

MENTAL HEALTH SERVICES

Matter of Public Interest

THE SPEAKER (Mr G.A. Woodhams): [2.56 pm]: Members, today I received within the prescribed time a letter from the Deputy Leader of the Opposition in the following terms —

I wish to raise the following as a matter of public interest today, Wednesday September 16th, 2009.

“That the House notes the failure of the Minister for Mental Health after a year in office to deliver on the Premier’s 100 day plan and his failure to protect the mental health portfolio from damaging cuts to services.”

Members, the matter appears to me to be in order and the matter can proceed if at least five members stand in support of the matter being discussed.

[At least five members rose in their places.]

MR R.H. COOK (Kwinana — Deputy Leader of the Opposition) [2.57 pm]: I move —

That the house notes the failure of the Minister for Mental Health after a year in office to deliver on the Premier’s 100-day plan and his failure to protect the mental health portfolio from damaging cuts to services.

The Liberal Party made much of its promises to the people of Western Australia. It made a number of promises to the electorate with regard to mental health services. Key among those promises was the appointment of a minister for mental health, which was warmly regarded and welcomed by the mental health sector. That regard has now transferred to one of despondency—despondency that the mental health sector has seen a lack of action, a lack of commitment, a lack of comprehension and a lack of delivery of much of what the government promised in mental health services.

The Minister for Mental Health started off with a great flurry and some very lofty statements about his ambitions for the area. He said in November last year that he was serious about putting rubber on the ground in addressing mental health issues across Western Australia. He was reported in October last year as saying that modernising Graylands Hospital was one of his priorities. Perhaps at that time he was caught up in some of the euphoria of the mental health sector, which actually thought for once that it would get a much larger slice of resources and that it would see some action. We have seen a downhill slide ever since those early lofty days as the Minister for Mental Health has failed to deliver across a range of areas. Nowadays we are hearing comments such as, “I don’t know much about that Minister for Mental Health. The Parliamentary Secretary to the Minister for Mental Health seems to know what’s going on, but I am not sure about that minister.” I wonder whether they were looking for the appointment of Hon Helen Morton, MLC, as the minister. She clearly has a passion for this area and clearly must be looking back in wonder at the wreckage of that policy area in which she takes so much pride.

The Liberal Party made one unambiguous promise that in the first 100 days it would appoint a commissioner for mental health and wellbeing.

Several members interjected.

Mr R.H. COOK: I stood in this place after the first 200 days to express alarm that there had been no activity in this area, and now, after a year, we still have not seen any movement in this area. What will the commissioner for mental health and wellbeing do? He or she is to conduct a comprehensive review of the adequacy of the current mental health services in Western Australia and to recommend how the mental health system can be reformed to develop a mental health safety net of services that meets the needs of patients and their support networks. We have seen nothing—absolutely nothing! In question time in November last year, the minister said —

We have recognised the importance of support for people with mental illness. We are well on the way to appointing a commissioner.

It has been almost a year since the minister said that and we have still not seen any signs at all from the Minister for Mental Health about this appointment.

I note as a subscript that the Premier also promised in the first 100 days that the government would introduce cannabis reform legislation. That comes under the purview of the Minister for Mental Health and that too has not been seen. The Liberal Party also made a number of other promises. It promised a new mental health act based on the review of the old Mental Health Act 1996 that was completed in 2004. It is fair that the government should move to quickly implement a new mental health act and, indeed, it was anticipated by the mental health sector that that would be coming. That process would have been assisted by the Liberal Party’s fifth policy in the

last election—namely, to tender out to a non-government organisation the requirement to establish and maintain a peak mental health consumer voice in Western Australia. This must be one of the policy points that cuts the deepest in the betrayal felt in the mental health sector. The Liberal Party was prepared to cuddle up to the mental health sector and promise outcomes that it has continually failed to deliver. These were important symbolic steps that the minister promised the people of Western Australia to improve the credentials of a Liberal government in the area of mental health. There was going to be a new era in mental health under the Liberal government.

However, it is other areas that have brought greater damage and wreckage upon the mental health sector. In the budget this year there was a litany of cancelled projects, postponed capital works, and broken promises in capital works for mental health services. Some of these went unnoticed but they did not go unnoticed by the opposition. A key project was the reconfiguration of Osborne Park Hospital. That involved the provision of 50 new mental health beds in the greenfield site of the Osborne Park precinct. If the delay of those 50 beds —

Dr G.G. Jacobs: What are you talking about?

Mr R.H. COOK: — was not sad or disappointing enough, the knock-on effect of that is.

