CORONAVIRUS — REGIONAL HEALTH AND MENTAL HEALTH SERVICES

Motion

MS M.J. DAVIES (Central Wheatbelt — Leader of the Nationals WA) [4.02 pm]: I move —

> That this house condemns the Labor McGowan government's failure to prioritise and address regional health and mental health services, including its response to the growing threat of COVID-19.

Apologies for the confusion; there are two very similar motions on the books, and this one in particular weaves in a more current issue in relation to COVID-19 and the government's response, but this is not an issue in terms of regional health and mental health that we have not canvassed in this place previously.

I understand that the Minister for Health is in a meeting. He has extended me the courtesy of advising me that he will be in the chamber shortly, so the first five minutes of my presentation will not go directly to the concerns that I would like to raise, because there are things I would like him to be able to respond to. I will spend a little time outlining why we have brought this motion to the house and why we think it is important to canvass more broadly, over the course of the next three hours, some of the issues that are concerning to our members in regional Western Australia.

We have a consistent and persistent team in this house and in the other place raising issues in relation to regional health. Unfortunately, we see this government failing on a number of fronts when it comes to mental health services and regional health services. One cannot help but think that the issues we raise fall on deaf ears. There are many platitudes provided in this place; the minister is always very understanding when it comes to responding in the house, but then, as time has gone on in this term of government, with Premier McGowan at the head of the Labor government, we have really started to see the wheels fall off in parts of regional Western Australia, and that is becoming very distressing.

It is inconvenient for many in this place to acknowledge that a system that is so fundamental to the state government's provision of services is failing those communities, because it really does not fit with the narrative that the government is trying to sell—that everything is going well; there are currently a few challenges, but, by and large, over the last three years, it has done a great job. That is what the Premier and the Minister for Health and others out there are peddling to the community.

I think this government has lost its way, particularly in regional health. I think it has forgotten that the government's most important job is the equitable provision of essential services to the people of Western Australia—not just regional Australia, but all the people of Western Australia. Arguably, the provision of health, education, power and water are the most important things that the government can provide, and we in regional WA know that these things determine whether a family or a business will stay and invest or pack up and leave. We consistently get feedback from community members that if the health system in their community is not up to scratch, the education system cannot provide for their children, they cannot access tertiary education or training, or they do not have a reliable power source—issues that the members for Geraldton and Moore have canvassed over the past couple of weeks—it puts a handbrake on businesses, in particular. Residents and households are saying, "How come we are second-rate citizens in this place? How come we are not getting reliable services?" The member for Roe has consistently raised issues around the provision of water, particularly in areas of his electorate, and there are people facing real and serious concerns about their access to a very fundamental and essential service.

I think the government has lost its way because it is so focused on the one big, shiny project that it committed to at the last election—Metronet. That is being done at the peril of being able to deliver these most important services, and there cannot be anything more important than health. When you have your health, everything seems to be going well. The moment you actually do not have it, and you cannot access a doctor or the system is letting you down because you do not have access to any primary healthcare or emergency facilities or services, things start to get very serious for you and your family. That has a flow-on economic impact.

The previous Liberal–National government never lost sight of that. We never lost sight of the fact that we needed to look after health, education, power and water. Our government, over eight years, made significant investments in those things. Members have heard me speak previously about the investment we made in health, in both metropolitan and regional areas. When people go to the openings of some of the health facilities we have now, or any public forum where they are talking about health investment as the tail end of the investment that we made as a government, WA Country Health Service will openly acknowledge that the investment that the previous government made was the biggest in the state's history. Staff from the country health service look a little harried and under pressure, because it has been a big program of works for them to deliver. I make absolutely no apology for that. We knew, when we embarked on the program of investment right across the state, from the Kimberley down to Albany, right through the goldfields and into the wheatbelt, that we were doing something unprecedented. We knew that it would at least lift those services to a base on which we could build to make sure that people felt valued in their communities, and understood that the government paid attention.

We invested significantly in health and education. We invested significantly in power infrastructure, poles and wires, right across the south west interconnected system. There was unprecedented investment in poles and wires because when we came to government, they had been left to rot—poles were literally hanging on the wires. That was an extraordinary investment on our behalf, but do not forget we also did it in the north west, where we invested in underground power in communities that are prone to cyclonic conditions, which meant that when we did have cyclones, as we recently have, those communities did not lose power and their businesses could ramp back up. Everything was back on track far faster than before, and that cost money, but it was a priority and an essential service that we invested in.

Dr D.J. Honey: Something we were consistently criticised for.

Ms M.J. DAVIES: Absolutely, consistently criticised for the investment that was made and the return on investment, but I can tell members that when they go up there now and talk to the communities, although there have been devastating results from those cyclones and there is lots of debris and rubbish, they can imagine what would have happened if they had still had power above ground, with all that flying around after the most recent cyclones. We never lost sight of that. I think this government has lost sight of doing that because it is bewitched by this Metronet project, which it needs to be able to show it has delivered before March 2021.

In education, I think the record of this government is well known and understood. It came to government and made a series of very cruel cuts, particularly in regional areas, not all of which have been rectified, but most of which were rectified by the federal government. We still see some issues with the provision of education right across regional WA. The government has been forced to back down, and, again, it has let people down on essential service provision.

In health, this government had such a good base to start from with investment right through the wheatbelt and in our hospitals in the north west, the goldfields and the great southern. We made a significant change to the way health services were delivered across the state. But as I said, after the last three years, we are now at a point at which numerous complaints and concerns are being raised by people that have not been put on the agenda or are being left out. They feel like they do not matter.

In contrast to the previous government's significant investment in regional health, we now have a government that is having to deal with a crisis—through no fault of its own. I am not pretending that anyone could have foreseen that we were going to be dealing with COVID-19. But that is going to add another layer of pressure, and, certainly, the complexities for delivering and managing that through the health system in regional Western Australia has started to be canvassed in this place. It is entirely appropriate for the opposition and the Nationals WA to raise concerns in this place. This is the place where we can ask questions, where ministers are on the record and where clarity can be sought about information that is being provided from multiple sources. I do not think that there is anything wrong with us asking questions and raising concerns about the way this government is dealing with coronavirus and how we respond to it.

We all acknowledge that we must be reasonable and measured in our response, and we all acknowledge that it will require resources, it will stretch staff and it will stretch our system. But I do not, for one minute, support the outrage about or the insinuation that has been part of question time and the debates that we have had already in the last day and a half that we are not permitted to ask those questions. Members opposite have very short memories and are quite hypocritical. We dealt with some very sensitive debates in the last term of government, and there was no hesitation from those on the benches on that side at that point to fully politicise and make the most of those opportunities when they had them. I do not think any of the questions we have asked have been unreasonable, and I think that we do need to have that clarity, and this is a good place to have that aired.

In terms of this debate, I do not want that emergency response to eclipse the health issues that we still have running in regional Western Australia. We do not want that to be left on the backburner or to become an excuse for not dealing with some of those concerns. We will not be brushing them under the carpet, because, although we are preparing to deal with the coronavirus, we are also dealing with some really serious issues in our communities that we have been raising for some time. Therefore, there will be no leave pass on that front. This government needs to get back to delivering those essential services. It needs to put aside some of its shiny election commitments to make sure that those essential services are delivered. That is what every good state government should be doing at this point—being in lock step with the federal government and making sure that it is delivering those essential services.

The Premier's commentary in this place has been around being confident and positive and inciting our Australian ability and resilience to respond to a crisis in times of war. Things like that are all very nice, but it is not a plan, and we should not be criticised for critically analysing some of the statements. Having looked at the "Western Australian Government Pandemic Plan", I am also none the wiser as to some of the questions we have raised about how things are actually going to roll out. From the public's perspective, I am not sure whether that answers the questions people raise with me as a member of Parliament.

The level of preparedness, particularly in regional Western Australia, concerns us. Having read over that plan, I am still not clear on how we are going to deal with this issue, particularly in regional Western Australia. I would like the minister to expand on his commentary from yesterday about the discussions he has been having with St John Ambulance WA. I am seriously concerned that we are reliant on volunteers, who, whilst they are under the umbrella of St John—I know that Michelle Fyfe has been in the media saying that they are standing ready and willing to step in—will also be impacted. At that level, when volunteers are interacting with people to provide emergency functions and non-urgent functions in our regions, what happens if those volunteers are stretched to the limit or they are not available because they have had to self-isolate? Evidently, we are going to see a ramp-up in numbers, which will spread right across our regions. I cannot imagine that our volunteer workforce is not going to be impacted by that. We would like to see that addressed more fully. I concede that we raised this issue in question time yesterday, and that perhaps that was not the forum for the minister to deliver a long-winded answer. We appreciate that, but today we have that opportunity for a response.

We have seen in the media the announcement that 29 regional collection centres will be available for COVID-19 testing. That is quite a comprehensive list from a regional perspective. The centres are already in existence and no new ones are included. But the kicker for me is that the statement reads —

> Patients in regional Western Australia with a GP referral can attend one of the 29 collection centres that are testing for COVID-19.
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> …
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> Attendees at the collection centres must have a GP referral.

I have some concerns, because that assumes that people have access to a GP. One of the things that we have been doing is assessing the lack of GPs in our communities. Over the course of the last couple of months of 2019, we surveyed all our local governments in regional Western Australia, and we had a very good response rate. There are communities that do not have medical centres or nursing posts. There is a lack of doctors. Some communities have had no doctor for a considerable amount of time. If people do not have access to a doctor, or they do have a doctor but they cannot get access to them because they are in a place like Exmouth or anywhere else in regional WA where the waitlist is two to three weeks sometimes, what will that mean in terms of being able to be dealt with in a timely fashion?

I will go through some of those findings. Statewide, seven out of the 75 respondents said that they had been without a GP for more than a year. I will not go into the costs; I have raised the costs of attracting and retaining doctors in people's communities in other debates. This is about where we see a real challenge region by region. Out of the 63 local governments in the Agricultural Region, six respondents did not have a GP when they completed the survey. Five of those respondents have been without a GP for more than a year. One respondent stated that they had been without a GP for less than six months. The south west region is a very attractive place to live and work, so we are doing pretty well down in the south west—there was no surprise there. In the mining and pastoral region, out of the 27 local governments contacted, there were 15 responses. Two respondents did not have a GP or had been without a GP for more than a year. One of the issues raised in correspondence prior to the survey was doctor availability, because most areas are covered by a local GP or fly in, fly out clinics, which makes it difficult for patients to see their GP in a timely manner. I presume that timeliness in relation to coronavirus testing is something that is critically important.

I welcome the fact that we have PathWest facilities and that the minister has identified places that are in existence already in regional areas, but we all know that there are many smaller communities where people are unable to access public transport or do not have transport of their own. How are they planning for that? How do we plan to transport them if they present with those symptoms? That is a concern, because we will come back to relying on St John Ambulance for non-urgent patient transfers, which I presume will be called into play if required. Those statistics alone really create some challenges. In going from there to not having a doctor at all, distance and access issues become the next problem. Out of 91 local governments, 21 respondents advised that they had no medical centre at all. Therefore, there is nowhere for those people to present in their local community. Out of those respondents, 16 had very limited hours, including the Shire of Cue, which had a doctor visiting only once a fortnight, and 42 shires said they had a nursing post and that those nurses worked part-time in their communities, with some areas having only one day of coverage a week. In the Shire of Coorow, a doctor visits for 0.5 days a week. In the Shire of Wandering, in my electorate, 120 kilometres south east of Perth, there is absolutely no health service at all. There are some challenges in how we can make these services more accessible. This is not a new argument. We talked about this when we talked about palliative care services and voluntary assisted dying. It is a perennial issue for regional health services. It becomes more and more difficult the further people get out from Perth, particularly into the north of our state and the goldfields, and in remote communities. I am not sure that we have had any great clarity about how that will work.

I would like to put on the record one of the things that the Nationals have talked about in advance of the next state election. That is the creation of a rural health commissioner. That would be modelled on the National Rural Health Commissioner. It would also be based on the process under which the Commissioner for Children and Young People operates. The commissioner would report directly to the Parliament; provide an independent analysis of the provision of services; work with all stakeholders across the state, and with federal jurisdictions, in which there are complex interactions; provide an independent examination of legislation and administration; and provide a place for people to talk about population and public health policy development outside of government. The Nationals believe that is critically important. It would add to the health portfolio, which is a complex and difficult area in which to work. From a federal perspective, from all accounts it has certainly been beneficial.

I remain concerned that we do not have infrastructural resilience in our regional health services. We are not keeping an eye on people who are already disadvantaged in the lack of medical services by distance and by limited transport options. If the minister were able to provide assurance and greater detail about these matters, that would assist the community to better understand and to heed the warnings that are coming from the government not to panic in this situation. The provision of clear information about how that will work in our communities will go a long way towards allaying some of their fears.

Before my colleagues speak about the issues in their own electorates, I want to briefly turn to an issue that is of concern to me in the Central Wheatbelt. That is mental health services and suicide pre and postvention services in the region. This issue is serious. I do not want to exaggerate the situation. However, over the last few months, people working in both the government and non-government sector have reached out to me. They are at breaking point. I do not want to reveal or break any confidences. The people who have contacted me, particularly from within government, have done that because they know me from their local community. They have done that only as a last resort, because they are feeling very exposed and very concerned about the welfare of their colleagues. In December 2019, we asked a question in the upper house of this Parliament to ascertain the staffing levels in and around leave, service levels, and some of the challenges that are facing the Wheatbelt Mental Health Service. I have to say that it is most telling that between 2017 and 2018, 1 548 patients accessed the Wheatbelt Mental Health Service. In 2018–19, that number increased to 1 952. That is an increase of 400 patients in one year. Sadly, since Christmas, six people in the region have completed suicide. The majority of those suicides have been in two very close locations. I recall a similar situation some years ago in Narrogin. It is devastating, no matter where it happens, for the families, the communities, the first responders and all those who are touched. Obviously the people involved in managing those situations are predominantly in the mental health services in the region and the non-government organisations that provide wraparound services for the families and the community.

