EDUCATION AND HEALTH STANDING COMMITTEE

INQUIRY INTO THE ADEQUACY AND APPROPRIATENESS OF PREVENTION AND TREATMENT SERVICES FOR ALCOHOL AND ILLICIT DRUG PROBLEMS IN WESTERN AUSTRALIA

TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
WEDNESDAY, 25 AUGUST 2010

SESSION FOUR

Members

Dr J.M. Woollard (Chairman)
Mr P. Abetz (Deputy Chairman)
Ms L.L. Baker
Mr P.B. Watson
Mr I.C. Blayney

Hearing commenced at 2.04 pm

SCAPIN, MS WENDY
Senior Lecturer and Credentialed Mental Health Nurse, University of Notre Dame, examined:

The CHAIRMAN: On behalf of the Education and Health Standing Committee, I would like to thank you for your interest and your appearance before us today. The purpose of this hearing is to assist the committee in gathering evidence for its inquiry into the adequacy and appropriateness of prevention and treatment services for alcohol and illicit drug problems. You have been provided with a copy of the committee's specific terms of reference. At this stage, I will introduce myself, Janet Woollard, and Mr Peter Watson. Mr Peter Abetz will be with us soon. We also have our principal research officer, Dr David Worth, and our research officer, Lucy Roberts. From Hansard we have Mr Liam Coffey.

The Education and Health Standing Committee is a committee of the Legislative Assembly of the Parliament of WA. This hearing is a formal procedure of Parliament and therefore commands the same respect given to proceedings in the house. Even though the committee is not asking you to provide evidence under oath or affirmation, it is important that you understand that any deliberate misleading of the committee may be regarded as a contempt of Parliament. This is a public hearing and Hansard will be making a transcript of the proceedings for the public record. If you refer to any document or documents during your evidence, it would assist Hansard if you could provide the full title for the record.

Before we proceed to the questions we have for you today, I need to ask you a series of questions. Have you completed the "Details of Witness" form?

Ms Scapin: Yes, I have.

The CHAIRMAN: Do you understand the notes at the bottom of the form about giving evidence to a parliamentary committee?

Ms Scapin: Yes, I do.

The CHAIRMAN: Did you receive and read the information for witnesses briefing sheet provided with the "Details of Witness" form today?

Ms Scapin: Yes, I did.

The CHAIRMAN: Do you have any questions in relation to being a witness at today's hearing?

Ms Scapin: No, not at this stage.

The CHAIRMAN: In that case, would you please state the capacity in which you appear before the committee today.

Ms Scapin: I am a senior lecturer at the University of Notre Dame, Fremantle campus. I am also a credentialed mental health nurse.

The CHAIRMAN: You said you are a senior lecturer. Which areas do you cover?

Ms Scapin: I am the undergraduate coordinator of the mental health program within the school of nursing at Notre Dame, and I also teach an Aboriginal health unit.

The CHAIRMAN: I will introduce another committee member, Mr Peter Abetz. You have had an opportunity, Wendy, to look at the terms of reference for this committee, and you will have seen that those terms of reference are very broad. We are particularly interested in hearing from you about the section that deals with health professionals—programs, undergraduate programs, postgraduate programs, what theory students are getting and what clinical practice students are

getting. From feedback that you have had from students working in the area, we would like to hear where the gaps are in the community. Along with that, when you tell us how many hours that you have, are they enough hours with the problems we are now seeing with alcohol, drugs and mental health, and do you cover alcohol and drugs with that? I might hand the ball over to you, if you would like to discuss those issues, and then the committee will ask you some questions.

Ms Scapin: I have been at Notre Dame for three years; I came directly from clinical practice, which will please the committee!

Mr P.B. WATSON: I said that before—I wondered where you came from!

Ms Scapin: Previous to coming to Notre Dame, I worked as a clinical nurse consultant in perinatal psychiatry and had actually set up a program looking at issues relating to women who are pregnant and what came from that. It was actually quite a successful program. Through that work I have also been able to obtain my credentialing, which is actually a national recognition of my level of expertise within mental health.

