Division 22: Mental Health Commission —

Mr S.J. Price, Chair.

Ms A. Sanderson, Minister for Mental Health.

Ms M. Lewis, Mental Health Commissioner.

Mr B. Savage, Chief Financial Officer.

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

[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, 31 May 2024. If a minister suggests that a matter be put on notice, members should use the online questions on notice system to submit their questions.

I give the call to the member for North West Central.

Ms M. BEARD: I refer to the "Broome Sobering Up Centre" under "New Initiatives" on page 331. It appears there is no funding until 2026–27 and in the 2023–24 budget it was noted that the centre had been relocated out of town due to building safety concerns. Is the centre currently operating?

Ms A. SANDERSON: Yes, it is currently operating.

Ms M. BEARD: Is there scope or are there plans for the drug and alcohol centre in Carnarvon, which is not open 24/7, to be scaled up to provide a greater level of service?

Ms A. SANDERSON: Where is the line item?

Ms M. BEARD: It is in relation to the extra spending changes and new initiatives. It is not noted there, I am just asking.

Ms A. SANDERSON: It is not under the Broome sobering up centre.

Ms M. BEARD: Do not worry; I had just hoped the minister might answer it.

Ms L. METTAM: I refer to the third paragraph under "Significant Issues Impacting the Agency" on page 332, and the government's commitment to implement all 32 recommendations of the Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0–18 years in Western Australia. How many of the recommendations have been implemented to date, how many have been partially implemented, how many are yet to commence and how many are ongoing?

Ms A. SANDERSON: The infants, children and adolescents taskforce is an important reform project conducted over 10 years into the public provision of mental health services for acute patients in the state system. It is an ongoing and iterative reform rather than a tick-box exercise. Having said that, there has been significant investment and work to date on the implementation of the taskforce. In 2022–23, the budget focused on implementing the immediate and short-term recommendations of the ICA taskforce to address immediate service gaps, which was supported by $47 million of government investment. All those deliverables are complete. The 2023–24 budget provided a further allocation of $35 million for establishing the core foundations of the future service system, which is the establishment of the ICA mental health hub in Bunbury, which is open, and in Busselton; the east metropolitan–based acute care response team; and the expansion of the Touchstone service. The workforce uplift includes Aboriginal mental health workers and child adolescent mental health service frontline staff and the reconfiguration of the Perth Children's Hospital mental health inpatient unit.

In the 2023 budget, the east metropolitan acute care response pilot commenced, and the acute care response teams provided a mobile outreach and crisis support for children up to 18 years. We have also reconfigured the Perth Children's Hospital, temporarily relocated 12 beds to Hollywood Private Hospital, and the brief crisis intervention has also commenced. The expansion of the personality disorder treatment services has commenced, and this includes the upscaling of the CAMHS workforce. The Child and Adolescent Health Service, the WA Country Health Service and CAMHS are progressing recruitment of Aboriginal mental health workers with the view for

staff to commence in May this year. There was a further investment of $46 million for the ACRT teams to extend into the great southern, north and south metropolitan region as well. I might ask the Mental Health Commissioner to make a few comments.

Ms M. Lewis: Regarding the 32 recommendations, it is fair to say that we are constantly asked about how many are implemented. It is a suite of long-term reforms. In the recommendations are eight service areas that we need to address. Some of these will be long term and ongoing, such as research evaluation, partnering with other agencies and looking at the governance of how CAHS and CAMHS operate. Many of these services will be built into business as usual, whereas other things will be new initiatives that we need to roll out and build on our current system to fill the urgent priority gaps.

[5.20 pm]

Ms L. METTAM: How many of the recommendations are yet to commence, if any?

Ms A. SANDERSON: Through the Mental Health Commissioner.

Ms M. Lewis: All the recommendations were looked at back in 2022–23 in terms of what needs to happen. They will be staged over the three time horizons. One is about filling the urgent priority gaps. Then we will look at how we can build on the system, the constant ongoing sustainability of the system and what else might be required. All those actions have been looked at individually and are staged over those three horizons. It is a very comprehensive list in terms of the detail behind all those. Some of that is available on the Mental Health Commission's website, but we have information that we can provide about the detail behind all those recommendations.

