ESTIMATES OF REVENUE AND EXPENDITURE

Consideration of Tabled Papers

Resumed from an earlier stage of the sitting.

HON COLIN de GRUSSA (Agricultural — Deputy Leader of the Opposition) [5.05 pm]: Before orders of the day were interrupted for the taking of questions, I was going through some of the issues identified in many of the reports on mental health services in Western Australia over the years and some of the common themes that had emerged from many of those reports. It is quite important that we understand that a number of issues are common and it is important that we address those. I was talking about the focus on mental health spending in many cases being about beds rather than services. That is a really important component of the whole mental health picture. The provision of the services is what matters. Sometimes it is not always about having more beds; in fact, ultimately, the aim of any health system is for people to not need beds because we should be keeping them out of hospital. We need to give them the services they need to stay healthy so they do not need to land in a hospital or, in this case, the mental health system. This is the third common theme that emerged from these reports.

I was referring to the Auditor General's *Access to state-managed adult mental health services: Report 4: 2019–20*. This report refers to the *Better choices. Better lives: Western Australian mental health, alcohol and other drug services plan 2015–2025*, which identifies the urgent need to expand community mental health services and rely less on costly hospital beds. That plan aims to reduce the proportion of funding for hospital beds from 42 per cent to 29 per cent by 2025. By the end of 2017–18, it had instead risen to 47 per cent of state mental health funding. That is a really important observation. Providing the services people need and access to those mental health services and making those mental health services easily accessible is very important in the whole scheme of the provision of mental health services. I attest to the fact that it is not that way at the moment and has not been for some time. I am sure that comes as no surprise to many people.

Only a few weeks ago, I had the unfortunate circumstance in which my stepdaughter needed to be assessed. What was the result? We visited a GP who was fantastic and referred us to providers. We contacted a bunch of providers, both private and public. The message was not that we could not get an appointment but we could not even get on the waiting list. The waiting list was not open again until next year. We are at the stage at which not only are appointments not available, but the waiting lists are closed. That just highlights the pressure on the system and therefore the need to better fund those services outside hospital and outside the inpatient-type services. Again, this was evidenced to me from not only my own experience, but also that of friends and others that it is really challenging to get access to those services, particularly for that cohort of young people who are in that no-person's land of being between the ages of 16 and 18 years, where they are too old to be considered a child for the purposes of a child in adolescent mental health services but too young to be an adult. In my experience, I am in a lucky position because, as a family, we have the financial wherewithal to source private help, but it is still a challenge. It is still very, very difficult to get into those services, but if you have that option, you can take it. If you do not have that option, what do you do? Where do you get access to those services? Again, one of the emerging themes was that focus on beds, rather than services. The 2012 Stokes review also refers to many of these issues.

I want to talk about some of the other matters raised in these reports over the years. One of the principal recommendations of the Stokes review from July 2012 was —

> That as a matter of urgency the Department of Health and the Mental Health Commission jointly develop a Clinical Service Plan which embraces the key elements of clinical care, rehabilitation, living accommodation, geographical location and infrastructure build and support.

There are limited resources available for the mental health system and it is under stress, particularly in relation to staffing. That is one of the key things in our health system and obviously in mental health it is the same thing. We can build wards and provide more beds, or whatever, but if we do not have the people, the system ultimately will not work and we will not be able to deliver those essential services. I think that was evidenced to me late last year when my eldest daughter first started going through some of the challenges she faced. We were referred to the public system initially. Despite the seriousness of the issue and the challenges she was facing and the fact that at various times she needed a wheelchair, the service was simply so stretched that the words its staff used were, "I'm sorry, but your condition is not serious enough for us to help you. We think this is what the issue is you're dealing with, but you're going to have to go and get help elsewhere." That is pretty frustrating for any parent. I am 100 per cent sure I am not the only one who has had that experience with the child and adolescent mental health service. I do not blame the guys and girls in CAMHS. It just does not have the resources to deal with all the people who are coming through the system. The sad fact is that as much as it is about having places to treat people, it is about having the practitioners to do the treating. It is about the psychologists and psychiatrists. It was July last year when we found that out. It took about another month to see a private psychologist, and it took until late January to see a psychiatrist in Western Australia. It was six months before we could actually get the real help that we needed.

Hon Stephen Dawson: Col, was that in Esperance or was it up here?

Hon COLIN de GRUSSA: It was in Perth and was for my eldest daughter who attends school in Perth. My youngest daughter in Esperance was also having some challenges. She was able to get help relatively quickly through telehealth, which is a great service. It is not ideal for mental health, but at the same time it is better than nothing. That is the experience we had in that circumstance, and recently as well. I do not say this just to talk about myself or my family here. I am making the point that these experiences are real. They can affect anyone and anyone can experience that same challenge of trying to find help and banging your head against a brick wall trying to get there. In the interim, with my eldest daughter we were able to see Youth Focus, and I have to say it is a tremendous resource. Headspace and Youth Focus are just fantastic. We have to resource those other external providers as well, because they do a wonderful job. That really bridged the gap to some extent for us, and for many other people too. Again, they were under the pump at that time. I know the psychologist that we were seeing there left that organisation and moved to a job in New South Wales. Rather than being able to continue with the treatment, my daughter was back on the waiting list for another few months. That is when we eventually found a private provider. Clearly, the resources are stretched right across the system.