Anecdotally, I am told that the Wheatbelt Mental Health Service is the most under-funded of the services provided by the Western Australian Country Health Service. I am told also that currently, almost half of the Aboriginal mental health team is on stress leave, and the other half is on leave. I am told more broadly that a number of staff have resigned due to stress, or are on stress leave. To quote one staff member, they are coping, but it is far from ideal. Minister, internally there is a belief that the Wheatbelt Mental Health Service team is considered to be a psychological risk and the workplace is not safe. That is not a good space for that service to be in when it is supposed to be providing critical support to some of the most vulnerable in our community.

I also point to the challenges and significant pressure being faced by the not-for-profit organisations in the sector, particularly in the provision of mental health support, respite, and suicide bereavement. The wheatbelt has a community organisation called Share and Care. People who have been in the wheatbelt over the last 20 years would know the CEO, Carol Jones. Carol is synonymous with the provision of community services delivery for people who are at their most vulnerable. Share and Care is the first port of call for many facing challenging circumstances in their lives, whether it is financial counselling; refuge from domestic violence; child support and refuge; emergency relief, either food or financial; home care and support for the aged; or mental health support. Share and Care is a mainstay in our community. Carol is a wonderful individual. She has a fantastic board and executive team, and a very dedicated workforce and volunteers. I have to say my office would be absolutely lost without Share and Care. Whenever people who fall into those categories come into my office, we have no hesitation in referring them to that service.

I want to give members some sobering statistics from Share and Care's 2018–19 annual report. It had 2 953 client contacts for its mental health support service, 4 842 client contacts for its mental health mobile respite service, and 226 client contacts for its suicide bereavement service. The suicide bereavement service, which is a postvention service to support families and communities to recover after a suicide, is wholly funded by Share and Care. It has been trying—without luck—to attract funding from the Mental Health Commission, the WA Country Health Service and the federal government. It has been unable to source what I think would be an insignificant amount of funding out of the total health budget. It provides an important service in our community. It was instrumental in assisting in the recovery after the cluster of suicides in Narrogin. It provides services to the families and others

who have been impacted, for as long as they are needed, and in some cases for years, because, as we know, completion of suicide is often repeated in families. The people impacted are often people with multi-generational disadvantage and other complex needs. This is an organisation that I trust and feel most confident is able to deliver those services.

Mr R.H. Cook: What is the name of the organisation?

Ms M.J. DAVIES: Share and Care. It has written to all and sundry to try to access funding. I urge the minister to consider that. I would love to see that in this year's budget. It would make an enormous difference for not only Share and Care, but also the Wheatbelt Mental Health Service if they were well resourced and could work together. It would certainly result in a much better outcome and help reduce some of the horrifying statistics that we have seen in both the government's numbers and through their own contacts. Those organisations are at crisis point. As I have said, I do not want to exaggerate it, but it takes a lot for people to raise these issues with their local member, especially when they are fearful that it will have ramifications for their jobs. They are passionate about making sure that they can provide support for vulnerable people when they most need it. On behalf of the staff and providers who make up this important service in the wheatbelt, and who are doing the very best that they can, I ask that the minister please intervene and provide some support and feedback from the minister's office and the department, and hopefully even some additional resources.

With that, I will leave it to the remainder of my team to talk through some of the other issues across regional Western Australia that we are dealing with. As I have said, although we acknowledge that the coronavirus is putting added pressure on our entire government, not just at the state level but also at the federal level, we do not want some of these significant issues swept aside or put on the backburner. It is the state government's responsibility to deliver essential services. Health is undoubtedly one of those. We do not want to drop the ball and let down people in regional Western Australia. One of the first things that people report back to us when they are making decisions about whether to leave their community is that they do not trust the health system and cannot get the access that they need and deserve. We want to make sure that cannot be used as an argument for people to leave regional Western Australia. Many things can be done to keep people in our regional communities. However, if we do not get the basics right and build on the wonderful investment that we made when we were in government throughout the state, we will let down the people of regional Western Australia.

MR P.J. RUNDLE (Roe) [4.30 pm]: I back up the Leader of the Nationals WA's motion that this house condemns the McGowan Labor government's failure to prioritise and address regional health and mental health services, including its response to the growing threat of COVID-19. I will speak about COVID-19 very shortly, but I want to say to the minister and those opposite that this government often says it is the regional party and that it has the most regional members. It is quite bizarre that we have to keep talking about the shortfalls in regional health, regional education and the like. I have been reminded very often about those regional members. I hope some of them survive the next election, but I fear that there will be a few casualties.

Regardless of that, I want to continue the point the member for Central Wheatbelt made about the fantastic investment of royalties for regions money in health projects. Over the last two or three years I have trailed along behind Hon Darren West as he has opened the Williams Health Centre, Narrogin Hospital, Katanning Hospital and many others. To his credit, he generally acknowledges me and sometimes gives me the opportunity to speak about the value of those infrastructure investments, which have been a great bonus to our communities. It is up to the minister to follow on from that infrastructure investment and put the right people in place to back it up. That is something I would like the minister to think about.

I will briefly speak about the coronavirus in our regional areas. I agree to some extent with what the minister and the Premier have been saying in the last couple of days—that we need to keep a level head about these things and progress in a methodical way without creating any sort of panic. However, I want to quote the head of the Australian Medical Association, Andrew Miller. Yesterday, about the specialist coronavirus testing clinics being set up in Perth but not in the regions, he said that the message is to not panic, but be prepared, and that he is sure that people in the regions are used to that because they are used to things that they have to plan for because no-one is going to come and bail them out. I think that pretty much sums up what we quite often face in the regions. We have to look after ourselves and do that little bit extra. I am looking forward to the minister clarifying a few things for me about testing in the regions, such as telehealth. I saw a mention of that in the pandemic plan today. I would like to hear how he visualises that working. Talking about the likes of Albany in the great southern, my parents live down there and I was talking to them this morning. They are around 83 years of age and I worry for them. They are probably going to have to be quarantined on their own for the next six months the way it is going. Part of the reason is the cruise ships that are coming in. I want to know what the minister's plan is for cruise ships. There are articles saying that it is fantastic that Esperance and Albany are getting more cruise ships. The reason for that is that Singapore and other Asian countries do not want to accept them. The worry for me is the minister's plan when 20 people walk off the ship at Albany. Will they be tested? If they are, where will they go? Will they go

to Albany Hospital or back onto the ship? What are the minister's plans? What are the minister's plans for my parents and the many others at St Ives Albany Retirement Village or many of the other aged-care villages in Albany?

Ms M.J. Davies: And Geraldton.

Mr P.J. RUNDLE: Yes. Geraldton as well. I think I saw something about that today. That will be interesting. Our smaller regional clinics are a real concern. What are the plans for telehealth and Skype? Some towns just have a small clinic with no hospital. What will the recommendations be there? Yesterday I heard from one of my constituents who lives in a small town. She is on welfare and is struggling for income. She can get into the larger regional town only once a fortnight and is struggling to get a lot of the supplies that we all know are running out. People like that are calling our electorate office and our electorate office has had to go above and beyond the call of normal duty and help her out with a few supplies. Those are examples of what is happening out there that really concern me.

Putting that aside, I would like to go on to the issue of mental health, which the member for Central Wheatbelt talked about. The statistics are really concerning. An extra 400 people in the wheatbelt region have registered as mental health patients, which is nearly a 20 per cent increase. That really worries me. Exactly the same thing is happening in my electorate of Roe. A lot of issues are coming from our doctors and our mental health practitioners—where we have them. That is something that I want to point out. Our mental health practitioners are available at irregular intervals and the staff turnover is very high. I would love to see the minister really focus on that. I have heard of the potential closure of the mental health unit at Narrogin Hospital, which I think is a massive backwards step in regional mental health treatment. Last Saturday at the Wagin Woolorama, one of my constituents spoke to me. She is a mother whose son has issues, and they are struggling to find anyone who he can see. They have gone to Albany, but they live 250-odd kilometres away from Albany, so that is pretty difficult. I think a psychologist is in Katanning about once a month. There is absolutely no continuity. The Anglicare counsellor has to cover an area from Narrogin through to Ravensthorpe, which is about 400 or 500 kilometres. As far as I am concerned, that is not acceptable. Another example is a friend who was committed to the Katanning Hospital emergency department because there was no mental health unit or support for her during a mental health breakdown. She was unable to care for herself or her children and ended up having to be admitted to hospital. The problem is that people cannot always go to Albany if they are 200 or 300 kilometres away. If they go there and see a person once, but cannot go back for another month, that is not acceptable. Another thing I would like to point out is, as the minister knows, a lot of mental health issues originate from meth usage and other drugs. I have been talking to my wife about this. It is quite interesting that if parents have a child who is a meth addict, they will want them to end up in prison, because they will have access to rehabilitation in prison and the corrective services. They get free rehabilitation; whereas if they are outside that system, it can cost up to $14 000 a fortnight or they have to be at least 18 years of age to be eligible for subsidised centres. I think it is a bit of a sad indictment on our society that parents want their children to go to prison to rectify the situation when a structure should be set up. That is certainly a real problem with our society and what is happening in the regions.

Another example is the number of times ambulances, which would normally attend Narrogin Hospital, are turned away because there is no emergency department mental health person on roster. My concern is with what will happen when the Northam Health Service shuts for renovations. I believe mental health patients were meant to go to Narrogin or Perth. It would be interesting if the minister could enlighten us on what will happen there.

Further to the mental health services, I would like to point out that the WA Country Health Service has a large part to play. In some examples I have seen, WACHS has said that both the difficulty of accessing the support needed for mental illnesses and the greater visibility and stigma of these issues in rural areas are challenges for our rural Australians. I certainly agree with that scenario and that is why WACHS needs to address the issues. The member for Central Wheatbelt pointed out that there are 400 extra mental health patients in the wheatbelt and an unfortunate number of suicides. The Mental Health Commission pointed out nine action areas in its document "Mental Health 2020: Making It Personal and Everybody's Business: Reforming Western Australia's Mental Health System", being good planning, services working together, a good home, getting help early, specific populations, justice, preventing suicide, maintaining a sustainable workforce and a high quality system. They are the areas the Mental Health Commission is focussing on. It also said that services will be increased in regional and remote areas and it is looking for specific improvements for people in remote and regional WA. I am looking forward to the minister telling us what are those service increases and what we have to look forward to in regional WA.

Finally, I would like to go back to *Hansard* of 7 August 2019, when I spoke about the infrastructure that the Liberal–National government put in place in conjunction with the WA Country Health Service and the Southern Inland Health Initiative, on which $565 million was spent. I quoted the minister from 2010 when he said, "Let's put the right people in the right places." The *Hansard* of 7 August 2019 states that the health minister said —

> The issues of depression, psychosis and anxiety are pretty critical in both the metropolitan area and in regional WA. It is an important issue. Although we have focused on physical diseases in the main in this debate so far, I do not think we should stray away from the fact that those conditions have a serious impact in both regional Western Australia and the metropolitan area.

I am very keen to know what the minister will do in that respect. As I said, mental health is a real issue in our regions, and we are certainly very concerned. The closure of these mental health units and obviously the Northam hospital renovations will create quite a difficulty throughout the central wheatbelt–Northam–great southern area. Let us hope some solutions will come forth from the minister.

I would like to now point out a few other things that have been happening in the electorate of Roe. I refer to the closure of the paediatric diabetes clinic in Esperance, which has been established for many years for children with diabetes. It was established following community fundraising and support from the then local GP. This service involves a specialist multidisciplinary team from Perth Children's Hospital flying to Esperance four times a year to review children with diabetes and their families. A visiting doctor also reviews children who require medical review for other endocrine issues. The clinics are held at the Esperance Hospital. Over 2019, the numbers reduced. Unfortunately, it was decided that this service should be discontinued, and the last clinic was held on 14 February. Now families are being offered appointments at Perth Children's Hospital, but that clinic was very important to the people of Esperance. I doubt those people will travel 700 kilometres from Esperance to Perth Children's Hospital. They are not the sort of families that have that mobility, and it is not that easy for them. I worry that now the health of their children will suffer because they do not have the transport mobility or the finances to get to Perth to access that service.

I would like to point out a couple of other things in the last few minutes I have, such as the oncology unit at Narrogin Hospital, which Hon Darren West opened on 19 October last year. It is certainly something that I am looking forward to. I have been kept informed about it by one of the minister's staff, who is very good at communicating about the oncology unit, but it has been closed for some time now and I am looking forward to hearing what is going on there. The dialysis service in Narrogin is another one and the Katanning maternity wing remains unopened. As we know, we cannot attract an obstetrician or an anaesthetist to Katanning. It would be a real feather in the minister's cap if he could somehow come forth with an obstetrician and anaesthetic help there. The community of Katanning is very much looking forward to the minister coming up with the commitment that he made in opposition.

Mr R.H. Cook: I'll channel Kim Hames!

