

MENTAL HEALTH SERVICES

Urgency Motion

THE PRESIDENT (Hon Barry House): I received the following letter this morning —

Dear Mr President

...

I give notice that pursuant to SO 72 I intend to move that the House, as a matter of urgency, calls on the State Government to acknowledge the increasing need for frontline mental health services, and therefore:

- (a) stop and reverse recent and proposed funding cuts to such vital services; and
- (b) quarantine mental health services from the 3% efficiency dividend and any future cost-cutting initiatives.

Yours sincerely

Alison Xamon MLC
Member for East Metropolitan

The member will require the support of four members in order to move the motion.

[At least four members rose in their places.]

HON ALISON XAMON (East Metropolitan) [3.52 pm]: I move the motion.

I am moving this motion today in response to an overwhelming level of distress about this issue from many in the community, particularly consumers and carers in mental health. People from public and private areas of mental health service delivery, as well as non-government organisations and consumer groups, have approached me and, I have no doubt, other members from the government and the opposition to express their concerns at the government's intention to further cut funding to mental health services. I share their concerns and I think it is appalling. We have been told to believe that any cuts will not impact on service delivery. Truly, these sorts of fanciful claims must beggar belief. Members cannot possibly tell me that cutting 13 per cent of staff will not potentially impact on front-line services. I am quite certain that it will have an enormously detrimental impact. There simply is not any fat to be cut from the mental health budget, which has already been chronically underfunded for years. These services have been operating on bare-bones funding as it is.

My motion has three parts. Firstly, it calls on the state government to acknowledge the increasing need for front-line mental health services. Members may recall that I noted in my inaugural speech that the most recent research on the rates of mental illness indicates that mental illness will strike not just one in five Australians, as previously suggested, which in itself is an incredibly high number—at least I think so—but one in five Australians within any 12-month period. That is an enormous number of people who will experience mental illness. That does not include the number of carers involved, some of whom I point out are only children. Frighteningly, there are indications that the rate of mental health illness and the number of people affected by mental illness is on the increase. Recent research has detailed increases in a range of mental health issues among children and adolescents. I refer to the Australian Institute of Health and Welfare. We are also seeing direct increases in demand for mental health services in Western Australia. From April to June this year alone, there was an increase of more than 10 per cent of people admitted for mental health services in comparison to the same period last year. Moreover, there has been a more than seven per cent increase in the number of attendances for mental health services at outpatient clinics. These increases occurred at a time when mental health services were already experiencing the impact of the three per cent cuts and when an increase in funding to keep pace with the consumer price index had been denied.

This increasing need for front-line services has also been reflected in the early feedback from the consultation on the new mental health strategic plan in which consumers and carers have identified a need for better access to mental health services, improved follow-up services and more after-hours services. To put it simply, when we look at these sorts of cuts, we are going in the wrong direction. It can be difficult for many to comprehend the true extent of the impact of mental illness, although much has happened in recent years to give people a better understanding. According to my notes, the Senate Select Committee on Mental Health states —

Mental illness costs the community a great deal in many different ways. There are the human costs in terms of time lost to disability or death, and the stresses that mental illness place upon consumers, carers and the community generally. There are financial costs to the economy which results from the

loss of productivity brought on by illness. There is the expenditure by governments, health funds and individuals associated with combating mental illness and facilitating mental health. Mental illness is the number one health problem causing years lost to disability in the Australian community. Other diseases like heart disease and cancer may take more lives, but nothing causes as much ongoing suffering and disablement as does mental illness.

The state government appears to understand this. Indeed, this government made a promise that mental health would be a priority. There were some early positive moves, such as the creation of the new ministerial position with a priority on mental health. I am concerned that this seems to be where much of the positive work, which we had been promised, has ended, or at the very least stalled. The Liberal Party's pre-election policy document on mental health stated that a Liberal government would work immediately to improve the condition of Western Australia's mental health system. This clearly has not happened. Instead, we are now looking at the service delivery effectively being gutted. A lot of people have every right to feel let down by these decisions.

The second and third parts of this motion call on the government to stop and to reverse the proposed cuts and to quarantine front-line mental health services from the three per cent so-called efficiency dividend and also other cost-cutting initiatives. Such cost cutting is inappropriate, I will argue, in the area of mental health. Mental health funding is so important and its funding already relatively low that it needs to be quarantined from other health spending and certainly from other health cuts, which I accept have gone over budget. However, I note that mental health across the board has not overspent.