Ms A. SANDERSON: It is a 10-year reform process. The taskforce made immediate, medium-term and long-term recommendations. The immediate recommendations are underway or complete. Then we will move on to the next phase. Surely, it would not be expected for us to have started the long-term recommendations.

Ms L. METTAM: What long-term recommendations have not been started?

Ms A. SANDERSON: The member needs to read the report.

Ms L. METTAM: That is the purpose of this question.

Ms A. SANDERSON: This is the budget estimates.

Ms L. METTAM: This is the budget estimates. The line item is about the report and the recommendations. I think it is reasonable, given the significance of the report and what is at stake here, to ask what recommendations have not commenced yet.

Ms A. SANDERSON: Anyone can go on the website, read the report and see what the short-term, medium-term and long-term recommendations are. I am not going to do the member's homework for her.

Ms L. METTAM: In relation to the Busselton hub that the minister referred to —

Ms A. SANDERSON: It is in Bunbury.

Ms L. METTAM: I thought the minister said Bunbury–Busselton.

Ms A. SANDERSON: It was Bunbury and Busselton.

Ms L. METTAM: The minister said that the Bunbury hub has progressed. Can the minister explain what is happening around the Busselton hub?

Ms A. SANDERSON: Busselton is currently being serviced by the Bunbury hub. We are currently developing what the Busselton hub will look like. The Bunbury hub has had a significant uplift in staff. There are now 25 staff, which is almost double the staffing profile. It is supporting children and families with a range of issues, including post-traumatic stress, eating disorders, depression and anxiety. It is also working in collaboration with child development services and Child and Adolescent Health Service to help manage some really complex kids with interconnecting issues. Busselton is being supported by Bunbury.

Ms L. METTAM: Is it a medium or long-term goal for a hub to be established in Busselton or is it anticipated that Busselton patients will be served by the Bunbury hub?

Ms A. SANDERSON: There will be a spoke in Busselton, so there will be a service in Busselton. It will probably be supported by staff from Bunbury, but they will be placed in Busselton for the purpose of supporting the Busselton community.

Ms L. METTAM: Does the minister have a timeframe and will that service be provided at the Busselton Health Campus? Is there any further detail?

Ms A. SANDERSON: We are still working through what the model looks like. The priority has been supporting the primary hub in Bunbury to almost double its staff. Generally, these services are not located on health campuses; they are generally located in a community setting.

Ms L. METTAM: Where is the Bunbury hub located?

Ms A. SANDERSON: I do not have the address on me. The member could google it. It is in a shopping centre in Bunbury.

Ms L. METTAM: Since the establishment of the hub, what has the level of demand been?

Ms A. SANDERSON: It is seeing more and more kids. It is doing some incredible work. In fact, I would encourage the member to go. I would be more than happy to provide the member the opportunity to visit. It is really doing some amazing work. They have done a great job with the facility. It is a warm and inviting environment. They have clinicians who have come from the eastern states to work there because it is a model of care that is really contemporary and is making a difference.

When I was there, I met a father who has a teenage daughter. She has seen an enormous change in the kind of care and support for her over the implementation of that hub. As I said, it is reaching into a range of service areas now. It is doing eating disorders, post-traumatic stress disorder, trauma, family therapy and dialectical behaviour therapy. It is really doing some incredible work.

Ms L. METTAM: Given that there is significant demand for these services and that the Busselton area supports the broader region along the capes as well, can the minister give me an indication of when she anticipates the Busselton hub to be established?

Ms A. SANDERSON: We are working across Western Australia, not just the south west. I know that is the member's primary focus, but across Western Australia, we are working through. Each of those models will be uniquely developed for that community. If there are particular presentations in Busselton versus the Kimberley or Kununurra, the model and provision of service will be slightly different. The Busselton community is being well-serviced by Bunbury CAMHS at this point, which has had a doubling of staff. It will provide outreach into those communities and into Busselton.

Mr R.S. LOVE: The first item of significance on page 332 is about suicide prevention services. The budget has only $1 004 listed for this year. There are then some investments over $10 million in each of the three remaining years. Is the suicide prevention framework that was spoken about in that item fully funded by that $1 004? Is that all that is being paid towards the existing framework this year?

