

MENTAL HEALTH

Motion

HON PETER FOSTER (Mining and Pastoral) [11.37 am] — without notice: I move —

That the Legislative Council —

- (1) acknowledges that the issue of mental health is everyone's business and that all employers, workers, communities and governments must take responsibility for shaping a society in which good mental health is prioritised;
- (2) notes that many extrinsic factors including work, workplace culture, home environment, social, sexual, ethnic minority or economic status, make some people more likely to experience poorer mental health outcomes;
- (3) notes that the McGowan government has invested an additional \$495 million in the 2021–2022 budget to new and ongoing mental health services; and
- (4) acknowledges that those recent investments in mental health will benefit many people with mental health issues and continue to provide high-quality mental health care outcomes for anyone who needs it.

Mental ill health affects every Western Australian either directly or indirectly through our families, colleagues, friends or the people we love. As some members may recall, during my inaugural speech I briefly talked about my own mental health struggles with depression and anxiety. It is something that I live with every single day. I know that I am not alone, and I am sure some members in this place have their own mental health stories to tell. Mental illness does not discriminate. Although one in five of us will experience mental illness this year, some people will not receive the treatment or support they need because, right across the country, our mental health systems have not kept pace with our needs. As a result, too many people will experience physical or mental distress, trauma, disruption to education or employment, relationship breakdowns or the loss of opportunities.

Some people are more likely to experience mental health problems than others, including young people, single-parent families; those who are unemployed, homeless or at the risk of homelessness; Aboriginal and Torres Strait Islander people and members of the LGBTQIA+ community. Multiple factors can adversely affect mental health, including biological, environmental and social factors. Although there is a greater understanding that being mentally unwell is real, mental illness is still stigmatised. Stigma stops people from seeking the help they need and can reduce the effectiveness of the care they ultimately receive.

Improving mental health and wellbeing is a key enabler for people to participate in their community and society, and live productive and fulfilling lives. It is also a key driver for a stronger economy. The cost to the Australian economy is huge. The Australian Productivity Commission reports that \$70 billion a year is lost due to mental illness and suicide, and a whopping and largely avoidable cost of approximately \$150 billion a year is associated with diminished health and a reduced life expectancy for those living with mental illness. These costs are enormous, not just in numbers but in the very personal loss borne by those people with lived experience of poor mental health, and those who care for them.

We have come a long way in recent years. In acknowledging more people are seeking help, support and treatment for their mental health, this government has been working closely with WA Health and the Mental Health Commission to respond to the challenge that confronts us all. This year, the budget delivered a record \$495 million boost to mental health, and alcohol and other drug services. That is to be applauded. Equally as important is the significant work that is being done to make sure those dollars are spent in places where they can have the most impact.

It is important to reduce the number of deaths by suicide. Last year, there were 381 registered deaths by suicide in Western Australia. Despite this being a decrease from the previous year, it is still the fourth highest suicide rate in the country. On average, approximately one person a day dies by suicide. It is the leading cause of death for young people aged 15 to 24 years. Fly-in fly-out workers are at a substantially increased risk of poor mental health than other workers. They have higher levels of psychological distress, worse levels of burnout, and more frequent suicidal thoughts than other workers.

Here in Western Australia the government recognises that suicide prevention is a whole-of-community issue and requires a whole-of-community approach. Last year we released the *Western Australian suicide prevention framework 2021-2025*, which provides a roadmap for government, communities and other key stakeholders to work together so that a coordinated approach can be taken to support suicide prevention efforts across WA. This includes a \$9.8 million commitment over four years to reduce Aboriginal suicide rates, using a region-by-region approach to develop and implement the first Aboriginal-specific suicide prevention strategy in WA. We do this because we know

that suicide can be prevented. It is complex, and many factors and pathways can lead a person to attempt to take their life, but there is one message I want everyone to take away from this place today: suicide is preventable.

Mentally healthy workplaces has come about as a result of recognising that mental health is a workplace safety issue, and that preventing mental health harm is a legal obligation of employers. Led by the Mental Health Commission and the Department of Mines, Industry Regulation and Safety, the mentally healthy workplaces toolkit educates employers and workers on what a mentally healthy workplace looks like, taking into account the design of the work; the workplace culture; the physical environment; and the facilities provided. This is endorsed by the 2019 *Code of Practice: Mentally healthy workplaces for fly-in fly-out (FIFO) workers in the resources and construction sectors*.

Improvements in Aboriginal health are being boosted by the \$17.6 million investment in social and emotional wellbeing services across the regions; and \$9.2 million to extend the Strong Spirit Strong Mind public education program statewide. The Strong Spirit Strong Mind program has been hugely beneficial in the metropolitan area, both from an education and a workforce training perspective. I am really pleased this will be rolled out across WA.