The Treasurer and the Premier both made undertakings that the three per cent cuts would be achieved only by targeting inefficiencies within departments. Perhaps that has happened in other areas, but I am simply talking about mental health. We know that that has not been the case for mental health. The three per cent cuts alone have had a direct impact on service delivery. I am getting that feedback very strongly from people on the ground. An additional 10 per cent cut, which will bring it up to 13 per cent—as I said, the funding has not kept pace with the CPI for two years in a row—will decimate it. We are talking about cutting essential staff who are working at the coalface with people with a mental health illness. We are talking about psychologists, mental health nurses, occupational therapists and counsellors. I understand that there are vacancies that are not being filled and that the contracts are not being extended. That is having a negative effect on front-line services now. I will give members an example of what these cuts will mean. For example, all the areas within the South Metropolitan Area Health Service have been asked to identify up to 13 per cent of full-time staff positions that can be cut for the Department of Health to meet its 2009 and 2010 budgets. Fremantle Hospital has proposed those cuts to meet these targets. I understand that at this stage it has just been proposed, but that in itself is concerning. The proposal includes cutting five positions from the hospital's emergency department, reducing triage cover and closing in its entirety the Ellen Street centre, which will require patients to be diverted to services in Rockingham. The thing is, Rockingham services are looking also to be cut. How on earth Rockingham is supposed to cater for that overload is beyond me. It simply does not have the capacity to take this increased number of consumers. I can only presume that if the capacity to cut anywhere other than front-line services existed, that is where the cuts would be occurring. But that is not what is being proposed. Even the proposed cuts are not considered to be enough to satisfy this government's demand for cutbacks. The memo I have received, among many others, goes on to say that the proposals are well short of the total full-time equivalent reductions required of the service and would leave our ability to provide emergency and out-of-hours cover very thinly supported. I do not have a copy of the memo here now, but I am happy to table it at a future date if anyone would like to see it. If that does not mean cuts to front-line services, I really do not know what does.

We also know of areas that are in particular need. We know already that the remote, rural and Indigenous mental health fields are among them, as is child and adolescent mental health, which is an area of particular personal concern to me. We know that there is a growing prevalence—a growing prevalence—of mental health issues among young people. Unlike most other illnesses, mental illness overwhelmingly impacts on the young. I have seen firsthand, as I am sure have some other members, some fabulous programs. There is, however, a desperate need for these programs to be expanded, not cut back. The last thing we should be looking at doing is cutting back on them.

I draw the attention of the house to two recent letters to the editor of *The West Australian* from parents of children with serious mental health problems. The first parent wrote with a common story of children falling through the cracks. The letter states that when children present with serious mental health problems, they are being put in the “too hard box” too often, too quickly” and there “is no early intervention”. The second letter acknowledged some of the amazing staff in the mental health services. I certainly acknowledge them too. It explains —

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Our family was rocked at the beginning of the year when one of our children was suddenly diagnosed with a mental health condition. It was traumatic, we were shocked and didn't know what to do or who to turn to for help. Without the support of the Child and Adolescent Mental Health Services arm of the Health Department we would not have coped. We quickly saw its resources were stretched far too thin, but they were a source of strength and extremely professional.

We are looking at cutting services even further. This person went on to say that "cutbacks cannot be tolerated in child mental health services"; also —

Adequate funding of this health area is money wisely spent so we can all avoid the far higher social and financial costs of our youth growing into adults, burdened by issues that could have been cured or well-managed at the start of their lives.

This view is shared by the Royal Australian and New Zealand College of Psychiatrists, which has also expressed its concern over a critical lack of funding within child and adolescent mental health services, and the impact proposed cuts will have on an already struggling workforce.

Often, due to the early onset of mental illness, sufferers, particularly those who have acute conditions, can face varying degrees of disability in effect for many years of their lives. This means that mental illnesses can create enormous costs for our health system and our society, and these costs will be exacerbated if effective treatments and care are not being provided. Any cuts to mental health care are basically a false economy and will result in much higher costs to our society now and in the future in a variety of ways.

I also want to express my concerns about the way the government has basically stifled discussion on this issue. The public service areas that have been affected are effectively being gagged. I believe the minister has been dodging questions on this. His comments have ranged from there being no cuts—at least that was what was quoted in *The West Australian*—to claims that the cuts will not affect front-line service delivery. He is either unable or unwilling to tell us what is happening. The prospect of the cuts, combined with, I believe, the underhanded way in which they are being rolled out, is having a really debilitating effect on morale within the sector. I am calling on the minister to explain publicly what is happening, and to find ways of making up for overspending in other areas of health or perhaps in other areas of government.

