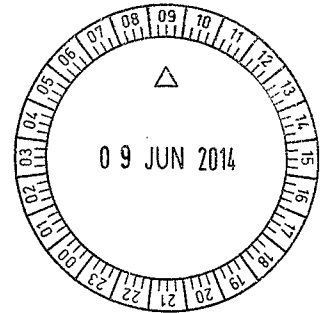


9/6/2014

**ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE****QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION****Wednesday, 4 June 2014****Mental Health Commission***Question No. 1 Hon Lynn MacLaren MLC asked –**1. I refer to Page 391, Summary of Portfolio Appropriations, on page 391, and ask**(a) At what rate is the demand for mental health services growing in the state?*

Answer:

Department of Health modelling estimates 2.6% inpatient growth in 2014/15, decreasing marginally to 2.31% in 2017/18. Non-admitted age weighted population growth is expected to be 2.85% in 2014/15, decreasing to 2.53% in 2017/18.

*(b) At what rate is the demand for disability services growing in the state?*

Answer (provided by the Disability Services Commission):

The rate of growth in the WA population of 3.1 per cent, is around 76,000 people. The prevalence rate for severe or profound disability is around 1.8 per cent meaning 1300 of the 76,000 will have severe or profound disability. The potential population of people with severe or profound disability in WA is estimated to be around 58,000 so the rate of increase is growing at just over 2 per cent each year based on population growth. This pushes total service demand growth above 5% per year because of injury, deteriorating conditions and ageing carers.

*(c) Are the budgets of these departments related to the rate of growth in demand?*

Answer (provided by the Mental Health Commission):

The forward estimates for mental health services are based on the Department of Health modelling of the expected rate of growth.

Answer (provided by the Disability Services Commission):

Yes, the estimated rate of growth in services users is the key driver for the agency budget bid. However, the growth funding allocated only meets some of the cost of the increase in service, as there are escalating needs for funded support - particularly for deteriorating conditions, or additional services required as carers age and become unable to care for the person with disability.

**ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE**  
**QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION**

**Wednesday, 4 June 2014**

**Mental Health Commission**

*Question No. 2 Hon Lynn MacLaren MLC asked –*

*(a) How much did it cost for the Director General to undertake the review in 2013-14?*

Answer: There was no cost in 2013–14.

The 'Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia' 2012 was undertaken by Professor Bryant Stokes, commencing in December 2011 and being completed in July 2012.

The review was carried out by Professor Stokes prior to his being asked to act as the Director General of Health.

The cost of Professor Stokes' consultancy services to undertake the review was \$69,663, excluding GST, which was paid between December 2011 and July 2012. The cost was split evenly between the Mental Health Commission and the Department of Health.

The Review was completed in early 2012-13 and there was no cost for this review expended in 2013-14.

*(b) How much will it cost for the recommendations to be implemented?*

Answer: The Office of Mental Health (OMH) was established at the Department of Health with the appointment of the Executive Director OMH, in April 2013. The OMH is responsible for implementing the Stokes Review recommendations assigned to the Department under the Government Response to the Review (November 2012). Ongoing costs for implementing the Stokes Review are yet to be determined.

The Mental Health Commission (MHC) is responsible for implementing the Stokes Review recommendations assigned to the MHC under the Government response. The cost of administering oversight of implementation has been absorbed within current budget. Ongoing costs for implementation are yet to be determined.

 ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 4 June 2014

Mental Health Commission

*Question No. 3 Hon Lynn MacLaren MLC asked –*

*(a) How many new specialist Child and Adolescent Area Mental Health Services (CAMHS) beds from WA Health will be provided when Perth Children's Hospital opens?*

Answer: 20.

*(b) What will stop these beds from being blocked, when there are no discharges or step down services?*

Answer: Over the past three years there have been, on average, 685 discharges per year from existing child-adolescent mental health inpatient beds. This will increase with additional bed capacity.

Step Up – Step Down services opened in 2013 in Joondalup with 22 beds. Other services are to be established in Rockingham, Broome and the Goldfields. These provide a safe alternative for people 16 years and over who have been discharged from an acute inpatient unit but still require support.

**Management of patient flow in bed block situations**

In addition, if a young person cannot be managed safely in the community (preferred option), the following can be considered:

- The young person will stay in the emergency department until a bed is available.
- The young person will be moved to a general hospital bed.
- The young person will be transferred to an adult mental health facility with a 1-1 nurse special, if appropriate and dependant on age.

