

## MENTAL HEALTH SERVICES

### *Motion*

**HON LINDA SAVAGE (East Metropolitan)** [10.09 am] — without notice: I move —

That this house calls on the government to give the sufferers of mental illness, their families and friends the much better and much fairer deal promised in the Liberal Party's mental health policy presented before the last election.

I would like to begin by acknowledging that this is Mental Health Week and that Monday, 10 October was World Mental Health Day. I think it is true to say that as a society our awareness of the prevalence and the challenges of mental ill health has grown enormously in the past decade. Only now are we beginning to really understand the enormity of what has been described as Australia's biggest remaining health challenge.

Mental illness is generally understood to mean disorders that significantly interfere with an individual's cognitive, emotional or social skills. It includes illnesses such as anxiety and depression, bipolar disorder and schizophrenia and can often result in chronic major disability for sufferers. It can devastate the lives of not just the sufferers but also their families, children, siblings and friends. The human and economic impact is enormous also, of course, on society. Yet we know that at least some of it is preventable and the devastating and long-term impacts of mental illness can be prevented in many cases with early intervention and treatment.

On 14 September 2008 Premier Barnett said that one of the hallmarks of the new government would be a strong focus on social justice, including for the mentally ill. Nine days later Dr Graham Jacobs was sworn in as the mental health minister and a ministry of mental health was established. But what has been done since then? It was nearly a year later in June 2009 before PricewaterhouseCoopers was commissioned to prepare a consultation paper so that a blueprint for the policy and agenda for the next decade could be prepared. Two years later there is no date for the release of the blueprint. It was 18 months after September 2008 before the Mental Health Commission was established in March 2010 and nearly two years after September 2008 before a permanent Mental Health Commissioner was appointed in July 2010. On 20 May 2010, with the release of the budget, we were told that an advisory council was to be appointed. This has not occurred. Similarly, a peak body was to be established to act as an advocate for mental health consumers. This has not occurred, and I am not aware of any date for the introduction of the promised new Mental Health Act.

The Minister for Mental Health made much of the significance of identifying \$506.313 million in the 2010–11 budget as the mental health budget, separating it from the health budget. It is worth noting here that I learnt from questions I asked during the Standing Committee on Estimates and Financial Operations hearings that the mental health component of the health budget of the Department of Corrective Services budget has not been identified. We have had appointments, the establishment of a commission and the commissioning of reports. But the reality is that now, after more than two years, there has not been any significant increase in resources actually available to the mentally ill in WA. Nor has there been any significant change in the way that mental health is dealt with in WA and, most noticeably, even now there is no sense of urgency.

Since I have been speaking about the Bentley adolescent unit I have begun hearing from organisations and individuals affected by mental illness. They tell me that they also feel let down and not heard. I think that this is in large part due to the fact that they know there is much that the government could have done in the past two years. They are beginning to become cynical about the real commitment of the government to the promise it made in the mental health policy that "A Liberal government will deal immediately to improve the conditions of Western Australia's mental health system".

As I said, so much could have been done in the past two years. For example, the need for community-based accommodation as well as supported accommodation for those who require ongoing treatment and intensive therapy and support is nothing new. For example, there is virtually nowhere for children and young people to go after they leave the Bentley adolescent unit, as I have previously mentioned in the Parliament. The government could, for example, have acted on some of the recommendations of the 2009 National Health and Hospitals Reform Commission report "A Healthier Future For All Australians" for supporting people living with mental illness. Among the 12 recommendations it made in that area it also recommended the immediate need for more supported accommodation. It also recommended that there could be awareness and mental health literacy campaigns to educate and create a community environment that can play an active and positive part in supporting mental health. This is something the Minister for Mental Health could have easily initiated within the past two years. On the ABC *Four Corners* program on 9 August 2010 Dr John Mendoza said that there are higher rates of suicide among members of the mining sector than among the general population. This should be an issue of great concern in Western Australia. But I am not aware of any specific work the minister has initiated to consider an issue such as this. Professor Patrick McGorry said in July 2010 when he was here for the Youth

Hon Linda Savage; Hon Ljiljana Ravlich; Hon Helen Morton; Hon Giz Watson; Hon Col Holt; Hon Liz Behjat;  
Hon Adele Farina

---

Affairs Council of Western Australia mental health summit, “We don’t need new models of care; we don’t need new therapy; we don’t need new drugs; we need political will.” Of course, report after report has just said that more money for existing services is needed.

I would like to refer to the promise made in the Liberal Party’s mental health policy about developing a policy to reform and set priorities. It states in part —

The Mental Health and Wellbeing Commissioner will provide this independent report to the Minister for Mental Health within the first six months of government. The entire report will be made available to the public.

This presumably is a reference to the report by PricewaterhouseCoopers. I would like to talk a bit about that report. In June 2009 PricewaterhouseCoopers was commissioned at a cost of \$532 935 to develop a strategic plan to guide mental health services reform in WA. The consultation paper was released and feedback sought, with the final date being the end of September, some two weeks ago. As I have said, there is still no date for the release of the report, yet so much hangs on this and the blueprint that will follow. In fact, in questions I have asked in this Parliament I have been referred on more than one occasion to the blueprint. The consultation paper is 169 pages long. Given the importance of this and the role it is to play in the development of a mental health policy, I would like to record some of the concerns I have with this report. Firstly in that 169-page report, only 13 and a half pages are directed at children, infants, adolescents, youth and peri-natal issues. This is despite the fact that we know the majority of serious mental illness has its onset in adolescence and early childhood. Just how significant the early years are for future mental health was pointed out by Dr Steven Patchett, then executive director of mental health, when he gave evidence to the Legislative Assembly’s Education and Health Standing Committee on 25 August, telling the inquiry there is very good evidence that we are intervening in mental illness at the wrong stage of life. There is really good evidence now that we should be concentrating mostly on infants. The kinds of trauma they suffer—broken families and sexual, physical and emotional abuse—leave a very deep mark on the psyche at an early age. This, of course, is consistent with the overwhelming evidence that physical, emotional and cognitive development between birth and eight years of age occurs at a greater rate and is more significant than at any other stage of life. I am concerned, therefore, that the consultation paper is not premised on, nor is its overall direction aimed at or its conclusions based on, the understanding that this is where we must start in addressing mental health. There are also only seven pages in the consultation paper on forensic mental health. This is despite the fact that the Education and Health Standing Committee’s “Destined to Fail” report found that the health of prisoners in WA is worse than that of the general public and that the state’s prisons are in fact our largest “psychiatric hospitals”. Earlier this year, I asked a series of questions in the Legislative Council’s Standing Committee on Estimates and Financial Operations about mental illness and those in prison. I would like to read some of them into the record.

