

**Division 23: Mental Health Commission, \$838 732 000 —**

Mr D.A.E. Scaife, Chair.

Mr R.H. Cook, Minister for Health representing the Minister for Mental Health.

Ms J. McGrath, Mental Health Commissioner.

Dr S. Davison, Chief Medical Officer Mental Health.

Mr L. Bechelli, Chief Finance Officer.

Ms R. Charles, Assistant Director, Service Provision Treatment.

Ms K. Lazenby, Head of System Development.

Mr D. Axworthy, Head of Strategy and Reform.

Ms A. Hughes, Head of Community Support Services Management.

Ms A. Cunniffe, Acting Head of Prevention Services Management.

Mr N. Fergus, Chief of Staff, Minister for Health.

[Witnesses introduced.]

**The CHAIR:** This estimates committee will be reported by Hansard. The daily proof *Hansard* will be available the following day. It is the intention of the chair to ensure that as many questions as possible are asked and answered and that both questions and answers are short and to the point. The estimates committee's consideration of the estimates will be restricted to discussion of those items for which a vote of money is proposed in the consolidated account. Questions must be clearly related to a page number, item, program or amount in the current division. Members should give these details in preface to their question. If a division or service is the responsibility of more than one minister, a minister shall be examined only in relation to their portfolio responsibilities.

The minister may agree to provide supplementary information to the committee, rather than asking that the question be put on notice for the next sitting week. I ask the minister to clearly indicate what supplementary information he agrees to provide and I will then allocate a reference number. If supplementary information is to be provided, I seek the minister's cooperation in ensuring that it is delivered to the principal clerk by close of business Friday, 1 October 2021. I caution members that if a minister asks that a matter be put on notice, it is up to the member to lodge the question on notice through the online questions system.

I give the call to the Deputy Leader of the Liberal Party.

**Ms L. METTAM:** I refer to children and young people and page 337 of budget paper No 1, volume 2. The third point refers to child and adolescent mental health services across WA continuing to record unprecedented increases in presentations and referrals of children under 18 years of age. What was the total number of presentations of children under the age of 18 at emergency departments in 2020–21?

**Mr R.H. COOK:** I am making sure we are clear on what is being asked.

**Ms J. McGrath:** I am going to check to see whether we have the exact number. No, we do not, but we can get that information. The information we have is that between 2017 and 2020 for ages zero to 17 years, there was an increase of 25.7 per cent in emergency department presentations. We just do not have the number.

**Ms L. METTAM:** Just to clarify, given the area we are looking at, these are mental health presentations.

**Ms J. McGrath:** Yes.

**Ms L. METTAM:** Is it possible to provide the figure by way of supplementary information? Did the Mental Health Commissioner say that there had been a 25 per cent increase between 2019–20 and 2020–21?

**Ms J. McGrath:** No; it was between 2017 and 2020—over a three-year period.

**Ms L. METTAM:** Is it possible by way of supplementary information to get the number of presentations of children under the age of 18 at EDs in 2019–20 and 2020–21, and a comparison with the 2020–21 national average—so the last reporting year, this year and a national figure?

**Mr R.H. COOK:** With my other hat on as Minister for Health, I can get that information. I do not think I can get it in time for supplementary information. I might have to ask the member to put the question on notice. It might take us a little while to dig out the information.

**Ms L. METTAM:** The fourth paragraph on page 337 refers to the ministerial task force formed to develop a whole-of-system plan that articulates a vision for public mental health services for children aged zero to 18 years. Given that there have been at least eight reviews and inquiries into mental health in WA, what are the scope and objectives of this task force review? How will this differ from previous plans and inquiries?

**Mr R.H. COOK:** This review is focused specifically on child and adolescent mental health services and, first, the pressures they are experiencing at the moment; second, the potential responses to those; and, third, working out what the government needs to do to make sure we have an uplift in the current services. CAMHS would have benefited from a review for some time now. It is also experiencing a significant increase in demand for services, so we thought it appropriate to undertake that review. In addition, we have the experience of Kate Savage and her family, which gives us extra motivation to really get to the bottom of the issues and understand how we need to respond to these matters. At the moment, the review is at an advanced stage. I will not guess where the process is at; I will refer to the commissioner to provide an update of the review.

