STANDING COMMITTEE ON PUBLIC ADMINISTRATION

INQUIRY INTO THE PATIENT ASSISTED TRAVEL SCHEME

TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
WEDNESDAY, 24 SEPTEMBER 2014

SESSION ONE

Members

Hon Liz Behjat (Chairman)
Hon Darren West (Deputy Chairman)
Hon Nigel Hallett
Hon Jacqui Boydell
Hon Amber-Jade Sanderson

Hearing commenced at 10.06 am

Mr TIMOTHY MARNEY
Commissioner, Mental Health Commission, sworn and examined:

Ms ELAINE PATERSON
Director, Health Relationship and Purchasing, Mental Health Commission, sworn and examined:

The CHAIRMAN: Tim, you and I know each other very well, but have you met all the other members of this committee?

Mr Marney: I think so.

The CHAIRMAN: There is Amber-Jade Sanderson; Darren West; Felicity Mackie, who is our advisory officer; me; Nigel Hallett; and Jacqui Boydell. Elaine, I have not met you before either. I am Liz Behjat, Chair, from the North Metropolitan Region.

Tim, you are really familiar with this, so I am just going to do the formalities. Can you make either an oath or an affirmation for me, please.

[Witnesses took the affirmation.]

The CHAIRMAN: You will have signed the document entitled "Information for Witnesses". Have you read and understood that document?

The Witnesses: We have.

The CHAIRMAN: These proceedings are being recorded by Hansard and a transcript of your evidence will be provided to you. To assist the committee and Hansard, please quote the full title of any document you refer to during the course of this hearing for the record. Please be aware of the microphones and try to talk into them and ensure that you do not cover them with papers or make noise near them. I remind you that your transcript will become a matter for the public record. If for some reason you wish to make a confidential statement during today's proceedings, you should request that the evidence be taken in closed session. If the committee grants your request, any public and media in attendance will be excluded from the hearing. Please note that until such time as the transcript of your public evidence is finalised, it should not be made public. I advise you that publication or disclosure of the uncorrected transcript of evidence may constitute a contempt of Parliament and may mean that the material published or disclosed is not subject to parliamentary privilege. That is the formalities out of the way. Let us sit back and have a chat.

Tim, I guess you are aware of the inquiry that the committee is undertaking. I know that when we were arranging this hearing with you today the question arose, "Why would you want to hear from the Mental Health Commissioner, because mental health is not covered under the PAT scheme?" That is exactly why we would like to have a talk to you, to hear from you as to whether you think there is a need for mental health services to be covered under that scheme. Perhaps, do you want make a statement in that regard?

[10.10 am]

Mr Marney: Yes. An opening comment, I guess, is that the PAT scheme—obviously, you would know—is administered by the WA Country Health Service. We do not have any direct line of sight into how the scheme operates, its parameters, the volume of take-up, those sorts of things. There is coverage, though, for patient travel for psychiatrist services at the moment under the scheme, but

not for clinical psychologists. So PATS is covered to some extent. Patient transport in the mental health space tends to be dominated more by patient transfers rather than assisted travel. Where people are in acute settings or need to be in an acute setting, then they tend to be transported, and that is done outside of the PAT scheme—that is typically RFDS transport. In those, if you like, acute or emergency situations, the transport of patients is handled by RFDS. There is a mixture of RFDS and PATS for access to clinical psychiatrists. That is pretty much the extent of it. I think the issue that you are seeking to examine is whether or not that needs to be broadened. I actually have a view that the issue is not how we bring people to services in the city, in Perth, but how we actually get services to the people in regions. That is where our focus needs to be, because dislocating people from their community in dealing with mental health and supporting their mental health or recovery from mental illness is very damaging to that process. So we need to look at how we either provide services on location in the regions where it is required or have outreach from Perth to regional areas, whether that be through visiting specialists or through telepsychiatry, because we actually have the infrastructure to operate remote videoconferencing. Even the smaller country towns have pretty good facilities now thanks to things like the Southern Inland Health Initiative, but we are not using them for the delivery of mental health services or specialist mental health services.