The CHAIRMAN: You are a mental health nurse practitioner then, are you?

Ms Scapin: It is not actually a mental health practitioner, no. It is different again in that to actually obtain the credentialing, one needs specialist qualifications in mental health, which makes postgraduate study in mental health. One has to be able to demonstrate ongoing education and currency of practice.

[2.10 pm]

At the moment in Western Australia there are only 24 credentialed mental health nurses, so we are, sort of, fairly thin on the ground. I am quite excited, really, to be at Notre Dame in terms of being able to bring a lot of that accuracy and contemporary practice to the university. I guess we have worked quite hard over the past three years and we have rewritten a lot of our curriculum to actually, I guess, stimulate some interest particularly in mental health nursing amongst our students.

The CHAIRMAN: In relation to the curriculum, is mental health a core unit that goes through?

Ms Scapin: Absolutely; yes.

The CHAIRMAN: Does it starts in the first year and go through to the third year?

Ms Scapin: Notre Dame is a little unique in that we have what we call a mental health manager for our students, and we are the only university in this state that currently does that. It is certainly a work in progress, but the idea of that is that we have eight units identified in our standard curriculum over the three years. Eight of those units will then have an extra emphasis on mental health issues as we start right from first year right through to third year. Our compulsory mental health unit for all students currently sits in our third year, first semester, but our mental health majors do their first clinical practicum is actually in a dementia-specific unit, the first year is when they are learning their basic nursing skills. The practicum hours for mental health major students is actually a lot more than for our students outside of that program. At the moment Notre Dame students do 200 hours mental health practicum.

The CHAIRMAN: But if you are saying that their practicum is aged care dementia, there is some overlap in that program, but it is not all overlaps. I do not think you can count 200 hours' working in a dementia unit as 200 hours mental health.

Ms Scapin: No; that is in addition to what they do as they go through the program. Our third year students—I said 200 hours before; it is actually 120 hours—all do 120 hours, which is a compulsory clinical practicum. That would go over acute mental health areas, community areas, and it also includes drug and alcohol placements when we can get those. Drug and alcohol placements are actually quite difficult to get, and we would probably only get two or three placements each semester.

The CHAIRMAN: Other than Next Step, where else would you get placements?

Ms Scapin: Next Step is primarily where we do get our placements from.

The CHAIRMAN: So no other places other than Next Step?

Ms Scapin: No, not currently.

The CHAIRMAN: In some other states they actually have units within hospitals for alcohol and drug treatment, apart from mental health beds; are you aware of those?

Ms Scapin: No.

The CHAIRMAN: That is fine.

Ms Scapin: Also in our third year—after they have done their compulsory mental health unit—the mental health major students do an extra two weeks of clinical practicum, which is another 80 hours to be done in a mental health setting. That could include a drug and alcohol placement if they wish that.

The CHAIRMAN: Is that an elective?

Ms Scapin: No; for a mental health major student that is a compulsory component.

The CHAIRMAN: Do your students who graduate at the end of three years either graduate with a mental health major or a major in—what are the other areas?

Ms Scapin: The only other major we have at the moment is palliative care. Most of our students would be graduating with a Bachelor of Nursing; some of our students would then graduate with a Bachelor of Nursing with a mental health major or a palliative care major.

Mr P. ABETZ: How strong is the drug and alcohol aspect in the mental health component?

Ms Scapin: We have actually worked hard to get some collegiality between drug and alcohol services and mental health services, because I think, historically, those services have been quite separate. That poses a problem for clients, because one service will see it as a psychiatric issue; the drug and alcohol will see it as drug and alcohol, and the two do not, sort of, meet. For the past two years Notre Dame has actually been working with the drug and alcohol authority, and it comes in and does a series of three two-hour lectures to our second year students. Really, that is about raising awareness of the drug and alcohol issue generally speaking, and trying to, I guess, emphasise the importance of nurses to include that as part of their general assessment, because often that is an area that we find does not really get looked at. Then our plan, which has not happened yet but it is in the process of planning, is that we will use drug and alcohol network to come back to then focus on our mental health major students, looking at skills more specific to the combination of mental health and drug and alcohol.