I will refresh the minister's memory of the budget estimates in May this year when we discussed the reconfiguration of Graylands Hospital, which is another project that has been delayed. The reconfiguration of Graylands is dependent on the provision of new beds and the reconfiguration of Osborne Park Hospital to create the capacity for the reconfiguration of the Graylands mental health facility. The importance of that is that at Graylands, as everyone knows, we have the Murchison and Smith wards, which—the minister and I both share the view—are outdated and badly in need of modernisation. In May this year, the minister reassured us that the reconfiguration of Graylands Hospital was on his desk and he was giving it active consideration. The minister can consider it all he likes, but until we have the reconfiguration of Osborne Park Hospital, as explained by some of his advisers that night in estimates, we cannot reconfigure, create the capacity, and reform facilities and services at Graylands.

I am sure the minister will be keen to point out the work that the government has done at Joondalup Health Campus and Rockingham General Hospital. It is providing new acute and subacute mental health beds in the wards of those campuses. However, I bring to the Assembly's attention the underlying recurrent funding difficulties of these two expansions. First of all, let us look at Joondalup in the context of the subacute area. The beds at Joondalup hospital will utilise recurrent funding that is currently provided to Hawthorn House. Hawthorn House is a supported community accommodation facility that provides important services to people who do not require acute accommodation but who do require support to live in a semi-independent manner.

Mr J.N. Hyde: It is very important.

Mr R.H. COOK: It is absolutely important.

The funding for Hawthorn House will finish at the end of this calendar year, and that will make way for the new beds to be created at Joondalup hospital. Therefore, the new beds at Joondalup hospital are not new beds at all; it is simply a reallocation, a consolidation —

Dr K.D. Hames: I wonder whose plan that was.

The ACTING SPEAKER (Mr J.M. Francis): Minister!

Mr R.H. COOK: — of beds at Joondalup hospital.

Dr K.D. Hames interjected.

The ACTING SPEAKER: Minister for Health!

Mr R.H. COOK: The Minister for Health obviously wants to suggest that this is somehow the previous Labor government's fault, but we are not the ones who stood at budget time and tried to cover up the litany of cancelled projects by pointing to the redevelopment of the beds at Joondalup hospital so that the poor old Minister for Mental Health could put his hand up and say, "Look, I've done something." However, the Minister for Mental Health could not even protect Esperance District Hospital in his own electorate, let alone defend projects within his own portfolio. Why could he not do that? Because there is an obsession on the government side of the house with Royal Perth Hospital! The government has an obsession with redeveloping Royal Perth Hospital, which means that a range of other projects need to be cancelled because the Minister for Mental Health has no leverage in cabinet.

Dr K.D. Hames interjected.

The ACTING SPEAKER: Order!

Extract from Hansard

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Mr R.H. COOK: The Minister for Health and the Treasurer lined him up and said, “We’ll take back the reconfiguration of Osborne Park Hospital and the reconfiguration of Graylands Hospital, thank you very much. We’ve got other things to do and they’re not in your portfolio.”

I mentioned earlier the importance of subacute facilities and this is the area in which we have the saddest development, I think, in mental health to date. We sympathise with the Minister for Mental Health in saying that there is a huge amount of unmet demand in this area. It is important that governments and successive governments actually put shoulder to the wheel and try to create capacity in the mental health sector to make this happen. It cannot go unnoticed that we have seen a slide and the disappearance of projects that we might have looked forward to so that people in the mental health sector can actually get a level of care. For instance, the 25 non-acute-bed facility at Rockingham once discussed for slotting into the campus under the redevelopment has disappeared. The community-supported residential unit once planned for the Peel Health Campus has quite simply disappeared off the face of the earth. Try as we might to get it redeveloped on that campus, we are not seeing any expansion in the subacute area. This is what is breaking the hearts of people in the mental health sector and people working in these subacute areas.

I am sure that the Minister for Mental Health will want to remind us of the new beds that are going into Rockingham. However, let us not forget that the government is yet to identify any recurrent funding for those beds. No recurrent funding is slotted in. This is the minister’s problem. He cannot keep looking in the rear-view mirror —

Point of Order

Mr P.B. WATSON: Our shadow Minister for Health is talking to the Minister for Mental Health, and all we are getting is chirping from the Minister for Health.

The ACTING SPEAKER (Mr J.M. Francis): The Minister for Health is not helping. I want to hear every member who speaks in this debate, regardless of which side he or she comes from, in relative silence.

Ms A.J.G. MacTiernan: So you reckon the portfolio —

The ACTING SPEAKER: Member for Armadale! I will say it again: I want to hear all members who speak in this debate in relative silence.