The CHAIRMAN: So there is nobody using telepsychiatry at the moment that you are aware of?

Mr Marney: Not that I am aware of.

The CHAIRMAN: How would they use that?

Mr Marney: I think there are some legislative issues at the moment, but under the Mental Health Bill that is progressing at the moment, it addresses that. So there is an opportunity to actually change the model of service.

Hon JACQUI BOYDELL: I think Professor Stokes indicated that at budget estimates maybe 12 months ago, because I asked him a question about it.

Mr Marney: Yes. So it is enabled by the bill, is my understanding. The quicker you can all get that through, the better.

The CHAIRMAN: I think it might be even today. Who knows? Leaving aside that we need to put that legislative framework in place, what would telepsychiatry look like—one-on-one consultations with patients or —

Mr Marney: Yes, but with someone at the patient end to facilitate that. There would need to be some sort of support at the patient end; you cannot just do it cold. But it would be like any sort of physical health consult. Take Corrigin Hospital for example: it has a two-bed emergency area which is fully equipped with videoconference facilities and can zoom down to an injury on someone's big toe with perfectly clear resolution, good audio and so on. So it is pretty much like being in the room. If someone came in a mental illness that needed specialist attention, then you would have, if you like, a stand-by service to hook into, and that link-up and support at the patient's end would be through a nursing practitioner or whoever is suitably qualified in the region, but would actually get them the help that they need quicker, rather than waiting for a transport solution.

The CHAIRMAN: We did see evidence of that being used in the high-dependency unit in the Broome Hospital when we were visiting there, and the hook-up they have with Sir Charles Gairdner ICU every day, and they have now got a very good relationship between them. Would you ever envisage that telepsychiatry could also be used in a few locations at a time, where you could even do group therapy in that set of circumstances?

Mr Marney: There is nothing stopping that, and it is the same as we do videoconferencing now. You could even do multiple sites. It is feasible.

The CHAIRMAN: Yes. I am thinking that you can have someone in Corrigin, someone else in Katanning and someone somewhere else, and they can all hook in for their weekly—whatever they do.

Mr Marney: Yes. I cannot remember the name of the conference facility that we now have in Dumas House.

The CHAIRMAN: Westnet; Westlink?

Mr Marney: No, it is a different one. Anyway, videoconferencing has progressed massively. We can now do hook-ups across all states and it is like you are in the room. So, in light of that, I think this is an area which we need to be pursuing fairly actively.

The CHAIRMAN: So you say that psychiatrist services are available to PATS patients, but not clinical psychologists, and that is just simply because psychology is seen as an allied health service and psychiatry is not; it is mainstream. Is that your understanding?

Mr Marney: I can only assume that is the case, yes.

Hon JACQUI BOYDELL: Tim, I completely get and understand what you are saying about meeting those services in the areas where people can stay connected to family and community, and I think the same could be said in physiological illness, where it is extreme and terminal.

Mr Marney: Yes.

Hon JACQUI BOYDELL: So we will get the connection of how being in your environment assists you with your wellbeing.

Mr Marney: Yes.

Hon JACQUI BOYDELL: I know telehealth has changed the face of how we do some clinical services, for sure—and I completely get that—to save lives, but I can just see all of those allied health services that are struggling to get staff, struggling with resource and facility, and then trying to provide that in every area of the state, I think, would be actually fairly impossible. I think most country people have an understanding that for some services, you have got to travel. But if they do travel and then they end up here, how is the system going to cope with all of those extra people and the big, massive uptake in people seeking that service because they can now access it? Can you make any comments on that?

Mr Marney: Essentially, you are just describing the current system, where demand is swamping supply.

Hon JACQUI BOYDELL: Yes.