The CHAIRMAN: You were observing when we had our previous speaker who talked about drug and alcohol issues being a continuum of mental ill health, and that with drug and alcohol psychological distress there will be some level of mental ill health, which could become severe, acute or chronic mental illness.

Ms Scapin: Yes.

The CHAIRMAN: How are mental health and alcohol and drugs taught about in your curriculum; is it taught along a similar continuum?

Ms Scapin: No, they really do not get a formal input of drug and alcohol issues per se until we really do their mental health unit. We look at drug and alcohol issues at that level, I guess, more in tandem, because a lot of our clients present with both issues. Sometimes it is quite difficult to separate out what comes first—drug and alcohol and/or the psychiatric issues.

The CHAIRMAN: You do not think that leaving it until the last thing in the third year may be —

Ms Scapin: Too late?

The CHAIRMAN: I do not know whether you think that the problems with alcohol have got worse or stayed the same over the past 10 years—maybe I will ask you that question first before I go any further.

Ms Scapin: The big problem is that alcohol is still the main substance. The other issue that we are seeing a lot of through our emergency departments at the moment, and also in our psychiatric units, is the problem with amphetamine, particularly methamphetamines. That is becoming very big real issue in terms of people with psychoses that, at times, are not really getting better.

The CHAIRMAN: When you say it is the big issue, do you think it has got worse over the past 10 years?

Ms Scapin: I do; absolutely.

The CHAIRMAN: That brings me back to the fact that you do not include this in your curriculum until the third year. How many of your students do you think would be binge drinking three or four nights a week?

Ms Scapin: I do not know, actually; I have not really asked that question. I know when we ask the question about substance use in a substance-use lecture it is very quiet. We ask, "How many of you would use?" I would suspect that probably a number of students binge drink.

The CHAIRMAN: In which case, when do you think we should start to educate people in relation to drug and alcohol use?

Ms Scapin: That is why we start in second year, which is when they are starting to do their more acute hospital practices as well. Their first year is really aged care; that is really what they cover in their first year. That is why we have started to introduce a lot of that into our second year, before we actually wait until the third year.

The CHAIRMAN: How many students do you have at Notre Dame?

Ms Scapin: About 700 in the school of nursing.

The CHAIRMAN: Is that an intake of 250 each year?

Ms Scapin: At moment, in our third year cohort we have 160, which is probably a fairly average sort of number that we would have for our third years. As of next year we are going to start taking in two cohorts a year, but that is going to be phased in gradually. The other thing that Notre Dame has that I think is quite unique is that we also have a campus up in Broome. The campus has a different sort of a focus, because Broome campus is a campus of reconciliation for Indigenous people, and certainly teaching up there has a different emphasis because the Kimberley has really quite a high percentage of people with drug and alcohol issues.

[2.20 pm]

In fact, the Kimberley has one of the highest suicide rates in Australia, so we have a big problem in terms of the Indigenous side of mental health issues and drug and alcohol issues. What we have done with both campuses is that we have also brought in clinical nurse consultants from drug and alcohol to actually do drug and alcohol workshops with our students, and we took that up to Broome as well. That was a very different approach because the way in which mental health was taught at the Broome campus was by using DVDs of lectures —

The CHAIRMAN: So Broome is a nursing program as well —

Ms Scapin: It is exactly the same program.

The CHAIRMAN: So, it is a completely separate—I mean, it is still under Notre Dame but it is not the Fremantle students going up to —

Ms Scapin: We do; we can have an exchange of students going from Fremantle to Broome.

The CHAIRMAN: But it is a separate faculty, so what would the intake be each year at Broome Notre Dame?

Ms Scapin: That is very small. If we were to look at, say, a third-year cohort in Broome we would probably be looking at only about 12 students; it is quite small.