*(c) Currently how many children with serious mental illness can access community CAMHS?*

Answer: CAMHS currently have 1518 active clients across all ambulatory programs – including community based and outpatient. In addition, CAMHS Acute Response Team, who see young people who present to Emergency Departments, see approximately 95 young people per month.

*(d) How many children with serious mental illness will be able to access community CAMHS*

Answer: It is expected a proportion of the growth funds allocated to public mental health services in 2014/15 would be provided to community CAMHS, therefore the number of children seen by community CAMHS would be expected to increase. The final allocations of growth funding are yet to be finalised therefore the increase in the number of children that will be seen is not yet known.

**ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE**  
**QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION**

**Wednesday, 4 June 2014**

**Mental Health Commission**

*Question No.4 Hon Lynn MacLaren MLC asked –*

- (a) What is being done to ensure a more effective and cost-effective approach to reducing the numbers of deaths by suicide in WA following a damning report by the Auditor General?*

Answer: The Auditor General has acknowledged that communities and organisations benefited from suicide prevention activities funded by the *Western Australian Suicide Prevention Strategy 2009-2013* (the Strategy). The Strategy will now be managed by the Mental Health Commission. The next phase of the strategy will include a new and comprehensive implementation plan, including enhanced coronial data analysis.

- (b) Will the state budget allocate funding to ensure that services are delivered at a faster rate?*

Answer: The recent State Budget has provided a further \$3 million for suicide prevention initiatives.

- (c) How is the program being evaluated?*

Answer: An evaluation of the Community Action Plans (CAPs) by Edith Cowan University (ECU) has been undertaken to identify strengths and areas for improvement. The MCSP is overseeing an overall evaluation of the Strategy which will provide national and international benchmarking, and review the ECU evaluation, Auditor General's Report and the Ombudsman's Report into youth suicide in Western Australia.

- (d) What is the time-line for the evaluation?*

Answer: The ECU evaluation has been completed and is being considered by the Ministerial Council for Suicide Prevention. It is anticipated that the overall evaluation will be completed in 2014. These evaluations will inform development of the next phase of the Strategy.

*(e) Will community action plans be funded for longer periods to ensure maximum effect as recommended by the Auditor General?*

Answer: Community grants and training is available to support and sustain locally-owned suicide prevention activities.

This builds on the \$250,000 allocated in 2014 to strengthen 29 local community suicide prevention projects. Existing CAP host agencies, Local Governments and Local Drug Action Groups are coordinating events such as mental health forums, information expos and Mental Health First Aid Training.

*(f) What funding is being allocated specifically for suicide prevention amongst LGBTI people in the state?*

Answer: Over \$150,000 was provided for an LGBTI Community Action Plan as part of the State's Suicide Prevention Strategy. These funds were used to contribute to activities such as ASSIST and other training for relevant staff and community members. Online and print resources were also developed and made available as part of the CAP. The benefits of these sustainable activities would be expected to continue beyond the timeline of the CAP.

Community grants of up to \$10,000 are now also available for suicide prevention projects to further build community awareness and strengthen resilience.

Evidence based mental health and suicide prevention training will be rolled-out across Western Australia.

In addition the Mental Health Commission funds a range of mental health and suicide prevention initiatives which support LGBTI communities, such as the Freedom Centre, Living Proud and *beyondblue*.

**ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE**  
**QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION**

**Wednesday, 4 June 2014**

**Mental Health Commission**

*Question No. 5 Hon Lynn MacLaren MLC asked –*

*(a) How much money has been directed to the Children's Mental Health Services?*

Answer: In 2013/14, the Mental Health Commission (MHC) Service Agreement with Department of Health included \$55,595,475 for Child and Adolescent Health Service (CAHS).

The MHC invested an additional \$8,872,025 in funding in other government and non government providers of mental health services to children and young people.

Step Up – Step Down services opened in 2013 in Joondalup with 22 beds. These provide a safe alternative for people 16 years and over who have a mental illness but may not require admission to an inpatient hospital.

Further funding for child and youth mental health services is received from the Commonwealth. A National Partnership Agreement (NPA) has been reached with the Commonwealth for \$13.5 million over five years for community clinical and family support to adolescents and young people experiencing a mental health crisis. These funds for mental health crisis response complement an additional investment of \$1,800,000 Commonwealth funding over three years through the NPA Improving Public Hospital Services for Adolescent Outreach Teams and \$1,600,000 per annum from the MHC for an for Acute Response Service.