Debate Resumed

Mr R.H. COOK: As I was saying, the Minister for Health might want to continue to drive the health portfolio through the rear-view mirror. He does so by pointing continually to the faults of a previous government, without taking any responsibility for his own. He takes continual delight in suggesting that he is the minister for reverse decisions. He thinks that that somehow shows some strength of his leadership in the health sector. Through his interjections today, we see writ large his approach to health, which is simply to allow the department to waddle along, suffering under his cuts, as he continues to blame previous governments and tries to paper over decisions made by public servants acting under his instructions. Unfortunately, the area of health cannot continue to be driven through a rear-view mirror. We want to have a Minister for Health who is looking forward and taking health forward in some manner —

Point of Order

Dr K.D. HAMES: Mr Acting Speaker, you just told me to be quiet in responding to issues that relate to health, yet you are allowing the member to talk about issues that relate to health.

The ACTING SPEAKER: There is no point of order.

Debate Resumed

Mr R.H. COOK: I think the Minister for Health is more obsessed with his rear-view mirror than explaining any vision or plan for health.

We have seen the closure of some important services, such as the closure of the Bentley Hospital links day therapy program. Hospital in the Home for the mentally ill is an important front-line service that now appears to have been axed. The Andrew Relp school was an important part of child and adolescent mental health services at the Warwick clinic. This was an important service that provided important in-house treatment for children and adolescents while they continued with their education.

I will recap the despondency that is felt in the mental health sector at the moment. Mr Ken Steele, OAM, is a man who has received awards for his work as a carer advocate. Last year, he received the mental health award for outcomes for 2008. He is an important member of the mental health community. However, he has recently resigned from the Minister for Mental Health’s steering committee on the strategic plan because he is sick and

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tired of the cuts, the despair, the lack of direction and the lack of leadership provided in this area. He sits daily listening to the private sector consultants as they continue to grind out the strategy that we are all waiting to see come forward, at great expense to the taxpayer. He has given up waiting for this minister to take responsibility and take this important portfolio forward.

I will finish with a quote from Mary McCarthy, the mother of a schizophrenia sufferer. She talks about a young friend of her son. She states —

I am aware of a very vulnerable 23 year old woman, ‘Kim’ (not her real name) who is presently living in this type of unsafe situation.

She is not receiving the subacute care that she needs —

Following an acute episode of mental illness and a long stay in Graylands last year Kim was eventually found independent accommodation in a flat close to the city. Kim is now struggling alone with many lifestyle and mental health issues yet has very infrequent contact with mental health support services. She is isolated, confused and constantly stressed as she is harassed day and night by drunken, drug affected and sometimes violent neighbours who seek to take advantage of her.

This is the reality of not providing enough subacute facilities. It is important that the minister deliver on the promises that he made and on the optimism that he promised the mental health sector, stop cutting services, get on with the job and rectify the despair and the despondency that are being felt in this sector.

MS M.M. QUIRK (Girrawheen) [3.16 pm]: I rise to talk briefly about one program, which was raised in this chamber a month or so ago. It is based in my electorate, and I think it is a significant program. I believe that what has happened to this program is symptomatic of a broader problem that we have already heard the Deputy Leader of the Opposition talk about this afternoon. I am referring to the Andrew Relph Centre program in Warwick, which provides in-house education and mental health services for teenagers between the ages of 12 and 14 years who have mental health conditions that mean they are unable to remain in the mainstream schooling system until they receive some further treatment. In particular, those kids are not able to go to school for reasons associated with anxiety, depression or some form of social phobia. When the matter was raised about a month or so ago, the explanation from the minister was that the program was being reconfigured. I have never heard such a weasel word. It sounds very *1984*-esque to me. Let us not beat about the bush: if the program is being reconfigured, it means that the program is being axed.

It is a unique program. As I said, it provides educational support for kids. It was established in 1983, and I think that says volumes about the success of the program; it has been running for 25 years. Although it is based in my electorate, of course it services a much broader area than that. Kids from all over the northern suburbs access this very important program, which is for kids who are experiencing acute mental health problems. Over a six-month period, 20 students are in the program, and they receive intensive educational assistance and mental health treatment to ensure that they can continue their education and receive mental health treatment at an early stage before their condition escalates. The decision to cut the program and inject funding elsewhere into an early intervention program means that the students are not in a focused, caring and protective environment. In its place, it is proposed to have an outreach program at the very schools where they are experiencing the problems that I have talked about. The founder of the program, Andrew Relph, has said that if the funding is withdrawn, he has grave fears for those students and the kinds of students who benefit from the program. In fact, he has said that these are children who have a difficult combination of emotional, social and educational problems, and he does not think that the government’s proposed early intervention program is going to identify them. If left untreated, these students would go to hospital, which would be very expensive, they would stay at home or they would potentially suicide. This program is effective. It provides targeted and specific intervention at an early stage. It means that kids, hopefully, can go back into the education system and have coping mechanisms to deal with their mental health issues before it is too late and before they become acute cases. The minister said on 20 August that the service is being reconfigured—whatever that means. It is simply not good enough. The bottom line is that it has been abolished. It is a very sad and very short-sighted decision. I really hope that the minister will reconfigure his thoughts and give the program a go.