This is a matter of urgency because of the horrific burden of mental illness on our community. As a community, we cannot afford cuts to mental health services. We know that people who are suffering from mental illness have poor general health outcomes, are more likely to come before the justice system and are more likely to be unemployed or underemployed. We must get this right today. It has such far reaching implications for tomorrow and further into the future. When people are not receiving adequate treatment and care for mental illness, it affects us all. We have seen today on the front page of *The West Australian* and have heard on radio talkback the impact mental illness has on law and order and on the work of WA Police and our ambulance service. Do we need any further reminder of this?

Mental health might seem like an easy target for funding cuts, but such cuts will have long-lasting and potentially fatal consequences. I believe they are putting people's lives at risk. The impact this will have on consumers, carers and the wider community will be devastating. I know firsthand the devastating and lasting impact untreated mental illness can have on families. I ask the government: please do not hide this issue or brush it off with political spin; it is too important. Please enable staff to talk about it without fear of recrimination. Finally, please do not cut funds to mental health services; instead, quarantine mental health funding from any cost cutting. Let us look at reversing the trend and at setting this right.

HON SUE ELLERY (South Metropolitan — Leader of the Opposition) [4.06 pm]: I am happy to rise in support of the motion moved by the Greens (WA). I do not think there could be any dispute in the chamber about what Hon Alison Xamon described as the burden of mental health. When I was thinking about what comments I might make this afternoon, I asked: how has mental health touched my life? I do not think I am very different from any other member in the chamber or people close to them. In the first instance, probably perhaps four or five years ago now, my father's only brother committed suicide as a result of a lifetime of depression. At that point he was in his mid-60s, which is an extraordinary time, if we think about it, to take one's own life. But it is not actually that extraordinary for men at all. My former boss, the former Premier of Western Australia, Geoff Gallop, had a very public struggle with mental health. Indeed, a work colleague and friend from when I was working for the Australian Nursing Federation and we were both in our mid-30s, Rob Louvout, also took his own life after a period of depression. In just the few minutes during which Hon Alison Xamon was speaking, I could bring to mind the people with whom I have had close working relationships and, in my uncle's case, a longstanding family relationship, who have suffered mental illness. My uncle's suicide and depression tells me that depression and mental illness are in my family. That is something we all had to think about once my uncle had taken his life. The point I make about my personal connection is that I am no different from anyone else; in

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fact, I do not think anyone in the chamber would take issue with what Hon Alison Xamon has said about the burden of mental health and how it touches all of us.

I am somewhat surprised that we find ourselves debating this motion some 12 months into the life of the new government. To give credit where credit is due I mention two things: this new government had in this chamber a very committed, dogged advocate for mental health in Hon Helen Morton. I am pretty confident, if we were sitting on that side, about the things she would be saying if she were sitting on this side and we were discussing cuts to mental health funding of three per cent and then 10 per cent. I am surprised that we find ourselves in this position, because Hon Helen Morton was such a dogged advocate and was respected by the mental health sector when she was in opposition. I do not know this for a fact, but I am sure she was the driver of the Liberal Party election promises on mental health, which were well received by the sector and which raised hope for public accountability around mental health, particularly for the appointment of the Commissioner for Mental Health and the report the Commissioner for Mental Health was to provide Parliament within the first six months of a newly formed government. Given Hon Helen Morton's passionate advocacy and the respect she had within the sector, I was surprised that she was not the minister. Having been in a position in which my ministerial ambitions were thwarted for some time, I know what it feels like; therefore, it does not surprise me that those things happen in politics. The work and the runs were clearly on the board with respect to Hon Helen Morton.

Hon Ljiljanna Ravlich: You're too generous.

Hon SUE ELLERY: I give credit where credit is due. There is no question that she was a dogged advocate in this place, and that that was respected and welcomed by the mental health sector.

It must be frustrating to Hon Helen Morton that she is not able to deliver on the promises that were made for the early appointment of a commissioner for mental health or for the first report in the first six months of a new government from a commissioner for mental health. Long-term advocates such as Keith Wilson were from time to time very critical of our government about what he saw as deficiencies in what we were doing. Hon Helen Morton relied on the words of Keith Wilson in many debates and questions that I had to deal with when I was the Parliamentary Secretary to the Minister for Health. I had to respond to many of the issues raised by Hon Helen Morton. Perhaps the newer members will not remember but Keith Wilson was a former Labor Minister for Health and has long been an advocate of families who have a family member with a mental illness. On Saturday, 10 October there was a letter in *The West Australian* from Keith about the report of Royal Perth Hospital's psychiatry service cuts and his frustration that governments were still making cuts to a service that needed to be and was expected to be built up by this government. He stated —

To claim so unequivocally —

He is talking about comments by the RPH's spokesperson —

that patient care “will not be compromised” in spite of the hefty cuts being demanded is simply a nonsense.