The Safe Havens services in Kununurra and Perth are making a difference to people in distress, working alongside the emergency department, providing peer-based support for people who attend the ED, but do not need intensive clinical and medical support. Step-up, step-down services support people to safely stay in the community close to their personal supports—family and friends—by providing short-term residential support and individualised care. These services exist in Perth, but also in Bunbury, Albany, Geraldton and Kalgoorlie, with new services planned for regional WA in Karratha, Broome and South Hedland as well as youth-specific services.

The government's record budget investment also contains an additional \$311 million for community-supported accommodation and supports across WA, including \$135.7 million for delivering outpatient treatment services, to help people avoid hospitalisation and get the treatment and care they need in the community, closer to home.

Before I finish my contribution, I want to acknowledge some of those who work with the resources industry and FIFO workers to provide counselling and resources in the mental health space. Reverend John Dihm is a bush chaplain with Frontier Services, an agency of the Uniting Church, and is based in Tom Price, where I live—his remit being the Pilbara region. Since 2013, he has been travelling to remote mine sites across the region delivering counselling and pastoral care and responding to crises, in addition to his religious duties. The “Rev”, as locals call him, takes many phone calls on a daily basis from those in need, and spends much of his time on the road in the vast Pilbara region. Nothing is too much trouble for the “Rev”, and he will often spend hours with a client to encourage them to change their life. Unfortunately, not all interactions have good outcomes, and the “Rev” has responded to mine site sudden deaths and been called upon to conduct last rites. I have taken this quote directly from the Uniting Church website. It states —

... we do what we do for the love of helping people. Helping people is human nature. If I can help anyone I will—even if it's just a smile and saying, “Howdy”. Frontier Services is about making this life connection between people. A telephone call and a chat. A friendly face. A listening ear. A helping hand. It's called mateship. And it happens on an emotional, a physical, and a spiritual level.

Thank you to the “Rev” for all that you do across the Pilbara.

I also acknowledge the work of Happiness Co. Founded by Julian Pace, who is a finalist in this year's WA Mental Health Awards, Happiness Co was inspired by the devastating loss of Julian's father and his best friend—both unfortunately taking their own lives. Following his own road back to happiness, Julian brought Happiness Co to life in 2017, and has made it his mission to make the world a happier place. Its vision is to reduce the impact that unhappiness, depression and anxiety have on our community. Happiness Co runs online and in-person workshops and provide mental health resources and planning tools to help the community “find their happy”. It also runs a FIFO happiness program that focuses on wellness activations, toolbox meetings, manager development and onsite peer support training. Happiness Co has worked with over 150 000 individuals to date. It recently launched its “wellness vending machine”, which dispenses a range of practical tools and products that can help improve wellbeing, general health and happiness. Happiness Co held its Happiness Gala on Saturday night. I had the opportunity to attend with the Minister for Mental Health and the member for Scarborough, who are both strong advocates in the FIFO mental health space. Happiness Co fundraised over \$120 000 on the evening, with the funds going towards the Blue Tree Project, the Fathering Project and Happiness Co.

Lastly, I want to talk about a recent Chamber of Minerals and Energy and Lifeline initiative called Resourceful Mind, which was launched on 19 October. The pilot commenced on 12 July this year. It is a targeted peer support program to help people working in remote mining operations in WA. Resourceful Mind is focused on peer support, and acknowledges that remote operations in the WA resources sector operate as their own communities, with workers spending extended periods of time with their teammates and often forming strong relationships over short periods of time. Within every onsite community, there are go-to people who are often sought out for a chat and to provide

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emotional support to someone going through a tough time. Resourceful Mind seeks to equip those people, affectionately known as “minders”, with the skills and tools to better support and navigate those conversations and know where to go for help. Virtual training and coaching sessions will be delivered by Lifeline’s highly trained telephone crisis supporters. The pilot is currently underway at Roy Hill, Mineral Resources, Simcoa and Woodside Energy Ltd. The program pilot will be assessed in early 2022, with a broader rollout expected later in the year. I applaud the CME, the resources industry and Lifeline for their support of this initiative that will help foster mentally healthy workplaces that support their people.

So much is being done but there is still so much more to do. Providing more holistic, community-based care with a focus on prevention and education will change people’s lives. It is only through a shared vision and working together that we can achieve the change that is required. It is only by working together, supporting a whole-of-community approach, that we can truly change people’s lives for the better. Mental health affects one in five people and, yes, we should all be talking about it because I believe mental health really is everyone’s business.