Ms A. SANDERSON: I am confused about the $1 004. I can confirm that a further $32.3 million will be invested through this budget and we will see a continuation of a number of initiatives that support the suicide prevention framework. The commission will start developing the next framework from 2025, which will fit in with the commonwealth's suicide prevention framework.

Mr R.S. LOVE: Are the allocations of money made with any guidance about the previous costs of running a program or is this a significant change to what has happened in past years?

Ms A. SANDERSON: I am going to ask the Mental Health Commissioner to respond.

Ms M. Lewis: As the minister pointed out, the current suicide prevention strategy expires in 2025. We are now embarking on a new strategy. A number of components of the suicide prevention strategy tie into early prevention and the social determinants that impact on good mental health and wellbeing, as well as projects in line with the social and emotional wellbeing policy partnership that we have with the commonwealth. There is a direct focus on working with Aboriginal-controlled health organisations on suicide prevention for Aboriginal people. It takes multiple factors and components into consideration so that we can make sure that we are constantly revising and heading in the right direction in Western Australia.

[5.30 pm]

Mr R.S. LOVE: Will a draft be prepared and then put to public comment? How will it work? When does the minister think the product will be first available for people to look at?

Ms M. Lewis: We will be commencing the preparatory work for that strategy towards the next six months of this year, so July onwards. The commission works with the community and key stakeholders in everything it does. We deal with and listen to our voices of lived experience, survivors of suicide, and that is how we work. It will be very broad consultation. We also work with the commonwealth and across other key agencies, such as the communities, justice and health portfolios. We work very closely with multiple portfolios in this space.

Ms M. BEARD: On page 331, the line item "Western Australian Country Health Service Brief Crisis Intervention" has funding of similar amounts for 2024–25 and 2025–26. Can the minister advise what services that will provide?

Ms A. SANDERSON: That provides crisis intervention for children, adolescents and families who are experiencing a mental health crisis.

Ms M. BEARD: I understand that resourcing in Perth is probably more robust than it is in the regions. What is an example of some of those WACHS services? Are they provided through the agencies or hospitals? How are they provided?

Ms A. SANDERSON: Do you mean the brief crisis intervention?

Ms M. BEARD: Yes.

Ms A. SANDERSON: It is a telephone and telehealth service.

Ms M. BEARD: Okay, that is all I wanted to know.

Ms L. METTAM: I refer to page 336 under "Outcomes and Key Effectiveness Indicators" and the percentage of the population aged 16 years and over reporting recent use of illicit drugs. The figure remains high at 11.8 per cent and is above the budget target of seven per cent. What is driving this increase?

Ms A. SANDERSON: The member is asking me for an opinion. A multitude of complex social factors are driving an increase in the use of alcohol and other drugs. It would depend on the cohort. The office of drug and alcohol works incredibly hard to understand the underlying causes of alcohol and drug use. It is concerning that it is increasing. We continue to focus on prevention but there will be different drivers for different cohorts.

Ms L. METTAM: Has the minister sought a briefing to obtain an understanding of what is driving the increase and why the budget target has been revised upwards from seven per cent to 11.8 per cent?

Ms A. SANDERSON: We have; this is a national trend. We have established under the Mental Health Commission the Alcohol and Drug Support Service to give it a distinct identity and focus under the commission. That is the first part. The government works with its non-government organisation partners to deliver medical withdrawal, rehabilitation and ongoing wellness for people who use alcohol and other drugs. It is challenging that alcohol use is increasing nationally, but in Western Australia the trend has decreased since 2007. One in three people in WA drinks at a level that risks health and risky drinking is increasing among females, including young females. There is a social acceptance of it, particularly among women who have children. Among my peers it is considered very acceptable to have a wine at three o'clock in the afternoon, or even earlier—but, actually, it is not good for you. There is a social acceptance of it that concerns me that is outside the control of the budget papers. Work is occurring nationally through the commonwealth around what are the drivers increasing that use. Government funds the "Alcohol. Think Again" campaign through the Mental Health Commission, with a specific $1.3 million to prevent fetal alcohol spectrum disorder and $3.5 million over four years to pilot the WA model for violence prevention to prevent alcohol-related injury presentations to Royal Perth Hospital. Many streams of work are going on. The focus is to create an office of alcohol and other drugs under the Mental Health Commission and to give it a clear purpose and identity in tackling this issue.