The first question I asked was what percentage was allocated in the Department of Corrective Services’ budget for mental health services, and I was told that this was not a specific line item and could not be identified. I then asked what percentage of the adult prison population as at 1 June 2010 was identified as having a mental illness, and I was told that 25 per cent of prisoners were receiving medication used in the treatment of mental illness as at 1 June 2010. The answer went on to say —

It has been previously stated that 13% of prisoners were suffering from a mental health illness. This figure relates to those who have been identified at some time, while incarcerated as having a mental health problem. This psychiatric flag (alert) can be raised by anyone with access to the TOMS system and is not based on formal clinical diagnosis by Health Services. The figures stated in this document relate to the number of incarcerated people receiving medication for a mental illness.

I wanted that answer read into the record because I understand that for quite some time the figure of 13 per cent was used, notwithstanding that this other information, no doubt, was available. I also asked what percentage of the juvenile justice population, as at 1 June 2010, was identified as having a mental illness, and was told that 22 per cent of juvenile detainees were receiving medication used in the treatment of mental illnesses as at 1 June 2010. Members might be interested in the range of other questions I asked on 16 June about mental illness and those who were incarcerated. The last question I asked was —

What was the total number of prisoners, adult and juvenile, identified as suffering from a mental illness in Western Australian prisons as at 1 June 2010?

The answer was —

In total, 1265 offenders are receiving medication that may be used for a mental health condition.

Before I return to the consultation paper, I will read a little of what Hon Christine Wheeler said in her final speech before she left the Supreme Court. Some members will know that Hon Christine Wheeler was the first

Hon Linda Savage; Hon Ljiljana Ravlich; Hon Helen Morton; Hon Giz Watson; Hon Col Holt; Hon Liz Behjat;  
Hon Adele Farina

---

woman appointed to the Supreme Court of Western Australia. I would like to read this into the record because it is significant, given the figures I have just outlined. The transcript from the proceedings on 25 February 2010 states —

As I have said though, the criminal law must be enforced and that means sentencing in accordance with established principles and authority. In many cases the result is appropriate and at times it may be too lenient. However, reasonably often, it seems to me, it means that people—often young people, people with small children, people with mental problems—are in gaol for longer than is strictly necessary or sometimes when not necessary at all.

The bulk of the consultation paper appears to me to be a summary of other reports, papers and projects. Professor Paul Skerritt, a psychiatrist speaking on behalf of Western Australian psychiatrists, said on 6 July 2010, following the release of the report, that the one thing mental health in WA has never suffered from is a lack of reports. Everyone knows what needs to be done. It is because so much is hanging on the outcome of this report that I have been concerned there has been so little reference in it to schools or other agencies and what role they will play, and that the emphasis is on acute services rather than preventive services. I have heard concerns expressed that the length and nature of the paper means it is very difficult for certain groups, for example, young people—those most affected by the burden of mental illness—to respond to it.

As members know, I have spoken of my concerns about the Bentley adolescent unit on a number of occasions. I have been so concerned that I even sought and had a meeting with the Minister for Mental Health on 28 September, and I look forward to receiving a response from him on a number of issues I raised with him in writing and that I have raised also in Parliament. It may just be a happy coincidence, but I am delighted that some \$337 000—although it is not a large amount—has been promised for the refurbishment, improved staff training and an increased focus on discharge planning at the Bentley adolescent unit. I am not satisfied, though, that this addresses the safety concerns that Dr Wojnarowska, who runs and is responsible for the Bentley adolescent unit, has raised with me with regard to her staff. I will certainly be monitoring the progress of the Bentley adolescent unit closely because I know that as yet no-one has spoken to her about this issue, just as no-one spoke to her in preparation of the consultation paper. I would like to record my utter astonishment that week after week I talk about concerns for the safety of the staff at the Bentley adolescent unit, yet no-one has contacted Dr Wojnarowska—the person who raised the concerns with me—to speak to her about it. The \$337 000 for the Bentley adolescent unit, although welcome, of course, represents only a tiny fraction of the funds that are needed to address the increasing incidence of mental illness that young Western Australians are suffering from.

I must say that I have been surprised that, in response to some of my questions about the Bentley adolescent unit, the government, which argued that mental health was so neglected that it required its own minister, defended its inaction by blaming the previous government. I do not believe that that is a reasonable response to my questions after being in government for two years. That is a very inadequate answer to give to people who are suffering from mental illnesses and to those who are caring for them. Ultimately, the answers to the questions I ask go to those people. What has actually been done in more than two years? A number of appointments have been made with much fanfare, including the appointment of the Minister for Mental Health and the Mental Health Commissioner, and there was the much-lauded separation of the mental health budget, the establishment of the Mental Health Commission and much talk about a blueprint, which is yet to be finalised. There was some additional funding in the budget—a total of some \$11 million for the 2010–11 financial year—for the suicide prevention program, Indigenous mental health and homelessness, and some ongoing funding for the future. However, that could not even begin to address the needs that the government itself knows exists, or to match the rhetoric of its promises.

I accept that mental illness is a complex issue and that there are no quick and easy answers. This motion is neither condemning the government nor using the extravagant language that the Liberal Party used in its promises. It is urging the government to move immediately and substantively to address the issues facing the mentally ill in this state.

