MENTAL HEALTH AND WELLBEING COMMISSIONER — MINISTER FOR MENTAL HEALTH

"Liberal Plan for the First 100 Days of Government" — Motion

MR R.H. COOK (Kwinana — Deputy Leader of the Opposition) [6.10 pm]: I move —

> That this house condemns the Minister for Mental Health for his failure to act on issues as detailed in the "Liberal Plan for the First 100 Days of Government", which says the government will appoint an independent mental health and wellbeing commissioner.

There was a time before the end of last year when we would stand in this place and protest loudly on behalf of the people of Western Australia that the government was looking as though it was failing its obligations and its promises made during the 2008 election and in particular that it was failing the people with its 100-day plan. I did not think that we would be here almost 100 days later asking the same questions of the government and seeking an indication from the government of whether it would implement its 100-day plan. I did not think we would be here almost another 100 days later asking when the government will implement its full 100-day plan. One of its 100-day promises was the appointment of a mental health and wellbeing commissioner. Under the Liberal Party's policy a commission was to conduct a comprehensive review into the adequacy of current mental health services in Western Australia and recommend, among other things, how the mental health system can be reformed to develop a mental health system safety net of services that meets the needs of patients and their support network.

In the early days of this government I had the pleasure of going to a number of functions at which the Minister for Mental Health appeared. It is true to say that a lot of the stakeholders in the mental health area thought there was merit in the policy and that it indicated that we would see a period of some concerted effort by the government in the area of mental health. Indeed, I think on one occasion when the minister detailed the appointment of a mental health and wellbeing commissioner the announcement was met with some applause. It is fair to say that the mental health sector is not applauding any longer. It is fair to say that the sector understands what has gone on in this important area of health; that is, we have a situation in which, far from having a concerted policy emphasis and commitment by the government, we have ineptitude, policy drift, outsourcing of ideas and an absolute failure to act on the solemn commitments that the Liberal government made to the people of Western Australia.

A mental health and wellbeing commissioner was to undertake a range of things, but primarily the role was as a defender of the interests of the mental health sector. A mental health and wellbeing commissioner was trumpeted by the government as being an important initiative and one which would demonstrate its commitment to the sector. We have seen that the government since getting elected has obfuscated, fudged the question of when it would get on with it and sought to simply shift out further and further time lines and deadlines and really tried to absolve itself of any responsibility for this important area. As recently as 3 March, in answer to a question, the minister could not provide detail of an office of a mental health and wellbeing commissioner, he could not determine the size of an office and he could not determine its budget. That is probably not surprising because, at the end of the day, the government has no idea how it will implement this particular policy area. As we have seen through its actions, it is at a loss as to how to proceed.

We thought at day 100 that the government would be announcing the implementation of this important policy area. What we saw some time after day 100 was the government's final answer of how it would undertake a lot of the reviews and a lot of the policy work that it had initially signalled would be undertaken by a mental health and wellbeing commissioner. It is quite simple: the government was going to outsource it; it was going to go elsewhere for the ideas that it said it had for the mental health sector. I joked with people at the time, but it is really not a joke. I said that the government might have gone to the election with a solution for world peace. Its solution for world peace in this instance would be simply to engage a consultant. Documents obtained at the time suggested the consultant would be costing up to $1.2 million. Despite the size of the department that the minister has and despite the policy thinking that the government said went into this area prior to the election, its only response to providing any information to the people of Western Australia about how it would proceed in this important area was simply to go to the private sector and find a consultant. The consultant process was going on at the same time as the government was announcing that it would be reducing the number of consultants on its books and that that would save upwards of $5 million. Despite that, the Minister for Mental Health went out to purchase any ideas or thoughts about how the government could proceed.

The review of mental health was to come back later on this year. The member for Bassendean can probably do some arithmetic for me that will tell me how many days after the 100 days September represents.

Mr M.P. Whitely: About 199.

Mr R.H. COOK: What does mental health mean under this government?

Dr G.G. Jacobs: You did not know much about it in the past eight years.

Mr R.H. COOK: We will come to that. That is not exactly what the minister has said on a number of occasions. We will learn by September, which will not be 100, or 200 but probably about 300 days into this government's term in office, exactly what the government will do in the area of mental health.

Several members interjected.

The SPEAKER: The Minister for Mental Health and the member for Cockburn might want to have some interesting dialogue across the chamber. I advise them against it. The call is with the member for Kwinana.

