

**CHILD AND ADOLESCENT MENTAL HEALTH SERVICE — ADDITIONAL FUNDING**

*Motion*

Resumed from 7 November on the following motion moved by Hon Ljiljana Ravlich —

That this house notes the findings from the Commissioner for Children and Young People in the inquiry into the mental health and wellbeing of children and young people in Western Australia, and calls on the Minister for Mental Health to immediately implement the recommendations by providing extra funding for the child and adolescent mental health service.

**HON ADELE FARINA (South West)** [2.20 pm]: I rise to continue my remarks on this important motion. When I was last commenting on the motion, I was making the point that the failure to answer questions fully, and the discrepancy that is being provided in answers, is making it very frustrating for the community to try to access information in this important area of mental health service provision for children and adolescents. I would like to point to some of the inconsistencies that I have been particularly frustrated with.

I asked two separate questions about the funding allocated to the South West Child and Adolescent Mental Health Service in 2012–13. The answer that was provided to me on 6 November stated that the funding that had been committed for south west CAMHS in 2012–13 was \$1 152 858. Two days later, I received the reply to the second question that I had asked, and the minister advised that the funding allocated to south west CAMHS in 2012–13 was in fact \$1 374 858. So there is a discrepancy in the figures of over \$200 000. These are answers that were provided two days apart for the 2012–13 budget, and there is a significant discrepancy in those answers.

I also asked a question about the funding allocated to south west CAMHS in 2011–12, and the answer that was provided stated that the amount of funding was \$1.99 million. When we look at the differences between the 2011–12 figure and the 2012–13 figures, and compare the 2011 figure with the answer provided on 8 November for the 2012–13 figures, there is an increase of only \$175 000 to south west CAMHS. That could hardly be called a reasonable increase in the funding that has been allocated to south west CAMHS, particularly given the population growth in the region, and also noting the fact that south west CAMHS in early 2011 put a business case to the minister explaining that it needed an urgent injection of funding of \$1.6 million, yet that is the only increase in funding that it has had. If we compare that figure with the figure for the 2012–13 financial year that was provided in the answer that was given on 6 November, there has actually been a cut in the funding for south west CAMHS between the two years of about \$36 000. The minister has stated in this place that there has been an increase in funding for child and adolescent mental health services under this government in successive years. However, the answers that the minister has provided to this house do not bear that out. It would perhaps be helpful if the minister would clarify what those figures actually are, because when we are given answers two days apart that are significantly different, it raises some very serious questions.

I also asked some questions about the number of staff employed at south west CAMHS. In relation to the number of social workers, on 23 October, I was told that as of 1 October, there was one full-time equivalent dedicated social worker position, and there were 4.4 FTE social workers employed in generic capacities at south west CAMHS. One day later, in answer to the same question, I was told that there were 2.2 FTE and three people in terms of head count employed in those positions. So, again, that would appear to be a significant reduction in the number of social workers at south west CAMHS. The answers that the minister is providing to questions asked in this place do not bear out her statement, in response to this motion, that there has been an increase in commitment to the child and adolescent mental health service.

I also point out that the personal attacks made by the minister every time a member on this side of the house gets up to ask a question on this important issue are nothing more than petty point-scoring. They diminish the important issue that we are trying to address. They also diminish the opportunity for the community to get information it is seeking through the asking of those questions. The feedback I have received from members in my community is that they are disappointed and frustrated that ministers are more interested in belittling members who ask questions than in dealing with this important issue, which is, and should always be, of paramount importance in this place. At the end of the day, it reflects poorly on the minister, and it reflects poorly on the government; and it achieves nothing if the minister belittles members on this side of the house, because we are made of stronger stuff and we are going to continue to ask these questions. So it is a pointless exercise.

I also asked the minister a number of questions in an effort to try to ascertain what is happening in south west CAMHS and to address the issue of the significant gaps in the delivery of child and adolescent mental health services in the south west. The report of the Commissioner for Children and Young People identifies a number of service gaps that need to be addressed. That was endorsed also in a separate report by the Val Lishman Foundation on the issue of suicides in the south west. Earlier this year, I asked a question of the minister about

what action had been taken in advancing the recommendations in that report, and in the minister's answer we again were given the usual list of things that are being done throughout the area. But the answer did not address the issues raised in the key findings of the report. Again, there is growing frustration in the community that questions are being asked but are not being answered. Both the children's commissioner report and the Val Lishman Foundation report are very important pieces of work that raise critical issues about gaps in service provision in this area that seriously need to be addressed.