Mr P.B. WATSON: What is the percentage of Indigenous —

The CHAIRMAN: In both.

Ms Scapin: In Broome, sadly, none. In Fremantle at the moment in our nursing course we have 10 Indigenous students.

Mr P.B. WATSON: Out of 300?

Ms Scapin: Out of about 700; it is small; it is tiny.

Mr P.B. WATSON: Do those people approach you or do you have to go out and approach them?

Ms Scapin: Do you mean the students?

Mr P.B. WATSON: The Indigenous students that you get.

Ms Scapin: No; they usually approach the university.

Mr P.B. WATSON: Good.

Ms Scapin: I think the other advantage with our Indigenous health unit is that we certainly talk a lot about mental health issues and drug and alcohol issues in relation to the Indigenous population within that unit as well. That unit currently sits in our final semester of the program.

Mr P.B. WATSON: So those students in Broome, would they be from Broome or Derby or Fitzroy—that area?

Ms Scapin: They can be varied. They can also come from the eastern states to study in Broome.

Mr P.B. WATSON: It is a nice place to go to!

Ms Scapin: Absolutely! Yes, they can come from anywhere but we do have students who go up to Broome from Fremantle for a semester maybe to have, I guess, that different focus on Indigenous health. Some like it so much that they stay a year. Equally, we have students coming down from Broome to Perth, particularly for their mental health placements because placements up there are quite limited as well.

The CHAIRMAN: Until we get the new beds, hopefully, if not this year then next year.

Ms Scapin: Yes, that would be exciting.

The CHAIRMAN: Do you use the medical model to teach mental health to your students? Which model do you use?

Ms Scapin: We do it by a psychosocial model. We certainly do not view mental health as a medical model at all. It certainly has a very strong emphasis on the psychosocial context of that. We also promote consumer experiences of mental illness as well through our program and we use a lot of contemporary research in terms of that. I think what pleases me most about a lot of this is that when I started doing this three years ago we would have probably zero students interested in mental health nursing. Three years later we have actually had 28 students who have chosen mental health as their career; in fact, going into grad programs.

The CHAIRMAN: So when they finish do they register as a registered nurse and mental health nurse —

Ms Scapin: No; if you are coming out with a Bachelor of Nursing you are registered only as a registered nurse. To get your mental health specialty you need to do a postgraduate qualification in that.

The CHAIRMAN: In view of the fact they have done several weeks dedicated to mental health, is that taken off their postgraduate qualification?

Ms Scapin: No. At the moment in our cohort of 160 we will probably have another 10. The numbers seem to be getting larger each year—something is working. It is interesting because most of our students would come to that unit thinking that it is a unit that they do not want to do; it is not an area that they would even consider working in. I think part of that is being able to portray mental health nursing as a viable career and I think it gives a lot of credibility to have someone who is currently practising and promoting that in a much more positive way rather than stereotypes. You watch over the semester that that attitude really changes. At the moment I am in the process of helping probably another 10 apply for graduate programs in mental health when they graduate at the end of this year.

Mr P.B. WATSON: In my younger days I used to live in a house with five girls, all nurses.

Mr P. ABETZ: That is a lot!

Mr P.B. WATSON: There is a question! They had to go to Graylands to do mental health. Is that part of the nursing system now where they have to do that as part of their course?

Ms Scapin: Everybody who studies nursing now has a mental health component in that course. Yes, I did it that way also in my general training. I think we had four weeks and I went to Graylands and Heathcote in that time. But it was a very medical model at that time. Now our students really have the opportunity of working in remote settings, rural settings, the city, and some of our Broome students in fact end up in Darwin, so they will have Darwin placements. The other thing we do that strengthens a lot of that is that for a lot of our students their mental health prac is quite overwhelming; the thought of it is actually quite frightening.

The CHAIRMAN: Have the attacks on nurses put any students off mental health?