**HON LJILJANNA RAVLICH (East Metropolitan)** [10.28 am]: I rise to speak on this very important motion. It is Mental Health Week this week. We have heard that approximately 20 per cent of the population will suffer from a mental illness at some point in their life. We also know that about 250 people choose to end their lives each year, and that much of that is related to mental health issues. The former opposition—the now government—had a lot to say about mental health, but not anymore. Time and again Hon Helen Morton would get up in this place during the adjournment debate and would usually speak about health issues—often mental health issues. Now that the Liberal Party is in government, we do not hear so much about mental health from either the government or the Minister for Mental Health. I want to quickly go back to some of the key election

Hon Linda Savage; Hon Ljiljana Ravlich; Hon Helen Morton; Hon Giz Watson; Hon Col Holt; Hon Liz Behjat;  
Hon Adele Farina

---

commitments made by the Liberal Party in the lead-up to the last election. Firstly, it promised that it would appoint Western Australia's first Minister for Mental Health. Yes, that has been done. However, having said that, the Minister for Mental Health is as weak as water. Pardon the pun, but that is the truth. Every time the Minister for Mental Health is asked a question related to either water or mental health issues he goes to water! He does not know the answer. Clearly, he is not on top of his portfolio.

What has the government done over two years? Very, very little; in fact virtually nothing. When we look at what was committed and what has actually been achieved, there really is almost nothing. This government has a weak-as-water minister. It has appointed an independent WA Mental Health Commissioner. He was supposed to conduct a comprehensive review into the adequacy of current mental health services in Western Australia and recommend how the health system can be reformed to develop a mental health safety net of services to meet patients' needs. Guess what? It is now over two years and he is still consulting on a report in relation to Mental Health 2020. Most providers and consumers of mental health services think that is as weak as water. It is hopeless that nothing has happened after two years.

I am aware that I have limited time, but I really want to get to the crux of what I want to discuss; that is, this lack of action. The Mental Health Commission is currently seeking feedback on the draft plan through a consultation paper. The consultation on the consultation paper commenced on 6 July 2010. Submissions closed on 29 September 2010. Two years have passed and it is still consulting. When will we get the final recommendations? When will we see implementation? That is a long, long way away. It is as bad as the workforce development plan and the skills training strategy. But two years down the track the government is still consulting. Two years after the election we do not know what the strategy of this government is in terms of mental health.

I will highlight how badly and appallingly this government is handling the issue of mental health. Representatives from the Mental Health Commission and other mental health departments appeared before the Standing Committee on Estimates and Financial Operations. Guess what? It would appear that the only resources that have been allocated to the mental health area are 47 full-time equivalent positions to set up the commission. Guess what? This government is looking after the bureaucrats and it is looking after the chief executive officers to make sure the commissioner has his little fiefdom. That is all right, but what about people who are the consumers of the services? What has this government delivered to them? Where are the additional resources to the people who desperately need mental health services?

As at 30 June 2010 there were 191.78 FTE vacancies in the area of mental health services. That is nearly 200 vacancies in the area of mental health services. As at 30 June 2010 there were only 11 FTE vacancies in the Mental Health Commission because most of them had been filled. A year and a half later there are nearly 200 FTE vacancies in the area of mental health services. People who wanted to see something positive happen in mental health, and who voted for this government on the strength that they would get something in exchange for their votes, must be very disappointed because we have had 18 months of no additional mental health services to the users of the services and their families. The parliamentary secretary has got up time and again in this house to speak about the importance of this, but she has done nothing. The parliamentary secretary has got up the last two nights on her little 10-minute adjournment speech and paid lip-service to mental health. She should hang her head in shame, as should this government's weak-as-water Minister for Mental Health.

I asked the Minister for Mental Health through the parliamentary secretary during question time yesterday how many FTEs there were in the area of mental health services as of yesterday's date. That was question (1). I also asked —

- (2) Have any of these vacancies been advertised; and, if yes, when and where were they advertised?
- (3) How many vacancies are there in the Mental Health Commission?
- (4) Have any of these vacancies been advertised; and, if yes, when and where were they advertised?

Guess what I got? I would reckon the government would be keen to improve on this appalling FTE state of affairs as at 30 June 2010. I would reckon it would want to actually report that it has made some progress in filling all those vacancies, because every vacancy means there is not a person out there servicing the people who need support services for mental health. But this was the answer I got —

- (1)–(2) Providing the information in the time required is not possible, and I request that the member place the question on notice.

Hon Linda Savage; Hon Ljiljanna Ravlich; Hon Helen Morton; Hon Giz Watson; Hon Col Holt; Hon Liz Behjat;  
Hon Adele Farina

---

- (3)–(4) The structure of the Mental Health Commission is currently being finalised. As soon as the appointment of existing staff to those new positions has been finalised, actual vacancies will be determined and the positions advertised.

That is very, very misleading.

**Hon Helen Morton:** Read the rest of it.

**Hon LJILJANNA RAVLICH:** Yes. Another “let us devolve the responsibilities; no-one is accountable”. I am watching the parliamentary secretary very closely. The parliamentary secretary also said —

It is noted that the area mental health services are divided into four separate areas, none of which shares a common database from which the requested information could be extracted quickly or easily. As such, the requested information requires significant resources in order to provide a response.

What an appalling effort by an appalling government, an appalling parliamentary secretary, and a weak-as-water minister. It is an absolute disgrace. What this government has done to people who rely on mental health services is an absolute disgrace. All those concerned should hang their heads in shame. I suspect that the reason I did not get an answer is because those FTEs are still vacant as part of the government’s effort to cut costs, and because of the Minister for Mental Health’s slackness in responding in a meaningful way to the needs of people with mental illnesses.

**HON HELEN MORTON (East Metropolitan — Parliamentary Secretary)** [10.38 am]: I would really like to thank Hon Linda Savage for bringing this motion forward. In case anybody thought that somehow or other Hon Linda Savage and I colluded in this, I would like to put on the record that we did not speak about this particular motion. I really do appreciate the opportunity to talk about this matter. As most members know, I have been talking about it nonstop all week. I hoped that I had unlimited time. It will be hard to compress what I want to say in 15 minutes. I want to again thank Hon Linda Savage for acknowledging that much better and much fairer services were needed from what was previously occurring. There really does appear to be a rather bipartisan approach to this. As Hon Linda Savage said, there was no criticism; merely a request that we deliver on what we promised. I actually agree with that; I totally support it. I will start, in the short time I have, by reiterating why Hon Linda Savage identified that families and friends need and want and deserve a much better and much fairer deal than they previously received. I totally agree with her.