I want to go back to the issue of south west CAMHS funding, because I am particularly concerned about that issue. The bottom line here is that south west CAMHS funding is not sufficient to meet the community need for a specialist service treating the most severe and complex mental health disorders. All the research shows, without question, that early intervention is absolutely critical. Yet neither south west CAMHS and CAMHS throughout the state, nor any other government service, is available to provide that early intervention help. It is appalling that as a government and as a Parliament we think it is okay for government simply to provide services at the critical end rather than stepping in at the early intervention stage, when all the research shows that that is when we will have the greatest impact and where we can prevent mental health disorders from progressing. That will also be of long-term economic benefit to the community, because the costs will be far less than they would be if we are always stepping in at the last minute. Families in the south west continually express to me their frustration that services for early intervention are not available, and that families have to wait until their child has reached crisis point before they can get help for their child, because, often, that is just too late. There is a continual cry to me about that frustration. Last year, in the Bunbury coronial district, one child aged under 16 years committed suicide, and two young adults aged between 18 and 25 committed suicide. Accurate figures for attempted suicide and suicide ideation are difficult to ascertain but, clearly, if suicides are happening, there are also large numbers of people who fit into those other two categories. Perhaps if we had had appropriate levels of early intervention, we could have avoided the suicides and attempted suicides occurring in the region.

Any additional dollars spent in mental health, while welcome, are simply not enough. More funding is needed for government services, as opposed to non-government sector funding. I make the point that we need to provide greater resources in the government sector. Funding needs to be recurrent and provided on a long-term funding cycle. One of the issues that is frequently raised with me is that a lot of funding is being directed to the non-government sector. A lot of that funding is for a short-term cycle and is often not recurrent. The problem is that programs run for a very short period. People are often unaware that those programs exist and are, therefore, unable to access them or, when the programs become established, funding is then cut and they are lost. There is a big issue in funding that sector to provide this important service. I am not saying it should not be funded; I am saying that we also need a core service that is provided through the government sector. As Hon Alison Xamon said, the minister should not paint a picture that everything is okay, because, clearly, it is not. Families, doctors, other medical practitioners, counsellors, social workers, community child health nurses, people working in the government and non-government mental health sectors and youth in the south west are saying that it is not okay.

It is clear that child and adolescent mental health services need more capacity to meet the need in the community. It is also clear that there are significant gaps in the mental health services in the south west that urgently need to be addressed. Mental health services for children and young people continue to be underfunded and under-resourced. It is for this reason I am pleased to support the motion moved by Hon Ljiljana Ravlich. While the minister has mentioned a number of projects that are being undertaken by the government, it is clear from feedback I am getting in the south west that they are not having an impact on the ground. They are not having an impact where they need to have an impact, and that is of great concern. It is of great concern when people who work in this sector cannot identify the key indicators for a child or an adolescent at tipping point. We are talking about general practitioners, which is usually a child's or an adolescent's first port of call when they have a mental health problem. The Val Lishman Foundation report said that most GPs and other people who are the first port of call cannot identify 50 per cent of those key indicators. That is a critical problem. They cannot begin to address mental health problems if they cannot identify them, and they cannot make that critical referral to south west CAMHS when a person is at a critical crisis point when the key indicators cannot be identified. I attended a youth forum in the south west where youths who were suffering mental health issues had an opportunity to describe their journey. I found it an incredibly rewarding forum to attend. These young children and adolescents were not only very brave to stand before a group of people and put their story; they also had very interesting stories to tell. One of the recurrent themes that came across from most of them was that when they went to their GP to say, "I have a problem", it was very quickly dismissed as just puberty blues and they were not treated seriously. It took those children to reach a critical point before their concerns started to be taken seriously, so, clearly, that highlights the fact that we have a problem. We have a problem at that first point of contact in identifying a mental health issue and ensuring that people get the support they need. There cannot be anything more disheartening for someone who has taken that big step of admitting they have problems and seeking help than to be patted on the head and told, "Look, it's okay; you're a teenager; it happens when you're a teenager. It's just puberty blues; you'll get over it", when, in fact, it is something more serious than that.