Mr R.H. COOK: Thank you, Mr Speaker. Before that interruption, I was wondering out loud what sort of signals the government is sending about its capacity to have any policy idea on mental health and what is it saying about the Minister for Mental Health if the government at the time that it is trying to make multimillion-dollar savings in the area of consultants has provided the Minister for Mental Health with permission to spend potentially in excess of $1 million on finding answers for this policy area. It may occur to members of this chamber that perhaps what the government is trying to cover up is the fact that the Minister for Mental Health has failed in his portfolio area on the simple test of appointing a mental health and wellbeing commissioner. Quite frankly, perhaps he has just failed to manage and provide any direction for his department. It is not as if this area is not crying out for need, because there is a huge demand in the area of mental health. Patients are spending upwards of 10 days in emergency departments waiting for a facility to which they can go to receive proper care.

Dr G.G. Jacobs: They did it under your watch for eight years.

Mr R.H. COOK: The minister has made the observation that this has been an ongoing problem in the area of mental health. Governments over many years have attempted to address it. Figures suggest that over 75 patients spent between four and 10 days in emergency departments in 2007-08. Patients, often chemically restrained, were coming into the health system and were not being processed. What was the solution? The solution was being provided by the previous Labor government in the area of supported community accommodation. It is the big success story of mental health in Victoria, where the government has made huge efforts over a number of years in the area of supported community mental health accommodation. Indeed, the Minister for Mental Health acknowledged that some work was being done in this area. If we are looking at a 100-day or 200-day plan for putting the pedal to the metal in mental health, it is about creating beds and facilities so that people can move through the hospital system to get the care they need. It is also about getting people out of acute care facilities and into supported community accommodation facilities where they can be provided with ongoing assistance.

It is true to say that we are in the grip of difficult economic times. A lot of our areas of government spend are under pressure, but there are opportunities through strategic federal government expenditure and stimulus packages to identify important infrastructure projects which can be of benefit to the policy areas with which they are involved and which can generate economic activity. It seems to me obvious that if the Minister for Mental Health wanted to be proactive in this area, he would be going to both the state government and the federal government and saying, "Here is an area of absolute need. You can provide a lot of small infrastructure opportunities and contracts for tradespeople and builders across the metropolitan area by bringing forward a program for increasing the amount of supported community accommodation."

Mr F.M. Logan: Which we funded.

Mr R.H. COOK: As the member for Cockburn observed, the previous Labor government made huge gains in this area; we regarded this as the area in which we really had to crack the nut for mental health, because it would create beds and the sorts of facilities that we needed so that people needing acute care could move through the system to acute care facilities.

There is another very disturbing example of the Minister for Mental Health's inactivity, which goes to the heart of what this motion is about. The Fresh Start illicit drug treatment program was an important initiative, and the opposition believes it is important for the program to continue to move forward in the treatment of people who suffer from addictions, particularly to opiates. The government's full support is needed to ensure that the facility stays open and can continue to wage the ongoing war against drugs. We know that that war will become more difficult on the streets of Perth in the coming months and years, because of indications of an increased supply of heroin. It was another test for the Minister for Mental Health to actually move forward on. We received assurances from the minister that that would be the case. It is therefore disappointing that we had to come back, as we did during question time today, to seek reassurances from the minister after he sent equivocal and confused messages to the mental health sector, which has led to ongoing anxiety for people working in that sector. It would have been an important display of confidence in, and support for, people working in the sector if

the minister had followed up on the commitments he made in this place to fund and provide support for the Naltrexone program. Subsequent to those comments being made in the chamber, many members were disappointed to hear that there was the possibility that the minister may not honour those comments. I should add that I am very pleased that the minister seemed to reassure the chamber today during question time that the program will indeed be coming forward. Today, however, we received a classic response from the Minister for Mental Health. Perhaps he should be known as the "Minister in the Fullness of Time", because that is the sort of response we get from the minister in answer to questions such as, "When are you going to meet the commitments and promises you made to the people of Western Australia?" or, "When are you going to go about implementing the 100-day plan you put to the people of Western Australia to appoint a mental health and wellbeing commissioner?" In answer to questions from the media, the minister recently stated —

> The legislation to create the position of Commissioner for Mental Health and Wellbeing is at the drafting, consultation and assessment stage with an expectation that a Bill to give effect to the creation of this Cabinet approved position will be debated later this calendar year.

