

# ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

## SUPPLEMENTARY QUESTIONS

### Mental Health Commission

#### Hon Stephen Dawson MLC asked:

B1. The number of people who have been committed to involuntary treatment under the Mental Health Act 2014 this financial year and since?

#### Answer:

For the period between 1 July 2016 to 31 October 2016, there were a total of:

- 242 patients placed on an involuntary treatment order in the community; and
- 973 patients placed on an inpatient involuntary treatment order.

#### Data Source and Extraction Date:

- 1 July 2016 to 31 October 2016 data is sourced from Mental Health Advocacy Service, extracted on the 8 November 2016.
- The data was provided to the Mental Health Data Collection team at the Department of Health.

#### Notes:

- Figures are based on notifications made to the Chief Advocate. Some consumers have been put on orders more than once during the period and must be contacted each time they are made involuntary.
- Figures include the number of individuals who were placed on either a:
  - Form 5A – Community Treatment Order
  - Form 6A – Inpatient Involuntary Treatment Order in an Authorised Hospital
  - Form 6B – Inpatient Involuntary Treatment Order in a General Hospital.
- Some consumers were placed on forms on multiple occasions.

**Hon Stephen Dawson MLC asked:**

B2. Clarification on numbers and lengths of stay for involuntary patients at Port Hedland Hospital Emergency Department over the past few months?

**Answer:**

Patients are not 'involuntary'; rather they have been referred under the Mental Health Act 2014 for examination by a psychiatrist.

**Number and length of stay for referred patients in the Hedland Health Campus Emergency Department (ED) from 1 July 2016 to 31 October 2016**

Month	Number of Patients	Length of Stay in ED (Hours)
October 2016	3	42:00 23:55 10:36
September 2016	7	0:36 0:30 9:15 18:12 30:18 3:48 1:06
August 2016	2	19:15 1:25
July 2016	1	48:15
<b>TOTAL</b>	<b>13</b>	<b>16:05 hours (average)</b>

**Hon Stephen Dawson MLC asked:**

B3. What elements of the Western Australian mental health, alcohol and other drugs services plan are currently being implemented? Please identify what is being done out of existing resources, whether there has been new funding attached and, for each of the elements that are currently being implemented, what the cost attached to it is?

**Answer:**

The majority of actions within the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025: Better Choices. Better Lives (the Plan) require Government approval and additional funding. For those actions, the MHC is currently using internal resources to develop project plans and preliminary business cases which may be used to request the funding required for future implementation. The internal resources being utilised have not been allocated by project.

Actions from the Plan that have commenced within existing Mental Health Commission resources are:

- Action 2 - Implement legislation and associated strategies to respond to the rapid emergence of new psychoactive substances.
- Action 3 - Complete the evaluation of the Individualised Community Living Strategy and implement improvements and, if appropriate, commence expansion of the program.
- Action 11 - Complete the evaluation of the pilot transport service and continue to commission an effective and safe transfer service for people who require transport under the *Mental Health Act 2014*.
- Action 14 - Complete the evaluation of the Mental Health Court Diversion programs.
- Action 15 - Implement the provisions of the Mental Health Act 2014 and monitor the extent of improved integration of care.
- Action 16 - Develop a comprehensive prevention plan for mental health, alcohol and other drugs which will include a range of evidence-based strategies across the life course (including targeted programs for at risk groups).
- Action 24 - In collaboration with key stakeholders, develop a housing strategy to address the housing needs of people with mental health, alcohol and other drug problems whilst also increasing access to community support services that will assist with daily living tasks and maintaining tenancy. This includes (as a priority) appropriate housing and support for people who have mental health, alcohol and other drug problems and are homeless.
- Action 31 - Work with the Western Australian Police to develop and commission a mental health police co-response program.
- Action 34 - Further progress the development of partnerships, where appropriate, between community treatment, primary care services and existing health promotion programs to optimise the health and wellbeing of people with mental health, alcohol and other drug problems.
- Action 44 - Commence planning for a trial compulsory treatment facility to respond to the increased harm seen in communities as a result of alcohol and other drug use including severe methamphetamine dependency. This will involve the development of relevant legislation.
- Action 45 - Commence the process of divestment of services on the Graylands and Selby hospital campuses.