While funding may well be spent in this area, the message I am sending the minister from the south west is that significant gaps in service provision have been identified again and again and they are not being addressed. South west CAMHS has told the minister that it needs \$1.6 million to meet the current demand on its services, and that request has been ignored. The figures the minister gives in answer to questions I ask are inconsistent. Clearly, they cannot all be right because they are inconsistent. That needs addressing. We should be able to ascertain the reality. Minister, more needs to be done. This sector is looking to the minister for some leadership.

**HON LJILJANNA RAVLICH (East Metropolitan)** [2.34 pm] — in reply: I thank members for their contribution to this debate. This is a very, very important and timely debate. For the best part of two and a half years I and my colleagues have stood in this place and expressed concerns about the lack of beds in mental health; the lack of access to services, be they adult or adolescent mental health services; and the lack of resources and mental health support services in regional and rural Western Australia. Time and again this minister has reassured us that everything is okay and that she is running a good system supporting mental health patients, supporting their families and supporting carers. I have to tell members that that could not be further from the truth. Today, finally, the report of the “Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia”, the long-awaited Stokes report, has come to the public’s attention.

By way of quick summary I want to put a few key things on the public record because I think it is really important. We have been told time and again about patients having access to services. This applies to adult and adolescent services. The Stokes report says at page 3 —

**Patients:** The Review heard patients concerns about the inconsistent response of mental health services to their presentation and that assistance was often not available —

Can members believe that there was no assistance? It continues —

until they were at their most vulnerable and in crisis.

They do not get treated, then they are in a crisis and they get some treatment. What a shocking indictment on this government. I do not have time to go through all these but I want to mention a couple. The report continues —

**Carers:** The Review heard clearly that there are areas of service where carers and families believe that considerable improvements need to be made. For some, an unhesitating opinion was that the system, by virtue of not providing adequate, timely and preventive care, was a major contributing factor to a patient’s suicide.

I have spoken about those young people who took their lives following lack of admission and lack of treatment.

**Hon Simon O’Brien:** Have you spoken to them?

**Hon LJILJANNA RAVLICH:** In relation to suicides at Alma Street hospital, I have spoken with the families of people who took their lives, many of whom were turned away and did not have access to treatment or, indeed, received inadequate treatment. This minister sat there day in, day out and gave assurances that everything was fine. Well, it is not fine, minister, it is a long way from fine. This is an absolute disgrace. No wonder the minister did not want to place that report on the public record; no wonder she did not want to table it. Professor Stokes’ report continues —

**Clinicians:** Throughout this Review, clinicians consistently expressed a desire to provide the best possible care for patients and to improve the quality of care and service provision. However, they repeatedly expressed dismay at resource shortfalls, management and governance issues, workforce shortages, increasing demand, and prevalence of mental illness. The overriding message from clinicians is that these features all intertwine to effectively prevent mental health workers from achieving their aims.

Well, well, well! Let us talk about mental health beds. The report states —

**Mental health beds:** In order to provide meaningful comparative bed numbers, reference is made to Andrews and Tolkien II Team’s (2011) contemporary Australian modelling and based on the WA population of 2,366,900.

It shows that we have bed shortages in the system.

**Hon Helen Morton:** Have an excess of acute beds, is what he says. We have an excess. He says we need more in the community but we have an excess of acute beds and we’ve got more coming onstream.

**Hon LJILJANNA RAVLICH:** Minister, I tell you what —

**Hon Helen Morton:** So, look, don’t carry on about beds because you actually don’t know the answer to that yourself.

**Hon LJILJANNA RAVLICH:** I tell you what, minister, I will give you —

**The PRESIDENT:** Order!

**Hon LJILJANNA RAVLICH:** I will give the minister the opportunity. I want her to go through this report chapter and verse.

**Hon Helen Morton:** I've read it. Don't worry about it. I've read it.

**Hon LJILJANNA RAVLICH:** I am more than happy to have a debate with the minister in relation to —

**Hon Helen Morton:** You don't even know. You haven't read it. You don't know anything about it. You can't do it.

**The PRESIDENT:** Order!

Several members interjected.

