

CHILD AND ADOLESCENT HEALTH SERVICE — PSYCHIATRISTS

414. Hon MATT BENSON-LIDHOLM to the Minister for Mental Health:

I refer to tabled paper 3230, which shows that as at February 2011, psychiatrist positions within the child and adolescent health service were understaffed by 48 per cent.

- (1) Why has the child and adolescent health service been operating below its full staffing requirement?
- (2) How long has the service been operating below its full staffing requirement?
- (3) How much money has been saved as a result of the service operating below its full staffing requirement?
- (4) What is the average waiting time for a child or adolescent to see a psychiatrist in WA?
- (5) Have the vacant positions been advertised; and, if so, when?

Hon HELEN MORTON replied:

I sincerely thank the honourable member for the opportunity to answer this question. This is one of the amazing success stories that I was really hoping to have an opportunity to talk about.

- (1) The child and adolescent health service has been successful in recruiting for all but one of the vacant positions. However, there is a delay in their arrival due to immigration processes and the accreditation process of the Royal Australian and New Zealand College of Psychiatrists. Applicants are coming from a range of countries in Europe and from the United Kingdom.
- (2) The recruitment of child and adolescent psychiatrists has been a longstanding problem in Western Australia and other Australian states and territories. We have to applaud the people who have been working diligently to recruit these positions over the past couple of months.
- (3) Temporary non-psychiatry positions—for example mental health nurses and allied health staff—have been funded to take up the slack to the extent that they can while these positions are being filled. In a normal year, approximately \$2.5 million is required to fund the additional 5.4 full-time equivalents, if they are covered by psychiatrists. I hope the member was not intending to suggest that this situation has been used or caused to save funding; I am sure that was not his intention. I say that in case there is any misunderstanding by anybody that somehow or other the government would withhold child and adolescent psychiatry services to save money. It would be a very sad indictment on any person who thought that.
- (4) Waiting times for access to any child and adolescent mental health service is based on a priority system, so that children with the highest risk are seen as quickly as possible. If the situation is urgent, a psychiatrist is available 24 hours a day at the emergency department of Princess Margaret Hospital for Children.
- (5) Yes, all positions have been advertised online and in newspapers. In 2009, an open recruitment pool was advertised on www.jobs.wa.gov.au, which remains current. As a result, the child and adolescent health service is approached by international recruitment agencies looking to place medical staff, all of which are actively followed up. I again express my appreciation to the staff who have been significantly involved in getting these positions filled. They have done a fantastic job.