HON PETER COLLIER (North Metropolitan) [11.52 am]: I stand on behalf of the Liberal–National alliance to provide a response to this motion. I thank Hon Peter Foster for bringing it to the chamber. We will most definitely support this motion. Mental health is a massive issue in our community. We live in an increasingly complex society. A lot of the issues experienced by previous generations still exist, and they are being manifested as a direct result of the complexity of our society, and with the advent of the meth scourge and other serious illicit drug issues, the breakdown of the family structure and the massive increase in domestic violence. Blatant bullying at all levels of our society, most notably as a direct result of the use of mobile phones and mass communication, has become much more prevalent. It is no longer a punch in the arm or verbal outrage; it is through iPhones and the internet. They do enormous damage to the minds of people. Of course, the mind can be such a battlefield, not just for the young, but also for the old. If we do not control our mind, it will control us. In so many instances, people suffer in silence because of the haunting and harrowing issues that they have to deal with. Mental health is a massive issue. I am delighted that all levels of government have taken it so seriously.

The government of which I was proud to be a minister established the Mental Health Commission. We established the first dedicated Minister for Mental Health. As a former Minister for Education and a former educator, I was very mindful that the challenges that face contemporary students are vastly more complex than those of their predecessors. As a result, I am pleased to say that we poured an enormous amount of resources into pastoral care in the education system. Gone are the days when pastoral care was five per cent of our educational system and 95 per cent was curricula. I would say, conservatively, it is now 50–50. As a result, we significantly increased the number of psychologists in our schools. In 2008, we committed to 50 psychologists. We ended up vastly exceeding that commitment. I personally guaranteed that we would put a chaplain in every school that wanted one, and we met that commitment. That more than quadrupled the number of chaplains providing pastoral care in our schools for students who needed it. I am very mindful of the necessity to support mental health. That transcends all areas of our community. Mental health is not selective. As I said, the mind is a battlefield for all of us. If we do not have those support mechanisms, particularly for those who live by themselves or those who suffer in silence as a direct result of a multitude of issues, the end product can be quite devastating.

One of the areas that I have been dealing with, particularly over the last six to eight months, is our frontline services. That came about as a direct result of communication with a number of serving and former police officers. They communicated with me in writing and directly on mental health issues. They felt that they were not supported. They asked a number of questions about this. In opposition, in our portfolio areas, it is always good to have one or two niche areas that we can focus on. Because I feel so strongly about the necessity for support for mental health, I felt I could really value-add in this area and assist the government, as opposed to just smashing the government. I do not mind doing the latter, but it is also good to make sure that we can be proactive and value-add at the same time. I asked a number of questions.

Interestingly, the questions I asked—this is not a criticism—caused me more concern than solace. A number of the questions that I asked about the support mechanisms for the police force showed that we are really wanting in that area. For example, I asked about the number of psychologists and psychiatrists. The response was there are 10 psychologists, but further questioning indicated that only four are full-time, two are part-time and the other four positions are vacant. There is one psychiatrist. To me, that is wanting. There are four chaplains but they are all in the metropolitan area. It did not surprise me that I was being, quite frankly, inundated by so many former and serving police officers who were suffering in silence.

I was approached by Danielle Baldock and Terrence Cook who ran a group called Soldiers and Sirens. As members well know, I have made a number of speeches about that group and asked dozens of questions. By sheer coincidence with regard to the timing of this motion, I went to its conference yesterday. Unfortunately, it will have to close because of a lack of funding. It originally received federal funding. That grant was not renewed. I did all I could in that space to try to get my federal colleagues to support it. Quite frankly, Soldiers and Sirens should be funded

by the state government. It is basically a group for police officers, first responders and veterans. Fundamentally, most of the people who access these services are soldiers and first responders—state-based officers. I have been inundated by people who have accessed the services of Soldiers and Sirens. I have read no fewer than a dozen of their stories in the chamber. They are haunting. One of them related to the widow of an officer who took his life earlier this year. She felt alienated and abandoned.

Soldiers and Sirens is a wonderful program. I believe in it so much because it is organised and run by former serving frontline officers and first responders. They have walked a mile in the shoes of those who are suffering now. They are qualified in psychology or psychiatry. They were seeing 20 to 25 people a week. That has now gone. I do not mean to say this flippantly, but if people see a psychologist or a psychiatrist, in a lot of instances it is detached from how they feel; it is not the same as being there and working with someone who has been there and done it and experienced what they are experiencing. The people from Soldiers and Sirens have attended fatal car accidents and spoken to children who have been verbally, physically or sexually abused. Soldiers and Sirens provides those support mechanisms. That is why I am so disappointed we cannot find the minuscule amount that is needed to keep Soldiers and Sirens going. I spoke about this matter to the Commissioner of Police during the estimates hearing and he is very supportive of the program. The amount of money that is needed to keep it going is minuscule, yet the services it offers are so valuable. There is a misguided notion that if someone wears a uniform, they are in control. That is because the image of a person in uniform is so powerful, whether it be an Army uniform, a police uniform, a nurse uniform or whatever it might be. It is just a uniform. What goes on between the ears is more important, and so many of our police officers are suffering in silence at the moment.