The fact is that significant cuts in any part of crucial public health services have an inevitable flow-on effect in other parts of the service stream which is never adequately assessed, thus avoiding any accountability for any compacting of problems affecting the readiness of required patient care or additional stress levels for the reduced staff numbers involved.

It is all too easy for the Minister for Mental Health to pick up the Premier's line in a follow-up article ... and claim that all services had been told to meet their 2009-10 budgets without compromising patient care. The truth is that neither the Premier nor the Minister can guarantee such a claim, being far too removed from the point of actual service delivery.

The other point that I wanted to raise was the notion that the so-called leaks about cuts are being driven by disgruntled or middle management public servants who really do not know what they are talking about or who are motivated by something other than a genuine concern for the impact on their capacity to deliver care. Let us assume that there are some disgruntled public servants who have an alternative agenda. We should stop giving them the bullets. They will not have anything to express or leak or make public if they are not being asked to make cuts that they claim will have an impact on their capacity to deliver their services.

The other issue that I wanted to touch on is that I was genuinely surprised and quite distressed 12 months into this new government, given the great expectations and the genuine goodwill that the mental health sector expressed towards this government and the hopes it had, to see a letter in *The West* dated Monday, 14 September from a family whose name and address was withheld about their experience of coping with their schizophrenic son. They were desperately trying to get hold of a bed when one was not available, and then were trying to get ongoing support and services. I do not have enough time in my just over one minute left to read this letter. This is a story of a family's experience about which I know Hon Helen Morton, when in opposition, would have said

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to us in government that families like this should not have to go through this trauma and this level of distress. In part, that is why I am surprised that a year on we find ourselves in the position of having to say to the government that the sector is genuinely feeling let down because it expected the government to appoint the mental health commissioner soon. In November last year the Minister for Mental Health said that the plans for the appointment were well underway. It is nearly November the following year and we still have no appointment. The sector genuinely expected that appointment to be made and the report of the first six months of that work to be provided to Parliament. Those things have not been delivered, and it is those things that raise the sector's concerns and leads it to believe the stories when they are leaked from the health department about further cuts. It can already see that the government has not delivered on the things that it promised, which gives it more reason to believe the horror stories coming out of the mental health sector about the cuts that are occurring.

HON MIA DAVIES (Agricultural) [4.17 pm]: I rise to speak on this incredibly important issue. I congratulate the honourable member for raising it in this house. The Minister for Mental Health has clarified that he is not intending to cut front-line mental health services in Western Australia, that cuts are not acceptable to the state government and that any of these moves will not be approved. I take great comfort in this advice. That is the position that I am coming from when I rise to talk about this issue.

Members would be aware that the National Party members represent many regional constituents and that the statistics surrounding mental illness in regional WA are fairly grim. Accessing appropriate health care is significantly more challenging in these areas than is the case in metropolitan regions. Nonetheless, I have taken heart from some of the early initiatives that the government has put in place. I know that Hon Helen Morton has had a great deal to do with that. The government has fully embraced the need for mental health reform and has already appointed the first Minister for Mental Health in this state to review policy, to implement new strategies and to conduct community consultation. This includes a WA suicide prevention strategy for 2009 to 2013 and a commitment to spend \$13 million over the next four years on this prevention strategy. There is also the state mental health policy and strategic plan. I was very interested to read about Dr Jacobs' commitment to improving mental health services in remote areas when he began a discussion tour of the Kimberley in March 2009. There has already been some movement on this issue from the Liberal-National government.

The Nationals have been strong advocates for increasing funding and services to address mental illness, particularly in the regions. It may interest members to know that one of the first projects that I worked on as a staff member to Hon Max Trenorden when he was Leader of the National Party was matters of public interest and grievances on mental health in the other place. While trawling through my notes kept from this time, I noted that I jotted down at least 22 instances, dated from September 2002 to early 2004, in which our members raised concerns in Parliament or in public. After that I gave up. We certainly have been on the record as allocating funding and making sure that people have adequate access to mental health services. Some of these included matters of public interest, such as the one raised in September 2002 by Hon Brendon Grylls. We spoke about the full funding of the Lifeline WA telephone service. Such mental health services are very important for regional people who may not be able to access clinics or who may feel uncomfortable talking with their GP about these kinds of issues. There is a litany of similar issues strewn through *Hansard*.

