MENTAL HEALTH SERVICES

Matter of Public Interest

THE SPEAKER (Mr G.A. Woodhams): Today I received within the prescribed time a letter from the Deputy Leader of the Opposition in the following terms —

> I wish to raise the following as a matter of public interest today.
>
> "That, noting this week is World Mental Health Week, this House condemns the Barnett Government for its failure to act on key deficiencies in mental health services."

The matter appears to me to be in order and if at least five members stand in support of this motion, I will allow it.

[At least five members rose in their places.]

The SPEAKER: The matter can proceed.

MR R.H. COOK (Kwinana — Deputy Leader of the Opposition) [3.08 pm]: I move —

> That, noting this week is World Mental Health Week, this house condemns the Barnett government for its failure to act on key deficiencies in mental health services.

It is no news to the members assembled that we face a deficiency in mental health services. It is with a heavy heart that we bring this motion to this place, but it is one that we believe is important because we seek to highlight the deficiency that we have in our mental health services, particularly as they relate to people who are drug-dependent and who have psychosis-induced drug episodes.

Whenever I go around the mental health sector and talk to service providers, I hear three consistent things from the workers in this sector. I hear —

Several members interjected.

The DEPUTY SPEAKER: Members!

Mr R.H. COOK: I hear, first, that the demand for services outstrips the supply of those services. These services are overstretched and they just cannot cope. Secondly, they say that staffing remains a problem—that is, the funding of staffing, staffing levels and the security of staffing. Thirdly, they always say that the deficiencies in the services can be overcome with more resources and that this is the key element for boosting the number of mental health services in our community. Yesterday I visited Bentley Hospital, including the Bentley Child and Adolescent Mental Health Service. This institution is very close to the hearts of the member for Victoria Park and the member for Cannington, and it is one in which they take an active interest. It is fair to say that as we looked at the Bentley adolescent mental health clinic, we were shocked at the condition of the facility and the sorts of conditions in which its staff have to work. This has been highlighted to me for some time by both consumers and mental health providers, but it was particularly drawn to my attention by Hon Linda Savage, MLC, who has done a lot of work in this area and, I know, has met with the Minister for Mental Health recently to implore him to boost the funding to this particular clinic. It is fair to say, though, that the minister has responded to the good work of Hon Linda Savage and has recently announced some changes in funding for that service.

Mr B.S. Wyatt: She embarrassed him into it.

Mr R.H. COOK: Indeed. This service will benefit from some capital investment and, I understand from the minister's press release, some extra staff training. The staff we met there were highly energised by the opportunity to get this new funding and the changes that it will make to the configuration of their clinic, the increased security that will come with that and the improvement in clinical services. But it will not change the staffing standards and ratios, which they want to see increased.

The government has said that it is about systemic change in mental health. It is actually about a systemic freeze. What we have seen since this government has come to office is an ongoing plethora of rhetoric and excuses about why it cannot act. It said that it would appoint a mental health commission within the first 100 days of coming to office. It took the government at least 450 days, which is a fundamental failing to get on with the exercise. It instead invested hundreds of thousands of dollars—almost $500 000—in private sector consultants to advise the government on mental health strategies. We know that the private sector document is now a rehash that was done by the department. What do we see as the outcome of this review? It is more consultation—more exhaustive consultation! In the meantime, what have we seen with services in this sector? We have seen the closure of mental health services at the Morley Adult Mental Health Centre clinic, the closure of Hawthorn

House, the scrapping of subacute beds at the Rockingham mental health facility and the begrudging opening of the Alma Street and Moore Street facilities, which are both great subacute services that were planned and partially delivered by the previous government. They are facilities that I now see the Liberal Party in government embracing as very good facilities, which it thinks will enhance service delivery. We have yet to see one proposal for a new like facility. In the words of Professor Paul Skerritt, what we do not need in the mental health sector is more reports and more consultation; what we need is more action from this government to bring about lasting reform. Lasting reform comes from investment in partnerships and a substantial change in the area. In particular, we want to see reform mirrored in extra dollars. The question the minister has to answer is: how much extra is this sector going to receive so that we can at last see a bit of action in this area?

We know that drugs loom large in the mental health sector. It is one issue that puts our institutions under pressure, not only the Mental Health Commission, but also right across our communities and social infrastructure. I am constantly written to and communicated with by parents who are at their wits end trying to get some kind of service for their children, often grown children, who have developed a drug dependency. They are desperate to see some services for their kids. I want finally to share with the chamber the observations of one parent who was having trouble getting the sorts of services that she felt she needed for her son, who was schizophrenic and drug dependent. She expresses the desperation that she felt when trying to get some sort of assistance for her son. She wrote —

> What we have learnt is —

Our region —

> … has very little to offer people with a drug problem or mental health issue and truthfully it is the biggest disgrace that people in power have shown this problem.
>
> … Our hospital's emergency department reached its 2009 admittance for drug related problems by early June 2010 that shows a marked increase not a decrease as you seem to think. If we dont help these people the suicide rate will increase and the number of people on disability pensions will increase and soon when you are no longer in power some one will be cleaning up your mess and it will be harder because this is the generation they will be coming from so will there be many left to guide this state or who could guide this state?
>
> …
>
> The drug problem is huge in —

Our region —

> … and we need to look at finding some help for these people and their families if not the problem will continue to grow. And the prison will become a place where people dry out but then due to lack of support go back onto the drugs.