MS L.L. BAKER (Maylands) [3.20 pm]: I am sure that the Minister for Mental Health is well aware of the statistics around mental health in this state and in this country: one in five Australians experience a mental health disorder or some symptoms of a mental health condition. In 2007-08 there were 12 million mental health related visits to GPs across Australia, which is a 4.4 per cent increase from the previous year. Today in a public hearing of the Education and Health Standing Committee we heard a comment from someone from the Royal Flying Doctor Service that one of its biggest challenges is the rapid increase in mental health patients that it is being forced to deal with, particularly from the Kimberley. Previously in public hearings, that committee heard from WA paediatrician John Wray that the treatment of children with emotional and cognitive problems has already

been compromised by what he describes as widespread cuts in essential health services. Indeed, these problems are so great that I note *The Australian* reported that problems of managing psychiatric patients remain so sensitive that the minister had pulled out of his commitment to launch a paper at the National Mental Health Consumer and Carer Forum.

My electorate has no mental health services or primary mental health care available. I am constantly faced with constituents who complain about the lack of mental health services. My electorate has the services of a small agency that the Catholic Church runs called Shopfront, which serves 1 500 meals a month to people who are on low incomes and are struggling. Many of them have co-morbidity issues like drug and alcohol abuse. A couple of weeks ago 15 Indigenous people were taken into Archbishop Hickey's care because of their solvent sniffing. Where are the primary health services, minister?

The minister spent \$1.2 million on a consultant to review mental health services. We know what is needed, particularly in the community sector. Eighty-five per cent of mental health services in this state are delivered by non-government organisations, and 5.8 per cent of the mental health spending goes to non-government organisations. That is a bit of a disconnect in anyone's estimation! The non-government primary mental health services need \$9 million a year in addition to the current level of funding to help them deliver services in this state. We know what the problems are.

The second priority that the community sector has identified is crisis accommodation. I know that the minister is aware of this, but we still have not seen any specific mental-health-targeted crisis accommodation available for people in our state. I know that the minister has tried to get things up. I know that the minister has made commitments to get things up, but so far we have no commissioner for mental health and no consumer advocacy group on mental health, and we have spent an enormous amount of money reviewing mental health. The minister has very big plans; he is just not delivering on them yet.

DR G.G. JACOBS (Eyre — Minister for Mental Health) [3.23 pm]: I want to share with the house the concerns of Ricky. Ricky suffers from a chronic mental illness triggered by a chronic abuse of drugs and alcohol. He walks the streets and has no regular accommodation. He gets ill. He gets admitted to the hospital; he is sedated and put on an RFDS plane to Graylands Hospital, 700 kilometres away. He spends three or four days there. He is discharged from the hospital, bought a ticket on a railway bus and sent back to my town.

The whole concept of the Liberal-National government was to do that better. In doing that better, we committed to creating a minister for mental health, and I am privileged to be the first Minister for Mental Health in Western Australia. We needed to sidestep it but not create another bureaucracy of mental health. Part of that concept was to create a commissioner, because we needed a community advocate for the Rickys in Western Australia.

When we came to formulating the role of a commissioner, if we had gone down the path advocated by members opposite, we would have created a cardboard commissioner. We did not want to create a titular head.

Mr P.B. Watson: You have not done anything!

Dr G.G. JACOBS: What has the member for Albany done in Albany for people with mental illness? We are making an attempt. In order to give that commissioner grunt so that the person can truly advocate for the Rickys of this world, we have to give that commissioner legislative grunt. We have to create a statute so that the commissioner can truly represent people like Ricky. In order to create a commissioner who can truly advocate and who can report to Parliament—not just once a year—and work with a committee of Parliament, and have the power to call an inquiry, we need the statutory authority that will give that position grunt. If we are going to do it, we want to do it properly. It behoves us to do that on behalf of the people with mental illness in our community, because they deserve that.

Mr J.N. Hyde: They want a roof over their heads.