Going into the 2008 election, the Liberal Party made the five key election policies that have already been identified: to establish a minister dedicated to people with a mental illness and the services that they needed; to develop the commission and the commissioner; to implement a state suicide prevention strategy; to develop a peak consumer body to give people with mental illness a single voice with which they could be heard across the state; and to implement a new mental health act. Why is it that we made those five commitments? Why is it indeed? At that stage, 90 to 94 per cent of people in Western Australia felt that the services for people with mental illness were not improving. They knew that in Western Australia we were being confronted with increasing rates of mental illness and increasing prevalence occurring earlier in life and with greater persistence. They saw mental health problems accounting for 35 to 40 per cent of absenteeism from work. They heard about the difficulty that people were having getting timely access to quality, effective and efficient services. They heard about the number of people being held in emergency departments, some of them up to 10 days at a time, while they tried to access an appropriate service. They heard about the shocking readmission rates that had been occurring under the previous government. Over three years while in opposition, we talked about the homelessness of people with a mental illness and how, as Hon Linda Savage has mentioned, the prison system had become the treatment of choice for many people with a mental illness needing a secure place. We openly talked about the shocking suicide rate —

**Hon Ljiljanna Ravlich:** You are a disgrace. Tell us what you have done.

**The PRESIDENT:** Order! We heard the first two speeches of this motion without one interjection. I think that was a very good precedent, which we will try to uphold.

**Hon HELEN MORTON:** Thank you, Mr President. I appreciate that.

The shocking suicide rate was larger than the road toll. The big issue around the suicide rate is that for every person who succeeds in dying by suicide, another 15 people attempt it with such severity that they are admitted to hospital. The public knows that mental disorders are now the leading cause of disability burden in Australia. The public sees the quiet epidemic of the dual diagnosis of psychotic illness and drug addiction. The public understands that 45 per cent of us will experience a mental illness at some time—nearly one in two people. Most people are in contact with someone who is impacted by mental illness in daily life. The more we talked about it, the more they talked about mental health problems in the community on talkback radio, in the print media and on

Hon Linda Savage; Hon Ljiljana Ravlich; Hon Helen Morton; Hon Giz Watson; Hon Col Holt; Hon Liz Behjat;  
Hon Adele Farina

---

television, and how common it was. High profile people started to come out and talk about their own battles with mental illness. People with an illness in their families and carers talked about what it was like to have a mental illness in Western Australia.

The community demanded significant change. People did not just demand a little bit more of what was already being done or a tinkering around the edges. They demanded real change. They demanded mental health reform in Western Australia. We all know that this mental health reform is needed. Hon Linda Savage mentioned a couple of things, but there are things such as early intervention and genuine consumer participation. Yes, consultation takes a while because we are making sure that there is genuine consumer participation in this process; bringing families and carers back into the team and a major change in the culture of the way in which mental health services are delivered in Western Australia; better discharge and transition programs and services; a whole-of-government approach—I will mention a little more about that if I have got the time; the need for more housing; and employment and education. Employment is one of the most significant areas impacting on people with a mental illness. The member did not mention that, but that is part of the consultation paper as well. It also includes developing more community-based support to assist people; bringing promotion to the forefront of mental health services; destigmatising mental illness; and improving governance, transparency and accountability. More of the same was not an option. It needed wholesale reform of the way in which mental health services are delivered in Western Australia, which is not something that can be delivered in six months, I can assure members. We needed to change the system because of two major areas: one was the prevailing culture in the mental health services in Western Australia and the other was a structural problem that was preventing the reform from taking place.

I will talk briefly about those cultural problems. We had taken the clinical model in mental health too far in Western Australia. People who had been diagnosed with mental illness were being managed in this sickness paradigm, a sickness model of care which kept them dependent and which institutionalised them. Even if they were not in an institution, the actual method of care was an institutionalised method of care, and one which guided their lifestyle choices by clinical decisions. We needed a new approach that would fully embrace family and carers as integral members of the support team. We needed a mechanism that really did have the ability to reach across all areas of government—health, police, corrective services, social housing, disability, Indigenous, child protection, education and training, the whole lot—and non-government and other agencies for solutions. For reform, we needed to be able to impact across these multiple systems and sectors.

The structural problems were quite specific. If members will bear with me, I will try to give them an understanding of this issue, because it is the reason the commission was established. We needed a mechanism to address this major structural problem for mental health services that was embedded in the previous Department of Health system. Mental health was not getting a look in against emergency departments, elective surgery, waitlists and other high-profile areas grabbing the limelight. There are no points of contestability in the system. In Western Australia all of the \$5 billion for health had previously—and still is, except for the mental health component—been tipped into this bucket called health. The Department of Health has the job of allocating it annually to wherever it wants to spend it. We had this one amorphous mass of service provision and allocation of funds all mixing together in this one thing called the Department of Health. In that mass, somehow or other mental health was expected not only to survive, but also to reform.

Overseeing this entire amorphous mass is one board, and a one-man board at that, and the one-man board is the Minister for Health. It was so complicated under the previous government when that same one-man board, the Minister for Health—the employer of every person who works in the health system is the Minister for Health—was also the Attorney General. In that system people asked where they could go to find somebody who would listen to them as individuals when they wanted to raise an issue. I do not know if any member recalls my bringing an issue to the house of a particular case in which a man who had gone to the emergency department at Swan District Hospital and had been deemed to be at risk to himself and others was put in a taxi to be sent to another hospital because there were no beds at that particular hospital. He jumped out along the way. When I asked the Minister for Health at the time if he was accountable and responsible for the decision of those employees, the answer was yes. I then asked to whom he would speak to get advice on whether the government is liable for this man's injuries. He said that he would talk to the Attorney General. We had that incredible situation. How would people with a mental illness imagine that they were getting a fair deal in that situation? Members can now see why it was that we needed to —

Several members interjected.