A month ago we all absolutely relished the story of little Cleo Smith being found. It was a once-in-a-lifetime opportunity. How many times does a child in that situation get found? It is very rare. We all basked in the glow of that wonderful story, which will be told universally for decades to come. The police officers who found little Cleo and assisted in the process will probably live on a high for years to come, possibly for the rest of their lives. But I remind members that on exactly the same day, a three-year-old boy was run over and fatally killed in a hit-and-run by a driver in an out-of-control car. Police officers had to go to that scene and to talk to the parents of that child and witnesses. Those police officers also woke up the next day and could not bask in the glow of the police officers who had found Cleo. They are the officers that I am talking about. Unfortunately, officers in the latter group attend similar incidents every single day. Every single day dozens and dozens of our officers face traumatic incidents, so a program like Soldiers and Sirens is a no-brainer.

I hated being there yesterday knowing that it would be the last time I would be associated with that group of people. They are a wonderful group. They need support. Once again, I say to the government: please support Soldiers and Sirens. Mental health is a massive issue in our community and we must provide all the support that we can. I thank Hon Peter Foster once again for bringing the motion to the chamber.

HON STEPHEN DAWSON (Mining and Pastoral — Minister for Mental Health) [12.02 pm]: I also thank Hon Peter Foster for bringing this motion before the house this morning. It is very important. I congratulate him for his interest in this area. As minister, it has been good to be at a number of events with him over the past few months and see his passion in the area. I also thank him for acknowledging Happiness Co. It was with pleasure that I spoke at its gala event last weekend, which the honourable member also attended. I acknowledge the team—the original founder, Julian Pace, and Robbie Figg, the general manager—at Happiness Co who do a fantastic job. I also thank the honourable member for acknowledging the fine work being done by the Chamber of Minerals and Energy and Lifeline in the Resourceful Mind program. Again it was a pleasure to see the honourable member at that launch event a few months ago.

Mental health is an important issue and the McGowan government certainly takes the issue of mental health and the wellbeing of Western Australians very seriously. As the motion points out, there is significant investment in this year's state budget—an extra \$495 million—into mental health. That brings the annual spend on mental health to just over \$1 billion a year. But it is a fair to say that even if we could spend every single dollar in the state budget on the mental health system, there would be times that it would not touch the sides. It is a vexed area. But it is not only about money; we are looking at a range of other issues, programs and projects to reform the system and to do things differently to make sure that we are doing the best things that we can with the resources that we have. Some of the projects include a community road map for community mental health treatment services, including emergency response services. The purpose of the road map is to provide a clear vision and direction for community mental health emergency response services that will best meet the needs of the people who need them—that is, people of all ages who require specialist community health care and/or emergency mental health care. The road map is being worked on at the moment and is co-chaired by the Chief Medical Officer Mental Health, a person who has very strong lived experience. There are also other representatives, from clinicians to Aboriginal people. There are community mental health representatives and Alcohol and Other Drugs Council of Australia representatives. The steering committee is supported by metropolitan and regional emergency response service working groups. As I said, the road

map is being worked on, and over the next 12 months it will be released. It will be a blueprint for the way forward on how to do things differently.

There is also the Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0–18 years in Western Australia, chaired by Robyn Kruk, AO, who was also involved in the sustainable health review. That task force was announced last year by then Minister for Mental Health, Hon Roger Cook. It is looking into services for infants, children and adolescents between the ages of zero and 18 years, which I have to say is historically underdone. We have been very good at focusing on teenagers and upwards, but do not have a real understanding of and no work has been done on what is needed in the mental health space for children. That task force will articulate a clear vision for specialist public mental health services for infants, children and adolescents across Western Australia. It will develop a whole-of-system costed implementation plan that will pay particular attention to the adequacy and equity of service provision. As I said, that task force is led by Ms Robyn Kruk, AO, and is supported, too, by a lived experience expert advisory group. A couple of months ago, the task force published its *Emerging directions: The crucial issues for change* paper, detailing what has been learnt to date. It included an emerging vision for the future, including the scale of change that will be required to achieve that. The task force has heard how hard it is for children and families to get the help that they need and about impacts on a system that has been under particular pressure over the past 18 months with COVID around.

What we do know is that the challenges have become increasingly and progressively more difficult over the last 10 years. The problems that are facing children and families have become more complex and are occurring more frequently. These problems are not unique to Western Australia; they are experienced right across not only the country, but also the world. The task force conducted targeted consultation with key groups, including people with intellectual disability, people with experience in out-of-home care, people with experience of the justice system, Aboriginal children and adolescents, LGBTQIA+ adolescents and parents, and families and carers of all those groups. In finalising its current report, it will focus on understanding not only future service demands and gaps, but also what resources will be required. It will develop an implementation plan, design components of a future comprehensive system, and also examine how they relate to one another and how to ensure quality access. It is important work, and, as I said, that group will report in the next few months.