A total of \$1.19 million has been allocated to the Children's component of the Mental Health Court Diversion and Support Program for 2014/15. This funds an interagency team providing assessments, referrals, reports and liaison within a clinical and community support context. The team comprises:

- Forensic Psychologist, Team Leader ( Department of Corrective Services)
- Nurses (Department of Health)
- Consultant Psychiatrist (Department of Health)
- Non Government Organisation staff providing community-based psychosocial support services (Outcare Incorporated).

*(b) What is the waiting list for children seeking mental health services?*

Answer: Waiting times are affected by a number of factors such as the age and need of the child and the particular professional discipline required, seasonal variations in referrals and fluctuations in staffing availability. Services are prioritised according to the child's age, severity, complexity and the need for timeliness in intervention.

*(c) The new Children's Mental Health Court will be identifying children with mental health problems, what follow up will then be provided to these kids?*

Answer: The intent of Links is to offer comprehensive community-based care for children with mental health illness and tailor support plans to the needs of the individual child. Links is flexible in what services are provided. It aims to improve family involvement in treatment programs and enhance collaboration between child welfare, child protection, education, juvenile justice and mental health and non government agencies in providing services.

Treatment and support is offered within a family team and case management concept. The specialist Links mental health team determines treatment necessity, and care provided is authorised by clinicians on the team: a psychologist, or if medication is required, by a consultant psychiatrist. All treatment packages, support plans and progress are subject to scrutiny by the Court and this can determine conditions of bail and ongoing participation.

The following services may be included:

- Support in accessing services which enable the participant to address identified mental health and psychosocial needs as soon as possible;
- Where specific psychosocial and mental health needs cannot be met by the Links Team, work collaboratively with individuals and other organisations to access relevant services, e.g. emergency/supported accommodation, housing, employment, education, physical health care, leisure and social activities;
- Support participants to attend appointments and psychosocial programs;
- Liaise with other diversion programs, including Drug Court, to develop agreed procedures for participants with multiple relevant circumstances;
- Assist participants in accessing relevant services supporting dual diagnoses such as drug and alcohol dependence, physical health issues and intellectual impairment;
- Ensure cultural appropriateness of services;
- Ensure that where necessary family members receive support and assistance;
- Work with Perth Children's Court stakeholders, including government departments and agencies, to develop collaborative models of working.



*(d) How much funding will be provided for these follow up services?*

Answer: The services provided by the Links Team are included within the \$1.19 million allocated to the program for 2014/15. Of this \$1.19 million, \$576,800 is provided to Outcare Incorporated by way of grant for the provision of community based psychosocial services. An additional \$15,000 per month is provided to Outcare Incorporated in brokerage fees to remove impediments to young people achieving their goals in their Links support plan, for example financial assistance to cover food, clothing, emergency housing or immediate medical or dental needs.

*(e) The physical health of children in the care of the CEO of Child Protection has been prioritised by agencies, but why has their mental health not been prioritised?*

Answer: Addressing the mental health needs of children in care is equally as important as meeting their physical and developmental needs.

The Department for Child Protection and Family Support (the Department) has internal processes to identify issues early and works closely with its psychologists and WA Health's Child and Adolescent Mental Health Services (CAMHS), which targets children and adolescents with more severe, complex and persistent mental disorders.

The following strategies are in place.

- Under the Cabinet endorsed *Rapid Response* framework, CAMHS accepts referrals for children in care and prioritises them according to clinical need.
- The Department and the CAMHS have developed bilateral schedules to strengthen information exchange and joint planning and service provision for children in care.
- As part of the care planning process, all children in care of the Department's Chief Executive Officer must have a health assessment and plan aimed at improving physical and developmental outcomes.
- When a child first comes into care, the child should receive a medical examination followed by a health and development assessment to determine the child's health status, any areas of concern, and recommendations for referral, as required. Children already in care should receive a health and development assessment before their care plan is due for review.
- Mental health screening must be completed for children aged four years and above. This occurs when a child has been in care for six months, and on an annual basis – either before the care plan review or at one of the quarterly care visits during the year.

- If a child requires ongoing treatment, clinical services can be provided by the Department's Psychology Services, other relevant government departments or private practitioners.