I want to talk a bit about some of the other reports. I do not want to hold up Hon Samantha Rowe, who is very keen, champing at the bit to continue with her bill. I refer to the Stokes review, which noted —

> … within the hospital and clinic situations there appears to be an absence of a single point of authority …

Again, that reinforces the notion that there is a kind of siloed, separate and fragmented system, if you like, that makes it very challenging to coordinate overall. Another issue that was raised in this 2012 review was —

> Information management across mental health is a key area for improvement. Ensuring that there is an accessible and effective system-wide information management system is an important challenge …

That is a critical challenge in not only mental health, but also health in general. We need to make sure that those systems are accessible across the board so that immediately when people present, their clinical history is available and we can ensure better outcomes because whatever treatment is appropriate can be done.

In the Auditor General's report, to which I have referred a number of times already, she observed —

> The *Better Choices. Better Lives: Western Australian Mental Health, Alcohol and Other Drug Services Plan* identified an urgent need to expand community mental health services and rely less on costly hospital beds.

I have said that before. I want to reinforce that point. It is not about only beds. The Auditor General also said —

> It is a soundly devised plan, developed with extensive consultation and strong support from consumers and care providers.

At the time of writing this report, she said —

> … there has been limited progress in implementing the Plan to rebalance the service mix.

I think that has been the challenge. There have been many reports and a number of different plans over the years, and it has been a very big challenge to see those implemented and appropriately funded. I hope that the funding provided in the state government's 2021–22 budget will go some way to addressing some of the issues raised in many of those plans. The Auditor General identified —

> … this means that the system continues to deliver services inefficiently and ineffectively. The Plan aimed to reduce the proportion of funding for hospital beds …

As I said before, instead the proportion has risen. Western Australia's state-funded mental healthcare system provides inefficient and ineffective services with funding misdirected to provide more hospital beds, rather than prevention programs. The report continues —

> The MHC has not developed a system-wide implementation plan to support the Plan, and the lack of an agreed funding strategy means implementation has relied on ad-hoc investment. There has also been a lack of clarity around who is responsible for managing mental health care, which has worked against effective coordination between the entities. These factors have slowed progress in changing the mix of mental health services to better match needs. For some people this means there are gaps in services, so they continue to rely on acute, higher cost and often less suitable care settings. People accessing community treatment services in 2017 were receiving less care on average than in 2013.

It is critical that people who need specific mental health care do not turn up in a hospital system or emergency department that is under pressure, because it is not the place they need to be in the first instance. That has obvious flow-on effects in that system. It is really important that those treatment services in the community are more available and well-funded to ensure that those people can get the treatment they need.

In 2020, the Chief Psychiatrist produced 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 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. The factors identified in this Review were similar to those that have been identified as leading to a range of poor outcomes in many previous reviews …

That, again, highlights the fact that there have been a number of reviews of mental health provision in this state over the years and they have identified many similar themes. Unfortunately, we have not really seen significant improvements in the delivery or the availability of those services. The other particular issues identified in that report were the lack of a long-term perspective in delivering care and the lack of coordination of care—again, it is that fragmentation and siloing. The review identified —

> … the limitation of the current practice of risk assessment and management. The two policies released by the Department of Health, the Clinical Care of People Who May Be Suicidal Policy (October, 2017) and the Clinical Care of People with Mental Health Problems Who May be at Risk of Becoming Violent or Aggressive Policy (January, 2019) have had limited uptake into clinical practice. Services are still using risk assessment tools that purport to provide a gradation of risk, despite overwhelming evidence to the contrary. As the Review Team identified in a number of the cases, an assessment of low risk almost invariably militates against the development of a risk management plan.
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> The policies and associated guidance on suicide and violence and aggression need to be promulgated by the Department and the Health Service Providers for implementation into practice. Both these policies stress the importance of engaging consumers and carers in the risk assessment and management processes.

It is really important that those policies are coordinated and that risk assessment and management is done better under those various policies.

In 2018, the Australasian College for Emergency Medicine released a media statement that called for a new approach in managing presentations of people with mental health problems in our emergency departments. It states —

> Researchers took a snapshot of emergency departments in December 2017, with 65 Australian emergency departments reporting on the number of patients present at that time. While only 4% were mental health presentations, they comprised 19% of patients waiting for beds and 28% of those experiencing access block.
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> The problem of access block was worse in some jurisdictions compared with others, and particularly notable in Western Australia (66.7%) and Queensland (38.7%).

As we know, the pressures that we are now seeing on our EDs, and, in general, our emergency departments, are generally not due to the emergency department itself. It is not the ED that creates that pressure, but the difficulty experienced by those people seeking alternative treatment and the availability of that treatment. In particular, the difficulty across the mental health system is in accessing psychiatric beds and the lack of community-based mental health services, particularly after hours. That is a challenge. Mental health afflictions, like other illnesses and challenges that we face, do not happen just during work hours; they happen all over the place. It is important that we understand that there has to be some mechanism to provide out-of-hours services for mental health patients. Part of the problem is the current overall bed numbers combined with a model of care that focuses on symptomatic treatment and a short length of stay. We cannot afford to have these people stuck in beds and blocking up the system, so they are moved on, which is obviously not going to work well for people with mental health issues. Now there are various mechanisms and methods to manage those sorts of patients. I know that some of those types of systems are being funded as well, which is good.