The third big piece of work that is worth mentioning today is the Graylands Reconfiguration and Forensic Taskforce. GRAFT was established earlier in the year to plan for and oversee the decommissioning of certain services at Graylands Hospital and the Selby Lodge older adult mental health service, to ensure a smooth transition to a new service that will focus on providing the right services in the most appropriate settings. The government is focused on this and I, as Minister for Mental Health, am certainly very passionate about making sure that we have as many mental health services as close as possible to as many people in the community who need them. They cannot be just based in the metropolitan area. Although smaller communities do not have big populations to have as many services, we must make sure that these services are available as close to home as possible, and certainly regional Western Australia deserves our fair share of these services. The Mental Health Commission supports the GRAFT process to form a clear picture of what is needed, including to provide advice on which contemporary types of services will be required to replace the existing inpatient services at Graylands Hospital, the Frankland Centre mental health unit and Selby Lodge. Some of the services that we are looking at include secure extended care units, transitional care units and community care units. Services do not always have to be based in a hospital setting. We need to provide more mental health services in settings that are more appropriate for those who need to access them. I think that we have spoken in this place before about people with mental health issues showing up in emergency departments. Quite frankly, an emergency department is not a great place to be in on any day of the week, and if a person has mental health issues, it can be a very stressful environment. We are looking at what else we can do to ensure that people who experience mental ill health and mental distress do not need to rock up to an emergency department but, rather, get services close to home.

We are co-designing all our new services. We are making sure that we listen to people with lived experience and allow them to help us co-design the new services. It was a pleasure to recently meet with a group of young people who are involved in the young people's priorities for action initiative. This group of young people is very passionate about mental health issues and wants to help us to design services that are appropriate for young people. It should not be rocket science. We now have these young people telling us what they want in a mental health service and helping us to design the service and challenge those of us who are older or who have done certain things the same way for a long time. This is the new way forward to make sure that the mental health services that we deliver are fit for purpose for the people who need to use them.

My 10 minutes has gone very quickly. I want to touch briefly on the statutory review of the Mental Health Act 2014 that we are currently conducting. We want people who have experience of the act to tell us what works, what does not work and what improvements can be made. That public consultation period is an opportunity for everybody to have their say and is open until 31 January. I encourage honourable members to talk to their constituents about that.

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In my last 50 seconds I will give a plug for the great work happening generally in the mental health system. I want to thank everybody who works in the system. Next week is the WA Mental Health Awards event for 2021, hosted by the Western Australian Association for Mental Health. My previous media statements contain information about the awards, but I want to acknowledge those people who are award finalists. It is my pleasure to sponsor the minister's award and the finalists for that award are Julian Pace, Kristen Orazi and Professor Juli Coffin. I congratulate them on becoming finalists and I look forward to being at the awards next Thursday night at Beaumonde on the Point to say thank you and to acknowledge the great work that is happening in this sector. I thank the honourable member for bringing the motion forward.

HON KLARA ANDRIC (South Metropolitan) [12.12 pm]: I would like to thank the honourable member for bringing this motion to the house and for acknowledging that the issue of mental health is, indeed, everyone's business—an issue that we feel and see the effects of in our communities. As Hon Peter Foster mentioned, the issue of mental health does not discriminate. It is true that employers, workers, communities and governments must take responsibility for shaping a society in which good mental health is prioritised. Across the world, we know that more people and their families are experiencing the effects of mental health issues. We have all seen the tragic outcomes that can occur when mental health, alcohol and other drugs issues are left untreated. We know that people in Western Australia are struggling and we want to help ensure that appropriate mental health, alcohol and other drugs supports are available when people need them. The McGowan government is dedicated to making sure that Western Australians live their fullest and healthiest lives.

We have prioritised the mental health of Western Australians and we are delivering on our election commitments. A record \$1.14 billion will be invested by the McGowan government into mental health in this year's budget—a massive 11 per cent increase from last year. This also represents an increase of almost 30 per cent since coming into government in 2017. One of the key initiatives funded in the budget that I would like to note is the adult community treatment services, which received a five per cent boost. We realise that we have more pressure on emergency departments and inpatient beds than ever faced before, so our priority is how to best mitigate this difficulty. We are investing \$22.3 million to strengthen community treatment supports that are essential to keep people out of emergency departments.