Mr P.J. RUNDLE: That is it. The minister is certainly well aware of it. He knows we have a very multicultural community in Katanning, who are not always able to travel those distances. Upward of a dozen or so births occur in Katanning. That would be a fantastic result. I would be more than happy for the minister to take credit for it. That would not be a problem with me whatsoever. As the minister knows, we have often talked about Katanning Hospital. On a positive note, in the last few months I have noticed a decrease in the number of complaints by people on social media and the like. I want to give credit to the minister, the likes of Geraldine Ennis and the staff at the hospital. Provision of more doctors has helped out there. I spoke to a couple of doctors at the Woolorama on the weekend as they walked pass the Nationals' stand and they said things had really settled down due to having a couple of locals on the weekend emergency roster and others coming in from elsewhere.

That is probably a short summary of some of the issues in my electorate. I am certainly very worried about mental health and about the paediatric diabetes clinic closure in Esperance. However, I think the focus for me is that the previous Liberal–National government certainly put the infrastructure in place and now it is time for the minister to focus on getting the right people in place, especially for mental health.

MR D.T. REDMAN (Warren–Blackwood) [4.49 pm]: I will also make some comments on the motion moved by the Leader of the National Party —

> That this house condemns the Labor McGowan government's failure to prioritise and address regional health and mental health services, including its response to the growing threats of COVID-19.

Like a number of my colleagues, the issues that we raise do not change a lot because the same issues are out there. As the Leader of the Nationals WA mentioned, when we were in government significant investments were made in regional Western Australia as far as health goes. I always choke a little bit when the banter about Peel Health Campus goes on between the Minister for Health and the member for Dawesville. The minister talks about the lack of investment by the previous government and I then rattle off all the investments that we made on those hospitals that the minister is now opening. I find it a little hard to take some of those challenges when a significant amount of work was done on not only the bricks and mortar of those facilities, but also the services that are provided.

I have had some conversations with people from the Shire of Boyup Brook, which essentially spends a significant amount of funds on a doctor and their facilities. I make the point that during the Southern Inland Health Initiative,

significant investments were made to get those services into the regions. That subsidy has dropped away substantially and, with that, the doctors go back to where they came from. The fear is that as those resources roll back so too will the services that those communities greatly need. A big focus of what I want to talk about is the mental health space. I am getting increasing demands and commentary in this space. It is not an issue that I have been strong on historically, but I have made an effort to engage in it and appreciate that these things that exist, often unseen and behind the scenes, have a substantial impact, and I refer to a conversation that I had with the Minister for Child Protection last night. They are issues that go right to the heart and are very challenging. When we were in government these things were a challenge. Nevertheless, we have to do what we can to deliver the services to help people wherever they might be.

It is interesting to read about some of the high-level statistics in the mental health space. Across our nation, eight Australians a day take their life; that is one person every three hours. As I read it, males are three times more likely to take their life, particularly those from country towns. The regions are a hotspot. I understand that figure is higher than the national road toll—significant indeed. One in five Australians in the 16 to 85-year-old bracket experience some form of mental illness in any year; that is 3.2 million people—again, not insignificant. Tragically, one-third of all suicides are from the age bracket of 15 to 24 years. I touch on the point here that the hotspots are in the youth space, the male space and the regional space. That is the entry point into one of the issues I want to raise today in my contribution. The figures that I have just talked about do not include attempted suicides. Once we roll the number for attempted suicide into that space, the figures get significant and scary indeed.

Before I get on to my agenda, I recently heard of a statistic. On the long weekend, we had some friends down in Denmark. A couple from Denmark, John and Katherine Shapland, have what is essentially a memorabilia museum from the various wars. I would encourage the Minister for Defence Issues to have a look at it one day. Although it took a while to get me there because I wondered what I was going to see, I thought it was absolutely outstanding. I was blown away.

Mr R.H. Cook: You wanted to be convinced.

Mr D.T. REDMAN: I did, and like many others I took some friends there. They had to be convinced as well but when they left they said it had blown them away. It is a little private collection in Denmark that can be visited by ringing up the owners; they do not take busloads of visitors. It is very impressive. Katherine told me of one statistic. During the Afghanistan war, 42 or 43 soldiers from the Australian contingent were killed. Since the soldiers have returned home, 500 have committed suicide. That statistic blew me away. That involved a special set of circumstances that we will probably never quite understand, but it highlights the level of depression, anxiety and mental illness that sits in our community and plays out very hard.

This Sunday, I have the chance to launch and open the Black Dog Ride. A mob from Denmark do it every year. All the bikes come out in their colours and they have a fantastic time riding around parts of the south coast. It is a very small but important local effort to raise funds, much of which goes into training others in the community on the early identification of mental health issues and how to pass on those skills to make sure that we have some level of cover for those who might be doing it a little tough.

Education and early intervention is really important in the mental health space. I want touch on something that the minister knows about: the 3 Tier Youth Mental Health Program. It addresses those aspects of mental illness in terms of youth, regions and males. It is a program that the previous government funded and supported into the last election campaign for the Peel region. As I understand it, the Peel region is funded from 2018 to 2020 by the Mental Health Commission. It was a commitment going into the 2017 election and one that has been shown to have good effect and will probably go on to be supported by certainly the local members down there. On the back of that, a general practitioner down south has also piloted a 3 Tier Youth Mental Health Program in the Warren-Blackwood region. It has been massively supported by schools, local governments, community members and doctors, to the point that the Shire of Manjimup has put in, I think, $20 000 towards the program. It has seen the importance of the program. The Shire of Nannup is putting in $5 000. I have received second-hand information that a couple of schools are putting in resources. They are all putting in resources because the program effectively would have finished at the end of the last calendar year.

I had hoped that the minister, on the back of a grievance and my engagement with him, might have considered some sort of bridging funding for a period to maintain capacity, particularly in that period until the necessary reviews are undertaken to inform the resourcing decision. That would have been a good thing to do but unfortunately it was not to be. I make the point that on the back of those services being retracted, significant investments have been made by the people who should not be making investments in that space. We should not expect our shires to be kicking into a youth mental health support program. We should not expect our schools to be kicking into a 3 Tier Youth Mental Health Program. That is the challenge. The service is still happening, albeit not to the levels it once was. I still have a lot of commentary coming from doctors in the region and letters of support from doctors and

schools in the area. I have letters of support from practitioners who are working in that space. They see the value of what was in place down there because it effectively covered a gap in the market. This service fills a gap in the market, it is targeted and it covers and supports a whole range of groups for a relatively modest amount.

The proposed budget for the 3 Tier Youth Mental Health Program in the Warren–Blackwood region, which was put to government, is about $137 000 to $141 000 a year. It is not a significant amount of resource, yet the touchpoints for 2017 were substantial. The pilot project conducted in 2017 involved 127 year 10 students who attended tier 1 of the program. Of those students, 17 per cent were concerned about their mental health, 89 per cent felt they had a better understanding of mental health issues after the presentation and seven per cent reached out for help on the day. Tier 1 is wellbeing and awareness in the schools, with a local ambassador taking up an awareness-type approach. Tier 2 stepped that up. In the 2017 trial, 77 students participated in the tier 2 workshops, of which 69 per cent learnt new information about mental illness from the workshops, 88 per cent reported gaining knowledge of the tools to help with emotional distress, and 71 per cent reported feeling better able to cope with stress and anxiety after the workshops. Tier 3 is about moving to intervention and direct support services and involved 67 young people being referred to their GP for individual services. Of those, 287 face-to-face appointments were booked with a psychologist and 100 per cent of participants had goal-based mental health treatment plans. For a relatively modest investment of $137 000, its touchpoints go substantially into the community, but particularly into the community where it is needed.

Early intervention gives people an understanding of the challenges of mental health and gives them choices so that when they move into later stages of their lives, particularly in the workplace, they will be armed with the tools that they need to deal with the risks they face. Isolation is a big thing in regional areas, and youth isolation is dialled up in that space. I cannot advocate enough for this program. Often people come to us from a particular group or they have a particular interest, but this information is coming from a wide variety of sources, including from schools, shires, practitioners and people who are impacted by mental illness right across the board in the Warren–Blackwood region in my electorate, particularly the west part. I strongly encourage the government to support that program. The government knows all too well what is happening in the Peel region. The Peel region is a hot spot. When I was a minister, it had a high level of unemployment and there were ensuing risks from that.

I mentioned at the beginning that a lot of schools and private citizens have come to me with very tragic situations that we try to lend support to as local members. The Margaret River tragedy of not long ago is still playing out with people impacted by that trauma. Again, although it is hard to measure and see, it is there nevertheless. Having appropriate responses, go-to points and a level of awareness among the community helps communities through those challenging times. The member for Roe—it might have been the Leader of the Nationals WA—mentioned that all these things are happening and that it seems to be elevated now. Schools are talking about people pulling knives on people, meth issues are playing out and, as the member for Roe said, people prefer their kids to be in jail because that is the safest place for them. It seems to be dialling up. I think that is generally reflecting the economy, or where the economy has been. When the economy is better, everyone is working and engaged and we do not seem to have those sorts of issues. However, as the economy comes off the boil, a lot of those social issues and the problems that come with it surface and therefore pressure is brought to bear on the services required to manage it. The regional areas are the areas that we in the Nationals are passionate about. We want to see, if not direct services, some innovative ideas brought to the table about how we might meet those challenges. Telehealth services was one of the strategies we introduced in our term and that has been supported by this government.

Another issue I will talk about is the Mt Barker hospital. Pleasingly, the minister looked at Plantagenet Hospital and in his commentary to the people when he was there, recognised that it was in significant need of an upgrade.

Mr R.H. Cook: It's a nice little fixer-upper.

Mr D.T. REDMAN: a nice number coming through the budget would be really good, minister.

Dr D.J. Honey: It hasn't been upgraded since I was born there!

Mr R.H. Cook: It's not that old!

Mr D.T. REDMAN: So it has not been upgraded for a long time, minister!

It is not very far from Albany—just half an hour—but it services Frankland River, Cranbrook and other communities to the north. It deals with road trauma and its operating footprint makes a play in a number of areas.

On the day the minister visited, I did not get a chance to express well enough the history of Mt Barker hospital and where the funding for its facilities has come from. It has had a massive injection of support from the local community. I will just go through a few of these. The hospital's west wing comprises Banksia Lodge for permanent-care residents; Langton, which is specifically for dementia residents; and the hospice. Alongside the west wing is Overton for permanent residents not requiring high care. Overton was opened in 1996 as a residential

aged-care facility, replacing Redman House—that was a great-uncle of mine on my father's side who left a significant amount of money to the community—and accommodates 15 frail-aged residents at a cost of $1.65 million. Langton opened in 2005 as an eight-bed dementia-specific unit at a cost of $1.4 million. Langton and Overton were driven and funded by Plantagenet Village Homes utilising its own funds and grants and was handed over to WA Country Health Service only after the implementation of the multipurpose service model. It is a significant investment from the local community to get the facilities they want in the community. On the back of that, it deserves attention now when some upgrades are needed. The original hospice housed in the existing building was driven and part-funded by the community hospice committee. The building was demolished to make way for Langton and a new hospice was incorporated into the building works. The sunlounge attached to Banksia and Langton was driven and funded by Mount Barker Lions Club. Again, the key point is that Mt Barker's hospital has benefited greatly from community input and funding and has a lot of support from the community. Given its local backing, I therefore argue that it should be supported in the coming state budget. Although a lot of health and mental health issues come across my electorate, the key issues are the mental health issue in the Warren–Blackwood region, targeting youth and schools, and providing early intervention, which is often a difficult investment to make but is critical to those long-term issues. The Productivity Commission report talks about mental health costing the community $500 million a day across our nation. I hope that the Mt Barker hospital fits into the state budget and funding is provided in addition to the significant investments that we made. Investment into that sector makes a big difference to people who live in regional Western Australia. It is something that they deserve and that is their right.

MR Z.R.F. KIRKUP (Dawesville) [5.07 pm]: It gives me great pleasure to join my friends in the Nationals WA, on behalf of the Liberal Party, to condemn the McGowan government's failure to prioritise and address regional health and mental health services. Important contributions have been made thus far by the Leader of the National Party and the members for Roe and Warren–Blackwood. I recently realised that the member for Warren–Blackwood and I share a number of community services that service the Peel region that touch, I suspect, the northern part of the member's district. The member has spoken at length in this place, and raised with the Minister for Health the issue of GP Down South. That organisation services not only the member's district, but also my district of Mandurah and Murray–Wellington, all the way down. Recently I had the opportunity when the Parliamentary Liberal Party was enjoying the sights and sounds of Bunbury during our parliamentary summer conference, to meet with GP Down South, which raised some very important issues with us. At the moment, GP Down South has heard nothing from the member for Bunbury. As is his wont in this place, he continues to be mute on regional health investment by this government, or the lack thereof. I find that fascinating because Bunbury hospital needs an advocate who can stand up in this chamber and fight for that community. Unfortunately, that is not happening.

Mr D.T. Punch interjected.

Mr Z.R.F. KIRKUP: I look forward to it. The member talks a lot but he does not do much else. I look forward to seeing some action from him at some point in time but the reality is that the real investment in Bunbury comes from the Liberal–National government. That is the only way anyone will see any investment in Bunbury. It is one of those hospitals that is in desperate need. The member for Bunbury probably will not realise this because he has disengaged from his community, but, unfortunately, emergency access targets at Bunbury hospital have continued to deteriorate while he has been in office. I find that very, very disappointing. According to the most recently published Department of Health statistics, the "Western Australia Emergency Access Target Performance Monthly Report", the Bunbury hospital continues, unfortunately, to deteriorate and there is a blowout of cases in the four-hour rule. Of course, that is a concern. I imagine the good people of Bunbury, who continue to see large numbers of people attending the emergency department, would hope to have a hospital that is well-resourced to respond accordingly to the needs of that community. But, of course, what we have seen from this government is that it has continued to gut health investment in Western Australia, and, unfortunately, that is acute in regional Western Australia.