Ms L. METTAM: I refer to services and key efficiency indicators on page 338. The number of FTE for community treatment has fallen at a time when this area of service delivery is a priority for the government. Can the minister explain why?

Ms A. SANDERSON: There has been no reduction in FTE. It is clear that the commission has more FTE than it should, to the budget actual! This is a budget target and the actual may certainly be determined to be different.

Ms L. METTAM: Should the target not be to increase those FTE given the pressures and the rates of increase concerned?

Ms A. SANDERSON: This is one snapshot of community treatment. Community treatment is also delivered by health service providers. HSPs have their own community treatment teams. The acute care and response teams, for example, through the infant, child and adolescent taskforce, will all be employed through the HSPs. That will not be reflected here because this is the commission's FTE. The commission purchases those services from the HSPs. It also purchases services from the non-government organisations. It is not reflected in this line item—the NGO FTE, for example; the service that is purchased by the commission is reflected. These are commission-employed FTE. More and more services are being purchased from HSPs through that increase in funding.

Ms L. METTAM: But this funding has gone down.

Ms A. SANDERSON: No, it has stayed the same. In fact, the budget target is slightly up from last year.

Ms L. METTAM: But the government anticipates —

Ms A. SANDERSON: No, it is the target.

Ms L. METTAM: The target is less.

Ms A. SANDERSON: That is the target. It is not meeting its target. It is employing more than it needs because there is more need in the community.

Ms L. METTAM: The first note on page 338 on the explanation of significant movements refers to unavoidable cost pressures and a delay relating to the Immediate Drug Assistance Coordination Centre. Can the minister provide more information on the cost pressures and the delay?

[5.40 pm]

Ms A. SANDERSON: Compared with the estimated actual, community treatment spending will increase by $55.3 million in 2024–25. That is due to the $14.2 million election commitment for the Immediate Drug Assistance Coordination Centre; a $14 million increase in funding for non-admitted mental health hospital services for cost-and-demand funding; another $10 million for infants, children and adolescents, including acute care response teams and emergency department child safe spaces and the WA Country Health Service Brief Crisis Intervention service; $10.6 million for the national mental health suicide prevention Head to Health Kids Hub and aftercare; and $4.4 million for emergency access response with ambulance co-response. IDACC is well progressed, and the site location has been finalised. It is going through the planning process with the development assessment panel.

Ms L. METTAM: When does the minister anticipate it will be operational?

Ms A. SANDERSON: Elements of the IDACC service are already in place across health service providers so that funding is being used now. What will be operational in 2024–25 is the new building in which the services will be concentrated. It has been bogged down in the local government planning process and the development assessment panel process; it has bounced around in that process. Some local residents objected to having that facility in the area. We expect it to open next year, but elements of that service are already funded and are being delivered through other health service providers.

Ms L. METTAM: Where is the centre?

Ms A. SANDERSON: It is in Highgate. I can give the member for Vasse an outline of some of the services for which the funding is used to deliver immediate drug assistance. There is the Here for You support line and navigation system; the WA Drug and Alcohol Clinical Advisory Service, which provides support for health professionals to get access to immediate support; the 24/7 drop in hub facility for people over the age of 18, which will be delivered by a non-government organisation; the 72-hour crisis recovery beds; and the Assertive Outreach Care and Coordination Team.

Ms L. METTAM: I refer to page 332, paragraph 1 under "Significant Issues Impacting the Agency" and the continuation of initiatives under the *Western Australian suicide prevention framework 2021–2025*. How many initiatives have received a continuation of funding for suicide prevention?

Ms A. SANDERSON: The social and emotional wellbeing foundation and the Aboriginal reference group have received continuous funding.

Ms L. METTAM: Can the minister provide a breakdown of the amount of funding provided to the two groups and for how long additional funding will be provided?