Ms Scapin: I think yes; they can all tell you about who has been attacked when it has been in the media. I think when you ask people, "What is your concern about mental health nursing?" or "What is it that you think you don't like?" a lot of people talk about the violence. It is really quite off-putting. Even after we have done a unit of mental health and we are getting ready to go out onto prac, "How are you all feeling?" "Still really, really worried." "What is the problem?" "Well, I'm worried about the violence." It takes a lot of work to get over a lot of that for our students, so we do give our students a lot of support when they are out on prac. We have a slightly different model when our students go out on prac; our students are actually embedded within the workforce of where they are working. They do not have what is commonly known as a clinical instructor, so we do not actually work alongside our students; they work alongside clinicians in the area.

The CHAIRMAN: So they have a mentor in the area.

Ms Scapin: They do, but we will go out and visit our students every week and spend time with them to make sure all is well. They also have the opportunity of contacting us in between times, if that is the case. So that is what really happens in Fremantle. It was quite different in Broome, which concerned me a little because I think for our Broome students, although the numbers are smaller, they are sent out into very remote areas and often they are the sole student in those areas, which, once again, is quite overwhelming and they have not got a lot of —

Mr P.B. WATSON: Thrown in the deep end.

Ms Scapin: Absolutely, and there are not a lot of support structures around them. I guess in the remote areas the differences are that there is not a lot of backup or not the same level of backup as there is in the city. So what we trialled last year for the first time when we had 10 students on prac scattered throughout the Kimberley—I think two of those students were in Darwin on their prac—was that I did a bit of a fly–drive exercise around the state, which worked really well. Our students thought that was just wonderful and it was also an opportunity for me to strengthen some

relationships with clinicians in those areas and drug and alcohol workers as well. That worked really well.

Mr P.B. WATSON: What is your dropout rate?

Ms Scapin: For our students in the program?

Mr P.B. WATSON: Yes.

Ms Scapin: We probably would lose about 20 students, maybe, in our first year.

Mr P.B. WATSON: Is this the younger ones or the more mature ones?

Ms Scapin: It is a bit of a mixture, usually the younger ones. But pretty much after that we do not lose too many.

Mr P.B. WATSON: Do they go to another nursing area or do you just lose them to nursing altogether?

Ms Scapin: I think we do lose them to nursing altogether.

The CHAIRMAN: Could you, maybe, tell us a little bit about your curriculum, which you say is not based on a medical model. Could you just, in a few minutes, explain your approach to alcohol and drugs, and mental health within the curriculum?

[2.30 pm]

Ms Scapin: We do not focus on mental health as an illness model. We highlight that the problems we face in that area are not always technical. I think a lot of students in their nursing course are very technically based. It is about skills and doing tasks, which is a very difficult concept to break when we actually get to mental health nursing. So, we do spend a lot of time introducing them to new ways of acquiring knowledge that are not always technical, to the idea that problems, particularly relating to mental health, have human and social components as well. I guess we are sort of stimulating interest through inquiry rather than just a lot of transmission of knowledge. We use a lot of case studies, which are probably case studies that are based on real clinical examples from our own clinical practice, so that it brings in that sort of human context as well. It covers the difficulties that families and carers also have to go through with someone with a mental illness. It surprises a lot of students to think those situations actually exist. I think that they think that a person with a mental illness is frightening to begin with, that is the first thing, and they do not really tend to see that connection with support structures being social as well; it is just a person with a mental illness. We spend a lot of time on that and on communication. Alongside that in our curriculum, we have a counselling unit. Those two units work together in tandem.

The CHAIRMAN: Is it the same semester?

Ms Scapin: The same semester, yes. That counselling unit is actually taught by a mental health nurse as well, who also has a masters in counselling. We find that those two units fit quite well together; I think the students sort of get it, in that sort of a sense. We do use the motivational interviewing, and Prochaska and DiClemente, particularly in our drug and alcohol content as well.

The CHAIRMAN: Can you tell us a little bit more the drug and alcohol content of the program?