I had the good fortune while serving as the Parliamentary Liberal Party's spokesperson for health to visit a number of regional sites in 2019: Kalgoorlie, Geraldton and Albany, in particular. I have to say that the theme running through that more recently is that the government has failed to invest in regional communities, especially in health and mental health. The contributions by our friends in the National Party have reflected the concerns across the community; that is, they know that there simply has not been enough investment by this government. That stands in stark contrast to what occurred under the previous Liberal–National government. There was not a hospital or health clinic that did not have some sense of investment at the very least, the vast majority by far. We have had significant investments in the regions in the Albany Health Campus, Busselton Health Campus, Kalgoorlie Health Campus, Esperance Hospital, Laverton Hospital, Exmouth Multipurpose Service, a number of Aboriginal health clinics, the North West Health Initiative, a $41 million investment in the Onslow Hospital, the Southern Inland Health Initiative and a significant amount of money invested in the eastern goldfields for dialysis services and in the wheatbelt. There was a real sense that the Liberal–National government actually cared about the regions. It was not just all talk and hot air, which is what we are going to hear from the member for Bunbury whenever it is that

his party lets him speak. We, in fact, put dollars in where it mattered most. It was an investment in our communities who deserved it.

When I had the good fortune recently to visit Derby and Kununurra I found that there was an appreciation among public servants and health services in particular that their services are really first class and at a world leading standard in areas that would otherwise be considered too far away from the capital. But those investments were made only because the Liberal–National government realised that it was important to invest in those communities, because when we have a strong regional Western Australia, we have a strong Western Australia and that when our regions thrive, all of the state thrives.

The motion that has been moved today is absolutely accurate in condemning the lack of investment by the current Labor government, which I suspect is on borrowed time with 367 days left until the next election. I suspect that is particularly concerning for the member for Bunbury as he counts down and polishes off his CV because he knows his seat is under threat, especially when health issues in his community are so acute and we have heard so little from him. I do not understand how he can suggest that. I do not understand how he can sit here in silence. I would argue that complicit in the member for Bunbury's silence is an endorsement of his failure to stand up and represent his community. I find that disappointing. But I am sure the good people of Bunbury will remember that and make sure their voices are heard at the next election.

Mr A. Krsticevic: He wants to be a minister.

Mr Z.R.F. KIRKUP: That is right, member for Carine. It is interesting to see in all the commentary that the member for Bunbury wants to be the next minister. I am sure the member for Bunbury is a very capable individual given he has been fed and watered by the Liberal and National Parties in a regional development commission for so long. I would be interested to see what his contribution would be like as a minister. I hope that he would speak loudly around the cabinet table, because at the moment we hear little from him in this chamber.

Point of Order

Mr D.T. PUNCH: I thought this motion was about health and mental health and not the merits of the member for Bunbury.

The DEPUTY SPEAKER: Thank you, member for Bunbury. Point taken, but it is not actually a point of order. Member for Dawesville, I encourage you not to keep asking the member for Bunbury to speak while you are on your feet.

Debate Resumed

Mr Z.R.F. KIRKUP: Thank you, Madam Deputy Speaker, the problem is that we have to ask the member for Bunbury questions because otherwise he will not talk; we do not hear from him.

Mr W.J. Johnston: At least when he speaks he makes sense, unlike you.

Mr Z.R.F. KIRKUP: I appreciate the contribution of the member for Cannington; I always do. I have to say, Madam Deputy Speaker, that this is an important motion moved by the National Party. Of course what is confronting us at the moment in Western Australia and globally is an impending threat from coronavirus.

Mr W.J. Johnston interjected.

Mr Z.R.F. KIRKUP: I realise a minister of the cabinet wants to howl down the opposition while we talk about a globally significant threat —

Point of Order

Mr R.S. LOVE: I cannot hear what the member for Dawesville is saying.

The DEPUTY SPEAKER: Quite right, member for Moore. That is a point of order. Minister, please do not yell across the chamber.

Debate Resumed

Mr Z.R.F. KIRKUP: They do protest too much I suspect.

Mr W.J. Johnston interjected.

The DEPUTY SPEAKER: Minister!

Mr W.J. Johnston: He asked me a question.

The DEPUTY SPEAKER: Minister, he did not. He is just making a speech and you should not be calling back my request for you to be quiet, should you? Go ahead, member for Dawesville.

Mr Z.R.F. KIRKUP: Thank you very much, Madam Deputy Speaker.

Mr D.T. Punch interjected.

The DEPUTY SPEAKER: Member for Bunbury, that is not helpful.

Mr Z.R.F. KIRKUP: I appreciate that. The Leader of the National Party, the member for Central Wheatbelt, raised concerns about coronavirus and what impact that might have across Western Australia. Of course, we had the media release from the Minister for Health and the Premier today, which noted that as part of the "Western Australian Government Pandemic Plan", which has been updated, at page 15, states —

> People living in close communities, such as prisons, nursing homes and boarding homes may also be more vulnerable, as may people living in remote communities, and people from culturally and linguistically diverse backgrounds.

I suspect that "remote and regional" comes into that, of course. We know that it is going to be very difficult to provide a response to coronavirus in regional Western Australia. That is a fact, I suppose, and the nature of what the government is dealing with and facing now. All of us in this place would be concerned that a number of regional communities across Western Australia are internationally exposed through airports and ports. I think the member for Roe raised the issue that cruise ships visit ports in certain regional centres. Internationally, exposed cities are going to be facing their own unique challenge. To the best of my recollection, there is an intensive care unit in Albany and two high dependency units in regional Western Australia, including one that the government recently invested in. What is concerning is that if a patient in the regions needs to go into an ICU, they will probably have to be transferred to Perth to be dealt with. The Liberal and National Parties have asked questions about dedicated COVID-19 clinics in the regions and would like to understand what that will look like. I appreciate that the Premier said on Gareth Parker's radio program today that they will be rolled out in time. The Premier said the same thing today—in time. The problem with those sorts of comments is that people want to have more certainty about to what "in time" looks like. I, of course, realise that this is an evolving situation. The minister said yesterday that there are a lot of unknowns, but the problem is we want a very well-resourced health system to deal with this. No-one could have anticipated at the end of 2019 that this would occur, but we want to make sure that the health system is in good shape.

The nature of the issue and the core of the motion moved by the National Party today is that we have significant concerns, shared by both the Liberal and National Parties, about the lack of investment in our state's health and mental health services. I look forward to understanding a bit more about specific parts of the WA government's pandemic plan and what that might mean for regional Western Australia. At the moment, I note there are some challenges here for local governments, which are responsible for emergency management arrangements, particularly in remote Aboriginal communities. That is an obvious concern for us and is an obvious concern raised by the Prime Minister as well. We know that in Aboriginal communities there are high levels of cardiovascular and respiratory diseases, and that is a concern were a remote community to become infected. Someone suggested that entire communities might have to move at some point if there is an outbreak. These are logistical matters and I am interested to know what they will look like once plans are put together. That comes back to the central theme of the motion: we want to make sure that our state's health system is properly resourced. But that simply is not the case. We have seen a reduction in funding for our state's health system from this government, and it has had a very real impact on regional Western Australia in particular. When the Liberal Party had a winter parliamentary conference in Kalgoorlie, it became very obvious that GP shortages are an issue there. It is an issue when people are waiting weeks to get a GP referral. I do not know what that would look like in a city like Kalgoorlie with an issue like coronavirus. I hope that we start to see more of the federal government-funded COVID-19 clinics being rolled out in regional Western Australia.

Mental health concerns have been raised as part of this motion, and I would like to very quickly touch on an article by Hannah Cross that appeared in the *National Indigenous Times*, headed "EXCLUSIVE: Yamatji people taking lives at seven times national rate, new statistics show", dated 6 March 2020. I refer to a couple of aspects of this article, because it goes to the concern I have about regional mental health and what that means for Aboriginal communities in the regions. That is something that we have spoken about at length in this place. We already know that the suicide rate per 100 000 for First Nations people in this country is almost twice that of non-Aboriginal Australians. The article reports that recent data has shown that the Yamatji people of Western Australia are amongst the most vulnerable and at-risk communities when it comes to suicide, and now have one of the highest rates of suicide per 100 000 people. According to the article, Yamatji people now have a suicide rate almost double that of the Kimberley, and the Kimberley suicide rate is already significantly higher than the Western Australian and Australian averages. The article goes on to suggest that, unfortunately, although the minister has made multiple announcements in relation to health services at Geraldton, for example, the Aboriginal medical services that service those areas have sought more funding to ensure that they can provide outreach to vulnerable families, but they have not seen any money flow through from the Labor government.

My concern is that there is not really a proportional funding level for what is occurring at the moment in our regions. There is not, member for Bunbury. When you have —

Mr D.T. Punch: I just coughed!

Mr Z.R.F. KIRKUP: Okay, I appreciate that, although I am not sure if I should be worried that the member for Bunbury coughed! Thankfully he is not on the front bench, where it could be more impactful! I apologise that I interpreted the member for Bunbury's cough otherwise!

The concern I have is that there is not a proportional amount of funding. If people have acute mental health issues in our regions, I would hope that the government would fund it accordingly, but according to this article and to the people I have spoken to in regional Western Australia, particularly in the midwest and the Kimberley, there simply is not enough funding. At the moment, there is one part-time psychologist for the entire Murchison–Gascoyne region. When I was up in Derby and Kununurra in early February, it became obvious that there is also only one psychologist there providing culturally appropriate services for those communities. We would want to see more prioritisation for those areas and those mental health concerns in regional Western Australia, if there is such an acute issue. I find that a bit disappointing, and that is absolutely why I stand in support of this motion, because I would expect any government to put more money into responding to those issues.

Of course, there were recommendations set down by the coroner as part of the coroner's inquest, and that has now gone nearly 57 weeks without a response from the government. There were 42 recommendations set out by Coroner Fogliani, who suggested a range of measures in Western Australia to help respond to 12 suicides and one suicide or misadventure in the Kimberley region by children or young people. There were a range of recommendations there. The government told Aboriginal communities that it would have a response by September or October last year; then it said it would have a response by the end of 2019. We are now in March 2020 and we still do not have a response. I find that fundamentally unacceptable. From the reports I hear and the people I speak to, the issue certainly has not gone away in the Kimberley region and, if anything, concerns about mental health and suicide-related matters in the Kimberley are as acute as ever, if not getting worse. That is a real concern of mine. In Kununurra I spoke to someone who had lost 12 nieces and nephews to suicide. We need a real focus from the government into regional mental health services, particularly culturally appropriate mental health services, but unfortunately that has not been forthcoming. I appreciate that at times the government's only defence is that the opposition is trying to politicise an issue. This is not the opposition politicising the issue; this is many communities and service groups saying this. There are issues in the midwest and north west, all the way through to our most remote communities. They deserve a proper response to their mental health concerns.

The member for Central Wheatbelt pointed out the potential impact that coronavirus could have there. When we add that, it is another layer of concern. These are already pre-existing issues. Nationals WA members have articulated very well in local articles, in their communities and in this place, the shortages of GPs and other issues. If we add to that the complexities of coronavirus and the complexities of deteriorating mental health concerns, we have very, very difficult circumstances in those communities. We are lucky that there are Liberal and National members in this place to stand up and fight for them. I fear what would happen if regional Western Australia did not have a voice in this Parliament, because at the moment, regional Labor Party members say nothing. I look forward to hopefully hearing from some of them soon, because they too often remind us that Labor is the largest rural representative in this place.

I made a commitment to keep my contribution as tight as possible for my colleagues, but I would just like to point out one region in particular, the Peel region, which I have the privilege of representing. The government has recently announced that there would be delays in relation to Peel hospital. I appreciate that COVID-19 is an added complexity. My concern is that if only the government had got on with the job and invested in the hospital years ago, when it should have, we would not be stuck with this problem now. With that, I endorse the motion.

MR R.S. LOVE (Moore — Deputy Leader of the Nationals WA) [5.26 pm]: I would like to make a contribution to this motion, and join in with the member for Roe, the member for Central Wheatbelt and the member for Dawesville in condemning the McGowan government's failure to prioritise and address regional health and mental health services, including its response to the growing threat of COVID-19.

I will start off by talking a bit about an area that has been touched on very briefly. I will talk a bit more about emergency medical services, such as St John Ambulance. The COVID-19 virus will put an extreme amount of pressure on this locally staffed volunteer ambulance system that operates throughout the state. I ask the minister what planning is taking place to ensure that the volunteers at St John are equipped to deal with the spread of COVID-19, and what talks are taking place between St John and the government to that effect. I also ask what investments the minister would be making to safeguard our scarce volunteer numbers, which we in the country desperately rely upon. This is very, very important in country areas, because the first response we hear is that you

go to either a fever clinic, a major hospital or the GP. Many people in my electorate do not have an emergency centre they can go to and oftentimes they do not have GPs.

I have highlighted before the extremely difficult situation in the electorate of Moore with regard to sourcing GPs. There are currently vacancies for full-time GPs advertised in Dongara, Northampton, Three Springs, Dalwallinu, Gingin, Jurien Bay and Toodyay. In Geraldton, which services many of those people if there is no local doctor, there is a shortage of nine doctors at the moment—nine full-time jobs advertised on the Rural Health West website. I lost count; I started to make a little tally of all the locum positions available as well, but suffice it to say, if you added them all up, there would probably be a couple of full-time jobs as well. In an area where it is unlikely that people are going to be able to go to an emergency centre or present to a GP, their most likely course of action, if they get quite sick, is to call an ambulance. I have great concern about what that will mean for St John Ambulance. I do not think there has been any planning for that. I do not think there is an understanding of how this will stress the system should COVID–19 take hold in electorates like mine.