- Action 53 - Expand HITH beds by 5 per cent and further investigate the appropriateness of this model for infants, children and adolescents.
- Action 55d - Commence establishment or enhance community-based specialised statewide services including: Attention Deficit Hyperactivity Disorder (ADHD).
- Action 56a - Commence planning of community-based specialised statewide services including: Sexuality, Sex and Gender Diversity service.
- Action 57 - Build on and improve programs such as Young People with Exceptionally Challenging Needs (YPECN) and People with Exceptionally Challenging Needs (PECN) to ensure people with multiple, high-level needs receive seamless, comprehensive treatment and support.
- Action 62 - Further develop in-prison mental health, alcohol and other drug treatment and support services for men, women and young people.
- Action 63 - Work with the Department of Corrective Services to develop models of service for in-prison treatment and support services and move service purchasing responsibility to the Mental Health Commission.
- Action 64 – Complete the review of the *Criminal Law (Mentally Impaired Accused) Act 1996*.
- Action 66 - Work with the Department of Corrective Services to develop core capabilities and workforce standards for mental health, alcohol and other drug service provision across the forensic system.
- Action 67 - Investigate international best practice recovery culture change programs.
- Action 68 - Incorporate recovery principles in the design of service models and associated practices, procedures, protocols, and commissioning practices.
- Action 69 - Explore how the concept of recovery applies to the alcohol and other drug sector and how the principles of recovery-oriented practice can be embedded in service delivery where appropriate.
- Action 70 - Develop a statewide mental health, alcohol and other drug consumer, family and carer involvement framework that will outline best practice principles and practices in relation to consumer and carer involvement, co-production and co-design.
- Action 71 - Incorporate a range of mechanisms in commissioning and service provision practices to enable the involvement of consumers, families and carers in co-production and co-design of policy, planning, service delivery, evaluation and research, with a particular focus on enabling the involvement of marginalised groups (including Aboriginal people).
- Action 73 - Provide consumers, families and carers with access to appropriate training to support them in their role as a consumer/carer representative.
- Action 74 - Include consumer experience and satisfaction indicators in the Plan evaluation process and ongoing contract monitoring.
- Action 75 - Continue to support effective systemic advocacy organisations.
- Action 76 - Further improve access to transparent and effective complaints mechanisms across the mental health, alcohol and other drug system.
- Action 77 - Monitor evidence emerging from existing individualised funding programs and further explore the potential to expand access to a range of individualised funding programs across the service system.
- Action 78 - Incorporate culturally secure and respectful, non-discriminatory principles in the design of service models and associated practices, procedures, protocols, and commissioning practices.

- Action 79 - Incorporate culturally competent principles in the design of service models and associated practices, procedures, protocols, and commissioning practices.
- Action 81 - Where relevant, standardise, establish and monitor key performance indicators for follow-up and other communication during treatment and post-discharge.
- Action 82 - Continue to build upon programs to address the physical health gap including partnering with existing healthy lifestyle and injury prevention health promotion programs.
- Action 83 - Together with key stakeholders, develop comprehensive models of service for all major service streams (including mechanisms for monitoring and reviewing) and commence commissioning of services based on agreed models of service.
- Action 85 - Progress the expansion of the peer workforce across the service spectrum.
- Action 87 - Continue to make evaluation a requirement of funding and service agreements where applicable.
- Action 88 - Develop and commence implementation of a comprehensive mental health, alcohol and other drug workforce planning and workforce development strategy that includes key priorities and strategies to build the right number and appropriately skilled mix of staff, and clarifies roles and responsibilities of commissioning agencies and service providers.
- Action 89 - Maintain Registered Training Organisation registration and continue to deliver nationally recognised training programs, currently Certificate III Community Services Work, and Certificate IV in Alcohol and Other Drugs for the Aboriginal Alcohol and Other Drug Workforce in Western Australia.