Mr Marney: That is both in the metropolitan area and in country and regional and remote areas. So we need to actually stand back and dissect the system and understand why that is. I think I have made comments previously that, unfortunately, the supply in our current continuum of service is dominated by acute hospital settings and is, if you like, more drastically underdone in the subacute and community treatment and support settings, which means we wait for people by virtue of that distribution of service—the system waits for people to get really, really sick, and often to a point that then requires longer treatment in an acute setting. Having said that, analysis by one of the leading clinicians in the health system over a four-year period—so survey sample analysis—has consistently indicated that around 43 per cent of those in our acute hospital beds could be in a subacute facility or a different step-down facility if there was one available. So we are holding people in a treatment setting that is beyond that which they require, which means it is very expensive. So, wrapping all that together, what does that mean? We need to actually understand what the demand is for those various levels of service or intensity of service and, over time, move towards meeting that continuum of demand with scaled service, if you like, rather than just relying on acute hospital beds, because we could build 200 beds tomorrow and they would be full by the

weekend; it does not solve the problem. We have got to invest over time in the system so that we keep people away from hospitals.

[10.20 am]

Hon JACQUI BOYDELL: Do you think PATS is a stepping stone to starting that process by allowing people access to PATS for clinical psychology? Is it a stepping stone to seeking treatment sooner —

Mr Marney: Yes.

Hon JACQUI BOYDELL: staying out of that acute area?

Mr Marney: Potentially, but, again, I think the priority should be focusing on how do we get those services to them where they live, rather than bringing them to the services.

Hon JACQUI BOYDELL: Yes.

Mr Marney: So we need to turn that service culture on its head.

Hon JACQUI BOYDELL: I agree; I do not disagree with that.

Mr Marney: But that is not going to happen overnight.

Hon JACQUI BOYDELL: No. So, is this a stepping stone —

Mr Marney: In the interim it might be a circuit-breaker to deal with that.

Hon AMBER-JADE SANDERSON: I have a couple of questions. I think Jacqui's point is a good one. Given the vastness of the state, I think it is a massive challenge to get a lot of those services out there, so I guess I want to hear on the record: would you like to see psychology covered on PATS, as well as psychiatry, as the Mental Health Commissioner?

Mr Marney: Yes, I would have to take it on notice to understand how that would actually work; given the demand, what would it look like from an efficiency perspective as well. So we actually have to do a cost–benefit on the two alternatives: would it be better to invest in workforce and service or would it be best to invest in bringing people to the city? I think the problem is that metropolitan workforce shortages are there as well.

Hon AMBER-JADE SANDERSON: Yes.

Mr Marney: So adding other allied health services to PATS does not mean that we have actually got the supply of those services to cope with that either.

Hon AMBER-JADE SANDERSON: No.

Mr Marney: So we would have to actually analyse that to see whether or not, if we brought that demand, can we meet it? Have we got the supply? I think we have still got an issue in that respect, so we would have to go through those parameters and understand what is the best solution.

Hon AMBER-JADE SANDERSON: Yes. What other allied health services would you like to see covered by PATS, from a mental health perspective, if any?

Mr Marney: Again, I would prefer the services are developed.

Hon AMBER-JADE SANDERSON: In the regions?

Mr Marney: The services are inadequate at the moment, so we need to develop them further to meet demand, whether it is metropolitan or regional. To meet the demand for the state, we need to develop the services further. If we are going to have to develop the services anyway, then we really need to be doing that in regional locations, rather than developing further in metropolitan and ignoring the regions.

Hon AMBER-JADE SANDERSON: One of the things that we came across, I think, fairly regularly was—you talked about when people are RFDS-ed down to Perth when they are obviously

acutely ill. What happens to them then? There is a gap. Where do you see, I suppose, the government's responsibility or the commission's responsibility in terms of returning people to their country or returning people back to their communities when people are sort of sent down to Perth and then discharged?

Mr Marney: Ideally the system returns them to where they came from. That is, I think, a reasonable responsibility, especially if they have been removed in some cases under involuntary treatment. Dumping people on the street in the city is not the way to go.

Hon AMBER-JADE SANDERSON: No. But it does happen, and it is happening at the moment, I think. People are being discharged in the metropolitan area and having to find their way back.

Mr Marney: Yes. I do not know to what extent. Again, that is probably something that we need to have a look at, but I am happy to examine that further.

The CHAIRMAN: Did you want to take that and the question about the provision of psychologist services on notice?