I have talked about emergency patient transport. I would also like to talk about a glaring omission in Moore and the electorates of Geraldton and North West Central—that is, the people in the north of my electorate do not have access to a helicopter. No helicopter is based in Geraldton. A person in the Abrolhos Islands, 80 or 90 kilometres away from Geraldton, might be in trouble. It is pretty difficult to get a boat over there in rough weather. How can we take care of a person who needs that care? Similarly, inland in Kalbarri National Park, about 150 kilometres north of Geraldton, many rescues take place because of the cliffs and difficult terrain. The good folk at Kalbarri State Emergency Service spend a lot of time learning how to abseil and lift people out of the gorges on ropes. That is a very labour-intensive method of retrieving people from the Kalbarri gorges. That happens very frequently. I know the people at Kalbarri SES quite well. They are very dedicated to their task. They train very well. They put up a big scaffold on which they train how to lift people out of the gorges. They invited me to open it. When I arrived, they invited me to go down the rope from the top.

Ms M.J. Davies: I've done that. They made me do that.

Mr R.S. LOVE: I did not. I compromised. I went up as far as I could with a ladder and pulled the rope. There was no way I was going to go down the rope. It is a source of undying shame. Whenever I see Steve Cable in Kalbarri, he reminds me of my timidity in not being willing to go down the tower. It does not look very high from the ground up, but when they asked me to get up and just step off the edge, I thought: a rope about this thick, and I weigh how much?

Several members interjected.

Mr R.S. LOVE: There would be very little left of the member for Moore if he trusted that rope! Suffice to say, I am not as brave as the good folk at Kalbarri SES. They do this all the time, in very difficult terrain, to try to get people out of the gorges. It might appear to be a pleasant day in Kalbarri and people go out without sufficient water, but it might be 47 degrees at the bottom of the gorges, even on a fairly mild day, and people are not prepared for that.

The Nationals have pledged to have a rescue helicopter based in Geraldton. We would urge the government to take notice, because this is something that it could do and beat us to it. I have here a picture of the Leader of the Nationals when she recently announced the Nationals' policy on this issue. Yes, it is a bit grainy—I do not have access to a colour printer in the chamber. However, it is a very good photo of the member for Geraldton, who is a strong advocate for better health services in the midwest. I have heard him talk about many different aspects of health, from the hospital through to Aboriginal health, and also the rescue chopper. He is in this photo with the Leader of the Nationals, announcing our commitment to fund a rescue helicopter in the midwest at an expected cost of about $30 million. We recognise that the need does not end there. We are also pledging to look at extending the rescue helicopter service to areas such as Carnarvon and Meekatharra in the member for North West Central's electorate, although this helicopter would touch on the outside edges of his electorate as well. We think that $30 million investment committed from royalties for regions is an example of what royalties for regions is expected to do—make a difference to the lives of people in regional Western Australia, and make a difference to the communities in regional Western Australia, rather than the shameless use of royalties for regions that we see by this government, which tends to want to use it to prop up its Metronet venture.

Just to follow up on why a midwest rescue chopper is important, I refer to an article in the *Geraldton Guardian* of 3 March this year. The article is quite extensive, and I will not read it all. The article is headed "MW rescue chopper campaign", and it states, in part —

> It was a winter's night four years ago, and Geraldton Port had closed because of bad weather, just after a Chinese ship had left fully laden.

I add that Geraldton port is also a very busy port. It continues —

> Marine Rescue volunteer Ian Dempsey's phone rang two hours later. He needed to arrange a medical evacuation, but this could only be done by helicopter. He contacted the Australian Maritime Safety Authority Joint Rescue Coordination Centre in Canberra.
>
> Mr Dempsey said the Bunbury chopper was already deployed, and after pilot fatigue management it could not be in Geraldton before 8am. The ship's cook was dead by 3pm.

I put it to members that if a rescue helicopter had been available in the midwest, a situation such as that might not have developed.

There was a report on 5 March about an airlift in the south of the state from the summit of the Stirling Ranges. There are many such reports of rescues from Kalbarri National Park. The incidence of road trauma, road injuries and death, and traffic accidents in our area is quite severe. Highways like North West Coastal Highway, Brand Highway and Indian Ocean Drive would all be within reach of the rescue helicopter. It would do a fantastic job for the area if it were available.

Members do not have to take our word for this. Edith Cowan University has released a report on the value of a rescue helicopter in the midwest. I want to quote a few points from ECU's response to the National Party midwest rescue helicopter paper. The response refers to the value of a rescue helicopter in country WA compared with indirect retrieval to a country hospital, and supports the rationale contained in the Nationals' discussion paper. The response goes on to state, under the heading "Comments for consideration" —

- Trauma is the leading cause of death under the age of 44 years in developed countries and in country Australia the mortality rate from major trauma is double the mortality rate in the capital cities. In parts of country WA, the mortality rate from major trauma is more than four times higher than mortality rates in Perth.

 …

- The research, published today in *Air Medical Journal*, showed West Australians are up to 50 per cent more likely to survive a major accident if they're taken directly to a Perth hospital by rescue helicopter compared to patients transported by road to a country hospital first.
- The research compared the survival rates of 1374 major trauma victims injured within the Perth Based RAC Rescue helicopters' range of 250km from Perth over a 10-year period.
- The benefits of direct helicopter retrieval were dramatic when focussing on the most common cause of major trauma, driving a motor vehicle. The mortality rate was 8.8 per cent for major trauma patients retrieved directly by helicopter and taken to a trauma centre in Perth compared to a mortality rate of 16.3 per cent for the patients taken by road to a country hospital and later transported to Perth.
- The mortality rate was almost double for those patients NOT retrieved by the helicopter. For every 100 patients retrieved by the RAC Rescue helicopter an additional 8 major trauma patients will survive.
- Despite having more severe injuries, the survivability was significantly greater for those patients retrieved by rescue helicopter.
- The study's results pointed to the importance of getting life-saving specialist medical care, such as blood replacement, to the road-side to critically injured patients as quickly as possible and expediently transporting patients to definitive care at a trauma centre.
- It is reported that 95% of WA's population is covered by the two RAC Rescue Helicopters. This requires perspective regarding major trauma in WA. There are approximately 700 major traumas in WA each year, one third of these … are in country WA. Only a small percentage … of these patients are retrieved directly by a RAC Rescue Helicopter.
- If rescue helicopter services were expanded into country areas in WA such as the Midwest, Wheatbelt, South West, Great Southern and parts of the Goldfields then approximately 150 major trauma patients in country WA would have access to direct rescue helicopter retrieval from the incident scene.

It is not just the Nationals who are talking about this. The local people in Geraldton are rallying behind it. They went to the member for Geraldton, who has worked with them to put together some petitions that will come to Parliament. I understand that thousands of names are on those petitions. The member for Geraldton has been involved in distributing all those petitions and making sure that everybody in the midwest is aware that this is an opportunity that they should not miss—that they should get behind the Nationals to ensure that a rescue helicopter comes to the midwest. It marries very well with the development of the Abrolhos Islands as a more highly visited tourist development and reflects the increasing and ever-growing numbers of people who go up to the national parks in the area. It also reflects that country people in the midwest should be entitled to a level of service that is as good as other people receive. Why should country people in the midwest not have access to a rescue helicopter if it is

a simple matter of $30 million of funding that would otherwise disappear into the coffers of the Metronet program? It is not as though that money is not available. I think the Western Australian Regional Development Trust showed that over $600 million of royalties for regions funds flowed back to Treasury in the last reporting period. Just one-twentieth of that would be enough to fund a rescue helicopter in the midwest, which would save lives. It would not be just the lives of people who live in the midwest, but also the tourists who come. I know that COVID-19 is affecting the tourism industry at the moment, but we know that visitation, especially by Chinese people, has grown dramatically in all those coastal communities from Kalbarri to where this helicopter would reach. People are going up to look at Pink Lake and many people are getting out to the attractions that the Department of Biodiversity, Conservation and Attractions are opening up throughout the area in places like the Coalseam Conservation Park, just out of Mingenew. That area would also be able to be serviced by the rescue helicopter.

I will give some members some facts about the rescue helicopter. The figures that have been quoted in this report show that Western Australia's population is around about 2.6 million people. The population of Queensland is just under twice that number at five million people. Western Australia's land area is the greatest of any state at 2.5 million square kilometres. Queensland's land area is about 1.7 million square kilometres. Western Australia has two rescue helicopters. Queensland has 10 rescue helicopters. The Queensland government obviously values the lives of its regional people very highly and has put in place a program to ensure that those people have access to a rescue helicopter service. I urge the minister and the government to get behind this and look at the work that the member for Geraldton has been doing in this area. When the petitions come in, I hope that the government will not throw them to one side and say that it is not interested, as it often does in government. I hope the government will look very seriously at what these people are calling for. These are not only residents of the midwest, but also visitors to the midwest. They all want some level of protection when they visit that area. We also want to ensure, as we further develop the Abrolhos Islands, that the helicopter service will be available to safeguard people who visit.

I want to discuss with the minister the situation with general practitioners in my electorate. I outlined that seven major centres in my electorate have a shortage of general practitioners. In some cases there may be a complete absence of GPs. I have highlighted the situation with the Dongara Medical Centre here before and I would like to hear the minister's thoughts on that. It has led to the Shire of Irwin, after a great period of angst in the local community, announcing in a press release from 6 March that it has decided —

> To initiate the statutory process to acquire the Dongara Medical Centre —

It is empty, with no doctors there —

> at 290 Point Leander Drive, Dongara from … Batavia Health … as a walk out walk in sale for $1,450,000.

Members can imagine the angst of the ratepayers of Dongara. It is already facing an economic downturn because of the reduction in visitor numbers because of what is basically the closure of its main industry. How will ratepayers in Dongara be able to afford this impost? In the health budget, $1.4 million might not seem like a lot, but in the budget of the ratepayers of the Shire of Irwin, it is a very major investment. When the Batavia health centre opened, the shire helped with the provision of land and spent hundreds of thousands of dollars helping to make the car park. That money has already been spent. I understand that an ongoing investment will be required to ensure that the shire can attract GPs to the area. The press release continues —

> The Shire is pleased to announce that Dr Sasha Risinger has been contracted as the Principal GP for the … next 5 years.

That is great news because she is a great GP. She has a very good reputation, but her reputation has been earned while she has been working at the Three Springs Medical Centre. How will Three Springs replace her?

Mr R.H. Cook: She is not from Dongara; she is from Three Springs?

Mr R.S. LOVE: She has moved from Three Springs. She is the doctor who goes down to Carnamah and Coorow and those areas as well. Those shires will not have a doctor now. One of those shires is advertising for a GP at the moment. I wish her all the best of luck. A doctor is definitely needed in Dongara and she cannot be held accountable for the gap that will be left behind, but there will be a very serious gap. Given the difficulty that we had getting a doctor into Dongara, I am wondering what Three Springs will have to do because it perhaps does not have the initial attractions. However, it has a functional hospital, which is a bit more than Dongara has at the moment. We are still waiting for the remodelling of that centre. We announced it when we were in government and the planning was all supposed to be done. The medical centre and the aged-care facility are still not there, but we live in hope.

MR D.T. PUNCH (Bunbury) [5.46 pm]: Health in the bush is a serious business. I have listened very carefully to the contributions of all the members. I have listened, for the most part, in silence because I was intensely interested in their contributions. I listened on the basis of a motion that, in my view, is poorly written and goes to the heart of what this is really about, which is members, some making valid points—I particularly want to come back to the

member for Warren–Blackwood—but for the most part making pitches to their electorates about how they are representing their electorates in this place, without putting any meaningful information or contribution into it.

In condemning this government for its failure to prioritise and address regional health and mental health services, I think members opposite would have been far better off to put a full stop at that point. They went on to include the government's response to the growing threat of COVID-19. In this place we have heard on a number of occasions about the need for calmness, sensibility and clear messaging, and, above and beyond all, the need to have faith in the Minister for Health and the Department of Health to lead and coordinate the response to the virus in lockstep with the federal government. That is the most critical issue. Putting that into this motion that condemns the government while the response is unfolding and while there is uncertainty about how this virus will affect our community makes it a very poor motion. I am surprised that the shadow Minister for Health would stand up and speak to that effect. I was not quite sure whether the member for Dawesville was concerned about Bunbury in this motion or is interested in serious discussion about how to deliver health in the bush. The member for Warren–Blackwood touched on it, and it applies to many aspects of regional servicing in a state like Western Australia, which has a gradation from a metropolitan-focused population; large urban centres in regional Western Australia; small towns and villages; which are often disconnected by distance; and our remote communities.

Addressing the issue of access and equity in all forms of service delivery in our state requires a lot of careful thinking and a lot of innovation. Going back many years now to when I practised social work, all in rural Western Australia, there was recognition that there was a tier of services in which we needed to work to reinforce the natural helping mechanisms that existed in rural communities. They could be very strong. Then we looked at the suite of non-government organisation services—I acknowledge the Leader of the National Party's commentary about Share and Care, and there have been mobile services for many, many years well predating royalties for regions, I might add—for providing counselling and other support services out into the bush. Then, of course, there is a network of tiered, formal responses, whether they are hospitals, clinics or nursing posts, all geared to getting the best spread of access and wherever possible working towards making sure there was equitable access to health services and mental health services. I think telehealth has been a great innovation in overcoming that. I am sure telehealth as a piece of infrastructure will unfold into the future.

