Division 22: Mental Health Commission, $1 001 573 000 —

Mrs L.A. Munday, Chair.

Ms A. Sanderson, Minister for Mental Health.

Ms A. Cunniffe, Acting Deputy Commissioner, Operations.

Ms A. Harrison, Acting Deputy Commissioner, System Development.

Dr S. Davison, Chief Medical Officer, Mental Health.

Mr C. Patterson, Chief Financial Officer.

Ms S. Hearn, Chief of Staff, Minister for Mental Health.

Ms S. Della Bosca, Senior Policy Adviser.

[Witnesses introduced.]

The CHAIR: The estimates committees will be reported by Hansard and the daily proof will be available online as soon as possible within two business days. The chair will allow as many questions as possible. Questions and answers should be short and to the point. Consideration is restricted to items for which a vote of money is proposed in the consolidated account. Questions must relate to a page number, item or amount related to the current division, and members should preface their questions with those details. Some divisions are the responsibility of more than one minister. Ministers shall be examined only in relation to their portfolio responsibilities.

A minister may agree to provide supplementary information to the committee. I will ask the minister to clearly indicate what information they agree to provide and will then allocate a reference number. Supplementary information should be provided to the principal clerk by noon on Friday, 2 June 2023. If a minister suggests that a matter be put on notice, members should use the online questions on notice system to submit their questions.

Ms A. SANDERSON: I give my apologies for the acting Mental Health Commissioner, who is unable to be here today as he has COVID.

The CHAIR: I give the call to the member for Vasse.

Ms L. METTAM: I refer to page 323 of budget paper No 2, volume 1. Paragraph 1 refers to the Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0–18 years in Western Australia and the proposed eight key actions and 32 recommendations to transform the public infant, child and adolescent mental health system. How many of those actions and recommendations have been fully implemented and how many remain?

Ms A. SANDERSON: As outlined, it is a staged approach. This task force was established on the recommendation of the Chief Psychiatrist, who inquired into the death of Kate Savage—they were terrible circumstances for her family—and made recommendations around the reform of the public mental health services provided to infants, children and adolescents, particularly the child and adolescent mental health service. The task force reported in March 2022 and the government committed to all 32 recommendations. It is a five to 10-year reform process, essentially to rebuild the system while trying to treat children in it. That is not without its challenges, but it outlines an important vision of reform to support families in the community through a multiagency response from schools, justice, where required, education and the health system. It will ensure that crisis intervention occurs in the community rather than in a hospital.

The government accepted all the recommendations and has started to implement that reform. As part of the 2023 budget, $47.3 million has been provided to address some of the immediate priorities. There will be an immediate uplift in frontline services, with $18.5 million for an uplift in FTE; $12.9 million for peer workers, who are a very important component of the model of care; the virtual support service for at-risk children awaiting placement, which includes CAMHS Crisis Connect; and the new service for regional consumers, brief crisis intervention. The work also involved a governance framework and co-designing 12 detailed models of care. That work occurred last year, as did the implementation time frame. We cannot put in place services without the right model of care; otherwise, we would keep doing the same thing and getting the same outcome. That was a lengthy but really important part of the implementation of those reforms.

This budget has again increased the investment by another $27.8 million over the next four years. That will include the establishment of the east metropolitan acute care response team, which was a key recommendation, and the establishment of the Bunbury hub. One of the key recommendations for reform is the hub-and-spoke model. That will be up and running pretty soon—by January 2024—as will the acute care response team. The intent is that that will also be up and running by January 2024. There is funding for an additional 10 Aboriginal mental health workers; a continued uplift to infant, child and adolescent mental health staff in the metropolitan area—that is, CAMHS staff—

and the expansion of Touchstone, which is a really important service that provides intensive treatment for children aged 12 to 17 with complex personality disorders. That will provide a very important expansion to that service.

Obviously, this current phase includes the completion of 12 models of care and a service guarantee, which is a very new concept for HSPs. A service guarantee is quite a significant reform, which really puts patients and their families at the heart of the quality of the service that is provided. That is really important. All the HSPs have now agreed to that service guarantee. This phase also includes culturally safe care principles, an Aboriginal mental health worker model and a phased implementation plan and monitoring and evaluation framework. The implementation will be ongoing. As members can see from the last two budgets in particular, we are working through those implementations.

[12.20 pm]

Ms L. METTAM: In relation to the positions that have been committed to, how many FTE positions are yet to be filled, appreciating the challenge of workforce shortages?