Dr G.G. JACOBS: I will get to that.

The legislative processes must be followed. The bill is in its final draft and will be presented to Parliament this year. I hope that it will receive bipartisan support in this house, as it is an important step forward for mental health.

The Deputy Leader of the Opposition did not mention anything about the recent announcement that the government made for very unfortunate people, some of whom have significant mental illness and some of whom have added co-morbidities in drug and alcohol abuse. Western Australia has the intolerable situation of 300 people in this community taking their own lives every year—that is a tragic statistic—and 10 times that number self harm and require treatment. The government made a commitment of \$13 million to a suicide prevention strategy, which I released last week. I was very disappointed that the Deputy Leader of the Opposition was not present when I launched the strategy last week. It received public acclaim from the chairman

of the National Council for Suicide Prevention, Dr Michael Dudley. It is a shame that the Deputy Leader of the Opposition was not seen there; he was invited but he did not even come to the launch.

Mr J.N. Hyde: Where were you when we consulted in Albany and regional WA last year?

The ACTING SPEAKER (Mr J.M. Francis): Order, member for Perth! I happily and willingly pulled up the Minister for Health when he was interjecting when the member for Kwinana was speaking. I said that I wanted to hear this debate in relative silence, regardless of which side it was coming from.

Dr G.G. JACOBS: I draw members' attention to the review of mental health services in Western Australia. I will take up the issue raised by the member for Maylands, who said this was a very expensive project and we have seen nothing.

PricewaterhouseCoopers is developing the "State Mental Health Policy and Strategic Plan 2010-20 for Western Australia". Configured into this is the election commitment and a comprehensive review through which I expect to deliver important reforms for the Rickys of this world in Western Australia. The tender has been awarded, and it cost about half the amount of money that the previous government had committed. We have an independent review, and work on the development of the strategic plan at about half the cost of the previous government's project. All I have heard is that this is a waste of money, although the previous government committed almost double the money that we spent on doing a strategic review for the Rickys of this world.

We have also made a commitment to review the Mental Health Act. This review has been in the ether for eight or nine years. The previous government kept talking about reviewing the Mental Health Act. We heard comments about how the act did not stand up for the rights of the individual, addressing the issue of the Mental Health Review Board in reviewing people's involuntary status, and consent for electroconvulsive therapy in the treatment of major depression. We also need to address the whole issue of carers' recognition and what place carers would play in the treatment, planning and follow-up of patients like Ricky in the community. Nothing happened under the previous government. When I assumed this portfolio, the Mental Health Act review had been going for eight years and was, at best, 70 per cent complete. If the previous government had a heart for the Rickys of this world, that review of the Mental Health Act would have been completed. Our commitment is to complete that review. The drafting is continuing with consultation, and I will be introducing the new legislation to Parliament in the 2010 spring sitting, after the previous government sat on it since 1993.

Mr M. McGowan: Since 1993—the time of the Court government?

Dr G.G. JACOBS: Since 2003; I am sorry. It has been around about six years. I stand corrected.

The Deputy Leader of the Opposition is talking about cutbacks that have occurred under my watch. This member brings serial allegations to this place about cutbacks. The last one was yesterday during question time. A question from the Deputy Leader of the Opposition asked whether I had made cutbacks to the Bentley mental health therapy program.

Mr R.H. Cook: You couldn't answer that question, could you?

Dr G.G. JACOBS: I could not answer that question because the member was on a fishing trip and cast a wide net. He did not know what question he was asking. What the heck is the Bentley mental health therapy program? The member does not know. All he does is bring in serial allegations of axing. If he was referring to the Community Links program, I will just walk the house through that program. It is an outpatient clinic service delivered from Bentley. That means that people come in to see the counsellors to get treatment for their illnesses and help with the circumstances in which they find themselves. The use of that service was actually going down. Instead of sitting in a clinic waiting for people to come in, we have taken the program into a triage situation, in which we deal with people as they present and they are taken to the appropriate area for treatment. It is not about cutting back. I heard the member for Girrawheen talk about reconfiguration, and I will address that shortly. It is about looking at how that service was provided and how we can better provide it. The program was serviced by a social worker, a community nurse and an occupational therapist. None of that has been cut, but we have looked at how that service can be provided. The fact that it has been reconfigured does not mean it has been cut back; it means that we are getting out there and making this service work better. The social worker, community nurse and occupational therapist are still in operation for that program. There was a 48-hour response time. Is that appropriate? No, it is not. We are not going to go on doing the same thing; we are going to ask how people can work better to reduce that response time. How can we outreach that service better and reduce the response time?