It is natural for us to raise these concerns; mental health issues are notoriously commonplace in regional areas. I came across an article from the website of beyondblue, the national depression initiative. It states —

While the rate at which mental disorders occur does not differ greatly between metropolitan, rural and remote populations, the likelihood of professional help being sought is lowest among men living away from big cities.

Young men living in rural Australia are unlikely to seek help for mental health problems, and consequently face a higher risk of suicide than those living in metropolitan areas. Further along, the article continues —

The data shows that suicide rates among men in rural and remote areas were higher across almost all age groups, with those aged 20-29 years showing particularly high rates.

...

Increasing or improving service use by and for young rural men, even to a small degree, could therefore impact upon their suicide rates.

Like honourable members who have spoken before me, I have had experience in my lifetime of friends and relatives who have decided that they could not continue as a result of depression or mental illness. It is an incredibly personal experience when one stands up to talk about these things. I am heartened that some of the initiatives and strategies that have been put in place by the Liberal-National government are moving in a positive way to address some of these issues.

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I could not stand without mentioning that royalties for regions funding is actually addressing some of these issues in the regions. I have a few examples. The Peel Development Commission, under the regional grants scheme, awarded \$250 000 to the Midway Community Care group to construct a community access centre that will provide services for people with disabilities, including intellectual disabilities, and will help them to participate in skills development to become more independent. I imagine that that service will also be accessed by people with other mental illness issues. The Goldfields-Esperance Development Commission granted \$139 710 to Bay of Isles Community Outreach Inc for a mental health capacity building project to expand mental health services through localised training by two facilitators. In my own patch, the Wheatbelt Development Commission granted \$149 000 to the WA Country Health Service-Wheatbelt Mental Health Services partnership for a youth mental health and drug and alcohol misuse treatment access project. There is more information on all those projects on the internet. I look forward to seeing that money hitting the ground and actually making a difference.

I can only reiterate that the Minister for Mental Health has given an assurance that cuts to front-line mental health services in Western Australia are not acceptable to the state government and will not be approved. It is not acceptable to the minister and it is not acceptable to the National Party. I am confident that mental health issues are being dealt with appropriately, and I look forward to seeing the fruits of the strategies that were put in place during the first few months of this government.

HON HELEN MORTON (East Metropolitan — Parliamentary Secretary) [4.24 pm]: One of the very positive aspects of this debate is that many people in the Legislative Council are willing to talk about mental health issues. I feel that, to some degree, the fact that this debate is taking place means that the educational or awareness-raising program that I have been on about over the past three or four years has actually borne fruit. I have been able to educate my own party about the importance of mental health issues, and it is a really positive thing that other people have taken up the cause with me.

It is worthwhile mentioning the early positive changes that have been referred to. The government has established a Minister for Mental Health, and legislation for the appointment of a mental health commissioner will be introduced during the spring sittings of Parliament; the review is underway. Those processes are underway, and members should understand that, as a result of that review taking place, a new direction will be set for mental health services in this state. There will be some requirement for the reallocation of existing resources. There is also the suicide prevention strategy, for which \$13 million has been allocated directly from Treasury. That is additional funding going towards mental health services. Changes to the legislation are in hand, and there will be a requirement for a peak consumer group to be established with the assistance of government funding.

Those were the five major commitments made by this government. My reading and monitoring of the situation is that they are all progressing, and I can assure the Leader of the Opposition that I remain a very committed and dogged advocate of services for people with mental illnesses.

Hon Sue Ellery: When do you think the commissioner will be appointed?

Hon HELEN MORTON: I do not know the answer to that, but the legislation will be introduced during the spring sittings of Parliament and will be implemented immediately after that. The commissioner cannot be appointed before that has taken place.

Hon Ken Travers: So it will come in during this session of Parliament?

Hon HELEN MORTON: That is my hope.

Having been a provider of mental health services and having also been a general manager of finance for health in Western Australia for a number of years, I have a pretty good understanding of how the budget process operates from both the health department point of view and the service provider point of view. Budgets normally go out around early September; it went out on 9 September this year. The annual budget for service providers is usually the same as the budget for the previous year, plus or minus a bit depending on the consumer price index and other things. Service providers have to ask themselves what they need to do with what they have to stay within budget. One option is to look at alternative or lower-cost ways of delivering services. Let us not forget that over the past 12 months, demand for services increased by three per cent to five per cent, but expenditure increased by 12 per cent. There is something not quite right there. I do not think any member could somehow imagine that that 12 per cent increase in expenditure should not be pulled back to keep in line with demand increases. I do not think that anyone believes that service providers should be allowed to spend up as though there were no tomorrow. Service delivery needs to be contained within a budget, and that is what is required here.