Ms A. SANDERSON: I request that that question be put on notice. When a question is put on notice, it essentially needs to go to the Child and Adolescent Health Service and the WA Country Health Service because they both employ those positions, and officers from neither of those agencies are here now.

Ms L. METTAM: The minister referred to the hub in Bunbury, which will be operational in 2024. How many FTE are associated with that hub?

Ms A. SANDERSON: In relation to the previous question, apologies, but I do have some information in front of me. In relation to the initial expansion costing $18.5 million, that is fully recruited to. The expansion of the Lived Experience workforce is 90 per cent recruited to, so it is fully recruited to. The crisis intervention and the brief intervention service is also fully recruited to.

Ms L. METTAM: When does the minister anticipate all the actions and recommendations to be finalised in response to the ministerial report?

Ms A. SANDERSON: There is an implementation plan. An implementation committee was set up, chaired by Sheila McHale. The deputy chair is Professor Helen Milroy, and the committee also includes representatives from the HSPs. Overall, it is a five-year reform because it is a significant reform and we have to recruit staff. We are starting now and we have already recruited to last year's commitments. There is progress every year. That is the time frame we are working towards.

Ms L. METTAM: I note that a further $35.5 million has been committed to continue the implementation. Does the minister have an idea of the overall cost to fully implement the actions and recommendations over that five-year period?

Ms A. SANDERSON: Not at this stage. It is very difficult to predict a five-year costing plan because obviously there will be some capital requirements with the hub model and so forth. Some of the CAMHS sites need a bit of love and attention. It is very difficult to predict those costs at this stage. The biggest cost will be the workforce. That recruitment also needs to be realistic, based on market availability and the market challenges that we have at the moment. The health workplace is challenged, but the mental health workforce is significantly challenged. We have a range of incentives in place to encourage people to take up positions in mental health—in particular, nurses who may want to specialise in mental health. Peer workers in mental health is very new to Western Australia. Other states have been doing it for many years but it is quite novel in Western Australia. We are very much invested in developing that workforce as well.

Ms L. METTAM: I refer to page 324 of budget paper No 2, and the social and emotional wellbeing model of service pilot. Can the minister advise which five regional sites were selected?

Ms A. SANDERSON: The decision on where to locate the sites was driven by the Aboriginal Health Council of Western Australia. They will be located in the Kimberley, the Pilbara, the goldfields, the south west and the midwest.

Ms L. METTAM: Will the service be provided by government or not-for-profit private providers?

Ms A. SANDERSON: The services will be provided by Aboriginal-controlled organisations.

[12.30 pm]

Ms L. METTAM: The government is engaging with Aboriginal not-for-profit organisations. Can I just clarify the minister's response from earlier?

Ms A. SANDERSON: Sorry; I missed that.

Ms L. METTAM: Did the minister say Aboriginal not-for-profit organisations?

Ms A. SANDERSON: The government has funded Aboriginal community–controlled organisations—ACCOs. It is up to them to determine the FTE.

Ms L. METTAM: Where is that process at?

Ms A. SANDERSON: It is up and running.

Ms L. METTAM: I refer to page 324. Paragraph 11 underneath "Community Mental Health Treatment Services" highlights the role of community mental health treatment services in reducing the number of hospitalisations. The next paragraph states that only two services have been funded, one being telehealth for the WA Country Health Service and the other being the $9.9 million one-year extension to the active recovery teams. Does the minister think there should be more funding for these services, given the significant role that they play in reducing hospitalisations?

Ms A. SANDERSON: The member is referencing different things. It is not the case that only two services are the entire community mental health treatment services—absolutely not. They are obviously run through our public system as well as through non-government organisations. I think the member is referring to the active recovery teams.

Ms L. METTAM: That is part of this paragraph in this section.

Ms A. SANDERSON: The active recovery teams partnership has received additional funding and, essentially, it is going through an evaluation phase, which is appropriate, to make sure that it is meeting the aims it intends to achieve and is being delivered in the way that government intended. We will obviously consider the outcomes of that evaluation before providing further funding. We are very committed to the concept, but it is appropriate that, essentially, services are evaluated at various points in time so that they can be funded appropriately.

Ms L. METTAM: I refer to page 334, which shows that the amount for grants to community-based organisations fell from $21 million in 2021–22 to $228 000 in 2023–24. Can the minister explain this drop?