**Hon HELEN MORTON:** The member is very blind because of the fact that she cannot see how mental health needed a dedicated minister and a commission to tackle that situation. We desperately needed to find a mechanism to enable people with a mental illness to have a minister who would listen to them and their families

Hon Linda Savage; Hon Ljiljana Ravlich; Hon Helen Morton; Hon Giz Watson; Hon Col Holt; Hon Liz Behjat;  
Hon Adele Farina

---

first and foremost. We needed a system whereby all service providers could approach a mental health minister and be considered equally. We needed a mental health commission that would ring-fence funds and services from Treasury so that the Department of Health would not be able to divert that funding into other services. We needed a system that was at arm's length from the Department of Health, which is what we have achieved. All dedicated funding for people with a mental illness is now appropriated directly from Treasury to the Mental Health Commission. It can use its contracting ability and the leverage it has been given through the various arrangements to purchase the services that are in the best interests of those who suffer from mental illness.

The government has always said that this would be a steady-as-she-goes year. The government cannot establish the commission and rearrange services in the one year. The Mental Health Commission is not a service provider; it will never be a service provider. It is purely a purchaser of services on behalf of people who suffer from mental illness. That is a much fairer deal for people who suffer from a mental illness. The government is developing a commission with world-class capability that can cost and price options and price leverages to get the best performance. The commission will have smart negotiation and contractual capabilities. The opposition is complaining about the fact that the commission will know how to engage, communicate and collaborate with parties. The Department of Health is but one of a range of service providers that will be required to respond to the commission on a contractual basis. They will have contractual requirements and there will be clear consequences for non-performance against the terms of their contracts. The effectiveness of the Mental Health Commission to achieve the predetermined results and outcomes that will be listed in the blueprint about which the opposition is so concerned—I refer to the percentage of mental health purchasing that will be done on a community-base service, the array of early interventions, the reduction in acute presentations, the reduction in readmission rates, the length of state in emergency departments et cetera—will be monitored by Treasury's Economic Audit Committee.

Members have raised a range of issues. The strategic plan is a comprehensive blueprint; it does more than tinker around the edges. The consultation process will take time if it is to be thorough. I make no apologies for that. There are no quick fixes in this process. The suicide prevention work that has taken place has been rolled out. The government has established the Ministerial Council for Suicide Prevention. Centrecare has been engaged to do the legwork of the council. That strategy, which is already being rolled out, is designed to establish sustainable suicide prevention strategies on a community-by-community basis.

**HON GIZ WATSON (North Metropolitan)** [10.53 am]: I will make a contribution to this motion on behalf of the Greens (WA). Normally, Hon Alison Xamon would speak about such an issue. Similar to the government, the Greens decided to make mental health a specific portfolio because of its priority and importance. Hon Alison Xamon is unfortunately away on urgent parliamentary business and cannot be here for the debate. She indicated to me that she would like to make a statement about this issue before we adjourn this evening.

I thank Hon Linda Savage for bringing this motion to the house, particularly during Mental Health Week. It is an important debate to be had. This area, like a number of other areas, cries out for multiparty support. The community looks to us as parliamentarians and leaders in the community to achieve results in this area. It is fair to say that there has been long-running neglect of the issue of mental illness in our community. Perhaps that is a result of us thinking that we are the Lucky Country and that mental health issues do not really exist. There has been a pattern of not bringing mental illness issues to the fore, and that has had an impact in other areas. We are only beginning to grapple with that as the incidence of mental illness increases. As has been mentioned by a couple of other speakers, the symptoms of mental illness are manifesting earlier and going on for longer. More complicated issues relating to mental illness are a part of our community reality. Mental health issues impact not only the area of health, but also profoundly impact families and communities. Mental health issues impact the justice system and prisons. Prisons have become holding centres for people with mental illness. They also impact on our schools and on those who drink alcohol and take drugs, particularly those who abuse prescription drugs. There is a growing tide of need. I think all members would agree with that. Perhaps we have lived with the hope that the problem would go away. It is not going away; in fact, demand for mental health services is growing.

I agree with Hon Helen Morton that the lack of a dedicated mental health minister in the previous government was an issue. It was with some expectation and hope that the shift in government would result in a dedicated mental health minister and that that would be a good trend. The government came in on a promise to direct some attention to this area. This motion is about determining where we are two years later. Has the government given mental illness the attention it needs or does the state continue to fail to provide the services that are so needed? It is my understanding that there is growing unrest in this area and that despite the promises that have been made and the structural assessment mechanisms that have been put in place, there is a fundamental lack of resources on the ground. I understand the argument that the government needed to work out a good model and that it wanted to set up a system that would address the clinical approach that has often been taken to mental illness. It wanted to look at mental health in a more holistic way. Those are admirable objectives and structural changes.

Hon Linda Savage; Hon Ljiljana Ravlich; Hon Helen Morton; Hon Giz Watson; Hon Col Holt; Hon Liz Behjat;  
Hon Adele Farina

---

However, in a wealthy state such as ours—compared with almost anywhere else on the planet—I cannot understand why the government does not make it a priority to inject significant funds into this area to address the basic problems such as people having to wait too long for services, inadequate services, the inability to meet escalating need, let alone existing need, and accommodation issues. The point of this motion is to ask why we have not seen a serious injection of funding to increase resources to address the immediate need as well as to make the structural changes that are necessary.

I acknowledge that this is a standard debate that happens when a new government comes in. The new government asks what the previous government did about a certain issue, outlines what it is doing and says that it is doing things better than the previous government. There is some truth to both sides of the debate. I am not without my criticism of the previous government. During the two terms of the previous government, I raised concerns about mental health funding. However, it is time to have a critical look at how this government is performing. It is fair to reflect that there is a lot of disappointment and distress in the community because the government has failed to deliver at the coalface and on the ground. It has failed to alleviate the pressures in the delivery of mental health services, which is unacceptable.

Those are the points I wished to make on behalf of the Greens (WA). As I say, I am sure my colleague Hon Alison Xamon will add some further comments this evening.