I reiterate what Hon Mia Davies said: the Minister for Mental Health has stated categorically that no front-line services will be cut. What are we talking about when we say "front-line services"? We are not talking about the

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service provider; we are talking about the service outcome. No front-line service outcomes will be cut. If we can achieve the same outcomes at reduced cost, why would we not do so? It would allow extra funds to go elsewhere. When we say that no front-line services will be cut, we are saying that the services that people require at the front line will not be reduced as a result of these measures.

As an example of the fact that that is not happening, the headcount in June to August of this year for people working in mental health services actually increased. It has not been reduced.

Hon Ljiljanna Ravlich: Because they've gone part time.

Hon HELEN MORTON: The full-time equivalent will be about the same.

All governments in Australia and overseas are facing tight budgets. I am absolutely certain that nobody is suggesting that mental health services or the Department of Health should be able to continue to expend without some requirement to stay within budget. The overexpenditure for health services in general in the past 12 months has been nearly \$300 million. Can budgets be reined in without affecting and compromising outcomes at the front line? I repeat the words of Barack Obama: Yes, we can. We can do that. Services can be rearranged and re-looked at, efficiencies can be found et cetera without compromising front-line services.

All staff and service areas were required to look at how they could achieve those reductions in cost to bring the budget into line. I have seen the memorandum from the Fremantle doctor that went out to service providers. He proposed some very good initiatives in that memo. They were not all about what the member has referred to as "cutting services"; he included administration. None of those requirements was requested of him by the Minister for Health or the Director General of Health. This was an internal requirement from that doctor of the people who work within his area. The memo that has been referred to includes a range of suggestions and ideas that he gave to people. None of those was specifically required by the minister or the Director General of Health. It is unlikely that all, or even half, of those suggestions will be accepted as ways of creating additional efficiencies in the mental health budget. If any of those suggestions compromise front-line services, they will not be approved, exactly as Hon Mia Davies said.

Efficiencies can be found in some areas. When the member stands, she can tell me whether she thinks that efficiencies should be looked for, or whether she thinks that a service should be allowed to continue to expand and develop in a particular direction, even if one service provider wants to do something in a different direction. That is not how it works. Costs associated with some long-term planning issues can be delayed. Efficiencies can be found in that area. Some special demonstration projects that did not exactly achieve the outcomes that were being sought can be delayed or stopped. The use of expensive contract nursing staff or other staff can be reduced. A range of things can be done to create efficiencies, and that is what staff have been asked to do. There is no reason that mental health services or any other health service should not be required to find the best and most efficient way of delivering front-line services.

As I said, the minister was absolutely clear that the cuts were not to impact on the delivery of front-line services. If any of the suggestions that are made through this process seem to do that, they simply will not be approved. We are in the middle of the process now.

HON LJILJANNA RAVLICH (East Metropolitan) [4.33 pm]: Western Australians can rightfully feel ripped off by this government and the parliamentary secretary in relation to mental health and the promises that were made to not only mental health patients, but also their families, friends and the community generally. This government went to the election with five key planks in its commitment to mental health services. Basically, there has been very little, if any, progress on those five measures. The commitment to appoint a Minister for Mental Health has been achieved. However, the appointment of a mental health and wellbeing commissioner has not been made. I do not think there is any excuse for that appointment not to have been made. The government certainly found plenty of time to appoint the new Public Sector Commissioner and the new Director General of the Department of the Premier and Cabinet. It also has split departments, is going to appoint a director general of the new department of training and workforce development and so on. I think this government has probably made 20, 30 or 40 appointments at a senior level because it has chosen to do so and because it has deemed them to be a priority. Clearly, the government has deemed that the WA mental health and wellbeing commissioner is not a priority and it is not moving on this; in fact, the government is dragging its feet. Also, the government has not conducted a comprehensive review into the adequacy of the current mental health services in Western Australia. The government promised that the mental health and wellbeing commissioner would provide an independent report to the Minister for Mental Health within the first six months of government. Can members believe that—the first six months of government! It has been well over a year now. Of course, this report cannot be provided until the new commissioner has been appointed. This report will be well and truly delayed. Given the promises that the Liberal Party made in the lead-up to the last election, the way that it has dealt with this area is nothing short of an absolute sham. It has been absolutely shambolic. The Minister for Mental Health, the

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Premier and the parliamentary secretary should hang their heads in absolute shame because they have betrayed the good people of the state in this area.

The government also made the commitment to spend \$13 million within the first two years of government to develop a comprehensive statewide suicide prevention strategy. I am not sure how advanced that is, but we have heard very little about it. There is also to be a new Mental Health Act —

Several members interjected.