I am proud to note that young people are a priority for this state government. We are investing in initiatives to support the mental health and wellbeing of children, adolescents and young adults. The budget has made provision for a \$129.9 million package to bolster services across WA for our young people. This youth package includes support packages for young people aged between 16 and 24 years with mental health, alcohol and other drugs issues living in the metropolitan area. This will assist people in need to live in the community and participate in social and economic life. It is great to see a further expansion of youth community assessment and treatment team outreach services. Previously only available in the south west metropolitan area, the expansion now includes all metro areas with an increase in access to appropriate specialist mental health assessment treatment and case management for vulnerable youth throughout the Perth metro area. Long-term housing for youth is an issue of concern and our support program will provide young people with access to long-term accommodation alongside coordinated clinical, psychosocial and AOD supports.

To prevent and delay the early uptake of alcohol and drugs by young Aboriginal people, a \$9.2 million investment will extend the Strong Spirit Strong Mind public education program statewide. Coupled with this is an expansion of the "Alcohol.Think Again" campaign to inform and influence the knowledge and behaviours of young people aged between 12 and 17 years and to reduce alcohol-related harm by delaying the early uptake of alcohol.

We are providing drug education support services—DESS—workers at five metro and seven regional youth accommodation support services. The youth step-up, step-down service is a great community mental health service in the metro area that provides support 24 hours a day, seven days a week. It is fantastic to note that more specialist jobs are being created with 99 additional staff positions for child and adolescent mental health services, including 35 positions funded through the Mental Health Commission and a further 64 positions to be provided by the child and adolescent mental health service. We are also implementing the immediate actions and top priorities of the *Young people's mental health and alcohol and other drug use: Priorities for action 2020–2025* that was released in December last year, prioritising what must be done over the next five years to make a real change for young people.

This motion also notes that many intrinsic factors, including work, workplace culture and home environment, and social, sexual, ethnic minority or economic status, make some people more likely to experience poorer mental health outcomes. Active recovery teams have been established in eight Perth metro sites and are making a real difference to people with complex needs who are recovering from an acute or crisis episode. The teams provide a high-quality crisis response and recovery planning through coordinated and responsive treatment tailored to meet individual needs for 90 days. Such rigorous treatment and support minimises repeat emergency department presentations and prolonged patient stays. As the Minister for Mental Health mentioned earlier, an emergency department is possibly

one of the worst places for somebody to be who is suffering from a mental health episode. I am grateful to note a youth-specific service within the South Metropolitan Health Service.

Public education campaigns are being delivered that directly influence risky behaviour and improve people's lives, including the One Drink campaign to spread the word that if a woman is pregnant, or planning to be pregnant, they should not drink alcohol. The McGowan government has also delivered an election commitment to support the WA AIDS Council to continue peer-based support and education for LGBTIQ+ youth. Face-to-face counselling is helping to build resilience in LGBTIQ+ youth, on top of community consultation and workshops to develop capacity in community groups for students, staff and parents to support LGBTIQ+ youth, as well as more referral pathways and peer-led community development initiatives.

I am incredibly pleased to see the McGowan government invest more than \$1 million to support new perinatal pilot services to increase parental mental health opportunities. The \$1 million boost will deliver perinatal mental health pilot programs for mums and dads through seven service programs in the metropolitan and south west regions to improve access for vulnerable parents. Perinatal mental health services are important to promote confidence and emotional wellbeing for new and experienced parents around the time of the birth of a child. Although a newborn brings so much joy, it is no secret that a new mother's life becomes a wild roller-coaster for not only their bodies but also their minds. As someone who experienced postnatal depression and anxiety following the birth of both my daughters, I know very well how debilitating this mental health condition can be and the importance of providing support to parents during this often very difficult and challenging time. The stigma around mental health issues and expectations on both mothers and fathers and how they are supposed to feel following the birth of a child mean that the mental health challenges faced by new parents are often dismissed.

The birth of a baby can trigger a jumble of powerful emotions, from excitement and joy to fear and anxiety, but it can also result in something people might not expect—depression. Most new mums experience postpartum “baby blues” after childbirth, which commonly includes mood swings, crying spells, anxiety and difficulty sleeping. Baby blues typically begin within the first two to three days after delivery and may last for up to two weeks. But some new mums experience a more severe, long-lasting form of depression known as postpartum depression. Postpartum depression is not a character flaw or a weakness. Sometimes it is simply a complication of giving birth. The first years of parenthood can be tough for people in terms of social and emotional adjustment and mental illness, so making sure options are available for women and men to access programs and services is so important for good mental health outcomes. It is why I am proud we are attacking services and gaps in the metropolitan and south west regions by providing funding for seven new perinatal pilot programs.