That is not quite on the never-never, but once again we have an example of a weak minister who assured the people of Western Australia and the mental health sector, which is chock-full of anxieties and working hard to provide important services to the community, that the Liberal Party was ready for government. Why was it ready for government? It was ready for government because it would make an appointment to this important position within its first 100 days. It also demonstrated that it is not only incapable of implementing its 100-day plan —

Dr G.G. Jacobs: You love bagging, don't you? That's all you do. What's your plan?

Mr R.H. COOK: Even if it had had a 100-day plan, it would not have been capable of implementing it within 200 days! Lord knows what it will be doing on day 300, but I can assure the chamber that if we are still waiting on day 300 for these promises to unfold "in the fullness of time", we will be back here to condemn the government for misleading the people of Western Australia. We will condemn the government for relegating this important policy area to the status of a sideshow in the health portfolio. The opposition will condemn the government for allowing this policy area to drift in the hands of a weak minister who seems incapable of taking action, and so will the people of Western Australia.

MS J.M. FREEMAN (Nollamara) [6.27 pm]: The undertaking made by the Liberal-National government to appoint an independent mental health and wellbeing commissioner is integral for ensuring that the rights of some of the most vulnerable individuals in this state are recognised. In particular, it would be an important mechanism for mental health patients and their families to advocate for appropriate treatment. I was recently contacted by a family member of one such constituent, a mother who has grave concerns about the mental health of her daughter and the north metropolitan mental health service's lack of outpatient care. She is also concerned about the way in which mental health patients are being released from Graylands because of a lack of beds and are being discriminated against if they have a history of substance abuse. She argues that services that can support her daughter are needed now, and that ongoing support to monitor her daughter and ensure that she complies with her care plan is essential. This would prevent the ongoing crisis of having to readmit her daughter to Graylands for short periods as she tries to overcome her illness.

She identifies a failure of respect for the human rights of mentally ill patients who also suffer from drug addiction and residual addictive behaviours. Instead of receiving the support required to regain her mental health, her daughter is being shamefully judged and discriminated against. Furthermore, her daughter's psychiatric history has resulted in prejudice against her when she has applied for acceptance into drug rehabilitation clinics. Her mother argues that there is a lack of patient care and treatment, and a continual denial of hospital beds and mental health services to our most vulnerable citizens. Such claims could be investigated by a mental health commissioner, who could be a voice for mental health service consumers. The Minister for Mental Health stated that the commissioner would play a role in monitoring the adequacy of mental health services, and would advocate for ongoing improvements.

Delay is not an option for such families and for patients who are dealing with mental illnesses. It is clear that these issues are distressing for both families of sufferers and for mental health service clients. They need the minister to deliver on this undertaking to establish an independent advocate. My experience as an advocate for workers suffering from mental illnesses as a result of workplace incidents gives me an understanding of the difficulties they have in identifying core issues, because they are often distressed about the symptoms of their illness, which can include paranoia and depression. Their illnesses impact on their families and on their capacity to work. One of the early lessons that I learnt in my advocacy for these workers was that we should never promise something that we cannot deliver. That feeds their illness. These people need surety and empathy.

I also had the opportunity of working with a number of Aboriginal workers who suffer from mental illness. I was concerned that I could not identify appropriate mental health services for those workers. What was of greatest concern was that I could not identify one Aboriginal psychiatrist, and I could identify only one Aboriginal

psychologist. In the case of Aboriginal people, a cultural understanding is paramount to the successful treatment of their illness. These are the sorts of issues that the commissioner should take on. These are the sorts of issues that have been delayed.

I note also that in a press release from the Liberal Party prior to the election on 1 September 2008, it undertook to fund and develop a comprehensive Western Australian state suicide prevention strategy. The Liberal Party promised that that strategy would place particular emphasis on culturally-specific Aboriginal suicide prevention. One of the key factors in that strategy was the appointment of an independent mental health and wellbeing commissioner. The press release stated that the task of the commissioner would be to "conduct a comprehensive review and recommend reform of the mental health system to develop a mental health safety net of services which meets the needs of patients and their support networks". However, everything has stalled while the mental health consumers await the $1 million consultancy to undertake a review of the mental health system. These people need action now.