The situation we have of young people confronted by the justice system and by the drugs that wreck their lives is a disgrace. We call upon the government to increase the level of services so that we can have some resources brought to bear and improve the situation.

MR P. PAPALIA (Warnbro) [3.17 pm]: I support the motion. I intend to focus specifically on deficiencies in mental health services in prisons and in the justice system. Prior to doing that, though, I acknowledge the presence in the public gallery today of members of the community action group Mental Health Matters 2, who were there for the minister's presentation this morning and were finalists in the 2010 Mental Health Good Outcomes Awards in the John Da Silva carers award section. These people are courageous. They are doing all of us a tremendous service, not just their loved ones on behalf of whom they are striving. They are doing all of us a service because they are not intending to be a fluffy, touchy, feelgood support group; they have come together with the intention of achieving action. It is their intention to hold all of us in this place to account on mental health matters, particularly as they impact in a negative way on those who encounter the justice system and subsequently enter the prison system.

Why would this be of any interest at all in Western Australia? We need look no further than the massive increase in the prison muster that has taken place under this government. In the first 18 months of this government, the prison muster increased by 27 per cent, which is an extraordinary figure. The prison muster is still at record levels, although it has eased somewhat in recent times.

Mr C.C. Porter: Are we at record levels or are we not?

Mr P. PAPALIA: We are not, thanks, Attorney General. Although it has backed down a little, the muster is still at record levels in comparison with those prior to his taking office.

What the people in the gallery do for all of us is put a face to the consequence of the massive increase in the prison muster. We know, as a result of a speech given late last year by the Honourable Wayne Martin, Chief Justice of Western Australia, that an extraordinarily large number of people who have a mental illness have been impacted upon by that increase in the prison muster. He said —

> So, while there is, of course, no "average" prisoner, if there are any general characteristics of the recent prison intake in Western Australia, they include psychiatric disability, economic disadvantage (evidenced through an inability to pay fines), Aboriginality and offending at the lower end of the spectrum.

Mr C.C. Porter interjected.

Mr P. PAPALIA: I refer to the Chief Justice. The Minister for Corrective Services has referred to that speech many times.

Undoubtedly many of those people fit a number of those categories. I will focus on the psychiatric disability component of that increase. The Minister for Mental Health has acknowledged the problem. He is a nice man who has a great deal of sympathy for those who suffer from mental illness. We know that because he has said so many times; no-one would refute that. However, creating the position of a Minister for Mental Health and a Mental Health Commissioner has failed to tackle the problem. The Minister for Mental Health has said on a number of occasions that there is a significant gap in the treatment of mentally ill people in our prison system. In an article in *The West Australian* on 3 July this year, the minister said —

> I have a view that we need to do some redevelopment of Graylands hospital as a specialist forensic mental health facility.

He also said —

> …there's a significant number of prisoners who have mental illnesses and there is a considerable unmet need in the prison system …

In the final part of the article he said —

> It is probably one of the great challenges in reforming mental health but it's been a Pandora's Box that no-one has wanted to open.

In an article in *The Sunday Times* he said that —

> …low-risk petty criminals with a mental illness were being housed alongside serious criminals suffering psychosis at Graylands Hospital.

The article also stated that he wants petty criminals treated in community facilities. That is fine. I commend him for acknowledging that problem and for speaking in a truthful fashion. However, he is faced with the quandary of having to reconcile that view with the behaviour of one of the most extremist Ministers for Corrective Services and the most incompetent police ministers in the history of the state. How will he reconcile his observations with the statements made by the minister who is responsible for our prisons? On 18 November last year, the Minister for Corrective Services said in this place —

> …we actually have fewer mentally unwell people in the prison system than we do in the population at large.

On 10 September this year the Minister for Corrective Services said on *Stateline* —

> If you have ended up in a Western Australian prison, if you are one of those 4,700 people, you well and truly deserve into to be in that prison.

How on earth will the Minister for Mental Health reconcile his position, which acknowledges the problem—again, I commend him for doing that—and his efforts to convince the government to fund a secure residential facility as an alternative to incarceration for mentally ill offenders with the extremist and negative views of the Minister for Corrective Services, who is responsible for our prisons? If he cannot acknowledge the problem, how on earth can the Minister for Mental Health get him to take steps to repair the situation? I agree with the Minister for Mental Health. This issue is a Pandora's box. However, we have to open the lid. The government must allow for an independent analysis of the state, scope and nature of the problem in our prisons. The Minister for Corrective Services will not acknowledge it because he has been advised by a department that is incapable of acknowledging it. The Minister for Mental Health has to push this issue. He must take action and convince his cabinet colleagues of the necessity to find out the real state of play in our prison system. It is not only the offenders who are suffering. A huge number of family members and loved ones are desperately in need of our support. They have been courageous in stepping forward despite the potential negative connotations and consequences for their loved ones. It is imperative that we in this place respond on their behalf and it is

imperative that the Minister for Mental Health convinces his colleagues that the government can no longer continue to thump its chest and claim to be tough on crime. It can no longer throw hundreds of these people into prison. As the Minister for Mental Health has identified, it is more appropriate for them to be treated in a secure residential facility in the community. It is now up to the Minister for Mental Health.