Ms A. SANDERSON: The drop can be explained because the 2021–22 actual grant expenditure was $21.7 million predominantly due to the one-off payments for COVID readiness and response initiatives. These were totally COVID related. But the commission's budget and expenditure for grants and subsidies has been very consistent over the forward estimates. It is a COVID drop-off.

Ms L. METTAM: The minister has described them as COVID payments, but will any of those initiatives be transitioned to contracted services?

Ms A. SANDERSON: This is grants to organisations that may have contracted services.

Ms L. METTAM: Is the minister saying that some of these services will continue? That is a significant drop-off.

Ms A. SANDERSON: Sorry; I was just getting some advice. Can the member ask that question again?

Ms L. METTAM: I am seeking some confirmation. Will those services that are not funded for 2022–23 continue in some other form? Obviously, not the COVID-19 pandemic response, but there is a whole range of funding for line items, including "Mental Health Residential Rehabilitation Beds", "Youth Mental Health and AOD Homelessness" and the "Suicide Prevention Strategy". Will those projects be funded from somewhere else?

Ms A. SANDERSON: We are not closing down any of those services. They may not have been included in a contract. I think the member's original question was: will they become contracted services? The answer is: yes, in some instances they will be contracted services. We are not going backwards or reducing services.

Ms L. METTAM: Is the minister able to define which services from that table will continue and which will be contracted services?

Ms A. SANDERSON: There were so many different grants for different purposes that the member would need to put that on notice.

Ms L. METTAM: Can that be provided by supplementary information?

Ms A. SANDERSON: I think it is appropriate that it goes on notice.

Ms L. METTAM: I refer to page 331 and the table under "Community Support". I refer to the cessation of recurrent funding to peer support service GROW. Why has this program been defunded?

Ms A. SANDERSON: In 2019, an independent consultation and co-review included consumers, carers, stakeholders and peak body representatives to look at community-based social, recreational and prevocational group activities. Group support activities support people with mental health and alcohol and drug issues as well as psychosocial function. For the first time in many, many years—decades, in fact—these services went out to tender, rather than funding simply continuing to the same organisations. Organisations have known since 2019 that the commissioner was embarking on this process. The commission opened the open tender in 2022 based on the co-review findings. Because the market had not been tested in over a decade, feedback was sought from users of the services. The feedback of clients of the services and families was taken into consideration in the evaluation of it. It went through an independent procurement process, as is appropriate, from government with an assessment panel, based on a range of criteria.

A number of organisations were successful. An amount of $19 million was awarded to eight services, rather than four services. They were expanded significantly into regional Western Australia and supported some priority cohorts,

including young people, people from culturally and linguistically diverse backgrounds, and LGBTQIA+ people and groups. The new service providers are 55 Central in the Perth metropolitan region; Bay of Isles Community Outreach in goldfields–Esperance; Lamp in the south west region, servicing Busselton, Margaret River and Bridgetown, which I am sure the member is familiar with; Pathways SouthWest, which I know she is also familiar with; and Perth Inner City Youth Service, Rise Network and Ruah Community Services in the Perth metropolitan area and the midwest. Essentially, they did not meet the criteria for a modern, recovery-based, co-designed mental health service. That was a significant part of the criteria. The purpose of recovery-based community services is that someone should not need the service forever. They are to support clients to move on with their lives, and work and live in the community. They should not need to keep coming back for the same service forever. That is not the recovery model. Co-design means it is designed with the people who participate in it. Those services were deemed not to be co-designed. The very strong feedback from the people in the services was that they wanted to co-design their services. They are the principles by which it occurred. There is also a separate expressions of interest process as part of the funding to support Aboriginal mental health. That meant that three Aboriginal organisations—Wungening Aboriginal Corporation, South West Aboriginal Medical Service, or SWAMS, and Wirraka Maya Health Service Aboriginal Corporation in the Pilbara—were also awarded grant agreements.

[12.40 pm]

Ms L. METTAM: The GROW program had been operating for 56 years in Western Australia, as I understand it. It received funding from every other state. Has the minister met with GROW to explain the rationale? I know that the chair was involved in shaping how it operated. I am just picking up on the minister's point about it not being co-designed.

Ms A. SANDERSON: Yes. I have met with the GROW board and given feedback. The Mental Health Commission has met with the CEO and the board and given feedback. We also extended its funding for a number of months to help it transition those clients into new services. I appreciate that it is very challenging. I think the fact that the service has been running in exactly the same way for 56 years might give the member an indication of where it fits in the modern delivery of mental health services. I appreciate that it might be the only thing that helps some people, but it is not the framework that the state supports. The state supports and funds recovery models and co-design services. I think its understanding of what that is differs from what it is in a modern healthcare mental health setting.