Ms A. SANDERSON: They are not groups; they are overarching bodies that fund groups in their communities. In response to *Commitment to Aboriginal youth wellbeing,* the State Coroner's 86 recommendations arising from the inquest into the 13 deaths of children and young persons in the Kimberley region and *Learnings from the message stick: the report of the inquiry into Aboriginal youth suicide in remote areas,* which arose from an inquiry into Aboriginal youth suicide, the state government will invest $12 million in 2024–25 and 2025–26 to continue the Aboriginal social and emotional wellbeing program and the youth-specific Bigiswun Kid Project proof of concept, which is delivered in Fitzroy. A further $2.7 million over three years will be provided to support the secretariat team to support the Kimberley Aboriginal Regional Governance Group, which is called ARGG, and the implementation of a partnership agreement. The Kimberley Aboriginal Regional Governance Group is a collection of elders from across the Kimberley and significant Aboriginal community–controlled organisations. That group has been determined as the appropriate group to manage the funding, and that is the group that government is working with. There is whole-of-government coordination and coordination with Aboriginal stakeholders and communities to identify and implement initiatives to reduce the rates of suicide and self-harm, including the development of a draft partnership agreement with the state government and the Kimberley Aboriginal community–controlled organisations that are represented on the Kimberley ARGG. In addition, the state has committed $42 million over the forward estimates to continue suicide prevention programs and initiatives to reduce the rate of suicides, including statewide suicide prevention coordinators to build community capacity to prevent and respond to suicide, the Children & Young People Responsive Suicide Support program and school response program to provide support for children and young people, and the Mates in Construction and Wheatbelt Men's Health supporting men's health. Planning is underway for the next stage of WA's strategic approach to suicide prevention.

Ms L. METTAM: Can the minister explain more about the school response program?

Ms A. SANDERSON: I will ask the commissioner to respond to that.

Ms M. Lewis: The school response program is in all schools throughout Western Australia. When a young person dies by suicide, a team springs into action to make sure there is support in schools for students, family members and others. It is about making sure that there is no contagion effect, that children are contained and get the proper responses and services they need at school. It is a statewide coordinated model, with clinicians for that program in metropolitan and regional areas.

Ms L. METTAM: The commissioner touched on the contagion effect. Are our understandings changing in how the Mental Health Commission responds to these sensitive matters?

Ms M. Lewis: We are doing a lot of work; in fact, it is national in terms of this space. WA and all the other states and territories are seeing increases in the number of suicides, particularly in certain cohorts. It is not only that there have been dramatic increases; there are increasing rates of self-harm. A new national suicide prevention framework is about to be launched by the commonwealth. We have been working closely with the commonwealth in terms of our strategy for Western Australia. Most states and territories have similar challenges and issues in this space. We are trying to learn from what works and put preventive strategies in place. Our new strategy will absolutely focus on those areas.

Ms L. METTAM: How does the school response program interact with private schools and independent schools, if at all?

[5.50 pm]

Ms M. Lewis: To my understanding, I think for the most part it is in the public school system.

Ms L. METTAM: Mental health concerns seemed to be heightened during the COVID pandemic. Is there still a general upward trend in suicidality?

Ms A. SANDERSON: As the commissioner has outlined, nationally we are seeing a trend in the wrong direction on this issue. We are certainly seeing an increase in mental health presentations and issues, particularly in young people, not only during COVID but post-COVID, and that is a very challenging environment. The commissioner may have more to add.

Ms M. Lewis: In terms of working with other states and territories on this issue, it is a really difficult and challenging problem to address but something that we are all keen to work on. Certainly, all the heads of state from across Australia have a deputies group or a kind of group; we are working on problems and levels of distress and self-harm in children and young people is one of the top priorities for us to address. We also have the *Mental health, alcohol and other drug workforce strategic framework: 2020–2025* under our new governance arrangements that we are about to address, and it will certainly be a key priority area for the commission to focus on.

Ms L. METTAM: I refer to page 333. The significant issue at paragraph 8.2 is —

> $13.6 million to ensure private psychiatric hostels can meet new mandatory minimum staffing requirements;

How will this money be allocated?