Mr Marney: Definitely the psychology services. That latter one, I think, is a longer-term data collection issue that —

The CHAIRMAN: It is a discussion for a later date.

Mr Marney: It is more an analysis and, then, "Is there a need to reform?" kind of question.

The CHAIRMAN: That will be question A1, that provision of information with regard to the provision of psychology services.

[*Supplementary Information No A1*.]

Hon NIGEL HALLETT: Tim, what is the level of service, in your opinion, in, say, the regional capitals—your Geraldtons, your Bunburys, Albanys, and then maybe a Broome or a Carnarvon or a Kalgoorlie? What level have you got there now and where do you think it should be?

Mr Marney: That will be articulated comprehensively by the 10-year plan. We actually estimate the demand in those areas and model an appropriate and efficient supply mix to meet that demand. So that will be spelt out in the 10-year plan.

Hon NIGEL HALLETT: So, basically, there is very little now.

Mr Marney: No; it is mixed. Bunbury is reasonably well serviced relative to the others, as is now Broome with the new unit in Broome. Kalgoorlie is a struggle in terms of staffing and I think it is fair to say that Geraldton is quite underdone. That is kind of the patchwork that we have; it is quite varied. In Albany there is an addition of, I think, four beds in the new hospital up from what was there previously. I think that takes us to 16, but again there are staffing issues in having those beds operational, so it is a mixed bag. The plan tries to ensure that our investment going forward addresses those key shortfall areas as a priority.

The CHAIRMAN: As I mentioned earlier, we visited the Broome Hospital. We did not go into the 10-bed unit; we certainly spoke about how well they are thinking that is operating there and they were very enthusiastic. That brings me to the second question. Especially in Broome, and I guess again in the Pilbara, there is the provision of psychiatric services to the FIFO workers. How do you think we can do that better?

Mr Marney: Again, because they are on-site and remote, technology is probably the key answer. I think if we get to a point where it is psychiatric services, then we have gone through a lot of warning signs on the way to get there, which we would be addressing much earlier. So, better support to the workforce on the ground would be a priority rather than access to psychiatric services, I would think.

The CHAIRMAN: I know there is an inquiry taking place surrounding that big question but it is critical when they are up on-site and it seems not to be when they are in Perth, so the easy answer is, "Well they're happier in Perth than they are on-site." But there has to be a lot more to it than that.

Mr Marney: It is a lot more complex than that.

The CHAIRMAN: Yes, that is the easy answer, is it not?

Hon DARREN WEST: You mentioned once about the patient support people. I am very big on improving—I was a big supporter of it—the broadband network. It was one of the main reasons for access to remote areas and I think, yes, we can set specialists in Perth or anywhere in the world to service these communities so I am really keen to see what will work in that area. With the patient support person, you touched on the fact it could be nursing staff; what sort of other qualifications would you envisage that the support people at the patient end would need to have, because that is a difficulty in attracting services of all kinds, especially to remote areas?

Mr Marney: It would be preferable if it is someone with a mental health background, but it is probably not always feasible.

Hon DARREN WEST: It would be possible for people who are not highly trained in mental health service delivery or nurses, you know, there would be perhaps capacity for people; I am curious to know at what level that person would be suitable as a minimum standard.

Mr Marney: I think as a minimum, you would need someone who is able to observe any changes in the individual's state of mind or wellbeing pre or post the telepsychiatry consult and not to then intervene should there be a need but to then get back on the phone.

[10.30 am]

Hon DARREN WEST: Would I be correct in saying that would be a relatively low level of training; you would not need a highly specialised person?

Mr Marney: It would not require highly specialised training, I would not think.

Hon DARREN WEST: You mentioned your 10-year plan. Does that involve bringing patients to the city? Does your 10-year plan include the PAT scheme or are you working on other ways?

Mr Marney: It is subject to cabinet consideration in the very near future, so I cannot say too much about it but I think I have articulated in broad terms what the priority focus is, and that is getting services to people rather people to services.

Hon DARREN WEST: Just on that, which are the services that you consider are the highest priority in getting to people?