MS L.L. BAKER (Maylands) [3.24 pm]: I will start my contribution to this matter of public interest by asking the Minister for Mental Health to show me the services. The minister started off with vigour and excitement about his government's commitment to addressing mental health issues. Two years down the track, we have a Mental Health Commission. The Mental Health Commissioner has said publicly that his first task would be to work out the budget and to determine how much money comes from where and what it will be spent on. According to the Western Australian Network of Alcohol and other Drug Agencies, up to 62 per cent of prisoners suffer from a mental illness. Why is that the case? It is because there are not enough diversionary programs in the community. Where are the new services for Aboriginal people and our youth? The government shut the Morley Adult Mental Health Centre clinic. Previous speakers have referred to other clinics that have been closed. Where are the services to support families, carers and advocates? Where are the new services that the Minister for Mental Health excitedly talked about? Nothing is being delivered on the ground. It took two years to get a contract to deliver the "Western Australian Suicide Prevention Strategy 2009 – 2013". What has been the impact of that strategy two years into this government? There has been no impact. Have general practitioners received extra training? The minister is well aware of the role that GPs should be playing in early intervention and in trying to divert some of the problems that come downstream because of a late diagnosis or, worse, no diagnosis. There is no capacity in the sector. There is no sustainability in what is out there.

The minister is counting on the police as the sole means of trying to deliver some of these services. They are the ones who are faced with the impact of drug and alcohol use by those with a mental illness. Police are not skilled in that area. The government must 'fess up to the fact that it is not funding anything on the ground. People in the community sector, particularly the non-government sector, are desperate for funding to deliver services. We have heard about the services that are missing from prisons; that has not changed. No more money has been put into trying to address mental health issues in prisons. The government must commit money into this area. Given that it is Mental Health Week, it is crucial that the government commits significant funds into diversionary programs in the community to try to help those with a mental illness.

DR G.G. JACOBS (Eyre — Minister for Mental Health) [3.27 pm]: Thank you, Mr Deputy Speaker, for the opportunity to talk to this motion. I ask members to take a step back so that we can develop the theme of the government. When we came to government, there was no mental health portfolio. There was no answer to the question of how much money is spent on mental health. There was no answer to the questions of how much money is spent on community mental health versus acute mental health and of servicing people who have an acute illness and who need to go to hospital. That was the state of the game in mental health in Western Australia when we came to government. The basic question was: how much money is spent in the area of mental health? Without knowing how much money we spend, we do not know whether it is the best spend and whether we should spend that money in some other way to get the services we need for people with a mental illness. We have learnt that we spend more than half a billion dollars on mental health. Of that, $271 million is spent on community mental health and the remainder on acute mental health.

For the first time we have a Mental Health Commission. It is primarily structured to have an emphasis on procurement and purchasing. That means that if a deficiency in a service is identified, the Mental Health Commissioner and the Mental Health Commission have the grunt and the ability to procure and purchase services to fill that need. The people who will be funded to service that need may come from the public sector. It may be a private facility such as St John of God Health Care that provides a service. It may be a non-government organisation or a community organisation that provides a very worthwhile service for people in need. This issue is about providing a service. We now have a ring-fenced budget. We now have an ability to determine what we have to spend and how we spend it.

It is interesting that the Deputy Leader of the Opposition said that I have responded in a knee-jerk way to some of the calls that he made for the Bentley adolescent unit and the Families at Work program. I am trying to indicate today that, with the commission and the commissioner, we have the ability and the flexibility to respond. I am not necessarily talking about responding to the opposition. Quite honestly, I do not play politics with this issue and I really do not care if the opposition wants to play politics with it. We need to identify where there is a need and fill it. That is what we have done with the Families at Work program. I have heard some responses from the other side that these programs have been there for some time. We are making those programs better so they can deliver services. As we heard the new commissioner, Eddie Bartnik, say in recent times, it is about individualising the care for, in this case, children and adolescents in and around Families at Work and the

Bentley adolescent unit. I am proud of that response and the ability of the commission to respond to that. That is one of the reasons we have created a commission and a commissioner.

The deputy leader talked about a rehash, saying that we have had the planning and strategy before and asking where it is. It has been through PricewaterhouseCoopers. I am sure the deputy leader would not discourage the community forums that we have been holding throughout Western Australia for people such as those sitting in the gallery today to have input.

Mr R.H. Cook: Was that money well spent?

Dr G.G. JACOBS: Compared with the moneys that the Labor Party committed to mental health when it was in government, it was a bargain. What we had, compared with the price tag the Labor Party had on the review, was a bargain. We had a true review that looked at how we could do things differently to provide better services for people in Western Australia. The Deputy Leader of the Opposition's speech had a negative theme, saying that we have closed Hawthorn House and we have not done anything. The deputy leader was at the opening in Fremantle. He was there when we opened Ngulla Mia, the 34-bed facility in Perth for homeless adults and the mentally ill, managed by the Richmond Fellowship. I am sure the deputy leader was there for the opening—the member for Bassendean would vouch for this—of one of the clinics, situated both north and south of Perth, that deliver a multidisciplinary approach to people with ADHD and complex disorders.