The member for Girrawheen was talking about the Andrew Relph program. This program, as the member said, provides a counselling service for children who for some reason or other cannot attend school. They may have a school phobia, a serious depression or an anxiety depression and they have difficulties integrating into the school system. The Deputy Leader of the Opposition messed up the hospital in the school program yesterday, so that

when he came back with a supplementary question, he talked about Hospital in the Home. He gets it all wrong. He is very active, and he does some homework, but he does not do all of it, so he never quite gets it right. The Warwick program is for hospital in the school, and we reconfigured it because it was not about sitting in an office taking kids out of school and counselling them to try to get back into school. The member knows, and I know, that if someone falls off a horse, the longer he or she stays off the horse and does not try to get on again, the more difficult it becomes. It is a similar thing with a school phobia. If these kids are taken out, put into a separate clinic and counselled to try to get them back into school, we have a difficulty. I will explain to the member about reconfiguration. It is about having outreach into the schools involving the same number of staff and the same number of counsellors, but working within schools. It is not having counsellors sitting in a clinic and isolating people even further from a school situation, but working with them in a school situation. That is what I mean by reconfiguration. Opposition members do a little bit of the work but they just do not quite understand it. That is why I believe I am here for the Rickys of Western Australia in delivering a better mental health system for Western Australia.

I refer to community options and community service residential units. A lot of the accommodation that the member for Kwinana, the Deputy Leader of the Opposition, was talking about was accommodation the opposition had difficulty establishing when in government. Members opposite know that because they had trouble in Peel establishing the concept of community accommodation. They made an allegation that we have given up on the 50 acute beds at Osborne Park. We have not done so. They said, "As you have not gone ahead with plans for Osborne Park, why are you talking about the restructure of Graylands Hospital when you have not done this?" We told them that we are continuing with the plans for acute beds at Osborne Park Hospital. It is very important for the Rickys of this world that they have a roof over their head. We have plans for all sorts of models for accommodation to fit people and their needs. We have a plan with the Department of Housing for 100 community option units—60 for the metropolitan area and 40 for the country. These plans also provide services for people to live in a community housing option.

There are some difficulties with building 25 community supported residential units in any particular area, but there are other options that we can supply in the community to put roofs over the heads of the Rickys of this world. We are committed to providing accommodation. I have just outlined a plan for 100 community options in Western Australia. We are very conscious of the fact that we need to provide appropriate community supported accommodation. In addition, it is important that we have what we call step-down units so that if a person is acutely ill and admitted to hospital and is recovering from the acute illness but is not quite ready to be independently discharged into the community, he or she has a halfway house and a place in which to step down back into the community. We are committed to those step-down units in certain areas to help a person with a mental illness to get back into the community.

Mr D.A. Templeman: Can you tell us about Peel?

Dr G.G. JACOBS: I have heard a lot from the member for Mandurah over the past few days when I have had carriage of the Waste Avoidance and Resource Recovery Amendment Bill, and I have responded to him. The member for Bassendean will remember this. If members of the other side were so committed to supporting people in the community with accommodation needs, they might remember a place called Whitby Falls. They made announcements saying they would stand by it and keep it open. That facility today is now closed. All the former residents have been packed off to Armadale Hospital or somewhere. It is important that we get the community options right. There are three areas—the community supported residential units, the step-down units and other community options of different configurations. It is important for the Rickys of this world that we have a commissioner to advocate on behalf of their interests. It is important that we have a Mental Health Act that stands up for their rights but also recognises their carers and their input into their care. It is important that we have a suicide prevention strategy in Western Australia that works and stops this tragic loss of life. It is important that we put roofs over their head with those community options that I have described, including community supported residential units. In addition, it is important that when people become acutely ill, they have a hospital to which they can go to get good treatment. That is about where we need to be.

There are all sorts of issues with people who have mental illnesses and commit crimes. We need to do better, as we have described in the forensic care report that I tabled the other day. Dr Ed Petch was the head of Blackmore hospital in the UK and is now head of the forensic mental health service in Western Australia. I look forward to working with him to make it a better place for people with mental illness who find themselves in custody.

MR P. ABETZ (Southern River) [3.48 pm]: Mental health is certainly a major issue in our community; indeed, the mental health system was allowed to run down under the previous government and it is certainly a big step forward to have a minister who is dedicated to the issue of mental health. If members look at what is contributing to the huge increase in the demand for mental health services, the answer lies in the drugs scene. In 2008-09, 37 per cent of all admissions to Graylands Hospital were directly drug related. I put it to members that if we can

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overcome the scourge of illicit drugs in our community, we could close down half the mental health beds. That is the reality.