Actions from the Plan that have received additional funding include:

- Action 1 - Complete the development, and commence implementation of a new suicide prevention strategy (additional funding of \$25.9 million over four years was received for Suicide Prevention 2020: Together we can save lives, in the 2015-16 Budget).
- Action 4 - Continue to provide alcohol and other drug support services for residents within existing Transitional Housing and Support Program (THASP) houses in North Metropolitan, South Metropolitan, the Goldfields, the Midwest, and the Kimberley (additional funding of \$2.5 million over four years was received in the 2015-16 Budget for the continuation of support services to existing THASP properties).
- Action 6 - Establish a new integrated alcohol and other drug treatment service in Joondalup (additional funding of \$5.2 million over four years was received in the 2014-15 Budget for the expansion of the Joondalup service).
- Action 7 - Complete an evaluation of the Royalties for Regions funded North West Drug and Alcohol Support Program expansion (Kimberley, Pilbara and Gascoyne regions) to inform future funding decisions (In 2011, Royalties for Regions (RfR) funding of \$19.3 million from 2011-12 to 2014-15 was provided, in 2015 Cabinet approved an allocation of \$11.26 million from RfR to continue the program until 30 June 2017, and in the 2016-17 Budget \$18.9 million of additional funding from RfR was allocated to continue the program until 30 June 2020).
- Action 8 - Implement an Alcohol Interlock Assessment and Treatment Service in support of the *Road Traffic Amendment (Alcohol Interlocks and Other Matters) Act 2015* (additional funding received in multiple previous Budgets; \$7.5 million

in additional funding was provided from 2006-07 to 2014-15 for the Repeat Drink Driving Strategy, and a further \$1.4 million from 2015-16 to 2016-17 from the Road Trauma Trust Account).

- Action 9 - Open new mental health community bed-based services approved by Government (additional funding was allocated as part of previous Budgets, however current final amounts are outlined below):
  - A - Rockingham (Peel – 10 beds; \$13.6 million in additional funding has been allocated over seven years)
  - B – Broome (Kimberley – six beds; \$15.5 million over seven years in additional funding from the RfR program was allocated in the 2016-17 Budget)
  - D – Karratha (Pilbara – six beds; \$9.7 million over four years 2016-17 to 2019-20 in additional funding from the RfR program was allocated in the 2016-17 Budget).
  - E – Bunbury (South West – 10 beds; \$9.05 million over four years 2016-17 to 2019-20 in additional funding from the RfR program was allocated in the 2016-17 Budget).
- Action 10 - Open 36 new and 100 replacement mental health inpatient services at (some additional funding was allocated as part of previous Budgets under increases in the Activity Based Funding Framework, and some beds are due to configuration of existing resources):
  - A - Perth Children’s Hospital (PCH) – 20 bed acute mental health unit for children up to 16 years (six new beds, and 14 replacement beds (six Bentley Hospital, eight Princess Margaret Hospital). Note - The new PCH project is not complete and advice is pending as to the revised opening date of the facility. Therefore, the six new beds allocated for mental health at the new PCH are not open currently.
  - B - QEII – 30 bed adult acute mental health unit (30 replacement beds).
  - C - Midland – 56 bed acute mental health unit, including 41 replacement beds from Swan (16 Older Adult, 25 Adult), nine replacement beds from Graylands Hospital and six replacement beds from Sir Charles Gairdner Hospital.
  - D - Fiona Stanley Hospital – 30 bed acute mental health unit, including eight new mother and baby (perinatal) beds, 14 new youth beds, and eight new mental health assessment beds (short-stay). In 2016-17 additional funding of \$13.6 million was allocated to the South Metropolitan Health Service (SMHS) for 30 new beds at the Fiona Stanley Hospital.
- Action 12 - Continue to develop specialised statewide inpatient services for perinatal (eight beds) at the Fiona Stanley Hospital (the funding for these beds formed part of the total additional funding received of \$13.6 million, as outlined in Action 10 D above).
- Action 13 - Progress the State Government’s 2013 election commitment to deliver mental health adult and children court diversion (Since 2012-13, a total of \$29.1 million of additional funding has been allocated to deliver the mental health adult and children court diversion program to 30 June 2019).
- Action 18 – Identify opportunities to enhance existing prevention initiatives targeting children, young people, families and the broader community including (but not limited to) school-based programs which incorporate mental health, alcohol and other drug education, and resilience building (additional funding of \$1.65 million was received over two years for prevention activities through the WA Meth Strategy 2016, in May 2016).