The construction of the 30-bed acute mental health inpatient unit at Rockingham was completed; two new specialist community mental health services were established to provide assessment —

Mr R.H. Cook interjected.

The DEPUTY SPEAKER: Member for Kwinana!

Dr G.G. JACOBS: The argument put by the deputy leader that we have not done anything is most incorrect and most unfair. In his closing remarks, he said that we are not doing enough in the area of drugs and alcohol. The Drugs and Alcohol Office and the Mental Health Commission work very closely together. In fact, the head of DAO, Neil Guard, was the acting commissioner for some time before the substantive commissioner came on board. The co-morbidities in mental illness of drug and substance abuse are well known. DAO has a budget of over $52 million to deliver services to people. The member for Kwinana knows about the extra moneys that this government has put towards George O'Neil's Fresh Start program. We recognise where we need to put funds to help people with mental illness and the co-morbidities of drug and alcohol abuse.

In the area of forensic mental health, the member for Warnbro talked about a gap in the prison system and quoted from a press statement of mine. Yes, we recognise the need.

Mr R.H. Cook: The Attorney General doesn't though, does he?

Dr G.G. JACOBS: The Attorney General and I often speak on this issue. There are very serious issues in and around forensic mental health. For members who do not completely understand the issue, it is about those people who suffer from a mental illness and who commit some form of criminal offence. Last night I attended the opening of the Mental Health Law Centre and heard Sandra Boulter and others talk about what we should be looking at in the Mental Health Act to accommodate people with a mental illness who commit a crime. The member for Warnbro skidded over the issue of how we make things work better and how we think differently about how we do things. It is not just about the resources. It is very often the case—the member for Warnbro indicated this—that there seems to be little option in the system for a low risk civil disobedient who gets caught up in the system; for instance, a young man who is depressed and shoplifts.

Mr J.R. Quigley: Or does graffiti.

Dr G.G. JACOBS: Yes. That is as distinct from a high risk criminal disobedient with a severe psychosis. I am the first to recognise the work of Ed Petch, the very good head psychiatrist who is guiding us through trying to develop a specialised forensic mental health service.

Mr J.R. Quigley: That low grade offender that you were talking about developing with the psychiatrist; does the psychiatrist also support your policy to name and shame these young low grade offenders who are being treated for a mental disorder?

Dr G.G. JACOBS: I will stay on the issue of mental health and mental illness in those unfortunate young people who get caught up in the system. I am trying to develop an argument that says we need to do things and we need to individualise for that issue. One case does not fit all. It may be that that low risk civil disobedient young man should be put into a community facility appropriate for his condition. I do not denigrate or discount all the good

work that is done at Graylands Hospital. If we have all those services and we do not distinguish them, our forensic service would be overloaded, and when we need the hospital for someone with a severe illness or for a person who has committed a more severe offence, the place is full. It is about looking at those and that is the way we can make a difference. When I am talking about Graylands Hospital redevelopment, I am talking about looking at that service.

Mr P. Papalia interjected.

Dr G.G. JACOBS: I went to Victoria just the other week and looked at the Thomas Embling service. I also went to the Dame Phyllis Frost Centre for women and saw that it had a stand-alone mental health facility within its confines to treat people with the illness on campus, if we like. This is a big body of work.

Mr P. Papalia: It is.

Dr G.G. JACOBS: I thank the member for acknowledging that and for acknowledging that I have recognised the issue. It is about doing things differently. Yes, we need to understand what resource we have and how best we spend it. I, as the minister, will make a case to my colleagues and to cabinet with a good argument to attract funds in the budgetary process for a good outcome. We will not be able to do this overnight.

Mr P. Papalia: I agree.

Dr G.G. JACOBS: We will have to do this in stages. It is about reform and that is what this government is about and what I am about.

Mr P. Papalia interjected.

Dr G.G. JACOBS: I believe that we need to take a bipartisan view in promoting mental health and mental health services. What did the opposition change in eight years of government and what have we done in the past two years? In making that comparison I say to the member for Warnbro that we have not solved all the problems but we are making important inroads and taking important steps to address mental illness and to improve emotional wellbeing and mental health in the state of Western Australia.

MR C.C. PORTER (Bateman — Attorney General) [3.41 pm]: I thank members for their contributions. This is a very difficult and complicated area. A lot of the difficulties and complications arise by virtue of measurement and how we go about assessing what percentage of people have a mental illness, whether they be in the general community or in the prison community. I know the member for Warnbro takes a keen interest in this, and I do not think he and I are as far apart in our thinking as he might sometimes think or make out. Let me say this: measuring mental illness is one of those things that is open to a variety of definitions. I have looked over some of the member's press releases in this area. He has offered a range of figures that represent a percentage of mental illness in the prison population: 14.5 per cent in WA, 37 per cent nationwide, 80 per cent in New South Wales, 62 per cent and 25 per cent again in Western Australia. To an extent, his press releases acknowledge somewhat different measures, but in my view they are incomplete. It is worth considering for a moment the basis for those measures.