The member for Dawesville raised Bunbury Hospital at South West Health Campus and some sort of expectation that I should be in this place beating my chest and calling to order around Bunbury hospital, which I know has difficulties. But I can walk out of here and talk to the Minister for Health in a sensible way, as can the member for Dawesville, and represent the interests of my electorate, which I do consistently. We made a contribution to Bunbury hospital of $23 million essentially to ease the bottlenecking of a number of key areas, whether they are in the emergency department or in theatres or some of the surrounding infrastructure that supports people using the hospital. It is an interesting hospital because it is a shared campus with St John of God Health Care, so it brings out those unique issues around sharing.

It is interesting to note that until we came to office in 2017, not a single commitment was made in the previous government's campaign for Bunbury in 2017 for the Bunbury regional hospital. It is the major regional peak hospital for the south west, which supports the network of other hospitals, trying to build centres of expertise in Bunbury, linked to quality services in Collie, Margaret River and Busselton, across the south west region. There is a plan around the Bunbury hospital, member for Dawesville, who came in here and tried to make light of that issue in such a silly punctilious way. I thought better of him to be honest. Then I saw the *Mandurah Mail* yesterday where there is a photo of our Premier and of an immaculate member for Dawesville—not a hair out of place. The article was about the member for Dawesville trying to seize the moment, being the champion of the response to coronavirus. He was clearly trying to make a political issue in the Dawesville–Mandurah area over coronavirus. How appalling is that? The Premier quite rightly called him to task. It was not only the Premier. I looked through all the commentary and it was amazing to see that quite a few people do not think a lot of the member for Dawesville. One contribution states —

> We all know what the current game really is. He wants to be the next Liberal leader after the next election when they lose and then hopes to be the next Liberal Premier. That is his real game. What I would like to know is what he is doing for the young people of his community.

There is a person who has some insight into the member for Dawesville. I want to acknowledge again the commentary of the member for Warren–Blackwood, which went to the heart of the issue. It is a critical issue that has challenged all governments around how we effectively resource health access across regional Western Australia. I totally accept what the Southern Inland Health Initiative was trying to achieve. The problem with royalties for regions funding is that there has always been the question of finding a balance between investment in capital infrastructure, particularly in the health system, and the recurrent expenditure that flows with it.

A couple of projects were mentioned earlier. Time after time, I have come across concepts of pilot funding. We have all seen them. They are projects that get up under the concept of pilot funding because it is a way to get them

through the system or a way to convince the minister something should be funded. However, there is seldom a pathway to long-term sustainable funding. That is a critical issue for royalties for regions. How do we make the critical infrastructure investments in a manner that can be supported by the budget in an ongoing operating sense? That was a problem that led to what our Treasurer talked about earlier; namely, the $2 billion deficit in our operating expenses when we came to office. That is unsustainable in any analysis and I am sure that in their heart of hearts, members opposite will know that is the situation.

This motion refers to the failure to prioritise and address regional health. I do not like having to go back in history and bring up examples because I know members opposite do not like history. In 2013 Hon Helen Morton made an election commitment for a step-up, step-down facility for Bunbury. It came out of the mental health plan. At that time a commitment was made to say, "Yes, this will be built and it is an important asset for the mental health fabric of responding not only in Bunbury but also in the south west, linked to the hospital providing the valuable service for people needing hospital support, coming into a residential setting engaged in a therapeutic community that can help facilitate their journey back into the community. On the opposite side it would support people who have a mental health issue, have a mental health plan, do not quite need a hospital setting but need the support of a residential therapeutic community. It is a very good model and I commend it. Sorry, but the member for Warren–Blackwood was in the media with the then Liberal minister announcing that the funding had been found for the step-up, step-down facility, nearly four years after the original event. It took four years to fix up the paperwork on a critical issue for the south west. That is where royalties for regions came adrift. It was a solution to fix a critical need but it took four years to fix up the paperwork. This government came to office and we did not falter. In fact, the Minister for Health and I were out there laying bricks to get the step-up, step-down facility built. We laid some bricks and they are still there.

Several members interjected.

Mr D.T. PUNCH: We followed that project every step of the way because when we came to office, not even the land to build it on had been resolved. There was some vague notion to building it in Victor Road, Glen Iris, but not even the land had been identified. We sorted out the planning and went through the tender process and got a magnificent quota of local contractors to build it. Not only is it an asset that is part of the mental health scenery in Bunbury but also it was built and is owned by locals. It forms a valuable contribution to mental health services. I am very pleased that Richmond Wellbeing is the operator of this service. Going back to my original comments about how we build the natural helping networks in communities, which members opposite should be well aware of, I am very confident that Richmond Wellbeing will build those community linkages. It will work in partnership with other mental health providers, will reach out into the community and will provide a very solid foundation for what will be an excellent service. The first users of that service will use it pretty well from the end of this month. Three years in, our step-up, step-down facility is built. It took four years for members opposite to simply recycle an announcement. This government stands for getting up and getting things done.

It also stands for Bunbury regional hospital. The department now has the funding to proceed. The member for Dawesville might not recognise it, but there is a challenge in taking what is a peak regional hospital service in Bunbury and starting to do the works on that hospital in a way that does not disrupt service capacity. The department needs to be left alone, without the pressure of whingeing from members opposite, to get on with the job of delivering it. The funding is there and it is in the interests of us all to start working and letting the department address that issue.

Mr Z.R.F. Kirkup: I thought St John's was leading on the Bunbury redevelopment.

Mr D.T. PUNCH: No; it is the department.

Mr Z.R.F. Kirkup interjected.

Mr D.T. PUNCH: They talk regularly about how to manage their services efficiently and extract the best outcomes from that infrastructure. That is what we need everywhere. At a time when resources are constrained, we have to look for innovative opportunities to extract the maximum out of the infrastructure that we have.

I do not really want to say too much more, other than I am very pleased that that step-up, step-down facility has been built and is now pretty well operational. It is a magnificent facility. In terms of my understanding of therapeutic communities, each person who uses that service will have their own self-contained accommodation unit including kitchen and laundry facilities, and a little bit of a lounge area, but shared communal facilities so that there is plenty of opportunity to work in group settings or in an individual space. We know from the variety of mental health issues that people suffer from that that is critically important.

The member for Warren–Blackwood talked about the rising awareness of mental health issues in regional WA. I certainly see it in my electorate office. The member for Warren–Blackwood put it down to maybe the changing economic circumstances. There is some recognition of that, but I also think it is because we are talking about it more. When I was a practising social worker, issues of domestic violence, drug and alcohol abuse and mental health were

not talked about. That led to many, many unfortunate suicides, particularly in the farming community, when there was a suite of bank foreclosures in the farming sector. The awareness of mental health is probably leading to more people seeking help. The challenge is making sure that we are in a position to address those issues as they come up. It is certainly a vexing issue. I share the member for Warren–Blackwood's concern about that.

In closing, member for Dawesville: silence does not mean inattention. Silence does not mean there is nothing to say. Silence can mean a variety of things. But the important thing is that after 35 years in the public sector, I know how to talk to a minister and I know how to get things for my electorate and I will continue to pursue those without grandstanding in this place from the likes of the member for Dawesville.

MR R.H. COOK (Kwinana — Minister for Health) [6.02 pm]: The member for Bunbury is a very effective advocate for his community. He is not only a strong, effective and determined advocate, he is also, might I say, a jolly good bricklayer! It was very good to go to Bunbury the other day.

Mr D.T. Redman interjected.

Mr R.H. COOK: What are you banging on about?

Several members interjected.

Mr R.H. COOK: Member for Warren–Blackwood, I seem to remember sorting out the land-based issues, the funding issues and the construction issues. If you want to take credit for it, that is fine, but I suspect it was not you!

The member for Bunbury did a bang-up bricklaying job with me earlier on as we celebrated one of the milestones of the step-up, step-down facility. My only concern was that the building company, BGC, faithfully promised us that those bricks would remain in place after we left the site! I am not sure about the structural integrity of the building, but hopefully it will remain standing for some time yet.

On the issue of the builder, one of the great aspects of the construction of the step-up, step-down facility at Bunbury was the fact that 85 per cent local content was used. Local jobs, local businesses and local construction companies were involved in the fit-out. It is wonderful that so many locals were involved in that particular facility. Richmond Wellbeing will take over the running of that facility. Company representatives spoke to me, as I am sure they spoke to the member for Bunbury, about how they had recruited locals, particularly people with lived experience, to be peer support workers in that facility. From that perspective, it is very much a local success story. I am really looking forward to seeing the outcomes of it.

Step-up, step-down facilities are a great initiative. I have spent some time talking to residents at the Albany facility and the people who work there. We opened that six-bed facility in 2019. They talk about what a great, compassionate and nurturing environment it is and how important it is for people in these regional communities to be able to have those subacute services. This is about providing people who are having an emerging mental health episode or who are entering a level of mental distress with a residential experience so that they can get back on their feet without tipping over into the need for acute services; that is, having to receive hospital care for a more acute mental health episode. Just as importantly, for people who have come out of a mental health episode after being cared for in a hospital setting, it is about providing them with an opportunity to have a landing point to be able to build their skill levels and socialise themselves around what they will have to do once they transition back into the mainstream community. I remember talking to one young man who had just come of hospital again. Unfortunately, he had had several episodes of care inside Albany hospital. He said that each time he was basically discharged; put on the street so to speak. Although he had the support of outreach services, he did not have that intensive residential opportunity to really integrate himself back into community life. I am very proud to be associated with the development of step-up, step-down facilities. These facilities will significantly improve the availability of mental health services in our regional communities.

As members would be aware, there is a 10-bed step-up, step-down facility in Rockingham and a 30-bed facility in Joondalup. They will now be augmented with the six-bed facility at Albany. As the member for Bunbury said, we have just opened a 10-bed facility in Bunbury. Last year, I did the sod turning for a 10-bed facility in Kalgoorlie. We are undertaking the planning and construction process of a six-bed facility at Karratha and very much enjoying working with the local community around the construction and commissioning of a 10-bed facility in Broome. I am very proud of another project. I am sorry that the member for Geraldton was not able to get to his feet this afternoon to report on this project; that is, the 10-bed step-up, step-down facility that we are developing at Geraldton. I am very proud to say that we were able to announce at the beginning of this year we would bring forward the funding for that project to bring it onstream more swiftly. We heard from the member for Moore, who spoke about the mental health issues arising in the midwest region, and they are acute. They are felt within the Yamatji community in particular. The need to expand mental health services in Geraldton is quite urgent. I am very pleased to bring forward the 10-bed facility in Geraldton and to seeing that open in early 2021. We are starting to fill out the tapestry of subacute services across regional Western Australia to continue to have more robust, community-based mental

health services right throughout the Western Australian community. We will continue to invest heavily in these sorts of facilities because we know they work. They provide very important support to the acute services that people often need. We know that an episode of hospital care is not the best outcome for mental health patients; this is an opportunity to avoid hospital care. That is very much the theme of the sustainable health review, which is guiding the reconfiguration of services, and the step-up, step-down facilities are very much an important part of rebalancing our mental health system to ensure that we have subacute services so that people can avoid highly interventionist hospital care.

The member for Geraldton would also have reported on the great progress that has been made around the redevelopment of Geraldton Health Campus.

Mr I.C. Blayney interjected.

Mr R.H. COOK: I understand why the member for Geraldton did not speak today and I suggest that he does not.

Mr I.C. Blayney: Tell me why.

Mr R.H. COOK: It is because after eight and a half years in office, the member for Geraldton did nothing in Geraldton.

Mr I.C. Blayney: We had it ready to go. It would have opened in 2022.

Mr R.H. COOK: We were ready to go! We were eager! I remember as a fledgling shadow Minister for Health going to Geraldton hospital to be shown around by the clinical team. They told me that a wall was going up and that the emergency department would be expanded. They were excited about what the new government would do for stage 2 of the development. They were kind enough to pay tribute to the Gallop government, which did stage 1 of the redevelopment.

Mr I.C. Blayney: Why didn't they co-locate it?

Mr R.H. COOK: I will come to that shortly, member for Geraldton. They were eagerly awaiting the work that the Liberal Party made very clear it would undertake upon achieving government. Then we saw nothing from the Liberal government.

Mr I.C. Blayney: What have you done now? Nothing except take away the sobering-up centre.

Mr R.H. COOK: We gave Geraldton a step-up, step-down centre because the sobering-up centre was not working. The member for Geraldton had an opportunity to speak. Before I got to my feet I made sure that he had had an opportunity to talk.

Ms M.J. Davies interjected.

Mr R.H. COOK: I appreciate that. I will take a little while to talk more about Geraldton Health Campus. The member for Geraldton would have talked about the expanded emergency department.

Mr I.C. Blayney: It is about half of what we were going to do.

Mr R.H. COOK: The member for Geraldton hates this. He just hates it.

Mr I.C. Blayney: No, because you have still done nothing.

Mr R.H. COOK: Yet in the four years, by the time we face the people of Geraldton again, we will have done so much more than the former government did in eight and a half years—so much more.

The ACTING SPEAKER (Ms J.M. Freeman): That is enough, members.

Mr R.H. COOK: I was enjoying myself.