- Action 19 - Increase the proportion of the Mental Health Commission budget spent on prevention (dedicated to mental health) from one per cent to two per cent; increase the hours of service dedicated to alcohol and other drug prevention from 66,000 to 108,000 hours; and provide the optimal level of resource identified for associated alcohol and other drug prevention programs (additional funding of \$1.65 million was received over two years for prevention activities through the WA Meth Strategy 2016, in May 2016).
- Action 20 - Ensure resourcing of existing public education campaigns is sufficient to optimise effectiveness (additional funding of \$1.65 million was received over two years for prevention activities through the WA Meth Strategy 2016, in May 2016).
- Action 28 - Build on current youth services and commission new youth services to establish a dedicated youth community treatment service stream (additional funding of \$2.5 million was received in the 2015-16 Budget for the implementation of a Youth Community Assessment and Treatment Team (YCATT) Pilot).
- Action 29 - Establish a new integrated alcohol and other drug treatment service in the South Metropolitan area (70,000 hours) (additional funding of \$3.7 million was received over two years for expansion of community alcohol and drug services through the WA Meth Strategy 2016, in May 2016).
- Action 30 - Further develop community alcohol and other drug services in the Midwest (9,000 additional hours) and South West (33,000 additional hours) (additional funding of \$3.7 million was received over two years for expansion of community alcohol and drug services through the WA Meth Strategy 2016, in May 2016).
- Action 38 - Increase the subsidy provided for non-acute long-stay (nursing home) places for older adults with mental illness by 63 places, (32 places in the North Metropolitan region, 10 places in South Metropolitan region, six places in Northern and Remote, and 15 places in Southern Country) (additional funding of \$1.99 million was received over two years in the 2016-17 Budget, to establish ten additional long-stay community beds for older adults with severe mental illness in the North Metropolitan region).
- Action 40 - Expand low medical alcohol and other drug withdrawal services in the metropolitan area by 10 beds, Northern and Remote by eight beds and Southern Country by three beds (allocated funding noted in Action 41 below).
- Action 41 - Expand existing alcohol and other drug residential treatment and rehabilitation services by 55 beds (10 beds in North Metropolitan, 23 beds in South Metropolitan, 12 beds in Geraldton and 10 beds in Kalgoorlie) (additional funding of \$6.1 million was received over two years for residential rehabilitation beds and low medical withdrawal beds through the WA Meth Strategy 2016, in May 2016).
- Action 50 - Increase hospital consultation liaison for people with mental health, alcohol and other drug problems from 218,000 to 274,000 hours of service (additional funding of \$2.3 million was received over two years for hospital consultation liaison services through the WA Meth Strategy 2016, in May 2016).
- Action 60 - Develop comprehensive training requirements for non-mental health, alcohol and other drug frontline staff including police, corrections officers, court officers, magistrates and others (additional funding of \$0.16 million was received over two years for expansion of frontline workforce training and support through the WA Meth Strategy 2016, in May 2016).

HON STEPHEN DAWSON MLC ASKED:

B4. What initiatives that have been announced under the Methamphetamine Strategy so far, and what is the funding attached to each one of those?