Mr P. Papalia: Do you understand why I quoted those rates?

Mr C.C. PORTER: I am not criticising the member for quoting those rates.

Mr P. Papalia: There isn't an accurate assessment.

Mr C.C. PORTER: Let me go through how each of them is measured. The member for Warnbro said the prison muster has grown by 825 prisoners in the past year and, of those, 14.5 per cent had a psychiatric illness, while almost two per cent were classified as mentally disabled. He said that WA prisons are flooded with mentally ill, poor and Indigenous people. He said that in 2009 the Australian Institute of Health and Welfare put the number of prisoners across the country who suffer from diagnosed mental illness at 37 per cent. He said also that a 2006 study by the New South Wales–based Centre for Health Research in Criminal Justice was even more alarming; it found the 12-month prevalence of any psychiatric illness was 80 per cent. He said that here in Western Australia the Western Australian Network of Alcohol and Other Drug Agencies estimates the likely figure for prisoners suffering from mental illness to be 62 per cent. There is a variety of figures. When we look past the press releases and go back to the original reports, we see that each of them measures a different thing. Obviously, one of the obligations of government is to try to work out the scope of the problem, its nature and, thereby, how we might direct funds and what quantum of funds we might have to direct to try to improve the problem.

The reason for that great variety of statistics on the prison population who suffer mental health problems is just that mental illness can be used as a definition in a variety of ways. We can look at people who are currently medicated for a mental illness, which I think is a fairly good measure. We can look at persons who have been diagnosed with any psychiatric disorder within a specified time—that is to say, all known or clinically

recognised psychiatric disorders—or we can look at people who have been diagnosed with a narrower range of what we call mental illnesses. There are three possibilities. Each of those statistics relates to one of those three possibilities.

Mr P. Papalia: Yes.

Mr C.C. PORTER: I will go through the measurement aspect and then invite an interjection. For instance, that New South Wales study that the member for Warnbro cites and that indicates 80 per cent of prisoners had at least one psychiatric illness in the past 12 months, measured basically all known psychiatrics disorders. Of that 80 per cent, 37.9 per cent were anxiety disorders, including post-traumatic stress disorder or general anxiety disorders; and 45.6 per cent were effective disorders—depressive, both mild and severe disorders, including bipolar disorders.

Mr P. Papalia: Did you see in the newspaper the guy who was depressed and got shot in New South Wales?

Mr C.C. PORTER: No; I am sorry, I did not.

Mr P. Papalia: If you are dismissing depressive mild or severe disorders as not being important, it is a reasonable question.

Mr C.C. PORTER: I am not leaping to any pejorative comments. I am just going through the data first. I will make some comments on the data in a moment, but I think the data is very important. Of that 80 per cent, psychosis represents seven per cent; personality disorders, 43.1 per cent; and substance-use disorders, 65.7 per cent. Substance-use disorders was quoted at 65.7 per cent and that was pursuant to a comparison of mental disorders in Australian prisons with a community sample in the *Australian and New Zealand Journal of Psychiatry*, volume 40, issue 3 of March 2006. One of the things that produces a very large percentage of prisoners with a mental disorder is the inclusion of substance-use disorders. I am not saying we should not do that. I am saying that that measure will produce a very broad percentage of the prison population with a mental disorder. That is because a substance-use disorder includes both substance dependence, which is addiction, and substance abuse. In Western Australia, a person being measured for a substance-use disorder who answers yes to between one and four questions will be determined to have a substance-use or abuse problem. They are, firstly, recurrent substance use resulting in a failure to fulfil major role obligations at work, school et cetera, and, secondly, recurrent substance abuse in situations in which it is physically hazardous, such as using an automobile. Thirdly, if a person answers yes to "Do you have recurrent substance-related legal problems, such as arrests?", he will be determined to have a substance abuse problem. The fourth one is continued substance use despite having persistent or recurrent, social or interpersonal problems caused or exacerbated by the effects of the substance. It is a very broad definition. On one view of that, people who are arrested for an offence and charged and convicted whilst under the influence of alcohol have by that definition—one that is regularly used—a substance abuse problem. It might be a very serious offence or it might be a less serious offence. The point I seek to make is that, even in the member for Warnbro's own press releases, he has used a variety of measures. All of them are valid in their own way but they are based on different things.

I say that two of the best indicators in this jurisdiction about the percentage of the prison population who have a mental disorder, if I can use that term, are, first of all, the number of people in the prison system who are being medicated for mental disorders. That measure is around the 25 per cent mark. It is 17 per cent for depressive disorders and eight per cent for psychotic disorders, which is roughly similar to the rates in other Australian jurisdictions.

Mr P. Papalia: Are you aware of what percentage of prisoners are being medicated for behavioural problems such as attention deficit disorder?

Mr C.C. PORTER: I am not and I am not even sure whether that statistic is necessarily kept. I will try to find out for the member. It may be that a percentage of that comes into "depressive" because of co-morbidity. I do not know the answer.

Mr P. Papalia: I ask because I asked that question of you last year regarding adult prisoners and juveniles, and your response was that it was an impossible question to answer.

Mr C.C. PORTER: That rings a bell. It may be the case.