Ms Scapin: That is only in theory. Students would get a two-hour lecture and a two-hour tutorial.

The CHAIRMAN: That is one two-hour lecture and one two-hour tutorial for health professionals who are working with people who have —

Ms Scapin: Comorbid issues.

The CHAIRMAN: Yes.

Ms Scapin: Yes, absolutely.

Mr P. ABETZ: So there is no hands-on training, like a Next Step, or anything like that, where they would work with drug addicts at all?

Ms Scapin: They may do that as part of their clinical practicum, but, as I say, that is limited in the number of places that we are actually able to get.

The CHAIRMAN: You have been at Notre Dame now for three years—I am not sure whether you are on the curriculum committee—but because of the problems we have in the community with alcohol and drugs, how do you think that the curriculum could possibly be improved to enable nurses to better act in caring for people who have problems?

Ms Scapin: We are rewriting our curriculum as we speak; we are in the process of looking at that. So our new curriculum document, I think, is aiming to be ready by the end of next year. In the process of rewriting the curriculum document, one of the things that we are looking at is the Mental Health Nurse Education Taskforce—I am not sure whether you are aware of that body. The task force has certainly set out a lot of guidelines in terms of incorporating mental health content, which we would also see incorporating drug and alcohol content, right throughout the curriculum, starting from semester one and going through each semester and scaffolding that learning. That is something that we are currently looking at doing.

The CHAIRMAN: Is this the program that Edith Cowan has just said that it has gained funding from the commonwealth for?

Ms Scapin: I am not sure.

The CHAIRMAN: Is that the same program?

Mr P.B. WATSON: I cannot remember.

Ms Scapin: No, it is a framework, I guess, for teaching. The idea of that framework is that there will be mental health right throughout every single semester of the curriculum. So that, in itself, is something that we are currently looking at, which is proving to be challenging—to fit all of that in with everything else that needs to be done—but I guess we have a commitment to do that.

The CHAIRMAN: If money were made available now for a new initiative in WA to tackle the problems that we have with alcohol and drugs, where should that money be spent? I will not give any examples; I will wait to hear what you say!

Ms Scapin: I really think there needs to be a much stronger integration between mental health services and drug and alcohol services. Particularly in the mental health area, a lot of clinicians feel inadequately prepared to deal with a lot of those issues; therefore, by default, probably do not deal with them terribly well.

The CHAIRMAN: Do not deal with the drug and alcohol —

Ms Scapin: Issues, yes. I would see it is more as be developing, or encouraging people to go the route of post-grad qualifications—nurse practitioners, who can work across both of those areas, masters programs, because there are very few mental health nurses, really, who take up those options. I think that would be useful. We would love some more money to strengthen our mental health major component. As I say, that is really a work in progress at the minute, but there is so much more that you could actually do with that program to prepare people to work in that area.

The CHAIRMAN: How much influence do you think, for your students, that advertising on television, newspapers, football games, radio—you name it—has on the community in relation to the amount of alcohol that is being consumed?

Ms Scapin: I would not be able to give you figures, but I think it probably has quite a high influence on people.

The CHAIRMAN: In relation to that, is advertising those issues covered in the curriculum? What would be your recommendation in that area?

Ms Scapin: One of the things that has surprised me when we talk about drug and alcohol issues—just using one example, Red Bull—we see a number of our students come to lectures with their Red Bull cans. When we actually talk about the risks associated with things like that, and Red Bull becomes more prevalent around exam obviously as well, students are quite shocked about those risks. They see them as quite innocuous really; they do not see them as a real issue. I am not sure with that.

The CHAIRMAN: Maybe another question then. I know several universities have taverns; does Notre Dame have one?

Ms Scapin: We do not have a specific tavern, but unfortunately there are a number of places where students congregate around Fremantle. There is one in particular when we can be walking by to the lecture and know that some of these students should be in our next lecture. There are a lot of those outlets in Fremantle; it is a very social area! They are often there.