**Answer:**

The following initiatives under the Western Australian Meth Strategy 2016 have been announced:

- Expansion Of Public Education Campaigns (\$540,000)
- Expansion Of School-Based Programs (\$500,000)
- Development Of Harm Reduction Resources For At-Risk Groups And Communities (\$0 - funded from within MHC existing resources)
- Expansion Of Existing Alcohol And Other Drug Services For Methamphetamine Users (Specialist Amphetamine Clinic) (\$534,000)
- Expansion Of Existing Community Alcohol And Other Drug Services For Methamphetamine Users (\$3,700,000)
- Expansion Of Existing Low Medical Withdrawal Beds (\$1,502,000)
- Expansion Of Existing Residential Rehabilitation Beds (\$4,625,000)
- Expansion Of Frontline Workforce Training And Support (\$160,000)
- Development Of The State Ice Helpline (\$304,000)
- Development Of Compulsory Treatment Options For Those With Severe Alcohol And Other Drug Problems, Including Methamphetamine (\$0 - funded from within MHC existing resources)



**Hon Sally Talbot MLC asked:**

B5. Is the Bentley Adolescent Unit currently taking 17-year olds?

**Answer:**

Yes.

The BAU, a 12-bed authorised child and adolescent mental health unit, prioritises admissions for patients aged 16 years as these are the only specialist inpatient beds for this age group in the State. 17 year old patients are considered for admission on a case-by-case basis. When making a decision about whether to admit a 17-year old patient to the BAU, the following factors are considered:

- the existing demand for inpatient care for 16 and under-16 year old patients;
- the 17-year old's developmental age and needs;
- the presence of very young patients in the BAU; and
- the mix of patients in the BAU.

**Hon Sally Talbot MLC asked:**

B6. Please provide details of the 182 children treated in an adult facility by age and region.

**Answer:**

Following a refresh of the 2015-16 data, there were 185 rather than 182 children (under 18 years of age at the time of admission) who separated from an adult mental health inpatient services. The distribution of the cases by region and age group are presented in Table 1 below.

**Table 1:** Number of children (under 18 years old at the time of admission) separating from an adult mental health inpatient service by region and age group

Health Region of Hospital	2015/16	
	Age on Admission	Number of Persons
East Metropolitan Health Service	16-17 year	9
North Metropolitan Health Service	0-15 years	< 5
	16-17 year	7*
South Metropolitan Health Service	0-15 years	< 5
	16-17 year	6*
WA Country Health Service	0-15 years	< 5
	16-17 year	5
<b>Total number of separations</b>		<b>185</b>

\* Excludes SCGH Observation ward, FSH Assessment unit and FSH Youth unit, for which the models of service are designed to provide appropriate clinical care.

Data Source: Hospital Morbidity Data Collection, WA Department of Health

Extraction Date: 16 November 2016

Notes:

**1.** Figures are:

- based on separations from hospital, and excludes patients who have not yet separated (discharged) from hospital during the financial year.
- preliminary and subject to change.
- based on region of the hospital and not the patient's residential address.
- include public hospital activity and publically funded activity in private hospitals such as Joondalup Health Campus, St John of God Mount Lawley and St John of God Midland Public Hospital.