Mr P. Papalia: That leads me to question how you get such detailed information with regard to pharmaceutical treatment of prisoners —

Mr C.C. PORTER: I will dig a bit deeper into why there is more detail on depressive medication and less detail on ADHD medication. I am happy to do that. The point I am seeking to make is that about 25 per cent of people in prison are being medicated for psychotic and depressive disorders. If we look at people who have been psychiatrically flagged, it is 13.4 per cent. The member for Warnbro quotes often from a comment that I made

that when we compare that with the Australian Bureau of Statistics 2007 study, which I think was what the Minister for Mental Health was saying about self-reporting, by virtue of a sample on that measure, which is a not unreasonable comparison, it is comparative. If we use different measures, including substance abuse measures, it will not be as comparative, because I can see that there are likely to be many more people inside the prison system who were ticking the box to, "Have you had legal problems with respect to an alcohol related incident?" than people outside the prison system. That is a matter of commonsense.

Mr P. Papalia: The conclusion I drew in my media release was that there needs to be an independent analysis to determine exactly what that is because of all those conflicting figures that you quoted.

Mr C.C. PORTER: I am not disputing that this is not an area that cannot undergo further analysis of a prison-based system. I have difficulty with the member saying that a lot of these people are non-violent, mentally ill people, non-violent drug addicts and alcoholics. The fact is that to have been charged, prosecuted and convicted of an offence, and to have received a term of imprisonment, it will necessarily be either a relatively serious offence or a less serious offence but one which requires a term of imprisonment because of a criminal history.

Mr P. Papalia: Can I ask you a question?

Mr C.C. PORTER: Just let me finish with that for a moment.

Mr P. Papalia: Could I ask a question? What is your view about an individual who encounters the police through no other reason than their parents or loved ones have called the police to assist with their transport to a medical facility, like a hospital or to Graylands, and they subsequently encounter your laws for mandatory sentencing if they respond in an inappropriate way whilst they are suffering psychoses?

Mr C.C. PORTER: Let me go back to the beginning, because where mental health intersects with the criminal law has always been a very complicated matter, and criminal law does not treat mental disorders in the same way that the medical professional does. It is very often the case that when a defence of insanity is run and the questions that are put to the clinical psychiatrist and the expert witness are based on the legal test for insanity, they say that is not the test they use in the medical professions, and the person eliciting the evidence, or the judge, will say necessarily, "You still must answer the question." The way in which that intersects with the criminal law is this. If someone turns up to court and they are charged with a matter, they have three options: they can plead to it; they can plead not guilty by virtue of insanity; or they can argue that they are unfit to stand trial. The defence of insanity —

Mr P. Papalia: What if they are in Frankland Centre?

Mr C.C. PORTER: No, member for Warnbro, I am explaining how someone might end up in Frankland Centre for one of those three options. If a person pleads not guilty by virtue of insanity, they must show that they are suffering a disorder of the mind—that is the legal term—and that disorder of the mind caused them to lose one of three capacities: the knowledge of what they were doing physically, the knowledge that what they were doing was morally wrong, or the ability to control their actions. If someone, even with a broadly defined mental disorder such as an alcohol abuse problem, has been convicted, it is because, ultimately, the court system has determined that, notwithstanding their mental disorder, such as an alcohol abuse problem, they knew what they did was wrong, they knew what they were doing and they could control their actions, which is to say that the law views that person as morally culpable. It is then the case, of course, that the mental infirmity or disorder is taken into account on sentencing. The other thing that a person can do is argue under the Criminal Law (Mentally Impaired Accused) Act that they are unfit to stand trial. This is where the declared place issue comes into place. I have had discussions with the Minister for Mental Health. I believe that there should be such a declared place. I believe that is important; we have been discussing how that might occur. What I think that the member for Warnbro needs to fully understand is that the declared place is about people, in effect, who under the relevant act have been found unfit to stand trial. It is a very small percentage overall of the people who go through the court system. I will give the member for Warnbro an example of that. The number of people who were found unfit to stand trial in the lower and superior courts pursuant to the relevant section and had custody orders put against them was three in 2005, five in 2006, one in 2007, zero in 2008 and one in 2009. At any given point in time in the criminal justice system there might be, let us say, 17 people who could avail themselves of a declared place. Since the act was passed the place has never been declared. That is about funding and organisation. I do not disagree with the member that such a place should come into being.

Mr P. Papalia: Why is it so big in Victoria?

Mr C.C. PORTER: Which place is the member talking about?

Mr P. Papalia: Why is Thomas Embling Hospital so large with a 180-bed capacity, when Victoria's prison muster is about the same as ours?

Mr C.C. PORTER: Which place is the member talking about?

Mr P. Papalia: Thomas Embling Hospital.

Mr C.C. PORTER: That is a place that is not used simply for this purpose.

Mr P. Papalia: That's right.

Mr C.C. PORTER: I am not saying that a place might not have a place —

Mr P. Papalia: Does the minister want me to stop using the term "declared place" or something? Am I using the wrong terminology?

Mr C.C. PORTER: Yes. I would like the member to be accurate.

Mr P. Papalia: What language would the minister prefer I use to reflect the Thomas Embling centre?

Mr C.C. PORTER: What the member has said is if judges have the option of ordering —

Mr P. Papalia: I am happy to change!