[12 noon]

**Ms J. McGrath:** The emerging directions document was recently released and it gives an idea about where the review is heading. Work is progressing over the next couple of months with a significant number of stakeholders to make sure that those directions that we initially looked at are right, and also there is work around modelling, looking at different models of care et cetera. We are aiming for that review to be completed by the end of November. As the minister mentioned, the scope is for public mental health services for zero to 18-year-olds. It is more than just the Child and Adolescent Health Service. CAHS is predominantly for around zero to 16-year-olds, although its community mental health teams provide for zero to 18-year-olds. It is statewide, so it will look at the services for zero to 18-year-olds in the regions as well through the WA Country Health Service, and the services for 16-year-olds and 17-year-olds that are provided by the other health service providers in the metropolitan area.

**Ms L. METTAM:** What sort of funding to date has been dedicated to this task force for this review and when will it deliver its findings?

**Mr R.H. COOK:** The review is funded by the Mental Health Commission. I will chuck it across to Leslie Bechelli.

**Mr L. Bechelli:** I do not have the detail of what we have allocated specifically towards that, but we can provide that.

**Ms L. METTAM:** By supplementary information?

**Mr R.H. COOK:** Yes—the cost to date of the task force review into Child and Adolescent Mental Health Services.

[*Supplementary Information No A19.*]

**Ms L. METTAM:** The minister referred to the Chief Psychiatrist's report into Kate Savage, which found that there has been no shortage of reviews, with eight reviews and inquiries into mental health. We are talking about a 25 per cent increase in emergency department presentations. In terms of what is being invested in the very short term to address this concerning issue, how is the government responding in that very urgent way?

**Mr R.H. COOK:** The member might say that there are too many reviews, but I would say that the challenges that are confronting mental health services at the moment are unprecedented. It is a global phenomenon. We have seen a significant increase in the amount of mental health issues in the community, particularly amongst young people. Between 2017 and 2020, we saw a 25 per cent increase in zero to 17-year-olds who attended an ED for a mental health reason; a significant increase of 31 per cent in the number of people who were admitted in that age group; and a 36 per cent increase in the number of zero to 17-year-olds who were referred to mental health treatment. Obviously, we have to do two things: respond to the demand now and learn about what extra we need to do to make it happen. We have committed \$7.9 million over the next two years to bolster child mental health services by an additional 25 mental health practitioners, as well as committing 10 administrative support staff across 10 metropolitan sites.

In 2021, the government committed over \$73 million towards Child and Adolescent Mental Health Services, which is \$4.9 million for a 7.2 per cent increase on 2020–21. I assume the point that the member is making is: "Enough reviews; just get on and make the extra investment." That is exactly what we are doing. We need to have a better understanding about how our services need to evolve, change and be reconfigured to meet this significant increase in the number of young people presenting with mental health issues. We can all point to the impact of social media, the impact of people living too much in the digital world and things of that nature; there are a whole bunch of things that feed into this growing incidence of mental health issues in young people. As a government and a community, we have to continue to learn about what we need to do in response to this now and into the future to continue to make sure that we meet these demands.

**Ms L. METTAM:** I refer to the service summary on page 341. I raise the concern that the rate of growth in spending on prevention and community support continues to fall relative to the rate of spending on acute services. Can the minister outline the rationale behind prioritising hospital-based services—47 per cent of the mental health budget—and why we are seeing moderate growth in community support and treatment options?

**Mr R.H. COOK:** I will ask the commissioner to address that question, but to clarify, is the member interested in digging into the prevention issues or the community-based services issue?

**Ms L. METTAM:** The prevention issues.

**Ms J. McGrath:** Thank you. As shown on page 341, there has been an additional nearly \$5 million as part of the 2021–22 budget committed for prevention. That represents a 22 per cent increase. It is from a smaller base. It increases our total prevention spend to about 2.2 per cent of our total expenditure. Going on a little into the community services as well, obviously, we have put some money into the pressures that we have in our hospital system, but as part of the \$495 million in new funding over the next four years in this budget, \$311 million of that is in community support and prevention. It is a significant increase. We are trying to get a better balance in community supports.

**Ms L. METTAM:** Looking to 2024–25, why does prevention fall to \$19 million? That is 1.5 per cent of the total cost of services when the sustainable health review states that it should be increasing to five per cent.

**Mr R.H. COOK:** That is because nearly everything in prevention is programmatic; that is, it is funded for a distinct period and when that funding finishes, we reinitiate that program or do a different program. I take the point that the member is making. It looks like there is a lower commitment in 2024–25, but that is simply because some of the programs would have finished by then. As we see the forward estimates roll on, the 2022–23 budget will probably see renewed funding for similar or different programs, so the member will see that number start to pick up. It is just because the funding arrangements for a lot of these programs are finite, so we would see them drop off midway through the forward estimates.