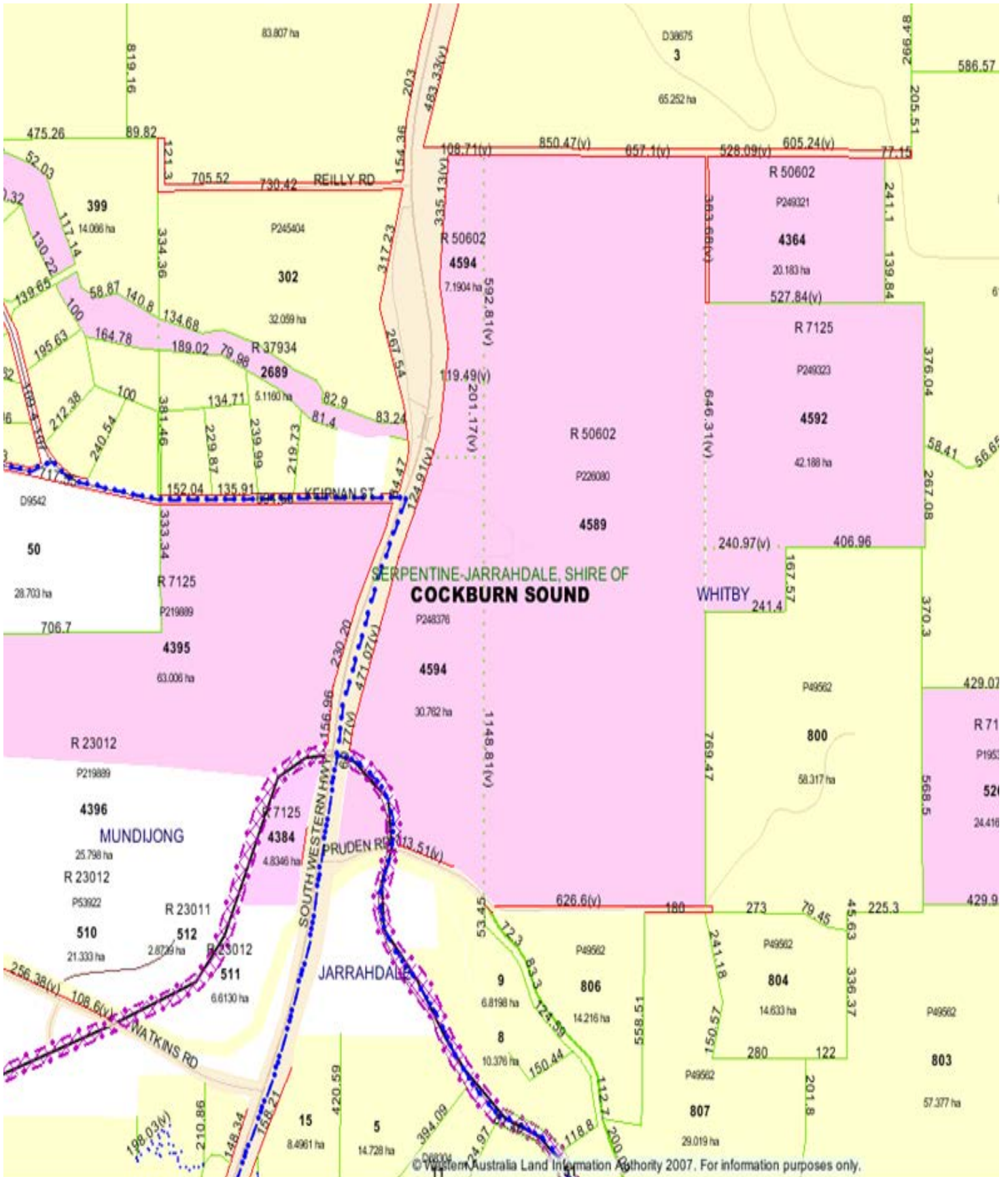
- 2.** As patients can have multiple hospital admissions, including within different regions, the sum of the number of patients in each of the individual Services will not necessarily equate to the total patient count for all Health Service Providers. Further, some patients with multiple admissions may have turned 16 during 2015-16 and therefore been counted in more than one age category.

**Hon Stephen Dawson MLC asked:**

B7. Does the parcel of land on the corner of Keirnan Street and Watkins Road in Mundijong belong to the Mental Health Commission?

**Answer:**

No.



**Hon Stephen Dawson MLC asked:**

B8. What is the value of funding allocated Cyrenian House, Hope Community, Palmerston and Fresh Start in 2015-16?

**Answer:**

<b>Organisation</b>	<b>Service provided</b>	<b>Funding allocated (GST exclusive)</b>
Cyrenian House	Outpatient Treatment and Support (including Diversion program)	\$1,329,921
	Residential Treatment Services (including Diversion program)	\$3,776,595
	North Metro CADS (including Diversion program)	\$2,370,271
	<b>TOTAL</b>	<b>\$7,476,787</b>
Hope Community	Goldfields CADS (including Diversion program)	\$1,710,073
	Residential Treatment Services (including Diversion program)	\$904,715
	Geraldton Sobering Up	\$504,750
	Armadale Outpatients	\$165,643
<b>TOTAL</b>	<b>\$3,285,181</b>	
Palmerston	Outpatient Treatment and Support (including Diversion program)	\$713,644
	Residential Treatment Services (including Diversion program)	\$1,700,896
	South Metro CADS (including Diversion program)	\$2,415,229
	South East Metro CADS (including Diversion program)	\$1,165,869
	Great Southern CADS (including Diversion program)	\$1,353,810
<b>TOTAL</b>	<b>\$7,349,448</b>	
Fresh Start	Residential Treatment and Support	\$657,377
	Outpatient Treatment and Support	\$2,413,752
<b>TOTAL</b>	<b>\$3,071,129</b>	