I had the honour of working with people who are trying to come to terms with their mental illness in a society that has preconceived ideas and takes the simple view that these people should just pull themselves together. The stigma of mental illness, and the suffering of people with mental illness, is now being compounded by a government of delays and reviews. These delays convey the view that it is all too hard and we need further research, when what we really need is resources and advocacy. We need resources such as the community supported residential units which the member for Kwinana has referred to and which the previous government funded through its mental health strategy. I concur with the member for Rockingham that this government's policy of delay and review has prevented it from procuring important funds from the federal government for the funding of such accommodation. From the research that I have done, the sector and the consumers want action and implementation, not platitudes and promises. I commend the motion to the house.

MR I.M. BRITZA (Morley) [6.32 pm]: The Western Australian Liberal Party announced a mental health policy in the lead-up to the September 2008 election. That policy has resulted in a number of changes to the WA mental health system. The government has also appointed Western Australia's first Minister for Mental Health. That should be at least a sign that this government regards mental health as a serious subject, and that it has taken a step in the right direction. The government also intends to appoint an independent mental health and wellbeing commissioner to undertake a review of current mental health services, and recommend reforms. The government also intends to develop a new Mental Health Act that will provide for the care, treatment and protection of mentally ill people in Western Australia. The new Mental Health Act will be based on the review of the existing Mental Health Act 1996, which was completed in 2004, and the six-month report from the mental health and wellbeing commissioner.

One in five Western Australians will suffer some form of mental illness in their lifetime. Mental illness also affects the lives and wellbeing of the families and friends of the sufferers. The mental health system, like the broader health system in Western Australia, collapsed under the previous part-time Minister for Health. In Western Australia, 250 people choose to end their lives each year. The sad fact is that Western Australia's annual suicide toll is actually higher than our appalling road toll. The Labor government did nothing to stem the high rate of suicide, and it failed to deliver a Western Australia state suicide prevention strategy. The human toll of the previous government's deficient health system extends beyond the high rate of suicide. Eight people who are active patients of metal health services die each week in Western Australia. Patients are also finding it more difficult to obtain secure and timely inpatient treatment. Of great concern to the Liberal Party is the fact that mental health patients are often discharged from treatment before they are ready. There is also an absence of proper planning for the successful transition of these patients into the community. The responsibility for caring for seriously ill mental health patients has been pushed onto the community and onto prisons, both of which are ill equipped to manage the medical and psychological needs of such patients. The result of the previous government's careless discharge of seriously ill patients is the staggering rate of readmission. The readmission rates within 28 days of discharge are up to eight times higher for mental health patients than for the recipients of other health services in Western Australia.

This government has acted immediately upon coming into office to improve the condition of the Western Australian mental health system. Sufferers of mental illness, and their families and friends, deserve a much better and much fairer deal than they have received in the past. The Minister for Mental Health, Dr Jacobs, recently announced a major package of mental health reforms to improve and enhance Western Australia's mental health system. That package includes three principal initiatives. The first is the appointment of a mental health and wellbeing commissioner. The commissioner will have a broad mandate to advance opportunities for people with a mental illness to participate in the community and have an improved quality of life. The commissioner will also play a key role in breaking down the stigma, prejudice and discrimination that surrounds mental illness. Mental illness is an embarrassment for those who have to deal with it. Therefore, that needs to be recognised as the first step.

The second key initiative is a review into the adequacy of current mental health services in Western Australia. This review will look at issues such as the type and availability of services, and the patient's journey through the health system. The third initiative is the development of the Western Australian mental health policy and Western Australian mental health strategic plan. The government's aim is to ensure that all the components of the mental health system work together to provide a continuum of care that reflects the needs of the consumers. The strategic plan will provide the blueprint to guide system reform and development over the coming decades.

A wide range of mental and emotional wellbeing services are available in Western Australia. These services are provided by the state and commonwealth governments, and by non-government organisations. The services range from emergency and counselling services to accommodation support, advocacy and employment and training services. The Department of Health provides a number of different mental health services. The department provides the local area mental health services and also provides a mental health emergency response line. This is a 24-hour service that can provide support, assessment and referral to other services. During business hours, the call is referred to the local mental health area service. After-hours calls are referred to the community emergency response teams, which are made up of mental health professionals. The department also provides Rurallink, a specialist after-hours mental health telephone service for rural communities, and the mental health service directory, which is a comprehensive online directory of mental health and support services in Western Australia. The department provides Youth Link, which is a mental health service for disadvantaged young people who are homeless or at risk of homelessness, or are disconnected from mainstream services, and it provides Youth Reach South, a mental health service based in Success and Gosnells for homeless and transient youth between 13 and 24 years of age who have mental health disorders. The department provides the child and adolescent health services eating disorders program, which is a specialised multi-disciplinary team based at Princess Margaret Hospital for Children for the assessment and treatment of children and adolescents with eating disorders. The department also provides programs through the Centre for Clinical Interventions. This is a free, specialist, statewide mental health service offering cognitive behavioural therapy for adults suffering from mood disorders, anxiety disorders and eating disorders.