**Hon LJILJANNA RAVLICH:** The minister should not get herself excited!

**The PRESIDENT:** Order! Order, member! Resume your seat for a minute.

**Hon LJILJANNA RAVLICH:** Thank you.

**The PRESIDENT:** Just lower the temperature a little bit. The sound system is working very well in the chamber and does not require any further amplification, and it does not require multiple interjections. The member who has the call is Hon Ljiljanna Ravlich.

**Hon LJILJANNA RAVLICH:** When we go to rural areas, once again it shows that there is a distinct lack of resourcing in regional and rural Western Australia when it comes to mental health. I have to say that this is a very damning report. Adolescents in this state do not have a chance for good treatment if they have a mental illness. Honestly, from what I see has been found to be the case by Mr Stokes, we are in very bad shape when it comes to this whole issue of dealing with mental ill health, be it in adults or in adolescents. If they cannot get care in this state until they are in a critical mental health state, then I really do fear for the future of people with mental health illness. I fear for their carers and I fear for their families. I have told the minister more than once that she has got her policy settings wrong.

**Hon Helen Morton:** Which ones? Which ones are wrong?

**Hon LJILJANNA RAVLICH:** The minister can get up and she can have her response when she wants to.

**Hon Helen Morton:** I can't. I have already spoken.

**Hon LJILJANNA RAVLICH:** I am sure the minister can bring a —

**Hon Helen Morton:** Just tell me which ones are wrong.

*Point of Order*

**Hon SIMON O'BRIEN:** Mr President, the motion is about noting the findings of the Commissioner for Children and Young People inquiry. The member in closing the debate is now talking about a report that —

**Hon Helen Morton:** Was tabled today.

**Hon SIMON O'BRIEN:** — was just tabled.

**Hon Ljiljanna Ravlich:** It's an embarrassment to you and you don't want it discussed.

**Hon Helen Morton:** It wasn't tabled; it was released publicly today.

**The PRESIDENT:** Order!

**Hon SIMON O'BRIEN:** Mr President, I will rephrase that because I am properly corrected. It is a report that was not part of the debate. In referring to that and in making her allegations and inviting response almost by interjection, it is not the purpose of a speech in reply in closing the debate —

**Hon Ljiljanna Ravlich:** What are you scared of?

**Hon SIMON O'BRIEN:** — to now start introducing and canvassing material that has not before been part of the debate.

**Hon ED DERMER:** Mr President, on the same point of order, I believe very clearly that there is a connection between the content of the motion and the comments of Hon Ljiljanna Ravlich. In that sense I think that the honourable deputy leader of the house's point of order is inappropriate, because I think Hon Ljiljanna Ravlich's presentation is entirely consistent with the standing orders and practice of the house.

**Extract from Hansard**

[COUNCIL — Wednesday, 14 November 2012]

p8491c-8495a

Hon Adele Farina; Hon Ljiljanna Ravlich; Hon Simon O'Brien; President; Hon Ed Dermer

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**Hon Simon O'Brien:** Oh, garbage! What planet did you just drift in from?

**The PRESIDENT:** Members!

**Hon Ljiljanna Ravlich:** What are you scared of?

**The PRESIDENT:** Members!

**Hon Simon O'Brien:** I'm not scared of anything. We're trying to preserve some decorum in this place and you intend to trash it!

**The PRESIDENT:** Members!

**Hon Helen Morton:** Time's running away.

**The PRESIDENT:** While the motion does refer primarily to a report from the Commissioner for Children and Young People, I think there is sufficient scope within the motion to refer to matters of broad interest in terms of mental health. However, I was keeping a close ear on the member's comments. One issue I would like to comment on is that the member was inviting the minister to have her say when it is her turn. That is not possible because the member is winding-up the debate and there is no possibility for any future contribution from any other member. In a sense the Minister for Finance's point of order makes a very valid point that the right of reply in a debate like this is to sum-up the arguments that members have contributed during the debate and not to introduce any new arguments. I cannot remember every word that was spoken in this debate over the last couple of weeks and whether or not the Stokes report was raised, but the member would have to keep that in mind in making her concluding remarks.

*Debate Resumed*

**Hon LJILJANNA RAVLICH:** Thanks, Mr President. There is clearly a lack of funding. There is clearly a lack of staff. There is clearly a lack of beds. There is clearly a lack of everything in mental health.

Question put and negatived.