In Geraldton, the emergency department will be expanded; a new intensive care unit will be co-located with a redeveloped high-dependency unit; there will be a new integrated mental health service, inclusive of an acute psychiatric unit and a mental health short-stay unit; it will have a reconfigured main entry; there will be essential engineering service upgrades, including the replacement of the chillers; and the car park will be redesigned and expanded—everyone loves the expansion of a car park. There will be an integrated mental health service and an eight-bed high-dependency intensive care unit. It is expected to be operational in 2023. Member for Geraldton, I suspect that by 2023 we will have done more at that campus than the member could ever have achieved in his wildest dreams. We will invite the member to the opening. That is important, because we want to be respectful about these things. It is an incredibly important redevelopment of a campus that was neglected for eight and a half years. We, in the Gallop government, had done stage 1. Stage 2 was widely anticipated, yet we heard crickets from the former government. However, we are here now. Never fear, member for Geraldton, we are here. As the member for Moore said, mental health services in the midwest region are in need of significant renewal and reinvestment. What members will see through the fast-tracking of the step-up, step-down facility and the redevelopment of Geraldton Health Campus is a significant investment in mental health services in that region. That is important

because, as the member for Geraldton will tell members, many patients who have acute mental health episodes have to be transported to Perth to receive that care, and that is a suboptimal outcome. It is also not appropriate for a big centre like Geraldton to not have higher acuity mental health services and subacute mental health services. It will be a really important contribution to that community.

Mr R.S. Love: Thanks to the great advocacy of the member.

Mr R.H. COOK: We sensed the member for Geraldton was on the move. He was looking elsewhere, having been let down by the Liberal Party for all those years. His hopes for a redeveloped hospital were dashed on the massive debt of despair that was the financial mismanagement of the previous government. We would have thought that with the flood of revenue the previous government enjoyed that the member for Geraldton would have received something, given all the money that the government spent as it plunged us into $40 billion of debt. I am not surprised that the member for Geraldton left the member for Dawesville's party. At least the Nationals talk up a good game when it comes to regional politics. The neglect of the Geraldton community by the Liberal Party, as the member for Geraldton has attested by his departure from the Liberals, was appalling.

Mr I.C. Blayney: It had nothing to do with it.

Mr R.H. COOK: I digress; although I cannot digress because I have not really started!

The points raised are very important points, particularly the points that the member for Central Wheatbelt raised about mental health issues in the wheatbelt area. Perhaps, for the interest of members, I will talk in the first instance about the COVID-19 issues and how they may impact on them. The member for Roe wanted to know how many people had been tested in the south west region. As of this morning, 186 tests had been undertaken in the south west region. The member can do the math. All tests were negative, which is obviously really pleasing. We received some reports earlier today that some of the GP clinics in Bunbury were getting a hammering yesterday. They may have had a particularly big day yesterday because of the publicity around the COVID clinics in Perth. We did some checks around the south west region and found that 186 tests were done and that some of those clinics are being back-filled with practice-based evidence, which is one of the biggest problems, and I will talk more about that shortly. At this stage, of course, there have been no positive results. We are ready to go with the first COVID clinic in Bunbury. The area is set aside; the equipment is ready to go. The challenge for COVID clinics in regional areas is more to do with workforce than physical capacity. We do not want to pull what is a much skinnier workforce off the frontline of our emergency departments or other clinical areas of hospitals to sit in a COVID clinic, particularly if they are not going to be very busy in the first instance, and starve the EDs. We are certainly very conscious of the situation.

However, the federal government's announcement today changes everything. Members will have seen the newsfeed, but essentially the federal government made two announcements today that will be of significant benefit to country patients. One was about the pop-up clinics that the federal Minister for Health, Greg Hunt, announced today. I have had discussions with the WA Primary Health Alliance, which will be responsible for Western Australia's pop-up COVID clinics. Either by decree or they have been instructed, they will all be dedicated to country and regional areas. The beauty of those COVID clinics is that we will draw upon our primary workforce—GPs and nurses—to work in those clinics, rather than from our hospital workforce, which a lot of the time is fairly skinny. The idea is that they will engage with GP clinics around regional Western Australia. I imagine they will probably be in the larger centres to undertake what is essentially the COVID clinic processes that we have in the metropolitan area. We need to understand the details of that and make sure that we can move forward on it.

Greg Hunt announced 100 of those pop-up clinics. The usual rule of thumb around these things is that WA gets 10 per cent of most commonwealth government announcements, so we are anticipating upward of 10 pop-up clinics in Western Australia. I look forward to working with the WA Primary Health Alliance, which is the primary health network in Western Australia, so that the people through whom the federal government will operate these programs understand how that will roll out.

There is a big "if" around all this, though, and that concerns personal protection equipment. The commonwealth government, I assume with good intent, said it would provide dollars for people to purchase PPE. In the health game at the moment, right across the world, that is the main game—that is, we have no shortage of money, but we have a global shortage of PPE. We would not expect our GPs to undertake these clinics unless we get that PPE, so we are having big conversations with the federal government at the moment about how to better spread the national stocks and make sure that we are in a position to equip those doctors and nurses, and other people working in those clinics, so that they, too, do not fall prey to the coronavirus—not that they necessarily will be acutely ill, but if a GP gets coronavirus, they will have to self-isolate for two weeks. As the member for Moore aptly described, GPs, particularly in some areas, are like hen's teeth, so we cannot afford to lose them and we need to make sure that as this virus epidemic takes hold, we have as many GPs as possible available to undertake that work.

Mr Z.R.F. Kirkup: Can the testing for COVID be done by a nurse, or does it have to be a doctor?

Mr R.H. COOK: It can be done by nurses because it is a swab. It is not a blood test. I am sure the member for Jandakot will not mind me saying this, but he recently travelled and fell ill and was tested. Apparently, it is up the nose, in the mouth and away you go. It is fairly non-invasive. That is why I am saying that we need PPE for nurses. The people working in our COVID clinics in Perth are all nursing staff, with doctors available should it be necessary.

The member for Central Wheatbelt said that people will need a GP referral, and that is because there is a screening process. If a person goes to a COVID clinic in Perth, they will get screened before they walk in and will be asked whether they have cold and flu-like symptoms—yes or no. If they do not, they are not to go in, so they can go away. If they have cold and flu-like symptoms and they have travelled from overseas, they are to go inside. If a person has cold and flu-like symptoms and has come in contact with someone with a positive diagnosis, they are to go inside. If they have cold and flu-like symptoms and they suspect they have come in contact with someone who has a positive diagnosis, they are to go inside.

That is not what we expect people to do in a PathWest collection centre, for instance. They are phlebotomists, who are simply there to take a sample or specimen from the person in front of them without that screening process. That is why the GP referral is simply a quick process by which we can make sure that we test only those people who need to be tested.

Ms M.J. Davies interjected.

Mr R.H. COOK: That is the other important announcement that was made today, which is the telehealth announcement. We have been working with Greg Hunt over the last few weeks trying to design—I would like to think he took our advice, but I am sure it was just a bunch of commonwealth bureaucrats who know much better than all of us put together—a Medicare benefits schedule item number for telehealth services. Therefore, as of Friday, people who have respiratory illness will be able to receive a telehealth service from their local GP and they will be able to get an electronic referral to a PathWest collection centre. In addition to that, the federal government is putting in money around chemist home visits so that patients can get an e-prescription for medication to be delivered to their house if necessary, particularly if they have to self-isolate. In addition, the telehealth service—this is one of the more important ones—will allow a GP who is self-isolating at home to continue to treat their patients.

Mr R.S. Love: When you say telehealth services, are you talking about those services where you have a couple of video cameras or are you talking about phoning a doctor?

Mr R.H. COOK: We are still waiting for details, but it will be mostly by telephone. We are not sure whether it will be basically a case of come one, come all, or whether a person has to have an existing relationship with a GP. I suspect that there may be some concern within the GP community that people will use the telehealth facility to try to poach patients.

Mr R.S. Love: There are usually not restrictions around that if it is after hours or, in the case of Leeman, they opened it up for anybody in that town because there were no services of any sort.

Mr R.H. COOK: That is right. Now they are extending that regime to everyone.

In addition, if a patient is a vulnerable patient, their eligibility will go something like this. People who are over 65, or over 55 if they are an Aboriginal or Torres Strait Islander person, and those who have an existing condition that makes them immune-compromised will be able to get telehealth services from a GP regardless. It will not matter where they are or whatever condition they are in. That will stop patients having to go into their GP clinic and potentially sitting amongst other sick people.

They are two really important announcements that are game changers in the way we are able to roll out services to patients in rural and regional communities. They are very important changes, because we want to make sure that, in working with the commonwealth government, we have a comprehensive response that utilises our workforces. I have had a whole lot of suggestions put to me about different places that we can secure beds for the anticipated uplift in the number of inpatients that we will have, particularly in relation to coronavirus. Our problem ain't beds, it is people—it is workforce, workforce, workforce. That is where the large majority of our work is going into at the moment, to make sure that we can deliver the services to those people who need them. That is why we are so keen to make sure that we can protect our doctors and nurses on the frontline. I refer back to the previous conversation around masks and other personal protective equipment to make sure we protect them so that they do not fall prey.

The member for Roe raised the issue of cruise ships. He will have seen that today the Department of Foreign Affairs and Trade has raised its travel advisory with regard to cruise ships. I can see the Minister for Tourism is not very happy!

Ms M.J. Davies interjected.

Mr R.H. COOK: Yes, indeed, member.

DFAT has raised its travel advisory to, I think, level 2, which is to avoid unnecessary travel utilising cruise shipping; I am not quite sure what the technical term is! I think that will change significantly the way we do this stuff. We

monitor passengers who come to Western Australia through seaports in the same way that we monitor people who come in through airports—that is, Border Force has people there. With our cruise ship facilities, we have good reporting from the cruise ships about any passengers who are reporting flu-like symptoms, and we can make sure that we intercept those passengers as they come off the ships, particularly if the ship has come from a place like, as a member mentioned, Singapore. That work is all done by Border Force, but we are keeping in close contact with it. It is pretty confident about its success rate at the moment.

The member may have seen reports yesterday about a cruise ship in Fremantle harbour, in which a passenger with flu-like symptoms was taken to Fiona Stanley Hospital. The only twist in the tale there is that it was not a passenger getting off the ship; it was a passenger trying to get on the ship. They were not allowed on because they were clearly unwell. Ultimately they were put in the back of an ambulance and taken to Fiona Stanley Hospital; I think that patient is now fine, but I provide that anecdote only to assure the member that a lot of work is being done to make sure we stay on top of those issues. We have had nine positive cases in Western Australia, and all nine are from overseas or from someone who has travelled overseas. That is our pinch point at the moment, and that is why we are putting so much work into that.

I am just wondering if there are any other issues that members wanted me to clarify with regard to COVID-19. I think if members are happy with that round-up, I will move on to other issues members have raised.

The member for Central Wheatbelt began the debate on a sad but important note—the issues with regard to suicide and suicide prevention in the wheatbelt region. She is quite right to raise this issue; it is a very important issue. I cannot remember the numbers that the member mentioned, but she was saying —

Ms M.J. Davies interjected.

Mr R.H. COOK: That is obviously consistent with the statistics around suicide and successful suicides in the wheatbelt. I think since January this year, there have been about 14 in the wheatbelt alone. Actually, I retract that; I do not know if that is the actual figure, and one should not guess these numbers.

Ms M.J. Davies: I've had six reported to me, but that's only in my electorate, not in the broader wheatbelt region.

Mr R.H. COOK: Yes, so I think for the whole wheatbelt it is significantly more than that. Obviously there are some very worrying trends going on. The acting Mental Health Commissioner has raised the wheatbelt with me as an area of particular concern to the Mental Health Commission. Indeed, it is reported to me that the Wheatbelt Mental Health Service has, over the past 18 months, experienced significant peaks in acuity and demand. From that perspective, there have also been added demands on the Wheatbelt Mental Health Service, as Narrogin and its surrounds transition from the great southern to the Wheatbelt Mental Health Service. The Wheatbelt Mental Health Service has identified workplace stress amongst its staff, driven primarily by clinical demand and acuity, combined with secondary trauma experienced by staff members. The Wheatbelt Mental Health Service has worked hard to mitigate the impacts of workplace stress on its employees, and this has been supported by the region and the WA Country Health Service more broadly. The Mental Health Commission committed an extra half a million dollars in 2019–20 to assist with the employment of additional clinical staff to try to alleviate workplace stress and service demands. Member for Central Wheatbelt, we are aware of the issues and we are trying to respond, but obviously we are indebted to those who are working in a very difficult area. Obviously, it is distressing to hear about the stress they are under and we will continue to support them as best we can. Suicide is having a dreadful impact on our community. People in regional areas experience greater geographical isolation—obviously isolation comes in a whole range of forms—and I wonder whether that puts people in those communities and service agencies under extra stress.

The member for Central Wheatbelt raised the issue of suicide prevention in the central wheatbelt in the context of postvention services. I am not familiar with Share and Care Community Services, but I do not doubt that it comprises some incredibly dedicated people. I have come across some postvention services in the Aboriginal community. As the member said, people who are incredibly dedicated to their job are on the scene as soon as they hear about an incident, and that is really important in reconnecting that person with life. I certainly commend Share and Care and the work it does. Postvention services is an emerging field of understanding in clinical models of care, and one that we will see increasingly embraced by the funding services. Postvention services in the Aboriginal community is funded by the federal government so I will get Share and Care's details from the member to continue that conversation after the debate. Member for Warren–Blackwood, I am never quite sure why the federal government funds one program but not another. I think it comes down to what is a primary mental health service, but it might be that it sees a role for itself in postvention services, and that is worthy of investigation.

Ms M.J. Davies: It is Aboriginal and non-Aboriginal people.

Mr R.H. COOK: That is right.