Mr E.S. Ripper: How is the government going on with this?

Mr P. ABETZ: Let me tell the Leader of the Opposition how the government is going on it. Let me tell him what the previous government did.

Several members interjected.

The ACTING SPEAKER: Order!

Mr P. ABETZ: The previous government introduced soft-on-cannabis laws that made the cannabis problem even bigger. The research is very clear about the consequences of the use of cannabis. I will refer briefly to the document “Cannabis — suicide, schizophrenia and other ill effects: A research paper on the consequences of acute and chronic cannabis use”. Its finding is that mood disorders, including depression, bipolar disorder, amotivational syndrome, especially in young people, are the consequence of the use of cannabis, as well as severe mental disturbances, such as momentary short-term psychosis or the long-term illness of schizophrenia. We know that cannabis is a major contributor to the huge increase in the number of people suffering from schizophrenia in our society today. The fact is that the younger people are at the time they begin using cannabis, the greater the risk they have of developing schizophrenia or experiencing psychosis. I have an article entitled “Chronic toxicology of cannabis” by Dr Albert Stuart Reece from the medical school at the University of Queensland. He reveals that cannabis contributes to major long-term psychiatric conditions such as depression, anxiety, psychosis, bipolar disorder and amotivational states. He also lists medical conditions that I will not go into.

Mr P.B. Watson: What is your government doing about it?

Mr P. ABETZ: Let me tell the member what the government has done about it. The Drug Aware program is being funded to the tune of almost \$1 million to provide education in our schools. The government is addressing the drug issue—not specifically cannabis—by contributing \$1.3 million to Dr George O’Neil’s Fresh Start Recovery Programme, and we have increased funding for that by \$500 000 this year.

Mr P.B. Watson interjected.

Mr P. ABETZ: That is right, but we have increased the funding to help reduce the problems, because people on drugs are struggling.

Mr M.P. Murray: Can you explain why the Premier has gone soft on hard drugs?

Mr P. ABETZ: He is not going soft on hard drugs.

The research is clear and the point is that many of the current problems in the mental health system are largely due to the increased use of cannabis and the consequences of that use. Responsibility for increased mental health problems caused by cannabis can be squarely laid at the feet of the former government and its soft-on-drugs policy. This government is committed to rejigging that legislation to allow the law to reflect the serious nature of cannabis use, because cannabis is such a damaging drug. Many people think that cannabis is a soft drug, but the reality is that its health consequences are much longer lasting than those of heroin. Once people are off heroin there are very few health consequences, whereas the effects of cannabis can be lifelong. Members should read the literature on drugs. I have run a drug rehabilitation support group for some four or five years, and I can assure members that cannabis was the gateway drug for every single drug addict who had been addicted to heroin and speed. We need to make sure —

Several members interjected.

The ACTING SPEAKER (Mr J.M. Francis): Order, Leader of the Opposition! Member for Albany, I want to hear only one voice.

Mr P. ABETZ: Alcohol is certainly a mental health issue; there is no question about that. However, marijuana use is the biggest contributor to the need for increased mental health services. The government will repeal the soft-on-cannabis laws and get that sorted out. The government has a clear agenda for addressing the drug issue and making a very significant contribution to a reduction of the demand for mental health services. As the Minister for Mental Health mentioned, we are increasing the emphasis on outside hospital care, to keep people in the community as much as possible so they do not need to occupy beds.

MR P. PAPALIA (Warnbro) [3.54 pm]: At the outset I would like to place on record that all members know that the Minister for Mental Health cares deeply about this issue; that is undeniable and there is no argument there. In opposition the member for Eyre and Hon Helen Morton had a considerable amount to do with the

creation of the mental health portfolio and I commend the minister for having that influence. The problem is that the commentary and rhetoric surrounding the creation of this portfolio, and the ensuing 100-day promise, have raised expectations.

Dr G.G. Jacobs: What did you do when you were over here?

Mr P. PAPALIA: The minister's behaviour and desire to do good in this field has resulted in a focus of attention on the subject, and I commend the minister for that. Unfortunately and tragically, the minister has failed, and this matter of public interest is appropriate. We ask the house to note the failure of the Minister for Mental Health, after a year in office, to deliver on the Premier's 100-day plan and his failure to protect the mental health portfolio from damaging cuts to services. No-one is trying to contend that the minister does not care; no-one is accusing the minister of creating mental health problems in our society. We would not do that, and I think it would be demeaning and inappropriate for anyone to suggest that it was somehow the previous government's fault that we have arrived at the mental health situation we are now confronted with. I tell the member for Southern River that that is inappropriate and that it is very wrong for him to make that assertion. It is inappropriate and it is beneath him.