Mr C.C. PORTER: Good! If judges had the option of ordering a mentally ill offender to be treated in a declared place, which is more like a secure residential facility than a prison, there might be a number of appropriate offenders diverted from prison. The argument about "declared place" is a very, very specific and well-known argument.

Mr P. Papalia: I concede! I will stop using that.

Mr C.C. PORTER: I thank the member. That is fine.

Mr P. Papalia: I feel that we need another residential facility of the nature that they have in Victoria.

Mr C.C. PORTER: I do not think there is any disagreement with that. The point though, with that residential facility, is that we have to find the appropriate balance between security and treatment.

Mr P. Papalia: Correct.

Mr C.C. PORTER: Where the member and I have some dispute is that he has a view, as he has expressed, that there are non-violent mentally ill people in jail.

Mr P. Papalia: There are some violent ones too, whom you put in confrontation with the law by the nature of your legislation —

Mr C.C. PORTER: What I am saying to the member for Warnbro is that in this jurisdiction, as in other jurisdictions —

Mr P. Papalia: — they wouldn't normally encounter them otherwise!

Mr C.C. PORTER: — a person who might suffer from a broad mental disorder and who is in prison is not there because of their mental disorder; they are there because a court has found them morally and physically culpable for some act against a citizen.

Mr P. Papalia: And has nowhere else to send them!

Mr C.C. PORTER: No.

Mr P. Papalia: Well, that's true!

Mr C.C. PORTER: When we look also about what has been achieved by this government, we see that in 2007–08 the health budget was $21.8 million; it is now over $28 million —

The DEPUTY SPEAKER: Time.

MR J.R. QUIGLEY (Mindarie) [3.57 pm]: I would like to make an acknowledgement and a thank you. Firstly, I would like to acknowledge the presence in the chamber of Hon Helen Morton, the pre-eminent policy person on mental health in the Liberal Party of Western Australia, and not the fake minister we have who has done nothing in this chamber for two years. I welcome Hon Helen Morton to the chamber. The second thing I would like to do is by way of a thank you. I would like to thank the honourable Attorney General for his relatively brief academic dissertation on the defence of insanity under the Criminal Code and for his very intellectual presentation of statistics. In that whole presentation the Attorney General managed never to introduce any of the pressing issues that happen at that intersection of mental health and criminal justice where so many people are smashed up. For example, the Attorney General explained the several categories of mental illness. He said there are three categories, including those people who are diagnosed with a clinical disorder; those who are less than that but who are nonetheless medicated for a mental disorder; and those in another narrower range of mental

disorders. The fact of the matter is that the Law Reform Commission's final report on this subject delivered in June 2009 categorised five areas that impact upon the court system, right down to those in the community who suffer from dementia or senility. People of 83 years of age are committing crimes because they are suffering from Alzheimer's and they are demented. There is a greater range than what the Attorney General wants to ice-skate lightly over the top of. He never traduced the big issues. I want to go to practical examples. Members will not hear me resorting to hiding behind statistics. They will not hear me in this chamber try to do an academic dissertation of section 27 of the Criminal Code when we are discussing the important matter of mental health. What the community wants to know and what the carers of the mentally impaired want to know is what the state is doing to assist in the management of the ongoing problems caused by people who are labouring under any sort of mental impairment. For example, the Law Reform Commission of Western Australia notes immediately after its comments on mental illness that we also have to include in this category people who have personality disorders, often through no fault of their own and often not sourced back to a chemical disposition in their body, but because of the events that have occurred in their life. Page 74 of the Law Reform Commission report states —

> … but borderline and antisocial personality disorders are those most often associated with offending behaviour. People with borderline personality disorder have frequent and severe mood swings and their behaviour can be highly unpredictable. Antisocial personality disorder is characterised by a history of non-conformist, and often criminal, behaviour beginning in childhood.

What have we as a Parliament, under the sponsorship of the Premier and the Attorney General, decided to do with this category of people—that is, those suffering with these disorders? The state has decided to name and shame them. We have gone through this debate before. This will only aggravate the disorder and bring them back to this intersection for another smash so that their whole life can be wrecked. This policy runs counter to what the Minister for Mental Health said before the Attorney General spoke. The Minister for Mental Health said that we have to differentiate between serious and minor offenders. The government says that one size does not fit all. The government speaks with a forked tongue when it talks about criminal justice in Western Australia. One minister says that we have to differentiate between serious and minor offenders when we are dealing with mental health, but the Premier of Western Australia says that if one of these people afflicted with an antisocial personality disorder offends, he shall be named and shamed on the internet for the rest of time. That is how we are going to deal with a person who has an antisocial personality disorder. That is one size fits all. Fool is the minister for sitting with a government that says that his opinions are twat; his opinions count for nothing. His colleagues say that one size does fit all and that the good doctor from Esperance can keep his fancy opinions about one size does not fit all when it comes to mental health. All members on this side of the house happen to agree with the dear doctor, but he has sold out to a cabinet that has said that we are going to have a boiler-plate solution. In the one-size-fits-all boiler plate, if a person is a minor offender, as described by the Minister for Mental Health, we are going to knock him on the head and shame him forever.