Ms M.J. Davies: I just know that they were in there after the Narrogin incident, where there were a number of suicides, but they deal with other community members as well.

Mr R.H. COOK: The importance of these services is often in their peer support services, people with lived experience who can relate on a very intuitive and empathetic level with the person who has experienced the trauma, and that is why they are incredibly important. The more we use peer support services in mental health services, the greater their effectiveness. I am not acutely familiar with the mental health workforce issues in Narrogin, but I suspect it is because that workforce is transitioning from the Great Southern Mental Health Service to the Wheatbelt Mental Health Service. I will dig in a bit more to get a better understanding but that would be the reason why there is a bit of upheaval at the moment.

I want to talk briefly before I come to the issues raised by the member for Warren-Blackwood. The member for Roe raised a bunch of issues that I will have to come back to. The role of peer support workers in mental health services is really important. Yesterday, I provided the media with a sneak peek of the new Safe Haven cafe that we are launching in the metropolitan area at Royal Perth Hospital. It will provide an opportunity for people who are experiencing heightened mental distress to get care, particularly in a peer-supported environment, that is non-clinical but provides them with an effective form of counselling and ways that they can be connected with other services.

Given that the theme of today's motion is mental health services in regional areas, I want to highlight that we are also putting a Safe Haven cafe in Kununurra. Essentially, we are trialling one in the metropolitan area and one in Kununurra. Both those services were co-designed through a couple of workshops that were held—two in Kununurra and two in the metropolitan area—to understand what people with lived experience would want in that sort of situation. I have not seen the facilities in Kununurra, and I am looking forward to seeing them in a couple of months. The facility is located outside Royal Perth Hospital. It is not in those buildings because we want it in a hospital setting—I think these things are best located away from a hospital setting—but we had some spare space at the hospital. People who go into the Safe Haven will be greeted by a counter on which there are tea and coffee facilities. The cafe will have toilets and showers. I understand that it will be fitted out with mostly soft furnishings, and dimmed light to create a sense of wellbeing and a non-heightened sensory effect. I look forward to seeing how that will impact on the Kununurra community, which has a very high incidence of not necessarily successful suicide but suicide attempts and suicide ideation articulated by people in that community. I very much look forward to seeing how that will go.

I have talked about telehealth services for the COVID-19 situation. The member for Roe talked about his concern that people are not able to access mental health services within a regional context. Obviously tele–mental health has become a big part of how we are reaching out to more isolated members of regional communities. I was a bit cynical about tele–mental health, to be honest. I did not think it would be that successful. However, I understand it is extremely successful. The preferred model of care is that there is first a face-to-face meeting with a counsellor, psychiatrist or psychologist, whomever that might be. A number of members talked about the imperfect arrangement of clinical specialists visiting towns. I know that experience, because my dad was a child psychiatrist and used to do the rounds of Albany, Bunbury and so on once a month, providing mental health care in those communities. That initial face-to-face meeting then provides an opportunity to provide tele–mental health services to the client. My understanding is that tele–mental health is widely accepted and appreciated by people on the ground. That is obviously a very important outcome, because if we can provide follow-up counselling sessions, we will get better outcomes. We will be making a significant investment in tele–mental health services.

The member for Roe mentioned methamphetamine and its impact on the community. We made a commitment at the election to expand the number of alcohol and other drug beds in the south west by 43. We have largely delivered on that commitment, in a fairly imperfect way. We have a good 19-bed facility in Brunswick Junction run by Palmerston. Another facility makes up the remainder of the 43 beds. That is currently located outside Nannup, utilising an old private mental health clinic called Blackwood Lodge or something of that nature. The reason I say it is a bit imperfect is that the organisation that runs those beds had originally intended to operate outside Manjimup, which would be much closer for the member, but it fell foul of the Shire of Manjimup in getting planning approvals, much to my frustration.

Mr D.T. Redman: I think it was Pemberton.

Mr R.H. COOK: It was Pemberton, was it? I thought that was the perfect setting. As the member for Moore will now tell us, it is easy to attract general practitioners and other clinicians to the coast; getting them back into Three Springs is harder. I think that would have been a great outcome, member for Warren–Blackwood, but I still have ambitions to get them in a more permanent arrangement in those inland areas, which will obviously have a bit more resonance with the concerns of the member for Roe.

Narrogin oncology is coming along. Members will be familiar with the emergence of telechemotherapy at Karratha Health Campus, which is going really successfully. We are rolling that out in Narrogin. I am just trying to count back the number of weeks ago that I announced it will be coming in eight weeks. I think we are probably at week four now, so in the next month, that will be up and running. That has involved the retraining of a lot of the nursing staff at Narrogin Hospital. I think that is a great outcome for them, because it means that they get to practise at a higher level of scope. I am really looking forward to that service coming onstream, and I will come down with the member and have a look at that once that gets up and running.

On the Katanning obstetric services, yes, we need more general practitioner obstetricians and GP anaesthetists to practise in these big regional towns. I think the member for Roe said that there were 12 births there last year. That is not enough. We need to have a bigger turnover if we have a GP obstetrician in town. It will make their lives more interesting.

Mr P.J. Rundle: About 120 have gone off elsewhere.

Mr R.H. COOK: Yes; I remember when I was there last, I came across a young mum with a baby. I asked whether she would have preferred to have the baby there and she said, "No, we got to spend three weeks in Albany and we really enjoyed the break."

The ACTING SPEAKER (Ms J.M. Freeman): Member for Roe!

Mr R.H. COOK: I think the member has to sit down. That fight goes on. I thank the member for acknowledging Geraldine Ennis and her team. I think she is doing a great job in the great southern. She has made some changes. Of course, that gives me the opportunity to say that Geraldine Ennis joined the member for Warren–Blackwood and I when we did that walk around at Plantagenet Hospital in Mt Barker. Plantagenet Hospital is subject to our $80 million—what did we call that program?—maintenance blitz within the health system. That will allow us to start work immediately on upgrades of the emergency department. Members will remember there was a pretty unhelpful little dogleg through to the emergency room.

Mr D.T. Redman: I think there is a roof going on first.

Mr R.H. COOK: The member might be right. The information I have is that upgrades to the emergency department will be commencing this financial year. We are also undertaking painting throughout and major electrical and mechanical infrastructure upgrades. In particular, there is a range of large rooms that are no longer used there, so they are essentially going to chop every second room in half and turn it into two ensuites between them. I think that is a really nice piece of work that is going to start pretty much straightaway, so that is a great outcome. It was a good visit that day because not only did it give us a good impression of the way things worked there, but also I think the member acknowledged the aged-care facility there. That was pretty impressive; it was a really nice facility.

As the member said, so often these big, old hospitals are forged off the backs or through the hard work of the local community. It is not surprising to hear the history of it—new services being bolted on as the township raises more money for more services. I am very much looking forward to staying in touch with that, just to see how that evolves over the coming weeks and months.

I appreciate the member's comments on the tier 3 mental health program. The member is right that the WA Primary Health Alliance used to fund that facility. I did try to chase those dollars, but unfortunately we were not able to. We are undertaking a review of the tier 3 mental health program in Peel at the moment, which will inform us as to the effectiveness of —

Mr D.T. Redman: When is that due to report?

Mr R.H. COOK: I think it is midyear. The review started in December, so we can have a good look at it.

This comes to the point that the member for Central Wheatbelt raised. Often these sorts of mental health services come from people with experience or who come up with an idea that makes intuitive sense, but there is not clinical evidence that backs them. I think that is why the WA Primary Health Alliance funded that initial round but was perhaps then a bit gun-shy and did not fund it again. I am hoping that our review of the tier 3 program in Peel will provide other funders with more confidence about the clinical model, how it works and the evidence that backs it up. This often happens in the mental health sector. People have good ideas that do not necessarily come out of good clinical evidence. Hopefully, we will be able to get a good line of sight on that and will be able to bring them forward.

I know that these tier 3 programs are really important in delivering good mental health messages, particularly to high school cohorts. I remember when I rode through the member for Warren–Blackwood's electorate on the Ride for Youth in 2017, we sat down with some high school students in Denmark. They were a grand bunch of kids, by the way. They were very articulate and switched-on young people. We were having some pretty confronting conversations about suicide and suicide prevention in the session we had with them. We could see that the lights were on and the information was going in, and those kids were engaged with it. It intuitively makes sense to me as well.

The member for Warren–Blackwood's electorate was the best part of the ride. I just want to say that it was very pretty. I understand why the member is so passionate about the tier 3 program and I know that the shire is very passionate. The shire president, Paul Omodei, has had some very vigorous conversations with me about it. He had me in a headlock on one occasion! I think that was when he wanted the old Manjimup hospital site for his shire. He had me and was saying, "Just give me the bloody building!" He is very passionate about it, so it is not surprising that the shire dug deep and got involved.

The member for Moore raised an issue about the Dongara Health Centre. The member for Moore will be aware that I wrote to him recently about that. It was a very unfortunate series of events. The WA Country Health Service was working with the Shire of Irwin to try to make sure that we had those services at Dongara. The letter I wrote to the member for Moore says that the shire was successful in engaging a locum GP who commenced in late January 2020. In addition, WACHS had been assisting the shire in the recruitment of a permanent GP for the Dongara community and an announcement was expected in the near future. It sounds like that announcement has now taken place.

Mr R.S. Love: It took a $1.5 million investment by the shire to get that, plus an investment going forward.

Mr R.H. COOK: Yes. I understand that WACHS has had to send people from the hospital to backfill at times when a GP was not available there. For some bizarre reason, if a GP works in Dongara but lives in Geraldton, they are not eligible for federal government subsidies that are designed to attract people to work in remote communities. I think that is a very regrettable and unforeseeable impact of those funding options. I will undertake to investigate that further with the federal government. I think the member for Moore would agree that there are a lot of synergies between Dongara and Geraldton, and to live in Geraldton and work in Dongara is not an unusual thing. We have all experienced the peak-hour traffic that runs between Dongara and Geraldton at the end or the beginning of the day. We need to better support these regional communities. As the member for Moore knows, the state health system is the health service of last resort. But GPs are the responsibility of the federal government, and it really has to get serious about making sure that it better supports rural GPs in the community. I understand that the state government has to be there to back up the member's community if push comes to shove. But it should not be left to state and local government authorities to prop up a primary healthcare system, which is essentially the responsibility of the commonwealth.

Mr R.S. Love: Given that there is currently a shortage of GPs right throughout the regions, and right throughout some of the outer regional areas of Perth itself, is there a case for the state government to say, "Enough's enough; we need to bring in some other workforce from somewhere else"? I understand there was a change a couple of years ago that meant that overseas-trained doctors are not able to come in in the same way as they once were.

Mr R.H. COOK: Yes. I think ultimately, though, that was the responsibility of the commonwealth government; it was called workforce shortages. The member is right; in the outer metropolitan area, we have significant challenges to get GPs to practise in those communities. We have to look at more ways that we can better support them. I have had discussions with Greg Hunt about this. He is open to the idea of funding these things differently. For instance, we have toyed with the idea that perhaps a region could be assigned to a big GP network that would then rotate GPs. It would give GPs three to six months' experience in a particular setting but without them having to commit to uprooting their whole family or, indeed, if they are younger GPs, without them having to commit to living in a regional community. That is not a perfect situation. The perfect situation is having a GP and their family living in the community and providing healthcare services, particularly in an intergenerational way. It is important that the government now challenges itself and really tries to envisage new ways that it can deliver health care in more effective ways. I understand that that may offend that good rural GP tradition, but I think it is time to make sure that we get people a doctor. Certainly, the use of telehealth services in relation to some of those things is going to be important as well.

Mr R.S. Love: Telehealth is a good backup, but you don't want it to be the only doctor in town.

Mr R.H. COOK: That is right. It is not a substitute for the opportunity to spend time with a doctor. But the member is right; it is an important backup.

One of the other things that we are doing that has not been mentioned tonight is the great initiative of putting an MRI service in Kalgoorlie hospital. It is an important regional healthcare initiative so that Kalgoorlie patients do not have to undertake the trip to Perth to have an MRI. That work is ongoing. It is a real challenge because, as people may or may not be aware, the one thing that an MRI needs is a completely stable seismic environment, which, apparently, is a problem at around 4.00 pm every afternoon when the Super Pit sets off a bit of TNT! Therefore, that bunker is going to have to be a large and significant facility. We are also funding a 38-bed residential aged-care facility at Carnarvon. Earlier today, I spoke with the member for North West Central to provide him with a little bit more information about that. In the current budget, $13.8 million is provided for specialist services as part of the Pilbara health initiative to enable patients to be treated closer to home, and, of course, $13.1 million is provided

in the budget for the construction of a facility at Albany Health Campus to house a linear accelerator as part of a partnership with the commonwealth government. This is a great initiative and I hope it will provide many patients in Albany with the opportunity to receive radiation oncology in the town in which they live and without having to travel. I also have a secret ambition that somehow the aviation industry will embrace this and fly patients from Kalgoorlie and Esperance to Albany, which would provide a better use of that facility and would perhaps mean that they could travel shorter distances—maybe a charter service or something like that. I have had discussions with surgeons in that community who are very keen to see that.

As the member for Bunbury said, we are now doing a great deal of work around the redevelopment of Bunbury Hospital so that it can continue to meet the demands of that growing community. Although we had funding for Laverton Hospital, it is a wonderful development that is now going ahead. Of course, there is now the construction of the renal unit as part of the new Newman health service, on which construction will continue. Today, members pointed out many of the challenges of rural and regional mental health and general healthcare services, and the McGowan government is working hard to meet those challenges.

Debate adjourned, pursuant to standing orders.