Ms A. SANDERSON: Private psychiatric hospitals play a really important function in our community, providing shelter and support for people with long-term mental health issues and diagnoses. The vast majority of private psychiatric hospitals help people with schizophrenia and about 20 per cent of those people have co-occurring chronic health conditions. In 2023, the department's licensing and accreditation regulatory unit introduced new mandatory fire safety conditions, effective from 1 January this year, which require hostels to have two approved supervisors rostered on at all times, one on an awake shift. The new mandate affects eight hostels, which are congregate living–type hostels operating from large older buildings with an ageing resident population with multiple mental health comorbidities and a history of challenges. An amount of $13.6 million has been committed over the coming years to enable those licensed private psychiatric hospitals to meet the new mandated staffing requirements and remain open.

Ms L. METTAM: Can the minister provide a list of the hostels that will receive funding?

Ms A. SANDERSON: I am happy to provide that as supplementary information.

The CHAIR: What are you going to provide, minister?

Ms A. SANDERSON: I will provide the list of eight private psychiatric hostels that will receive funding.

[*Supplementary Information No A5.*]

The CHAIR: I remind members that we still have one division left, if you were thinking of getting to it.

Ms L. METTAM: I have questions, but by the time the advisers come here, we will be out of time. I am very sorry, but we are running out of time.

How confident is the minister that these hostels will be able to attract and retain the staff required to undertake this important work in the current market?

Ms A. SANDERSON: We have provided the funding for them to do so. They are contractually required to do so and they are required as part of their regulatory obligations. I am sure that the licensing and accreditation regulatory unit will be monitoring to ensure that they meet those regulations.

Ms L. METTAM: I refer to page 333, and the significant issue at paragraph 9.3. What will this office provide that is different from the current arrangement through the Mental Health Commission?

Ms A. SANDERSON: I will ask the Mental Health Commissioner to answer that one.

Ms M. Lewis: This office will provide a dedicated focus within the commission on alcohol and other drugs. There had been feedback from the sector that the commission's primary focus was on mental health and there were concerns about how the alcohol and other drugs sector had grown. A review was done into alcohol and drug services into the future, and it was felt that an office was best placed within the commission so that we could address the comorbidities of mental health and alcohol and other drugs and how they intersect and how we work together. A deputy commissioner who is an experienced alcohol and other drugs person will lead the office of alcohol and other drugs. We will also have an assistant commissioner for drug and alcohol who is an expert in the field, and an advisory body to the commission to assist us in our direction. There will be existing FTEs and some new FTEs that we have repurposed in the office of alcohol and other drugs so we have that strategic policy focus on alcohol and other drugs into the future and work with the sector. The announcement of the office of alcohol and other drugs, its leadership in the commission and the new focus and priority into the future has been very welcomed by the sector.

Ms L. METTAM: I have a follow-on question from a question the Leader of the Opposition asked earlier about page 338, "Services and Key Efficiency Indicators" and "Community Bed-Based Services". We talked about the FTEs and that the number of FTEs has fallen in this area, but I also had a question on note 1, which states —

> … Youth Mental Health and Homelessness service not being fully operational.

When does the minister anticipate that this service will be operational?

Ms A. SANDERSON: There are 10 beds open in Victoria Park, run by Richmond Wellbeing, and we are looking for another site for the other 10 beds.

Ms L. METTAM: What is the anticipated timing for the additional site?

Ms A. SANDERSON: We are working with the Department of Communities to find a suitable site.

Ms L. METTAM: I refer to page 336, "Outcomes and Key Effectiveness Indicators". The percentage of readmissions to acute specialised mental health inpatient services within 28 days of discharge is at 14 per cent and above the target of 12 per cent. What is driving this increase or what is preventing it from being reduced?

Ms A. SANDERSON: I will ask the Mental Health Commissioner to respond.

Ms M. Lewis: The 12 per cent readmission rate target is for people aged 18 years and over. Children and adolescents have a much higher readmission rate of around 21 per cent because it is expected that young people are readmitted for periods of treatment during their care. It inflates the overall readmission rate because it is all bundled into one. If it was separated out, it might look differently.

The CHAIR: We are out of time.

The appropriation was recommended.