**HON COL HOLT (South West)** [11.00 am]: I wanted to make a brief contribution to the debate. Similar to most people in this house, I welcomed the appointment of, and recognition that we needed, a Minister for Mental Health who would give a very concerning issue the government focus that it deserves. I also acknowledge what Hon Giz Watson said about needing a broad strategy to tackle mental health issues and to help people with those issues around the whole state. Sure, it is good to get the consultation right and it is really good to work on broad strategies to make sure that ongoing resources are available and that those with the greatest need are targeted, but those broad strategies need to be developed at the coalface. I have been involved with a fair bit of strategic planning over the years, and I think it is also good to—use a colloquialism—“get some rubber on the road”. At the same time as developing strategies and getting the upper end planning right, it is also very good to build momentum at the grassroots and coalface level to let people know that changes of this magnitude, such as having a dedicated Minister for Mental Health, will actually make a very big difference to their lives, in their homes and on their doorsteps, so to speak.

We often talk about services of this kind in regional Western Australia and how it is difficult to get all sorts of services out in the bush, especially out in the remote areas. Attracting mental health practitioners and people with solutions to those issues is just as difficult as it is to attract other services. That does not mean the demand is any less; it is just very hard to get people out there. I have actually spent some time with a south west psychologist this week whose whole life obviously revolves around helping people with mental illness. He is obviously a very passionate guy and he left me in no doubt that he felt that the issue was continuing to grow and that we have a burgeoning problem in the south west and regional Western Australia. His particular focus is on youth, and we talk about triggers of mental illness—drugs is obviously one of those—and he was very concerned about the effects of drugs on young people in a lot of communities around the state. I share those concerns.

Being a regional member, I want to set a little challenge for the Minister for Mental Health at this time that is based on some of the things that are happening out in the bush this season due to the lack of rainfall. I have lived in regional communities most of my life, around agriculture, and there is a really interesting dynamic, or dilemma, in that the longer the season goes on without any rain, the more people can feel the tension and the stress mounting in not only farmers themselves or their families but also the businesses around town and the whole community. The whole community feels it. Most years we get a break with the rain and we get enough rain to make sure that life goes on, and immediately that rain comes there is a lift in communities and people’s spirits. Stress is a trigger for mental illness and people worry about their future and about how they are going to feed and educate their families, so when the rain comes, people feel much better. I think this year we have the potential to experience something very, very different. I hope most members took up the Minister for Agriculture and Food’s invitation to the briefing on the dry season. That briefing informed me that some areas have had 50 per cent less rainfall and that it has been one of the worst years on record. Some people will not be able to take off any crop at all. Although that is an agricultural issue and it is about climate change and managing the risks of one’s own business, it does have a very serious effect on individuals, their families, and the broader community.

Many counselling agencies out there are dealing with some of the issues that are triggered by such things as a lack of rainfall, and there has already been an increase in cases presenting to them. There has already been an increase in family problems, domestic violence and depression. Really, while those things might be underlying issues for a lot of the population—we often talk in this place about us all being exposed to people with mental health issues—these are being brought on now by the stress in communities.

Hon Linda Savage; Hon Ljiljana Ravlich; Hon Helen Morton; Hon Giz Watson; Hon Col Holt; Hon Liz Behjat;  
Hon Adele Farina

---

I look forward to the Minister for Mental Health getting on with the job, and I think there will probably be something for him to tackle in the very immediate future. I would certainly like to see “some rubber on the road” very soon for some of those communities. I am not just talking about the south east Wheatbelt; places in the south west have had less than 50 per cent of usual rainfall and there has been talk about how that affects communities.

I would like to leave the minister with a challenge. I agree it is great to have a focus on mental health and it is great to get the strategies and the broader resourcing issues right, but I would really like to see a coordinated response, or some thinking about how that new focus can address some of those immediate issues.

**HON LIZ BEHJAT (North Metropolitan)** [11.06 am]: I also want to thank Hon Linda Savage for bringing this motion before the house today. Twice in two days I have been able to stand and thank members of the opposition for bringing matters to the house that we can speak about. I am very proud to stand to speak about some significant areas and changes that have been made in the area of mental health. I also want to recognise that this is Mental Health Week. As Hon Helen Morton has said over the past couple of nights, it is doubtful that there is anybody in this chamber who has not somehow been touched by mental health issues in their lives. A very close family member of mine has, for a number of years, had to resort to the services of mental health professionals to assist her through some very deep, dark, troubled times. Those of us who do not suffer from those problems have very little ability to even recognise what that is about. I want to recognise the fantastic work that people do in this area.

A stable house cannot be built without very good foundations; it just does not work. The roof has to have something to go on; there have to be foundations. That is what this government is doing; it is building the foundations of what will make Western Australia a leader in the mental health area in years to come. It is not a quick-fix solution. Nothing has been done in this area in the past. As Hon Giz Watson recognised, the area of mental health has long been neglected. The Barnett government came along and made a commitment to having a Minister for Mental Health, and that is exactly what it has done. It has gone around facilitating that and putting those foundations in place. My colleague the parliamentary secretary could have spoken about so much in that area, and two of the areas she was not able to cover were that there is going to be consumer representation on the Mental Health Commission, and that the chair of the advisory council will be announced in November, as will the members of that committee. A peak consumer body will also be established. The feedback that we have been getting from consumer representatives is in the process of being compiled at the moment. The body will be in place by the end of this year. That is another example of putting those good foundations in place so that we have the structure necessary to take care of the, unfortunately, increasing number of people who need to seek the services of mental health professionals in Western Australia.