It is easy to make this a political issue. I think all members in this house are concerned about men, women and children who suffer from a mental disorder. Mental illness is a terrible disease, and one that is increasing in the community. To say that nothing is being done and that this government is incompetent is not correct. We have been in government for just over seven months. Programs are still being looked at, and services are still being looked at. A good, strong base of services is being provided, and we are looking in more detail at other services that need to be provided. I do not support the motion. I am happy to say that I support the Minister for Mental Health, and I also support the government, because it is doing its best to deal with a group of people who find it very, very difficult on a daily basis, if not an hourly basis, to deal with their mental illness.

MR M.P. WHITELY (Bassendean) [6.40 pm]: I apologise for my outburst of Tourette's syndrome earlier on, and hope that Hansard did not actually record it. It was a lot louder than I thought. Time is somewhat limited. I had actually prepared one of my half-hour speeches on this issue.

A government member: ADHD?

Mr M.P. WHITELY: Yes, I was going to touch on that subject, and I will do so briefly, but I am quite cognisant of the fact that the member for Maylands needs to have some time at the end. I will try to leave her a little time.

I know that I sit on the other side of the house, but I think the Minister for Mental Health and I enjoy a good relationship. We have worked well and have had some success. I appreciate the steps he took in saving the clinics set up to deal with problems typically called attention deficit hyperactivity disorder. It was a good intervention on the minister's part in making sure that a great Labor initiative was protected. I respect the minister's intervention, because had it not been for that, the clinics would have been for the chop. However, this motion condemns the minister for his failure to appoint a mental health and wellbeing commissioner as detailed in the Liberal plan for its first 100 days of government. It is pretty unambiguous that we are now, by my count, at day 199, and the appointment has not happened. I think that speaks for itself. The minister needs to make it a priority to deal with this matter.

The implications of the failure to fulfil this promise are not merely academic. The government's own mental health policy, which it put in place before the last election, indicated that the appointment of a mental health and wellbeing commissioner would begin a six-month process during which the commissioner would provide an independent report on the mental health system. That six-month process would then be combined with the 2004 review of the Mental Health Act and become the basis for changes to legislation. It does have consequences—that six-month process cannot be started until a commissioner is appointed. The delay—99 days by my count—also has serious consequences for the rollout of some of the other promises the government made, such as the $13 million to be spent on suicide prevention programs. I am not critical of the policy; I am critical of the

minister's failure to get on with it. In fact, I find the language in the policy quite encouraging. I like the language of the mental health safety net and the concept of mental health and wellbeing. I like the concept of mental wellbeing rather than mental illness because it indicates a philosophy in line with the one I think needs to be adopted. I encourage the minister not to delay this process any longer. I also encourage him to do it right. It is extremely important that the right person be given the job. However, that cannot be an excuse for further breaching that commitment.

It is essential that whoever is employed have the right philosophy on mental health. My interest in mental health has broadened and spiralled away from my passion and advocacy in the area of ADHD. If there are global lessons to be learnt from that debate, it is that it was one outbreak of the international debate going on between what is termed biological or biochemical psychiatry and environmental or, as I call it, holistic psychiatry. I am very firmly of the view that the exponents of holistic or environmental psychiatry are right. ADHD was an outbreak of that debate. Some of my heroes are people like Peter Breggin, a psychiatrist from New York, and Jon Jureidini from South Australia and George Halasz from Victoria, who are passionate exponents of environmental psychiatry, treating the human being as something broader than the sum of biochemical reactions.