[2.40 pm]

The CHAIRMAN: It has been suggested that there should be, I guess, a core health year for students and it has also been suggested—in fact you said yourself—that the nursing curriculum could have more in relation to drug and alcohol and mental illnesses; and we have heard similar sentiments from people who are involved with the medical program. Apart from having more with the units, because we have this culture now with young people where it seems to be okay to go out and binge drink and, unfortunately, associated with that there is a lot of antisocial behaviour and some very sad accidents, both for the person, their family and their friends, where do you think the emphasis should be placed now to try to address what has become an acceptable culture?

Ms Scapin: I wonder how much of that is actually addressed in the schools. I am not really sure of that. I am not sure how much of that is introduced, but talking with students who have children in schools, I guess they believe that there is actually not enough emphasis at that level and I think that is sort of where it begins. We are making efforts as well, I guess, also at Notre Dame in talking about some of these issues—we obviously have a medicine course over there—and we have students that do what we call a premed course. So these students can be from all disciplines of the university—any school—and currently I am involved in doing some guest lectures to that particular group of students. So that is a very wide area way outside of health as well sort of raising some of those issues. So I think probably the more varied that the groups are, the more likely you are actually able to raise a lot of those issues with people.

The CHAIRMAN: But it is interesting that you have said that the students have felt that there could be more done at schools because, again, as a committee we have heard of the problem with alcohol and other drugs at schools. And it is quite upsetting to hear the age in some of the schools where these problems are starting and that children are going along to some schools and taking alcohol with them because they have basically got the DTs before they start their day at school. So it is something that we need to look at.

Ms Scapin: Shocking, isn't it?

The CHAIRMAN: If that is formally typed, we are happy to accept the paper that you have put together there by way of supplementary information to the committee.

Ms Scapin: Yes; sure.

The CHAIRMAN: Is there anything that you would like by way of a summary to present to the committee, any points that you feel that we have not raised that, because of this inquiry, maybe we should be considering?

Ms Scapin: As I said, really, probably in some of my recommendations that I had actually thought about was that I think we do very much need to strengthen that relationship between mental health services and drug and alcohol services. That really needs to be strengthened a lot. I think that

mental health promotion is so important as a strategy, rather than focusing on bed numbers, I think, if we can actually promote it and get in early. While we still will need the beds, I think that there needs to be probably a little bit more structure, I guess. I guess the demand at the moment for mental health services and drug and alcohol services is really outstripping the capacity of services to deal with a lot of that as well, particularly in the community. So, I think that we also need to boost our workforce in terms of mental health practitioners maybe working towards postgraduate qualifications in that area, and also maybe doing some drug and alcohol training as well. I would like to think that we can continue to promote mental illness as a positive and viable career option for our students, which previously that seemed to be quite difficult to do. But I am very pleased with the headway that we have actually made with that. What I would really like is to be able to strengthen the mental health major program and really develop that in a bigger way so that it would be much more comprehensive. And I really do believe that mental health and drug and alcohol need to go right throughout the curriculum; absolutely! And we have a commitment to try to do that with rewriting our curriculum. We have a perfect opportunity now when we are rewriting our curriculum to actually incorporate all of that, which I am quite keen to do.

The CHAIRMAN: I wish you great success with that because it is something that we know from these hearings there is a big lack out there in terms of expertise in helping people who have had alcohol and drug problems. So I just hope your curriculum can be completed sooner rather than later.

Ms Scapin: Okay.

The CHAIRMAN: I would like to thank you for your evidence before the committee today. A transcript of this hearing will be forwarded to you for correction of minor errors. Any such correction must be made and the transcript returned within 10 days from the date of the letter attached to the transcript. If the transcript is not returned within this period, it will be deemed to be correct. New material cannot be added by these corrections and the sense of your evidence cannot be altered. Should you wish to provide additional information or elaborate on particular points, please include a supplementary submission for the committee's consideration when you return your corrected transcript of evidence. Thank you once again for coming.

Ms Scapin: Thank you.

Hearing concluded at 2.46 pm