Hon LJILJANNA RAVLICH: Members opposite are all worked up because they know that they have been tardy in this area. They promised, as part of the 100-day plan, that they would appoint —

Several members interjected.

Hon LJILJANNA RAVLICH: This is about priorities. This government does not deem mental health issues to be a priority. This government, in its budget, took the axe to the mental health area. The three per cent efficiency dividend means that \$9 million will be taken out of the mental health budget over the next four years for the mental health operating efficiency. Perhaps the parliamentary secretary would like to explain that. The Department of Health is running 8.2 per cent over budget; it is up by \$370 million, according to the 2008-09 *Annual Report on State Finances*. I can tell the parliamentary secretary that this spending is not occurring in the mental health area. She knows that the government is making a decision to make cuts in an area that has the most vulnerable people. I will tell the parliamentary secretary why the government is deliberately making cuts in that area. It is making cuts in that area because it knows that this group of people are the most vulnerable, possibly the less vocal —

Hon Helen Morton: Your attacks are ridiculous. You are an absolute disgrace.

Hon LJILJANNA RAVLICH: No, this is not ridiculous. The government is targeting the most vulnerable in the community. It knows that those people will not stand up for themselves and that they are a soft target.

That is exactly what it is doing. Why did the government specifically cut \$9 million from the mental health area? Why is it targeting a reduction in staff in the mental health area? These are strategies that this government has deliberately put into place because it knows that these people are the ones who are likely to give the least problems in terms of standing up for themselves.

Hon Mia Davies made a very interesting point. She said, “We’ve mentioned mental health so many times. In fact we’re using royalties for regions money and we’re putting it into certain programs in relation to mental health.” A concern we have always had with the royalties for regions program is that it was sold to the people of this state as a program that would provide additional funding; that is, money for programs over and above any programs delivered by agencies across the state government. We now find that it is not about additional funding; it is about substitution.

Hon Mia Davies: The community has come together and decided that that is a priority. It has actually been delivered by the community.

Hon LJILJANNA RAVLICH: That may well be so. I am saying it is not a priority for the community; it may well be. But surely that money should have come out of the health budget, not out of the royalties for regions budget. Historically, these agencies provided the funding for a range of programs. We are now seeing the royalties for regions money funding programs that should have been properly funded by the appropriate agency.

There have been plenty of departmental splits and there have been plenty of interesting programs funded. We have growth running at 13.5 per cent. We also know that the education budget is running seven per cent over budget and health is running 8.2 per cent over budget. Quite clearly, if the government could manage the budget, if it could contain the overruns, it would be in a position to properly fund the mental health area.

Hon Helen Morton interjected.

Hon LJILJANNA RAVLICH: I am not helpless. The honourable member is pathetic because in opposition she got up time and time again and became an advocate for these people. She then shifts seats and does nothing! She gets on her feet and says, “Isn’t it wonderful that everybody is aware about this issue!” The people in this sector expected more from the honourable member. The people in this sector expected her to deliver to them, not cut the money from them, not reduce their services —

The PRESIDENT: Order! At the moment about nine people are trying to make a speech at once. That is not appropriate.

Hon LJILJANNA RAVLICH: Thank you, Mr President.

President; Hon Alison Xamon; Hon Sue Ellery; Hon Mia Davies; Hon Helen Morton; Hon Ljiljanna Ravlich;
Hon Simon O'Brien

My point is that mental health consumers, their families and the broader community can rightly feel let down, ripped off and very, very disappointed about the way that this government has responded to mental health.

HON SIMON O'BRIEN (South Metropolitan — Minister for Transport) [4.44 pm]: I rise from the position of the government benches to pay a very special tribute to one of our members—someone who I have seen, both publicly and in other fora behind closed doors, constantly and tirelessly pursue the interests of people with mental health issues, whether they be patients or other victims such as family members. I refer here to Hon Helen Morton. We have all been in this house to see it. Even new members who joined us in May are aware, but certainly those of us who were here throughout the last Parliament in particular know that what I have to say is justified—there has been no more tireless champion of mental health issues in this state in recent years in the public domain than Hon Helen Morton.

Hon Ljiljanna Ravlich: Why is the minister defending her?

Hon SIMON O'BRIEN: I have just had an impertinent interjection asking why I am defending her. I am not defending her; I am giving a testimonial on her behalf. To the extent that Hon Helen Morton requires any defence, it is not a defence of her record or her character or her commitment to this cause; it is a response to the sort of hollow, insulting clichés thrown in Hon Helen Morton's direction by a member opposite when Hon Helen Morton has already spoken and does not have the opportunity to respond. It appears that the opposition spokesperson for health has had a leak come to her; she is in possession of a leak! The mover of the motion has also got an interest in this matter, so her ears have pricked up. Hon Alison Xamon has beaten this slack opposition to move an urgency motion on the subject.