The December 2020 the *Chief Psychiatrist's review into the treatment of Ms Kate Savage by the Child and Adolescent Mental Health Services* identified —

> … a huge surge in demand for Child and Adolescent Mental Health Services (CAMHS) in recent years. CAMHS development has not kept pace, and this has placed significant pressure on clinical staff and the WA community.

It is essential that CAMHS is adequately resourced. My experience with CAMHS was that it was not resourced adequately and it was really struggling to cope with the demand that it had at the time we used its service, which, coincidentally, was very much the same time that Kate Savage saw CAMHS and it was the same CAMHS office as well. The Chief Psychiatrist's review continues —

> What is clear from this Review is that there has been a significant escalation of serious mental health issues for children, particularly in the number of young people who are self-harming.

It is a tragic thing that is occurring in our community if more of our kids are harming themselves. Aside from looking at the services and so on for mental health, we also need to find out what is really affecting the mental health of our children at the moment in this world. There are all sorts of different hypotheses. I am not going to say that I think I know what it is, because I genuinely do not know. I have seen it happen with my own kids for no appreciable reason. We really need to put a lot of work into this because we cannot have our kids going through what other kids have

gone through. The Leader of the House is not here, but she would obviously be aware of the tragic incident in Esperance earlier this week. We absolutely want to avoid our young people doing that sort of thing.

The investment in CAMHS has not kept pace with that significant escalation in mental health issues and the need in the community. As evidenced by my own experience, and found by this review, CAMHS has largely morphed into a service for high-risk, often older, adolescents. That is a tragedy because there are so many younger kids, unfortunately, with mental health afflictions. If we can get them the treatment and the help that they need at that young age, the outcomes for them will be much better later on in life. It is a tragedy that the system is so broken and needs so much done to it.

I do not intend to continue for too much longer. These reports raise many different points and go on to refer to where the problems lie in our mental health system. I know that the government and the minister are doing some work in this space. They have certainly put some dollars on the table. I will be very keen to see where that money is invested. As I understand it, a task force will be looking at CAMHS in particular. I think that that is fantastic. It is a great resource that we very much need to work well.

Hon Stephen Dawson: If you want a briefing on any of this stuff, I am happy to organise it.

Hon COLIN de GRUSSA: Thanks, minister. I am very happy to sit down and have a chat about that because I am particularly passionate about this area. It is incumbent on all of us to do whatever we can to make sure that we are part of the process of improving the mental health service in our state for not only our young people, but also our adults.

I conclude by talking about a couple of other important services that sometimes go unmentioned. I refer to services in regional Western Australia that largely start off the back of passionate people in the community. There are plenty of examples, but one of those services is, of course, the fantastic 6Bs service. I am sure members have heard of the six Bs—namely, blokes, barbecues, bonfires, bonding, beers and BS.

Hon Martin Aldridge: And other things!

Hon COLIN de GRUSSA: And other things that I shall not say in this place. This initiative is supported by Beyond Blue, MensLine Australia, virtual psychologists and the Regional Men's Health Initiative. It is a fantastic thing. It gives blokes an opportunity to get together in a comfortable setting and have a chat about some of the things that are bugging them. It is often a tradition, particularly for farmers and blokes in the bush, to be a bit stoic and to not talk about things as much as we should. I think this is an absolutely fantastic initiative. I wanted to get on the record my congratulations and support for these initiatives. To Brad Millsteed, who got this going, I say, "Fantastic. Well done!" The next instalment of the 6Bs program is happening this Friday, 17 September, at Mic Fels' farm in Esperance. If anyone is down there and has the opportunity to go along, this is a great program. I was fortunate to participate in a similar program in Condingup last year. It was a meeting at the sports club, but there was not much sport—and not much of a meeting either! However, it was a fantastic opportunity to catch up with a bunch of people and have a chat and discuss those things that blokes do not always get around to. The other service is the Regional Men's Health Initiative, which is a very good organisation that is out there at every agriculture show doing health checks and chatting to blokes and others about mental health afflictions and so on. That is a fantastic organisation and has been supported over the years by both sides of politics and I hope the funding for that organisation continues.

In wrapping up, it is a good sign that significant additional expenditure on mental health is announced in this budget. I know the Minister for Mental Health takes this matter very seriously and is looking at all the options and, it is hoped, will roll out what is the start of a gold-standard mental health service. We have the opportunity now to create that in Western Australia and be leaders in this space. It is an incredibly important and significant issue that is occurring across society right across our nation. The COVID-19 pandemic has exacerbated it, and I hope the opportunity is taken to set up this system for the long term, no matter who is in government, so that our mental health system can deal with the people who need that help over the years.

Debate adjourned, on motion by **Hon Pierre Yang**.