The minister is asking the opposition to support legislation that the government will bring forward to appoint a mental health commissioner. In principle, the opposition would support that legislation; if the minister had the legislation, we would look at it and probably support it. The minister asks the opposition to support the suicide prevention strategy. It is a good idea, but I feel it is not adequate. Where is the PricewaterhouseCoopers strategic plan 2010-20? The government is asking the opposition to commend it and support it on that matter, but we have not seen the plan; we do not know where it is. The government has made a commitment to review the Mental Health Act, but it has only talked about promises, things we are going to encounter and undertakings in the future. The government has built expectations, but it has been in power for a year. We are 265 days past the 100-day plan, and all we have heard about are cutbacks.

I ask the minister whether it is true that the full-time equivalent mental health workforce is being cut.

Dr G.G. Jacobs: I have answered questions asked by the Deputy Leader of the Opposition during question time, specifically and in detail.

Mr P. PAPALIA: If the minister is refusing to answer that question, I ask: does the minister believe it is appropriate that non-government organisations, which fulfil such a vital role in our society in the provision of mental health services, have been limited to 12-month contracts? The minister has written to them to say that the department is not in a position to provide additional funds in the 2008-09 budget or in the foreseeable future. Does the minister think that is an appropriate action in the field of mental health?

Dr G.G. Jacobs: We are in the middle of a Western Australian mental health strategy.

Mr P. PAPALIA: The minister and the member for Southern River have given nothing to the people of Western Australia but platitudes. The minister has given nothing tangible for the opposition to commend him on, beyond the creation of a portfolio. Everyone on this side of the chamber wishes the minister well, but he has failed to protect the mental health budget from the ravages of an atrocious Treasurer, who is failing in his role as Treasurer of Western Australia, and as a consequence the most vulnerable people in the state are suffering. Sadly, due to the goodwill of the Minister for Mental Health, he is responsible. He is the one who stepped forward and raised expectations and sadly—tragically—he is the one who has failed the people in Western Australia who so desperately need an improvement in mental health services in all fields across the board.

Unfortunately I have not even managed to touch on my subject of interest, corrective services.

Question put and a division taken with the following result —

Extract from Hansard

[ASSEMBLY - Wednesday, 16 September 2009]

p7178c-7187a

Speaker; Mr Roger Cook; Mr Peter Watson; Acting Speaker; Dr Kim Hames; Ms Margaret Quirk; Ms Lisa Baker; Dr Graham Jacobs; Mr Peter Abetz; Mr Paul Papalia

Ayes (26)

Ms L.L. Baker
Ms A.S. Carles
Mr A.J. Carpenter
Mr R.H. Cook
Mr J.N. Hyde
Mr W.J. Johnston
Mr J.C. Kobelke

Mr F.M. Logan
Ms A.J.G. MacTiernan
Mr M. McGowan
Mrs C.A. Martin
Mr M.P. Murray
Mr A.P. O’Gorman
Mr P. Papalia

Mr J.R. Quigley
Ms M.M. Quirk
Mr E.S. Ripper
Mrs M.H. Roberts
Ms R. Saffioti
Mr T.G. Stephens
Mr C.J. Tallentire

Mr A.J. Waddell
Mr P.B. Watson
Mr M.P. Whitely
Mr B.S. Wyatt
Mr D.A. Templeman (*Teller*)

Noes (29)

Mr P. Abetz
Mr C.J. Barnett
Mr I.C. Blayney
Mr I.M. Britza
Mr T.R. Buswell
Mr G.M. Castrilli
Mr V.A. Catania
Dr E. Constable

Mr M.J. Cowper
Mr J.H.D. Day
Mr J.M. Francis
Mr B.J. Grylls
Dr K.D. Hames
Mrs L.M. Harvey
Mr A.P. Jacob
Dr G.G. Jacobs

Mr R.F. Johnson
Mr A. Krsticevic
Mr W.R. Marmion
Mr P.T. Miles
Ms A.R. Mitchell
Dr M.D. Nahan
Mr C.C. Porter
Mr D.T. Redman

Mr A.J. Simpson
Mr M.W. Sutherland
Mr T.K. Waldron
Dr J.M. Woollard
Mr J.E. McGrath (*Teller*)

Pair

Ms J.M. Freeman

Mr F.A. Alban

Question thus negatived.

The SPEAKER: Members, I acknowledge in the public gallery the Mayor of Bukittinggi, Indonesia. It is marvellous to have him here.

[Applause.]