I want to briefly recap how the lessons on the approach we should take to psychiatry at a systemic level have emerged from the ADHD debate. It is a bit simplistic, but we can talk about the debate about ADHD in Western Australia being divided into two separate periods. In the period from 1990 until 2003 we saw the triumph of biological psychiatry. From 2003 to date we have seen a fight-back by proponents of holistic psychiatry. It sounds academic, but what were the implications of that? In 1989, when the whole debate kicked off, about 800 children were on amphetamines in Western Australia. Although we do not have the exact details, the number probably peaked in about 2003, but the last reliable estimate we have is that about 18 000 children were on amphetamines in 2000. Then some changes were put in place, such as the end of block authorisation; in other words, changes were made to tighten up the accountability measures. That was the stick approach to dealing with the problem. Tightening up prescribing practices saw a decline in the number of children on amphetamines from about 18 000 in 2000 to 6 188 in 2007. That had some side benefits. Between 2002 and 2005 there was a 38 per cent decrease in the rates of amphetamine abuse amongst teenagers aged between 12 and 17. This data was revealed in a 2005 survey that showed 83 per cent of teenagers who abused amphetamines had abused diverted prescription ADHD amphetamines. We were successful because we saw an approach that is broadly consistent with what can be described as holistic or environmental psychiatry. We used a stick in ending block authorisation, but we also used the carrot of multidisciplinary clinics. I have spoken about how appreciative I am of the minister's protection of those clinics, which were going to be cut under the three per cent efficiency dividend.

One of the best exponents of environmental psychiatry is Dr George Halasz, a Victorian psychiatrist. He describes the systemic problem with the application of biological psychiatry, particularly for children, as a dumbing down of children's mental health assessments. He said that the art and science of the assessment of child behaviour had become the mere chronicling of a set of symptoms. He said that that is in part due to the training of the doctors and is also in part a response to reduced time for patient care. Another psychiatrist for whom I have enormous respect is Jon Jureidini, who basically says that good mental health practitioners and good mental health systems are comfortable with ambiguity, and not pretending that they know the answer to every problem. Jureidini says that mental health professionals work in a field of vast uncertainty and ambiguity. Anyone who is going to be a good psychiatrist or mental health professional has to be able to tolerate a level of uncertainty and avoid grasping for the prescription pad, the magnetic resonance imaging scan, or whatever the latest fad is to deal with a complicated issue. That reflects the approach we need to be building into the mental health system in Western Australia, for not just children but also adults. It is not a problem that is unique to Australia; in fact, a worldwide debate is happening within the profession. One of the worst historical excesses of biological psychiatry—I will not go into them in great detail—is lobotomies. I have done a bit of research on this issue, but not as much as I intended to; I intend to do some more. As far as I can establish, lobotomies did not disappear because of any moral outrage; they disappeared because other pharmacological interventions were invented and they simply replaced lobotomies. It was not the *One Flew Over the Cuckoo's Nest* effect that led to the end of lobotomies; it was other, more profitable pharmacological interventions. To be perfectly cynical about it, once a lobotomy is performed, there is no extra income to be earned. However, if someone permanently needs pharmaceutical interventions, that person is a customer for life.

Mr R.H. Cook: Profitability would be the key there.

Mr M.P. WHITELY: Yes, that is right. Deep-sleep therapy was performed at Chelmsford hospital by Dr Harry Bailey. There were 43 deaths as a result of Dr Harry Bailey, who was completely out of control. Frankly, we saw a systemic failure in that case. Even though Dr Harry Bailey was regarded as something of a rogue and people had an inkling that they were not comfortable with what he was doing, there was a failure by the medical profession to self-police. I think the minister and I have had private conversations about this. Sometimes

members of the medical profession are just too polite to each other, and they will not rein in their worst practitioners.

Another example that I raised earlier was the use of antidepressants. I raised a grievance early last year and I highlighted the fact that 40 000 people under 18 years old in Australia are on antidepressants, despite the fact that antidepressants—selective serotonin reuptake inhibitors—are specifically not to be used by people under 18 years. In fact, in October 2004 the United States Food and Drug Administration issued a warning about suicidality in children. The FDA basically issued the warning that taking antidepressants—SSRIs—as opposed to placebos, doubles the risk of suicidality in young patients with major depressive disorders. It seems totally counterintuitive that the treatment that these people are taking for depression, compared with taking a placebo, doubles their chances of committing suicide. Again, I suggest that that is the sort of thing we should be alarmed about. The point I am trying to make—I have to make it very briefly because I am conscious of the time left for the member for Maylands—is that we need to build a system that embeds in it holistic or environmental psychiatry and a cautious approach to the use of interventions. It is not saying that they do not have their place.

Dr G.G. Jacobs: What you are saying—I partially agree with you and I can't believe that I'm saying this—is that we need to get away from the pure medical model. That is what you are saying.