HON STEPHEN PRATT (South Metropolitan) [12.22 pm]: I start by thanking Hon Peter Foster for moving this motion. The key takeaway for me is that mental health is everyone's business. It is not just the government's role to provide support to the community; each and every one of us plays a role, whether it be at home, down at the footy club, at school or here in our workplace at Parliament. We need to be having those conversations with each other and making sure that people can see the warning signs; each and every one of us has a role to play. We need to build resilience in the community and skill ourselves up to do things such as mental health first aid. We need to encourage others to do it, so that if someone sees the warning signs, they can have that difficult conversation with someone and encourage them to get the help that they need.

In my response to the motion today, I want to home in on youth mental health, mainly because of a recent conversation I had when speaking to members of Young Labor. A member of Young Labor spoke passionately about their experience in the mental health system, in what many find to be a difficult area to navigate. They also spoke about the clinical nature of services and how design is important. We need to continue to work to make those improvements so that people can seek help and find themselves in a place that does not heighten their mental health issues at that time. I note that Minister Dawson touched on the youth steering group, a great initiative that is a way for government to engage with young people who have lived experience with mental health issues. They can provide unique feedback to the government and advise it on how we can provide better services to people.

I will touch on the budget, purely because it is a positive. The budget is increasing, as we see, year on year. In fact, since the McGowan government came in in 2017, the mental health spend has increased by 28.8 per cent, and in this financial year by \$495 million, but it cannot come soon enough. We are all well aware that we are playing catch-up in this space. Hon Peter Collier mentioned that he was involved in government at the time of the establishment of the Mental Health Commission. I think preceding that was the establishment of the Mental Health Act. That these things have come to be only in such recent times shows just how far behind the eight ball we are as a nation and as a state. Prior to that, focus on mental health was non-existent. It was a result of a generational blind eye to mental health conditions and the stigma that surrounds it. We are playing catch-up in a big way. Minister Dawson pointed out that if he could fund every program, he would, and I am sure of it. We all have a role to play. We need to build up resilience in the community so that people know how to deal with mental health problems if they are experienced personally or see it in one of their loved ones.

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This year's budget has a strong focus on youth, with a range of step-up, step-down programs that I have spoken about in this place. It is great to see a focus on the youth-specific step-up, step-down programs. Step-up, step-down services are really important. If someone has had mental ill health in the past and they know that they are starting to experience that again, they can approach the step-up component of that service, they can be provided with accommodation support for a time, which will stop them from having to front an emergency department or hospital. I think that is a great in-community service that allows people to manage their mental health and get back into the community quicker, and, hopefully, in a better state of mind. The other side of that is the step-down, which is when people can be discharged from hospital to one of these services and have a similar level of care provided to them, with accommodation support. They can have that step between hospital and being back in the community. That provides support to allow them to do that in a better, transitional, phased approach. There is also the youth community assessment and treatment team expansion, which I think Hon Klara Andric pointed to. There are the drug education support services, which I know everyone is supportive of, and the new youth mental health long-term housing and support program in the budget. I look forward to seeing that come onstream. The other financial contribution I want to touch on, because it is in the south metropolitan area, is a \$24.5 million community care unit that is soon to open in Orelia. I look forward to seeing that come online.

All levels of government have a role to play in this space. The state is doing as much as it can, as is evidenced by the 28.8 per cent increase in funding over the last few years. Leading up to a federal election, I would like to see more commitments from the commonwealth. I encourage all members to play a role in encouraging that, because more definitely needs to be done. I will also touch on—I do not think this was raised, unless Hon Peter Foster touched on it—some of the grassroots stuff happening in mental health. One example is the Blue Tree Project. Recently, *The West Australian* highlighted that the founder of that project, Kendall Whyte, was named the WA Young Australian of the Year for next year. Some members may have seen blue trees pop up around the place. It was an initiative started by Kendall, driven by the trauma of, sadly, losing her brother. She started the movement to remove stigma in the community and to encourage conversation, and it has turned into a worldwide phenomenon. It spreads the message that it is okay to not be okay. By painting trees blue, the 28-year-old from Mukinbudin has been awarded with the role of the WA Young Australian of the Year. Her brother, Jayden, sadly, took his life in 2018, and, at his funeral, one of his friends shared the story that Jayden had once snuck onto a family's farm and painted a tree blue to confuse his father. So he sounds like he was a bit of a trickster. This prompted Jayden's best friend and his cousin to paint a tree blue in his memory, and that is where it began. Blue trees are now spotted across the world from the sunburnt Pilbara to snow-covered British Columbia in Canada. That is one initiative that members may be aware of. The other issue that we get on board with is the R U OK? Day. It reminds us to have those conversations annually and, as I said, get the skills we all need to have those difficult conversations with people.

In closing, I thought it necessary to highlight some of the good work being done in Western Australia. Some of the organisations that I have worked with in the past are the Western Australian Association for Mental Health and Consumers of Mental Health WA. I want to touch on the work that they do in working with government and applying a bit of pressure to make sure that we are spending money in the right places.

