on a particular area for which I have a passion and in which I am keen to see improvements. I know that the government has made some commitments in the area of mental health. It is incredibly important and perhaps one of the greatest challenges facing our community and the generation of my children. I do not think that any generation prior to this has really faced the challenges of mental health that this generation faces and the issues that then presents them in their life now and as they grow older. It is a challenge for us as a state and as a nation—it is not a challenge unique to Western Australia—in how we address mental health issues and what exactly we put in place to try to do that.

We all know that mental health services require inpatient beds and those types of resources to be provided, but, ultimately, we all need to aim for those resources not being needed. We need to keep the vast majority of people out of the system in the first place. The great challenge is how we deal with the mental health issues facing our society and how we keep people out of the mental health system so that we have a healthier society. I am sure that the minister is no doubt very passionate about this as well and that is the reason a sizable chunk of money has been allocated in the budget towards mental health.

I want to start by acknowledging that I am not a doctor, a psychologist or a psychiatrist. I am a dad, a brother and a son. Over two decades, I have watched various close family members and children as they have struggled through their mental health issues. It is that experience that has informed me today in talking about these issues. I have seen various aspects of the system over the years at a regional and a metropolitan level, and with adults and children, and that is what I want to talk about today. As I said at the start, this is really about our kids and ensuring that we do all we can to address this crisis of mental health that besets the current generation of children and to keep them out of that system.

Over the years, there have been a number of reports into mental health. These challenges that we face are not new. Some of the challenges that we face today are indeed greater than previously. The number of children, and people in general, who require assistance has certainly changed as a result of dealing with the COVID-19 pandemic. But our societal changes have also led to increased pressures on our kids that they would not otherwise face, and that, in turn, has led to an increase in mental health issues. Members would be aware that I am a dad to five amazing girls and, by happenstance, they attend five different schools. I have my fair share of experience with how different schools manage mental health and how they deal with our kids when they are going through these particular issues. Some schools are better than others. It is not always about resourcing; I am not sure exactly what it comes down to. In particular, I acknowledge the amazing people at John Curtin College of the Arts who were unbelievable when my eldest daughter was really struggling last year. I have to pass on my heartfelt thanks to them for the amazing work that they did in helping her to manage her issues and for providing incredible support for her in that situation.

A number of reports have been written. No doubt many members are well aware of these reports, but I feel it is important to get on the record many of the recommendations of those reports and the common themes because it is incredibly important that we understand that those issues are not new, they are not unique, and we must do all we can to address them.

On 14 August 2019 the Western Australian Auditor General released her fourth report of 2019–20 titled *Access to state-managed adult mental health services*. One of the more interesting parts of this—more for background, I guess—was some information provided in the executive summary. I will read it into *Hansard* —

Mental health issues range from severe and persistent mental distress to mild and occasional incidents. Severe mental illness can be debilitating, and can require ongoing care and support. It often increases a person's vulnerability to homelessness, unemployment, poverty, discrimination and isolation. Lower levels of distress can range from people needing to seek their own intensive treatment with a clinician to needing low intensity care every so often.

In 2017–18 the National Health Survey found that around 1 in 5 Australians, or 4.8 million people, had a mental health or behavioural condition that year. This had risen from 4 million people in 2014–15. Almost half of the population experience a mental health disorder at some point in their life. Anxiety and affective disorders like depression are the most common mental health disorders.

Efficient and effective mental health services should help people stay in the least intensive care possible to manage their condition and then provide accessible pathways to more intensive care when they need it. This approach is beneficial for people who seek care, and is also more cost effective.

The delivery of mental health care in Western Australia is complex. It involves Commonwealth and State government effort as well as individually-funded services, from general practitioners to hospital care and private professional care.

As I said earlier, a number of reviews have been undertaken. I have four reports in front of me today, going back as far as 2012, which I will use at various times in my contribution to highlight some of the issues. The key point is that many of those reports have disturbingly similar findings and recommendations. Some of the problems we are facing are not that new; it is probably the scale and acceleration of mental health issues in our community that is a real worry. In 2019, the Chief Psychiatrist of Western Australia, Dr Nathan Gibson, released a report titled *Targeted review: Homicides allegedly committed by people who have had contact with, or were being treated by, WA mental health services during 2018*. It is a very good report and is particularly interesting in that it shows some of the issues and challenges within our mental health system. One of the points made in the foreword is —

What we have seen from previous reviews is that their recommendations have rarely resulted in sustainable change.