Mr M.P. WHITELY: That is right; that is what I am saying. I have had to cut my speech fairly short, but the bottom line is that if we consider this issue on an international basis, we find that there are practical issues such as whether Australia should follow the ICD-10 model—that is, the "International Classification of Diseases"—which was developed by the World Health Organization, or whether we should follow the DSM-IV model—that is, the "Diagnostic and Statistical Manual of Mental Disorders"—which was developed by the American Psychiatric Association. ICD-10 diagnosis rates for a range of conditions tend to be much lower than they are for the North American model. As a consequence, the rates of disorders in European countries tend to be much lower than they are in North America. I think that is, in part, a response to the influence that the pharmaceutical industry has in North America. I think we need to be cautious about the overuse of what is called the medical model.

I will have to finish my comments shortly to honour a commitment I gave to the member for Maylands. However, I am trying to stress to the minister that, although he needs to honour that commitment quickly —

Dr G.G. Jacobs: The job needs to be done properly.

Mr M.P. WHITELY: — the job does need to be done properly, and he needs to get somebody of strength and with the right philosophical mindset, somebody who is prepared to understand that individuals are complex and that it takes time, somebody who is prepared to embed in the system that comfortable approach to the ambiguity of mental health, and somebody who is prepared to accept that the approach needs to deal with long-term causes rather than short-term symptom management. That is an essential part of the choice that the minister needs to make. Fundamentally, I know that the minister will say that the justification for not having made this appointment is that he needs to do so properly and cautiously. However, the Liberal Party's election commitment was unequivocally to appoint a mental health commissioner in the first 100 days. By my count, we are at day 199 and tomorrow will be day 200, with no sign of that happening. The Liberal Party has clearly breached that commitment. I request that, without further delay, the minister expedite the process.

MS L.L. BAKER (Maylands) [6.55 pm]: I would also like to say a few words on the motion on two separate fronts. Firstly, as the member for Nollamara commented, on Monday I had an experience that left me very sad and anxious, and I know that all members would be able to relate similar experiences. On Monday a woman came to see me and spent a long time crying in my office. She has been struggling with her son's schizophrenia for 15 years. Her family is now at a point at which it is dissolving as a result of trying to cope with her son's dreadful illness. The husband and wife are not able to get on and the son is becoming increasingly violent. I am sure that many members will have come across these problems in their electorates. This woman is quite terrified now because her son is becoming more violent. She raised the issue of the mandatory sentencing laws that are being debated in another part of this building. She is terribly concerned about what would happen if her son were very violent and aggressive and had an episode and, because of the lack of coordination in mental health services in the state, no mental health practitioner was available or, indeed, one refused to attend and she had to intercede and place herself between her son, whom she obviously loves dearly, and the police. She is worried that she will end up in jail if she does that. These concerns might sound a little outlandish, but these problems are very real for a family that has had to deal with this kind of critical and awful situation for 15 years and is struggling to find a way forward.

I would like to think that this government has taken some good steps. I would very much like the appointment of a mental health commissioner to be considered as a matter of urgency. That is why I felt moved to speak to the motion tonight, not just for this particular family, but for many other families. I am sure that the minister knows that I worked for a very long time with mental health facilities in the community sector. I have watched them get

more and more under-resourced and underfunded, with more and more demands on their time. These facilities are less able to find staff and are less able to respond to the increasing demands that are being placed on them. I know that community mental health facilities would look forward to a mental health commissioner being put in place very quickly but for different reasons from those of that particular family. That family would say to me that a mental health commissioner might be able to provide them with an advocate for the wellbeing of their son, something that they are terrified at not having at the moment because of the privacy rules et cetera. The non-government community mental health sector would look forward to a commissioner because the commissioner might play a role in making sure that its primary interventions were supported and that prevention was a focus of this government in the future. The prevention of mental health illnesses is far better than having to treat them once they arise, so the strategies that I look forward to being implemented as a matter of urgency are those that provide prevention services in the community.

I will read from a report on the seven principles of the wellbeing and life chances of children and young people by the Australian Research Alliance for Children and Youth. Under the principle, "Families need support and resources to nurture children and young people", it states —

> The social group into which a child is born is a major determinant of his or her life chances. Children born into poorer families have a far higher chance of having low birth weight, showing poor physical growth, receiving poor nutrition, not coping in the early years of school and failing in the later years of school, …

Debate adjourned, pursuant to standing orders.

House adjourned at 7.00 pm