Some members touched on suicide, which I think is a really difficult space in which to work and provide good policy for governments, because funding is often data driven. If you save 100 lives, there is no measure for that. If someone is considering taking their life and they are saved through a program, we cannot pick up on that. The only numbers we get are for those who unfortunately do take their lives. It is a very difficult space to work in. We all have a significant role to play in mental health. I will conclude there.

HON AYOR MAKUR CHUOT (North Metropolitan) [12.32 pm]: May I acknowledge Hon Peter Foster for such a wonderful topic in our community. I also acknowledge all the honourable members for their great contributions to this motion. This is a very great topic for me because I come from a culturally and linguistically diverse community, and within our community, mental health is a very sensitive topic. It is a very hidden topic because a lot of people suffer undercover and they do not like to show their faces in the community. I rise to encourage those organisations that have been given the great funding from the government to really look for and support people who are not accessing such opportunities. I am really proud of the McGowan government's commitment and the work that it has done in our new budget. From me, thank you, Hon Peter Foster, once again, for this great topic. I encourage anyone out there who is going through mental health issues to do what Hon Stephen Pratt said earlier—seek help. It is very important for the community that we, as members of Parliament, look out for those who do not seek help. Even though the money is there, it might not reach those more vulnerable community members.

The ACTING PRESIDENT: With four minutes left, I give the call back to Hon Peter Foster.

HON PETER FOSTER (Mining and Pastoral) [12.34 pm] — in reply: In closing, firstly, I would like to acknowledge all members who have contributed to my motion in the house today for acknowledging that the issue of mental health is everyone's business. I also acknowledge the investments and the good work of many organisations in the sector. As I mentioned in my speech, suicide is preventable. Sadly, every day, one person in WA takes

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their life. My takeaway for everybody is that suicide is quite a big issue in our community, so let us all try to tackle it together.

I would like to acknowledge Hon Peter Collier for his contribution, for acknowledging the complexity of modern-day society, in particular, and for illustrating how drugs and alcohol, domestic violence and bullying contribute to mental health issues. The member mentioned technology and social media as a perfect example of that. Many of us have social media accounts—Facebook, Twitter, Instagram, Snapchat—and quite a lot of nastiness takes place online. Even with my own profiles, I am forever having to hide and delete comments. Being a member of the LGBTIQ+ community, I get an extra bundle of joy of messages in the inbox! Therefore, thank you, member, for acknowledging that.

It was also interesting to hear the member talk about frontline services and post-traumatic stress disorder and Soldiers and Sirens. I had the pleasure of attending the WA PTSD Research Foundation breakfast a few months ago, and for those who are unsure what that is, jump on its website. It is doing great work in PTSD research in WA. One thing I did not know was that before this foundation started, only this year, no PTSD research was being done in WA, so get behind the PTSD Research Foundation!

I want to acknowledge the contribution of the Minister for Mental Health. It is great that \$1.1 billion was put in the 2021–22 state budget. That is quite a large sum of money, which will go towards mental health services. It was also interesting to hear him talk about the emphasis on acute care to stop people from ending up in hospitals. We all know that a hospital's emergency department is quite a busy and loud place, and when someone is suffering a mental health episode, they do not really want to be at the ED.

It was also interesting to hear the minister talk about the work being done in the infant, child and adolescent space for the zero to 18-year-olds. He acknowledged that there has not been a lot of work done in this area and that it is definitely a focus for him as minister to do a lot more, especially for our younger children. Children of primary school and high school age also suffer mental health issues—in particular, anxiety.

It was also interesting to note the work being done with GRAFT—the Graylands Reconfiguration and Forensic Taskforce. I had to write that down because I was not sure what the letters stood for! The minister also talked a lot about the work being done in regional WA. Like myself, the Minister for Mental Health represents a regional area, so it is good to know that a lot of work is being done to make sure people in the regional areas can access the same level of service so that they can be home with their families, with their support networks, on the road to recovery.

I want to acknowledge the contribution of Hon Klara Andric. She talked about young people and the economic impact and that it is the employers' responsibility, just as much as it is the government's and the communities' responsibility, to step up to support their workers. I also want to thank Hon Klara Andric for sharing her personal story with regard to postpartum depression and anxiety. I think it is really important that those who suffer mental health issues should be visible and should talk about it. We need to break down the stigma. As I said, one in five people suffer mental health issues. A lot of people suffer in silence, and by sharing stories, we end up finding that it starts conversations.

I want to acknowledge the contribution of Hon Stephen Pratt. He talked about the role that everyone plays in having a conversation, checking in with each other and looking out for worrying signs. The member acknowledged the Blue Tree Project and the good work of Kendall Whyte, who was awarded WA Young Australian of the Year.

Motion lapsed, pursuant to standing orders.