Similarly, the Minister for Mental Health says that we have to deal with these matters on an issues basis. Did our hearts not go out to Carol, at least those of us in this chamber who are parents? I do not cast aspersions on anyone who is not a parent, but as my own parents said to me, "John, you've just had a kid. Your life's about to change forever." And glory be, did it ever!

Mrs M.H. Roberts: That is based on their experience, John!

Mr J.R. QUIGLEY: Yes, based on my parents' experience; that is probably right.

Did our hearts not go out to Carol, who said that she has a schizophrenic child and she is too scared to call the police? What are we doing for the carers? The honourable Minister for Police could not care less about the carers of the mentally ill. The carers of the mentally ill get assaulted. They come into my electorate office and say, "I could care for my son when he was 12, but now he is 22 and he is big and has muscles. He is knocking me around and I need help." That parent is too scared to call the police for help to transport his son to a mental institution, because if his son assaults the police in his heightened state of anxiety, he would face a mandatory term of imprisonment. This government has abandoned the field in mental health and criminal justice and has left these poor wretches to their own resources. Shame on the government!

MR M.P. WHITELY (Bassendean) [4.06 pm]: I thank the member for Mindarie for leaving me a couple of minutes to make the point that I want to make. It is a very narrow point, but it is a specific point that I think, if the Minister for Mental Health is listening, might lead to some good. It follows on from an informal conversation we had in the corridor. I have spoken before about how much I applaud the government for following through on a great Labor initiative with the establishment of the two complex attention disorder behaviour clinics at Joondalup and Murdoch. However, we are not getting anything like the full potential out of these clinics. The fundamental problem is that the gatekeepers of these clinics are authorised prescribers. Authorised prescribers

are typically either psychiatrists or, in most cases, paediatricians. In fact, to my knowledge the clinic that has been operating for an extended period since November 2009 has seen fewer than 50 patients. That was up until about a month ago. I suggest that the reason for that is not that it does not have the capacity to deal with many multiples of that number, but that in fact the gatekeepers in the northern suburbs are often paediatricians who have a mindset that is quite averse to the philosophy that is in place in those clinics.

Recommendation 7 of the Education and Health Standing Committee report that was the genesis of these clinics states that these services must be available for children undergoing initial assessment and diagnosis and for those already diagnosed. Kids should have the opportunity either to be referred by a general practitioner or to be self-referred by parents and not go through the gatekeepers of the local paediatricians. Finding 4 of the committee's report states that during their training, paediatricians are not adequately informed about the extent of alternative diagnosis and treatment methods and therefore are most likely to use drug therapy in the first instance to manage ADHD. I am suggesting that we have paediatricians with a mindset who are not referring to these clinics, particularly the northern clinic; I am not so concerned about the southern clinic.

The minister needs to step in. It would be as easy as the stroke of a pen. It will not cost him a red cent. He just needs to say that referrals can happen from GPs or directly from parents. If these clinics get swamped, I will not criticise the minister. I acknowledge from day one that if these clinics get swamped and we cannot meet the need, let us turn to the federal government and collectively put pressure on it. However, this is something that the minister can do with the stroke of a pen. It does not require him to spend a cent. All it requires of him is to make the most of the resources that are already there in the spirit of the Education and Health Standing Committee report, which basically acknowledged that kids need access to these clinics. These clinics need to be the standard setters.

Question put and a division taken with the following result —

Ayes (26)

Ms L.L. Baker	Mr J.C. Kobelke	Ms M.M. Quirk	Mr A.J. Waddell
Dr. A.D. Buti	Mr F.M. Logan	Mr E.S. Ripper	Mr P.B. Watson
Ms A.S. Carles	Mr M. McGowan	Mrs M.H. Roberts	Mr M.P. Whitely
Mr R.H. Cook	Mr M.P. Murray	Ms R. Saffioti	Mr B.S. Wyatt
Ms J.M. Freeman	Mr A.P. O'Gorman	Mr T.G. Stephens	Mr D.A. Templeman *(Teller)*
Mr J.N. Hyde	Mr P. Papalia	Mr C.J. Tallentire	
Mr W.J. Johnston	Mr J.R. Quigley	Mr P.C. Tinley	

Noes (30)

Mr P. Abetz	Dr E. Constable	Dr G.G. Jacobs	Mr D.T. Redman
Mr F.A. Alban	Mr M.J. Cowper	Mr R.F. Johnson	Mr A.J. Simpson
Mr C.J. Barnett	Mr J.H.D. Day	Mr A. Krsticevic	Mr M.W. Sutherland
Mr I.C. Blayney	Mr J.M. Francis	Mr W.R. Marmion	Mr T.K. Waldron
Mr J.J.M. Bowler	Mr B.J. Grylls	Mr P.T. Miles	Dr J.M. Woollard
Mr T.R. Buswell	Dr K.D. Hames	Ms A.R. Mitchell	Mr J.E. McGrath *(Teller)*
Mr G.M. Castrilli	Mrs L.M. Harvey	Dr M.D. Nahan	
Mr V.A. Catania	Mr A.P. Jacob	Mr C.C. Porter	

Pairs

Mrs C.A. Martin	Mr I.M. Britza

Question thus negatived.