Ms L. METTAM: On the funding for Lamp Inc in Busselton, does this continue funding that had been provided? Can the minister provide a bit more information?

Ms A. SANDERSON: It runs a range of services. This is new funding for the group and peer support services.

Ms L. METTAM: Is this to provide additional services? Is it at all related to supporting those with mental health issues in attaining independent housing or is it different from that?

Ms A. SANDERSON: It is new funding for Lamp. It is for the provision of group support or psychosocial support.

Ms L. METTAM: I refer to page 325 of budget paper No 2 and hospital services. It states that mental health inpatient beds continue to be in high demand across the state. How many mental health presentations occurred in 2022–23 and how many are forecast for 2023–24?

Ms A. SANDERSON: I think the member well knows that that is a detailed data question that needs to be put on notice.

Ms L. METTAM: Just to clarify, can the minister provide that by supplementary information?

Ms A. SANDERSON: It is a detailed data question that needs to be put on notice.

Ms L. METTAM: The government is bringing online 254 new mental health hospital beds to meet current and future demand. Can the minister give me a breakdown of where the beds will be located?

Ms A. SANDERSON: Yes, I can. An additional 55 beds will be at Joondalup Health Campus. The 102 beds include new mental health beds at Joondalup; it does not include the existing bed stock there, so it is an uplift of 55. There will be an additional 10 beds for Rockingham; 40 for Fremantle; nine for Armadale; 10 for Midland; 30 for Peel, depending on the time frame of the redevelopment; 14 for Bunbury, depending on the time frame of the redevelopment; 16 for Geraldton; 12 for the Bentley secure extended care unit; eight for Sir Charles Gairdner Hospital; and 53 for Graylands Hospital. The commissioning of those beds will be staggered.

Ms L. METTAM: Are these 254 new beds part of the additional 600 new beds?

Ms A. SANDERSON: Let me get advice on that and I will get back to the member before the end.

Ms L. METTAM: Are these permanent beds across the forward estimates?

Ms A. SANDERSON: Yes, they are.

Ms L. METTAM: I refer to page 325 and the national agenda. How much of the $61.5 million is for eating disorder programs?

Ms A. SANDERSON: We negotiated $8.6 million for eating disorder services from the commonwealth government in the last round of bilaterals.

Ms L. METTAM: What programs or projects will that $8.6 million be directed to?

Ms A. SANDERSON: It will be based in the east metropolitan area and will be in addition to the two statewide eating disorder services that exist in north and south metropolitan.

Ms L. METTAM: How many episodes of care were provided for eating disorders in 2022–23?

Ms A. SANDERSON: The member asked that question in the last estimates session. It is a detailed data question and it is not reasonable to request an answer through this process.

Ms L. METTAM: Okay. How much total funding was provided specifically to deal with eating disorders in 2023–24 and how does this compare with previous years?

Ms A. SANDERSON: It is complicated to give the member a single figure. The statewide eating disorder service was provided $31.7 million, plus the $8.6 million from the commonwealth, plus $4.46 million to the child and adolescent mental health service for eating disorders for people up to 16 years old. On top of that are the inpatients, which would be covered by activity-based funding. That is a flexible amount depending on demand. It is based on a formula from the commonwealth and part-funded by the state government.

[12.50 pm]

Ms L. METTAM: Can the minister clarify the $4.6 million for child and adolescent mental health service?

Ms A. SANDERSON: It is for outpatients.

Ms L. METTAM: Have plans progressed for the residential eating disorder facility, and has the federal health minister written to the state minister regarding this issue?

