

MENTAL HEALTH SERVICES — EAST METROPOLITAN REGION

Grievance

MS J.J. SHAW (Swan Hills) [9.57 am]: My grievance is to the Minister for Mental Health regarding the lack of facilities for people experiencing a mental health crisis in my electorate and across the east metropolitan region. It follows a tragic incident in my community—the loss of three beautiful people in Ellenbrook at the hands of a young man with a history of dire mental illness who presented himself at St John of God Midland Public Hospital and a young man who can equally be seen as a victim. My community met this terrible incident with the most incredible compassion, kindness, generosity and resilience. I again express my thanks to all of those who provided help and support. These tragic events have also drawn out my community’s anger. It is an anger that I share and that I also express now to the minister. Friends, family, sporting and community groups all came together at the memorial service for Michelle Petersen and her two children. Many people were there from agencies and organisations that provided various forms of support to a family that had clearly been struggling for a very long time, sadly. The thing that struck me during the service was that so many people expressed frustration at the lack of support for people experiencing a mental health crisis. These circumstances shone a glaring light on the fact that my community has nowhere to go at times of mental health crisis. We have had years of neglect, and it is simply not good enough. I know that investigations are underway into what happened on 15 July. I also know and appreciate that the Minister for Health cannot go into that, but there is no doubt that something went terribly wrong. Things have been going horribly wrong in the east metropolitan area for far too long now. Only a matter of months ago I raised a grievance with the minister that my area is the only part of the Perth metropolitan area in which the federal Liberals refuse to provide full Medicare access to MRI services at St John of God Midland Health Campus. We want nothing special there—just equal access at our local public hospital to services that the rest of Perth enjoys. Minister, I grieve now about something that the state government can and should do, something that it should be providing at St John of God Midland—equal access to crisis care.

Mr J.E. McGrath: Hear, hear!

Ms J.J. SHAW: The member can say “Hear, hear!”, but this was on your watch.

Mr Z.R.F. Kirkup interjected.

The SPEAKER: We will have no interruptions, member for Dawesville; you know better than that.

Ms J.J. SHAW: The Mental Health Commission in 2015 identified the growing need in my community for crisis care facilities, called mental health observation areas, for people presenting to emergency departments with mental health and alcohol and other drug problems. At the state election the Labor Party said it would put patients first. In our mental health policy, the Premier said —

There isn’t a person in WA who doesn’t have a family member or friend who has experienced struggles with their mental health. Wherever I go across the State, people always tell me there is simply not enough support and treatment options for people with mental health conditions.

It shouldn’t be that way.

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In times of crisis, families need to know that there are beds available for their loved ones when they need them.

How right that is. I know that since coming to government the minister has opened mental health observation areas—quiet, safe areas where patients can receive the treatment they need at times of crisis. I know they are being delivered at Royal Perth Hospital in the city. I know they are at Joondalup Health Campus in the north, Fiona Stanley Hospital in the south and Sir Charles Gairdner Hospital in the west. But what about us in the east?

In 2017, I asked the people of Swan Hills to vote for me. I said I would fight for our community and that I would put our patients first. We are sick and tired of the neglect. We deserve better. I ask the minister on behalf of my family and my community to make sure that our community’s tragedy has not been in vain. I ask for the minister’s support to meet the pressing need in my community for access to crisis care at St John of God Midland.

MR R.H. COOK (Kwinana — Minister for Health) [10.03 am]: I thank the member for Swan Hills for her grievance today. When communities are in crisis and are hurting, leaders stand. I want to say simply that the member for Swan Hills has been absolutely resolute and strong in her support of her community, particularly around the issues that took place on 15 July. These are difficult issues. I understand the hurt that is being felt in that community, and the member for Swan Hills in other contributions or in discussions with me has talked about how that has been expressed in local social media and how people want to see better mental health services provided so that people have, as the member so eloquently put it, treatment options to suit their needs at the time

that they need them. From that perspective, her contribution is absolutely appropriate. She continues not only during these times of crisis but also before and since then to advocate for her community. It is indeed heartening to see that level of leadership, so I want to thank the member for bringing forward this grievance.

The member is absolutely right. We talked about putting patients first. We want to make sure that that includes mental health patients—patients who need assistance and who are often some of the most vulnerable in our community. The member is absolutely right; the Mental Health Commission has undertaken a range of actions, both ongoing and pro-actively, and sometimes in reaction to issues in the community. In 2018–19 the Mental Health Commission increased funding for the east metropolitan youth unit, or EMYU as it is affectionately referred to, which opened on 15 June, with six additional beds for 16 to 17-year-olds. On 14 August a further six beds opened, taking the capacity to 12 additional youth beds to take into account the cohort 16 to 24-year-olds. This came about in large part because of the reconfiguration of beds at the new Perth Children’s Hospital, which has a cut-off of 16 years, so it was important that we increased that capacity.

Additionally—the member also mentioned this—the Mental Health Commission is currently working on the development of other mental health observation areas. In particular we have opened an urgent care clinic toxicology unit—I understand that that is not a flash name, but, as the member says, people in that crisis situation need to receive those detoxification opportunities—at Royal Perth Hospital. The early indications are that that is a rather successful model for intervening in that particular point of crisis when a person is most impacted by drugs or alcohol. At that particular moment we can take the opportunity to intervene and provide them with the appropriate care. I should add that that also takes pressure off our emergency departments and makes an important contribution to our urgent care clinic policies, which are about diverting patients to more appropriate sources of care and, in particular, making sure the pressure is taken off our emergency departments. In addition, in January 2017, the Mental Health Commission introduced three metropolitan suicide prevention coordinators through the implementation of the Suicide Prevention 2020 strategy. These suicide prevention coordinators are now located throughout the state and are responsible for coordinating services within their regions across different departments to make sure we move forward.

But we have to do more. As the member pointed out, we need to have a better focus on mental health services. The member talked about making sure that those services are provided in the Midland area. We know that people in Midland and the east metropolitan area generally have a high incidence of alcohol and other drugs impacts. As the member pointed out, mental health observation areas are currently operating at Sir Charles Gairdner Hospital with six beds, and at Joondalup Health Campus with 10 beds, and we are developing mental health observation areas at Royal Perth Hospital. We also have an eight-bed short-stay assessment unit operating at Fiona Stanley Hospital. That allows people to stay for up to 72 hours—again, as the member says, providing that opportunity to intervene.

I want to quickly highlight the work of the mental health co-response service, which is a joint initiative between the Mental Health Commission and the WA Police Force. It is a highly successful pilot program and we are looking at whether we can take some learnings from that successful program to see what actions we will need to take to extend its influence.

We understand that there is a need in the community to continue to build the capacity of our mental health services to ensure they meet the needs of the community. We now know through the member’s advocacy that we need to do more work in the east metropolitan area. We will be undertaking work at the urging of the member to make sure we look at how to provide not only those long-term rehabilitation and reintegration services, but also that crisis care. It is in that moment that we need to intervene in someone’s life, because at that moment, when they are in the crisis, in the grip of alcohol or other drugs or in the grip of acute mental health symptoms, we need to make sure that we can intervene and wrap our arms around those people and get them on a better pathway. We will do that because we have great advocates like the member for Swan Hills championing the cause on behalf of her community. I commend her for bringing this grievance today.