Hon Sue Ellery: Don't be ridiculous!

Hon SIMON O'BRIEN: I did not see the Leader of the Opposition come out with it.

Hon Sue Ellery: I stood up early in the debate —

Hon SIMON O'BRIEN: The Leader of the Opposition did not move the motion.

Hon Sue Ellery: The Greens (WA) asked for the motion. We agreed that they should move the motion.

Hon SIMON O'BRIEN: Bully for you! It saved the member the trouble of actually doing some work!

Hon Sue Ellery: We actually had that motion planned and they asked —

Hon Ken Travers: What is happening in the other place?

Hon SIMON O'BRIEN: Mr President, we have just —

The PRESIDENT: Order! The comments the last minute or so have very tenuous links to the real issue; that is, mental health services. That includes the comments being made by the speaker on his feet and the interjections.

Hon SIMON O'BRIEN: Mr President, the —

Hon Ken Travers: Stop disobeying the Chair and sit down!

Hon SIMON O'BRIEN: Why don't you just pull your head in for half a minute!

Hon Norman Moore: I think he should go back to sleep!

Hon SIMON O'BRIEN: He was sound asleep a minute ago.

Hon Norman Moore: We are really disappointed that Hon Ljiljanna Ravlich woke him up!

Hon SIMON O'BRIEN: That is where he needs to be.

Hon Sue Ellery: Why does the minister not answer the question about why the great advocate for mental health did not —

Hon SIMON O'BRIEN: This is why, Mr President, I cannot get a word in edgeways. Can I ask for some order?

The PRESIDENT: Order! I will close the debate in a minute if we cannot get some order. Let us have one speaker on his feet and no interjections—speaking to the motion, I would add.

Hon SIMON O'BRIEN: Mr President, with respect, I have been speaking to the motion. I shall continue to do so.

Hon Ken Travers: The minister cannot challenge the President like that!

The PRESIDENT: Order!

President; Hon Alison Xamon; Hon Sue Ellery; Hon Mia Davies; Hon Helen Morton; Hon Ljiljana Ravlich;
Hon Simon O'Brien

Hon SIMON O'BRIEN: The motion relates to some spurious announcements by the opposition health spokesperson that health services, and in particular mental health services, are being cut by this government. It was a matter that was enthusiastically but quite mistakenly and, I think, mischievously alluded to by the previous speaker in making some outrageous claims about this subject. The claims by the opposition spokesperson for health simply are not borne out by the truth. The previous speaker cannot make up her mind whether she wants to attack this government, because there has been a substantial increase in health expenditure, or whether she wants to claim that there has been some sort of cut. She cannot even work out what it is that she is on about.

There have been significant increases in health expenditure in the term of this government. It is the case that this government approached the last election with a commitment to appoint Western Australia's first Minister for Mental Health. We had to do that because there was a need that was identified in large part by Hon Helen Morton. It was not done by the previous Labor government; it failed to act on this. We have acted on it, and we have Western Australia's first Minister for Mental Health.

The opposition has also attacked us today for saying that we had a \$13 million state suicide prevention strategy promised as part of our election platform.

Indeed, we did. The honourable member opposite can either get it completely right or get it completely wrong. She has accused us in this house today of saying that we have not honoured that pledge—have not come close to it; there is no sign of it. The fact of the matter is that we have done that. We have introduced it. It has been announced to very prominent public acclaim. That is the fact of the matter. The allegation made by the member opposite was totally, totally wrong. It is as simple as that. Therefore, all the other suppositions that the opposition has come up with in its grab bag of clichés, which is what we get, are also extremely suspect. However, the thing that disappoints me is that when a member is trying, as the mover was, to at least show some relevance and is trying to participate in some way in the public debate, we have these Australian Labor Party members—the same ones who could not deliver on mental health services and who could not provide the sort of commitment and the sort of funding that we have provided, and are providing—who want to get up and hurl a whole range of thoroughly poisonous invective at one of the members behind me, the parliamentary secretary for this matter, who has done more to promote this than all of the members of the former Labor government put together, and certainly more than people who leak memorandums from Fremantle Hospital.

The PRESIDENT: One hour having elapsed, that motion lapses. Members do not get a right of reply if other people want to speak. I just wanted to explain that situation.

Motion lapsed, pursuant to standing orders.