Ms A. SANDERSON: We are in ongoing discussions about that. I want to make a few comments. I first make the point that $4 million was an election commitment by Andrew Hastie, the member for Canning, and it was made with no consultation or discussion with the state, which runs eating disorder services in Western Australia, about the most appropriate commitment he could make. If the member for Canning had made an approach to the then state minister, I am sure the minister would have given him advice on what would provide the best outcome for Western Australians and welcomed the funding. Nevertheless, the former federal government provided $4 million to Western Australia to build a residential eating disorder facility. At no point has the member for Canning sought to meet with me, or anyone in the state government I am aware of, to discuss this commitment. Let us put $4 million in comparison to what other states and territories got. The Australian Capital Territory got $13 million to build four. I managed to negotiate twice as much for eating disorders as the member for Canning did out of his own government in the last bilateral schedule, with $8.6 million for the East Metropolitan Health Service. I managed to negotiate twice as much as the member for Canning. His is not a genuine commitment to a residential eating disorder facility. The fact that the member for Canning thought the facility could be attached to a hospital, which was his intention, shows he is completely out of touch with how we deliver in-reach and community care. A residential rehab facility should not be attached to a hospital; it is not best practice. It is not a genuine commitment. The state government is providing a significant bulk of the funding and doing the heavy lifting on eating disorders. We continue discussions with commonwealth about how that money will be best used to support that community.

Ms L. METTAM: Will a residential eating disorder facility be included?

Ms A. SANDERSON: The member for Canning did not provide the funding for a residential eating disorder facility. He barely provided the funding for the car park.

Ms L. METTAM: Other states have progressed with residential eating disorder facilities, and I know Western Australian patients have sought to attend the facility in Queensland. Is this something the government is looking at?

Ms A. SANDERSON: First of all, only one state, Queensland, has opened a facility, and the other states and territories got a lot more money, so I consider it an abject failure of the member for Canning.

Ms L. METTAM: Other states have progressed their residential eating disorder facilities. Will the minister make a decision? Are we likely to see a residential eating disorder facility here in Western Australia, or is that not on the minister's agenda?

Ms A. SANDERSON: Other states and territories were funded appropriately by the commonwealth. The Liberal member for Canning failed to get appropriate funding. I am speaking to the current commonwealth government to see how we can use that $4 million.

Ms L. METTAM: What is the status of the eating disorder hubs?

Ms A. SANDERSON: The south metropolitan eating disorder hub is up and running, the north metropolitan eating disorder hub is up and running and the east metropolitan eating disorder hub only received funding in the last bilateral schedule, so it was only negotiated last year, and it is well underway with recruitment to open this year.

Ms L. METTAM: Does the minister think it is a bit rich to suggest that the reason a residential eating disorder facility has not progressed in WA is that there is not funding to do so?

Ms A. SANDERSON: My suggestion is entirely that the local federal member failed to secure the funding from the former government. It is a bit rich to be waving $4 million around and not deliver for those vulnerable patients. That is what the Liberal Party and the federal member are doing here; that is, he is pretending to support vulnerable patients while refusing to engage constructively with the state. He has not once sought a meeting about this with me, or any of my colleagues, that I am aware of. This is pure politicking on the part of the member for Canning. He well knows that $4 million will not buy a car park. It was not a proper commitment when the ACT received $13 million. The state government is doing the heavy lifting with eating disorders, with a $30 million investment in adult eating disorder treatments. So it is not appropriate for the member for Canning to wave it in front of vulnerable patients without an ability to deliver, when he has abjectly failed them in the first place.

Ms L. METTAM: The minister is the Minister for Health; Mental Health in this state. She has touched on the fact that there are significant gaps in the system. Can the minister at least provide an assurance that she will look at implementing the residential eating disorder facility in the best interests of those who are challenged with this devastating condition?

Ms A. SANDERSON: We are looking at all options, of course, to support these vulnerable patients, and we continue to look at those options, and I continue to have constructive discussions with the commonwealth on how we can deliver the best possible care for people with eating disorders. At this point, the priority is community-based services because we can see more people, and that is fundamentally the issue. We can see more people through these services than a long-term residential facility that will see eight people for a very long time. Yes, there is value in these centres, and we are looking at everything, but the priority at this point is seeing as many people as we can, and we can do that through community-based supports.

Ms L. METTAM: I refer to page 328 of budget paper No 2 and hospital bed-based services, which include Hospital in the Home services. How many Hospital in the Home beds are there at present, and where are they predominantly located?

Ms A. SANDERSON: They are in north metro, south metro and are being established in east metro. They are across the system. Exactly how many there are and where, again, that is a data question and the member would need to put it on notice.

Ms L. METTAM: I accept that the minister cannot answer, or it is consistent that she is unable to answer this question, but can she provide a rough estimate of how many Hospital in the Home beds we are talking about? Are there fewer than 100, or how many?

Ms A. SANDERSON: I cannot give the member an exact number, but we will try to get the global figure to her. It would depend on demand, so it would not be a fixed number. It is a service, and we would see as many people as it can in that service. I will try to get that number to the member.

The appropriation was recommended.