In the short time I have been a member of Parliament, I have attended the opening of two mental health facilities in Perth, so it is not that nothing is happening in that area. We are, as I said, building the foundations, but there are also some great practical examples of newly opened facilities. The first opening I attended in February this year, I have actually been twice to this facility, was that of Ngatti House in Alma Street, Fremantle. Ngatti House is an age-appropriate rehabilitation program for 16 young people aged between 17 and 22. As we know, mental health issues in younger people are growing. Ngatti House is for young people who have recent or current histories of homelessness and who require specialist mental health or clinical care—they come into Ngatti House, which is a safe environment. It is run in partnership with Life Without Barriers—as members know, the Barnett government is very good at partnerships. We do not believe government should be running facilities such as these. We do not have the expertise necessary to run them on our own and we recognise that there are fantastic not-for-profit and non-government organisations out there that have that expertise—together with government, they can provide these programs. Life Without Barriers offers psychosocial support at Ngatti House so residents can learn skills that will help them transition back into the community. One of our main aims is ensuring that becoming a consumer of mental health facilities is not a career option for these people. We need to get them back on track with the right sort of therapy, medication or whatever it takes to get them back out. Ngatti House is an absolutely delightful facility. The second time I visited, I went along with Hon Lynn MacLaren, as it is in her electorate. Because these issues are across parties, I invited her to come along with me to present a Lotterywest cheque to the people of Ngatti House. They were given over a quarter of a million dollars by Lotterywest to provide them with the furniture, equipment, information technology, telephones and vehicles necessary to run the facility. I would certainly encourage any members who have the opportunity to go to Ngatti House to do so. It is a fantastic facility and a practical example of what has been provided in the mental health area.

More recently, in August, I attended the opening of Ngulla Mia, which again is a partnership between the Department of Housing, the Mental Health Commission and the Richmond Fellowship of Western Australia together with the North Metropolitan Area Health Service. Ngulla Mia brings together a statewide service that

Hon Linda Savage; Hon Ljiljana Ravlich; Hon Helen Morton; Hon Giz Watson; Hon Col Holt; Hon Liz Behjat;  
Hon Adele Farina

---

provides, again, transitional accommodation, but this time for men and women from the ages of 18 to 65 who have mental illness and are experiencing homelessness. With the parliamentary secretary, the Minister for Health and other members, we attended the opening and were given a tour of those facilities. My understanding is that Ngulla Mia has now received its first residents; it is bringing them in in a staged manner. Ngulla Mia is a fantastic facility as well. Again, it is another practical thing that is happening while we go about building the foundations for mental health care in this state—foundations that were lacking over the term of the previous government. It is a good example of the Barnett government's steady-as-she goes attitude that we apply to so much of what we do. I have no doubt that we will achieve what we have set out to achieve in this term of government and beyond, but we will do it in a way that is lasting. We will not simply tinker around the edges; we will apply a whole-of-government approach together with collaboration.

Another passionate interest that I have, as members will know, is multiculturalism in Western Australia. I was very pleased recently to host a forum in my office that was addressed by the parliamentary secretary for a number of members of the culturally and linguistically diverse communities in the North Metropolitan Region. The forum discussed the issues facing our ever-growing CALD communities in mental health. I am pleased to see this attitude and that this was one of the areas identified in the review that has been done in mental health. So many of the people coming to our state now have been through things that we could never imagine happening to us, such as trauma and torture, through the experience of being refugees. There is a great need for us to recognise that we have had to deliver services in a different way. I know that the Minister for Mental Health and the parliamentary secretary are very supportive of any measures that we can take in this area. Again, this is another practical example of what we are already doing on the ground. There are organisations out there like the Association for Services to Torture and Trauma Survivors that look after victims of torture, and we are going to be collaborating with them in the mental health area. An unfortunate thing that happens to people who come from non-English speaking backgrounds is that, with the onset of Alzheimer's disease, there is a reversion to their mother tongue. It is very important that we encourage people who speak languages other than English to move into the mental health sector as carers so that they are able to help those people in need. That is something that we are providing through the increased capacity in the workforce.

In 2010, a locally based Indigenous mental health training and orientation program was developed in the north west of the state to get people ready for the critical care unit that is going to be built there. Again, we are building the foundations necessary to ensure that this government delivers mental health services of world quality beyond this next six or 12 months and into the next 10, 20, 30, 40 or 50 years. Unfortunately, mental health problems are growing, and again we have talked about suicide prevention strategies. We are getting things done, but we are doing it in a way that is measured, effective and long lasting.

**HON ADELE FARINA (South West)** [11.16 am]: The time constraints that we have in this debate are extremely frustrating, and I share the frustration that was expressed by Hon Helen Morton that the time allocated is not sufficient to deal with this issue. I had a speech prepared, but am going to throw it out the window because I want to address some of the issues that have been raised. First of all, I would like to congratulate and commend Hon Linda Savage for bringing this motion on today. Mental health is a growing issue in our community. It is an issue that we are not tackling, that confronts all of us and that we need to do better on. I thank her. I do not have time to run through a lot of the issues that she has raised so I will simply endorse her comments and leave it at that.

This government was elected on a commitment to the people that it would make mental health its primary focus and that it would immediately deliver results to people suffering from mental illness, their families and carers. The bottom line is that it is two years into this term of government and the government has failed to do that. All we have really seen is this government rearranging the deckchairs on the *Titanic*. It is of very little help; the *Titanic* still sinks and that is where we are headed. There has been the appointment of a Minister for Mental Health, a Mental Health Commissioner and the Mental Health Commission, but the reaction in the community is, "So what? How is it helping us access better facilities and services? What improvement of facilities and services has actually resulted on the ground?" The reality, particularly in the South West, is zero. There has been no improvement to services and facilities in two years; in fact, in a lot of areas they have gone backwards.

I am glad that Hon Liz Behjat was able to attend the opening of two new services in her electorate; I wish I could be standing here saying the same thing, but sadly that is not the case. Although two new services may have opened, at least double that number has closed, and I am very much understating that number. We are not learning anything new from the review. What we are learning from this review process is what we all already know. We all know what the issues in the area of mental health care are. I have a long list of the problems in my electorate starting with the lack of general practitioners. People need to see a GP in order to get a referral to a mental health specialist; if they cannot get in to see GP, they cannot get through the door and begin the process of mental health treatment. Early intervention is advocated very widely in mental health care, but people

Hon Linda Savage; Hon Ljiljana Ravlich; Hon Helen Morton; Hon Giz Watson; Hon Col Holt; Hon Liz Behjat;  
Hon Adele Farina

---

who live in the South West can forget about that because they cannot get to see a GP. By the time they get to see one and get a referral to a specialist, there is a six to eight-month, if not longer, waiting time. I cannot count how many doctors, psychologists, parents and even people suffering from mental illness have told me about their frustrations in actually getting an assessment from the child and adolescent mental health service, for example.