It is important that the changes we make are sustainable and are continued, that they are not determined by budget cycles as much as anything and that the changes that are made are made for the long term. I hope that is the commitment from the Minister for Mental Health and that any changes made to our mental health system are sustainable and sustained for the longer term.

Some of the common findings of these reports are that the system is under considerable pressure. Even going back to 2012, an infamous report in the mental health world is that of Professor Bryant Stokes. The Stokes review of 2012 makes the point —

In the context of limited resources, the mental health system is under considerable stress, particularly in relation to staff already stretched, endeavouring to adhere to formal policies, procedures, legislative requirements and their own professional expectations and the expectations of patients and carers.

That is not a new problem. In 2012 Professor Stokes talked about the challenges facing the system then. I move on from there to the report by the Chief Psychiatrist, *Targeted review: Homicides allegedly committed by people who have had contact with, or were being treated by, WA mental health services during 2018*, which states —

The Review found that the mental health system is under significant pressure, across Emergency Departments, specialist clinical community mental health services and inpatient facilities.

It is a similar finding to that of Professor Stokes in 2012. Further to that, the Chief Psychiatrist in another targeted review in December last year into the tragic death of Ms Kate Savage, titled *Targeted review: Chief Psychiatrist's review into the treatment of Ms Kate Savage by Child and Adolescent Mental Health Services* states that development has not kept pace and that has placed significant pressure on clinical staff and the Western Australian community. That common theme of a system under pressure is, sadly, not a new problem. It has been under pressure for many years. What we are seeing now is that increase in mental health issues in our society and the great challenge that presents for a system that has been under pressure for many, many years. It obviously adds to the pressure that exists when more people are coming into the system.

The second key theme of those reports is the lack of a coordinated and strategic approach. I will go through some of the comments from the reviews on this issue. In the 2012 Stokes review, Professor Stokes said —

This Review notes that within the hospital and clinic situations there appears to be an absence of a single point of authority with a described responsibility for accountability for patient care and for consistency of process and practices. Best practice demands clinical and corporate governance remain separate entities, while a single point of authority must ensure linkages across a mental health system to deliver patient-focused care.

The Auditor General in 2019 when talking around this lack of coordination and strategic approach made the observation —

Although the MHC has developed a number of strategies for engagement and service design, it has not yet developed a system-wide implementation plan or funding strategy that would support a coordinated approach by all entities. This has led to ad-hoc changes to services, with limited progress in overall mental health service reform.

There is a clear message that the system is fragmented and there is a lack of coordination, which is one of the key issues that faces our mental health system. In 2020, the Chief Psychiatrist's *Targeted review: Homicides allegedly*

*committed by people who have had contact with, or were being treated by, WA mental health services during 2018 states —*

Two of the themes identified above, namely the ***lack of a long-term perspective in delivering care*** and the ***lack of coordination of care*** appear to be part of a common problem; the ‘fragmentation’ or ‘siloing’ of treatment and care, with each service focusing on its own particular part in a patient’s ‘journey’, with little attention to the other parts of the system. Hence, we see a cross-sectional approach to assessment and formulation, with little learning from a patient’s earlier treatment history, failure to recognize the patient or carer’s lived experience, inadequate recognition of the needs and pitfalls for transfer of care or for longer-term planning. In the words of the independent investigation into the care and treatment of Daniel Gonzales ...

We are again talking about the fragmented system we have at the moment.

There is another quite important issue in respect of health spending in general and the desire to make things easier to digest and understand, and that is the metric that is often used when talking about funding for mental health: beds. It is a metric that people understand; people understand what a hospital or mental health bed means, but is it right to focus on beds rather than services? That is one of the other common themes identified in these reports. The focus on beds rather than services is actually more of a problem for the provision of mental health services.

I turn to the Auditor General’s fourth report of 2019–20, *Access to state-managed adult mental health services*.

Debate interrupted, pursuant to standing orders.

[Continued on page 3935.]