**Ms L. METTAM:** I refer to page 338 under the heading of “Suicide” and specifically paragraph 8. I note that the *Western Australian suicide prevention framework 2021–2025* was launched last year to provide a coordinated approach to address suicide prevention. Can the minister advise how many suicides were reported in 2020–21, and is it possible to get a breakdown of those numbers into adults, adolescents, children, Indigenous and non-Indigenous?

[12.10 pm]

**Mr R.H. COOK:** Sorry, member. I am very happy to provide the information when it becomes available from the coroner. We are not the primary information source agency from that perspective. There is a lag because it requires the coroner to actually determine that someone has taken their own life, so we can provide the member with the 2019 figures, but, unfortunately, that is as up to date as it gets at the moment. Jennifer has just said that the 2020 figures are coming soon, but, again, we rely upon the coroner.

**Ms L. METTAM:** Just to clarify, can we get last year’s reporting period? The minister said that the 2020 figures are almost available.

**Mr R.H. COOK:** Sorry; the figures for 2020 will soon become available. To give the member some context, in 2019, 418 individuals in WA took their lives, which means that Western Australia had the third-highest suicide rate of all the Australian states and territories. However, for 2019, the Western Australian suicide rate was consistently higher than the national average, at 16 per 100 000 people compared with the national average of 12.9 per 100 000 people. As the member knows, this is incredibly tragic stuff. It is not the individual as such—although, that is, of itself, incredibly tragic—but also this impacts upon families, friends and communities, so it is an important number to track. I take the member’s point in relation to her question, but we are just not the primary information source, that is all.

**Ms L. METTAM:** Looking specifically at children aged up to 18, what trend has the minister seen in attempted suicides since 2017? Is it possible to provide a breakdown of the numbers by year?

**Mr R.H. COOK:** I will ask the commissioner to make a comment.

**Ms J. McGrath:** I am pretty sure that we do not have information on attempted suicides. That information is very difficult to get. We can get information about people presenting to emergency departments as attempted suicides; we probably do not have it here today, but we can get that information. What we do have for children aged zero to 18 is information from actual suicides that occurred between 2015 and 2019. There were 70 young people included in those figures, of whom 22 were Aboriginal and 47 non-Indigenous; and, furthermore, 58 were aged between 15 and 17, and 12 were aged between five and 14.

**Ms L. METTAM:** The director general referred to some additional information that the minister may be able to provide. Could that be by way of supplementary information?

**Mr R.H. COOK:** Libby, could you just say again what you were chasing?

**Ms L. METTAM:** I am chasing the ED presentations from 2017 for attempted suicides for children aged up to 18.

**Mr R.H. COOK:** Again, I ask the member to put that on notice because I am not confident that we could get that information inside the supplementary information time. I am happy to speak to the member outside the chamber to get that information—and this is the Minister for Health making that commitment. I am sorry; I am just not confident that we could get that information within the supplementary information answer time.

**Dr D.J. HONEY:** Yesterday when we were interrogating the Minister for Police and others on police matters, they indicated that there had been a dramatic reduction in drug use in the community on the back of the substantial restriction of drugs coming into the community, so a whole range of crimes associated with drug use—for example, home

burglaries—had reduced by 50 per cent. For the sake of Hansard, I refer to budget paper No 2, volume 1, page 337, and the third paragraph under “Children and Young People”. We were told that one of the reasons for acute mental presentations to hospitals is associated with methamphetamine use in particular. But did we see a reduction in the acute mental presentations to hospitals during the past 18 months or have other factors confounded that? I just thought this was an opportunity to assess the impact of drugs in terms of those acute presentations to emergency departments.

**Mr R.H. COOK:** I am not sure whether it comes up under children and young people at the third paragraph on page 337, but I will ask the commissioner to make some comments.

**Ms J. McGrath:** During the initial stages of the COVID period—so, earlier in the last 18 months—we saw a significant drop in ED presentations for people with mental health and alcohol and drug issues. People were trying to stay away from hospitals. But that has rebounded, so, basically, we are back to normal levels. Also, I guess, one of the positives over the COVID period is that methamphetamine use has gone down due to the disruption to supply. We are starting to see that come back again. We have seen, from surveys and studies that have been done, that alcohol use has increased over that period.

**Mr R.H. COOK:** To pitch in a number on that one, the number of mental health ED attendances increased by 19 per cent between 2016–17 and 2021, so we have seen a steady increase.

**The appropriation was recommended.**

[12.20 pm]