There are long delays and, more times than not, they are getting a letter in return patting them on the head saying, "Continue with what you are doing and all will be fine." This is not a criticism of the child and adolescent mental health service. CAMHS does not have the capacity to deal with the demands being placed on it. The demand has increased at a huge rate, and it simply is not coping with the demand. If one cannot get an assessment, how does one go on to get some treatment?

The problems that we are facing here are critical and fundamental, and they need to be dealt with. We need additional services and facilities. We do not have any facilities in the South West. We have a psychiatric ward for adults at Bunbury Regional Hospital, but nothing for children. We have very limited outpatient facilities. We do not have drug and alcohol rehabilitation places, especially for youth. We do not have supported accommodation—or not enough, and none for children. The list goes on and on. There is real concern in the community. The bottom line is that people are not round pegs that can fit into round holes. They come, often, with a range of different problems, and there is real concern about continuing the silo mentality that has been going on for years now. The creation of the position of Mental Health Commissioner and of the Mental Health Commission is just a reiteration of that silo mentality, whereby everyone thinks that all mental health problems fit into this mental health peg hole and that they can easily be dealt with. The reality is that people tend to have a range of different problems across a range of different areas that need action right across government, with government agencies working together. That is not happening. While we need a significant investment of funding in mental health to provide services and facilities, particularly in regional WA where they are close to zero, we have one child psychiatrist servicing the whole of the South West. It is a joke—an absolute joke! We need a huge investment of funding. However, there are a lot of other issues that can be dealt with that do not need a huge investment of funding.

I note that, because of time constraints, I will go through this very quickly. A couple came to see me, and I spent hours listening to their frustrations about what they have had to deal with. They have two children with autism and mental health problems. They have hit one brick wall after another trying to get the support and assistance they need for their children. Disability Services provides assistance for their children and their autism up to the age of six years. Once they hit primary school, they are handed over to the education system and told that the education system will look after them. The bottom line is that the education system does not look after them. Psychiatric support that is provided through the schools focuses only on incidents that happen in the school, not on the sort of problems they might be having at home, and obviously they are not having problems just at school. If an incident happens at home and the parents are concerned about it, they cannot go and speak to the school psychiatrist, because it did not happen in the school; and if they have had access to private specialist care, the school psychiatrist will not deal with them any more because it is claimed that there is a conflict of interest. This family was living in an inland town in the South West and had to see a private psychiatrist. The private psychiatrist then went on three months' long service leave. In that period they moved into one of the coastal towns in the South West. The private psychiatrist is now back on duty, but they have been on the waiting list to see the private psychiatrist for more than eight months, and they have still not got an appointment. They want to get the school psychiatrist to help. Their oldest child has run away from school twice in eight days and is into self-harming, and they are very concerned about his welfare. The school psychiatrist will not see them because they have gone to see a private psychiatrist, and the school psychiatrist is claiming a conflict of interest. The parents are at breaking point. I do not know how they are managing. They are having to do all the research to identify and access services themselves.

I spoke to the Minister for Mental Health—this is not a dig at him; he gave me a lot of time, he heard me and I did not have an appointment with him—and I am grateful for the time he spent listening to my concerns. He asked me to put my concerns in writing, which I did. He told me that I would hear back from his office in a week. I did not; it took a lot longer than that, but I did eventually get some information that the assessment through CAMHS would be undertaken. That was positive. I did a welfare check on the family last week and found out that only one child was assessed by CAMHS, not both children, and of the list of six things that I identified, through the family, that this family needed urgent assistance with, only one—or, half of one—had been dealt with because only one child was assessed. As a result of that, I sent a very pointed email to the minister expressing my dissatisfaction with the way the matter had been dealt with, particularly as the family has been identified as a family in crisis. The whole family is in crisis.

To the credit of the minister's office, the policy officer contacted me straightaway to apologise and, fundamentally, has now handballed the family's problems to the Commissioner for Mental Health. Yes, we have

Hon Linda Savage; Hon Ljiljana Ravlich; Hon Helen Morton; Hon Giz Watson; Hon Col Holt; Hon Liz Behjat;  
Hon Adele Farina

---

a Minister for Mental Health; yes, he is listening. But he needs to do more than that; he needs to act, especially when we have a family in crisis and there are two children who are in crisis, I expect a faster reaction than that. Now we have a situation in which this problem has been handballed to the commissioner, who, last week, was on leave in any event.

I am sorry; I have run out of time.

**HON LINDA SAVAGE (East Metropolitan)** [11.26 am]: — in reply: I will use the last three minutes I have to make a couple of points. Obviously, a great deal has been said that I will be poring over. There are some points that have been raised that, obviously, because of the number of times I have spoken about this matter, I and the people who are contacting me regularly will be interested to follow up. For example, I refer to the statement made by Hon Helen Morton that the clinical model had gone too far. My immediate response to that would be that we need many, many more clinicians. We need many other things as well. I will watch with interest.

In regard to the blueprint, the reason there is so much expectation about the blueprint is that it appears it is the obstacle to taking action, and until the blueprint is released, as I have been told in answers to my questions, the issues that I have raised will not be addressed because the answers will be found in the blueprint.

A couple of members have raised issues about children. Let me reiterate: the burden of mental health illness is in children and young people. If it is not treated, we will not begin to turn back the increase in the number of mental illness cases that we are experiencing. That is why I said, and I would like to say again, that I am concerned that the consultation paper is not premised, nor is its overall direction or conclusions, on the understanding that this is where we must start in addressing mental illness. My concern is, and the reality is, that if we do not start to address mental illness in children and young people, we will have a wave, which we will not be able to deal with later, of an increasing number of people with a mental illness, whatever category they may fall into in the other parts of the report.

The last thing I want to comment on is a statement by Hon Helen Morton about accountability and who is liable, and the fact that the mental health minister is prepared to listen. I think we have been given just one example in which, even though someone may be in contact with the Minister for Mental Health, it does not necessarily mean that that person will get the response that he or she expects. I will end by saying that in regard to Dr Wojnarowska and her concerns about the safety of her staff, no-one has contacted her, despite the fact that I have spoken about this time after time.

Motion lapsed, pursuant to temporary orders.