Mr Marney: Certainly ensuring that where people are becoming ill, there are early options for them rather than having to wait until they are really, really ill and go to an acute setting.

Hon DARREN WEST: So early intervention?

Mr Marney: The subacute settings and community treatment beds to keep people away from big hospitals; that is the priority. In relative terms in WA we are very, very significantly behind the pace of other jurisdictions in that regard.

Hon DARREN WEST: A scheme that enables people to travel to the metropolitan area could be somewhat of an inhibitor in that regard?

Mr Marney: I think it is a second-best solution to the problem, and that the first-best solution is bring the services to the people.

Hon DARREN WEST: Excellent. Those are all my questions?

Mr Marney: And, of course, royalties for regions would be very important in that process.

Hon JACQUI BOYDELL: Tim, I just want to explore a little bit further in my mind as you are talking about providing services into the regions. So, seeing PATS as maybe a two-tiered approach as we get to that process because I do not think we can argue that delivery of health service has not been a focus of this government into regional areas while still having PATS as a backdrop. I think the comment I am making is that if you extend PATS to allied health where it is a fallback for patients in regional areas to access early intervention, whilst we still have our number one focus of delivering services into community, I think that is actually a snapshot of what we are doing in terms of other health services. So I do not think it is a fair reflection, I guess, there is not a focus of this government of recognising that we need to deliver services on the ground, and I think we have shown that. But how do we in the interim get people early intervention to psychology before they end up in a mental health hospital down in Perth, because that is actually a broken system and I think we all recognise that. That is my question around is this going to help? I would like to hear your comment on that?

Mr Marney: Yes, I agree; I do not think it is an either/or; it is a complementary mechanism. The question is whether or not we have actually got the supply of services in the metropolitan area to cope with it. I think that is my biggest concern, because people have trouble in the metropolitan area getting access to early intervention services. Again, that is probably the priorities; understanding what supply we need, both metro and regional, and then figuring out how we distribute that. PATS might need to be a part of that.

Hon JACQUI BOYDELL: That is right. I think that is the point I am getting at. In the long term with telehealth service delivery, we heard in our travels that the claims for PATS have actually fallen in some areas because they are receiving treatment via telehealth and there are more specialists visiting areas. So, essentially, in 10 years' time with the 10-year plan, you might extinguish the need for PATS for allied health. That would be a great thing.

Mr Marney: But it may be that we have to invest more in those early intervention services in the first two years in the metropolitan area and then provide access to those. So, I think we are in heated agreement.

Hon JACQUI BOYDELL: Yes, I think so too. I would not say "heated"!

The CHAIRMAN: Tim, is there anything else you think in your space that we need to take into consideration when we are doing our deliberations and recommendations on this matter?

Mr Marney: No. I think just if I can ask you to you have in the back of your mind that principle that people are best served in their recovery if the services are close to home.

The CHAIRMAN: We have certainly heard that loud and clear from you this morning. That brings us to the end of the questions. It was really useful having you here for this, Tim, even though it was a short session. Good things come in small bites, I think, sometimes but that information will be invaluable to us when we come to writing our report.

Mr Marney: Okay, thank you.

The CHAIRMAN: So I really appreciate you taking your time out of your very, very busy schedule?

Mr Marney: Everyone is busy.

The CHAIRMAN: We all promise now to go back to the house and make sure we get the bill passed as quickly as possible! I think we got to 447 last time!

Mr Marney: Thanks. So, if I could ask for that in return, I would be most appreciative!

Hon JACQUI BOYDELL: So will we!

The CHAIRMAN: It was moving on quite quickly last night when I was in the chair.

Mr Marney: You will now have headed your way the drug and alcohol amendments.

The CHAIRMAN: Yes.

Mr Marney: Which will facilitate the merger of the Mental Health Commission and the Alcohol and Drug Authority.

The CHAIRMAN: The Alcohol and Drug Authority; I am very interested in that.

Mr Marney: Thank you very much.

The CHAIRMAN: Thank you very much.

Hearing concluded at 10.35 am

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