**Hon Stephen Dawson MLC asked:**

B9. How many bed days are anticipated to be delivered in this financial year by Cyrenian House, Hope Community, Palmerston and Fresh Start in 2016-17?

**Answer:**

The anticipated bed days to be delivered for the above organisations in 2016-17 are:

Cyrenian House:	26,787 bed days
Hope Community:	5,828 bed days
Palmerston:	11,932 bed days
Fresh Start:	10,950 bed days

**Hon Stephen Dawson MLC asked:**

B10. What is the total contract value for Grow?

**Answer:**

The total contract value for GROW for the period 1 July 2013 to 30 June 2020 (5 year initial term, plus two, one year extension options) is \$5,792,028 (GST exclusive).

The annual funding allocation for 2016/17 is: \$827,839.

**Hon Stephen Dawson MLC asked:**

B11. With regard to the \$2,275,737.37 paid to the Brand Agency via Curtin University, please provide a breakdown of that payment to the Brand Agency, including what the cost was of content development and also placement.

**Answer:**

The 2015/16 financial year saw \$2,275,737.37 paid to the Brand Agency via Curtin University. The table below specifies the distribution of this 2015/16 spend by production (content management) and media (placement).

The expenditure to the Brand Agency via Curtin University's contract is related to public education about alcohol and other drugs and mental health. The contract with Curtin University was awarded by the former Drug and Alcohol Office in October 2014. It was approved for exemption from the competitive requirements of the State Supply Commission's Open and Effective Competition Policy and approved by the Department of Finance Community Services Procurement Review Committee in accordance with State Supply Commission requirements.

	Production	Media	TOTAL
<b>TOTAL</b>	<b>\$388,789.37</b>	<b>\$1,886,948.00</b>	<b>\$2,275,737.37</b>



**Hon Stephen Dawson MLC asked:**

B12. What was the overall tender amount for the initial tendered agreement with Curtin University and Brand?

**Answer:**

The tender agreement amounts must not be exceeded across the term of the contracts, including any extensions. Therefore, the total values represent a maximum value that can be spent and do not necessarily represent the actual spend.

The period of both contracts is up to a possible five years. The contract with The Brand Agency is an initial two-year term with three by one-year extension options. The contract with Curtin University is an initial three-year term with two by one-year extension options.

These contracts were awarded by the Drug and Alcohol Office in consultation with the Department of Finance in 2012 and 2014 respectively. The contract with The Brand Agency was advertised on Tenders WA and was evaluated in conjunction with Department of Finance and endorsed by the State Tender Review Committee in accordance with State Supply Commission Requirements. The contract with Curtin University was approved for exemption from the competitive requirements of the State Supply Commission's Open and Effective Competition Policy and approved by the Department of Finance Community Services Procurement Review Committee in accordance with State Supply Commission requirements.

Funding for activities purchased under these contracts is a mixture of Commonwealth and State funding.

	<b>Total value of service agreement</b>
The Brand Agency for the Creative Advertising Services for Public Education Campaigns. Initial term 2 years, with 3 x 1 year extensions. Contract awarded 2012.	An expenditure of \$0 up to a maximum of \$5,123,744.18 (inc. GST) at the discretion of the MHC.
Curtin University for Alcohol and other Drug Prevention and Social Marketing Program Services. Initial term 3 years, with 2 x 1 year extension options. Contract awarded 2014.	An expenditure of a minimum spend of \$1,375,000 (if contracted for 5 years at \$275,000 per year, inc. GST, to deliver the service) up to a maximum spend of \$11,000,000.00 (inc. GST) at the discretion of the MHC.

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**MINISTER FOR MENTAL HEALTH**