

MENTAL HEALTH, GOVERNMENT'S POLICY AND ANNOUNCEMENTS

1098. Mr M.F. BOARD to the Minister for Health:

I refer to the Australian Labor Party election policy on mental health, which states that prevention and early intervention activities are particularly relevant for high-risk groups. It is vital that sufficient resources are provided and properly managed to ensure that quality community support services are provided to all people in need, particularly young people.

- (1) How does the minister reconcile this policy with his announcement on Tuesday that he will cut a total of \$1.6 million from two programs - one that focuses on mental health issues for children under five and one that addresses mental health issues for 12 to 16-year-olds?
- (2) Is the minister aware that Keith Wilson, a former Labor minister, has described this Government's record on mental health funding as probably the worst in Australia and of any Western Australian Government in the past 20 to 30 years?

Mr J.A. McGINTY replied:

- (1)-(2) I think all members of this House will be aware that there are extremely strong vested interests in the health system. As they have done traditionally, those vested interests will always advocate for a position. By making a lot of noise, they have hoped to be able to protect a longer-term position rather than take a system-wide view and ask what the health system needs. I know what has prompted this question today.

Ms K. Hodson-Thomas: It is a serious question.

Mr J.A. McGINTY: It will get a serious answer. This question has been prompted by talkback on Liam Bartlett's radio program this morning. I understand that. People were talking about prevention and early intervention services, which of course are not being cut.

Mr M.F. Board: With respect, there has been much representation to us on mental health issues over many months.

Mr J.A. McGINTY: Sure. Mental health is a core issue and a priority issue. Without a doubt, its incidence in the general community as a major debilitating health condition requires that status. I remind members of the debate in this place two days ago. When I referred to about half the 30 cuts proposed in health I saw members opposite nodding in agreement when I indicated that they were not expenditure priorities.

Several members interjected.

The SPEAKER: Members!

Mr J.A. McGINTY: I saw members opposite, one after another, nodding in agreement. It is a good populist line to then talk in the broader community about prevention and early intervention. The programs that were cut - a significant number of which were within the Department of Health and a small number were community-based organisations - were identified because, in the overwhelming bulk of cases, they did not address services to patients who are sick. They were not addressing core health issues.

The first cut of the family early intervention program at Princess Margaret Hospital for Children was not announced this week; it was announced some weeks ago.

Mr M.F. Board interjected.

Mr J.A. McGINTY: What was the other one?

Mr M.F. Board: The other was a community-based family early intervention program, which is funded with \$450 000. The other one was \$1.2 million.

Mr J.A. McGINTY: That was announced some time ago. I have already made this point in the House, but if members opposite want to run a more populist line, that is fine. The number of occasions on which services were provided through Princess Margaret Hospital to people through that program had fallen to about one-third of the level it was three years ago. Demand for that service was declining. The Government has made sure that that service remains available for children under the age of five years by amalgamating two programs within the hospital. That will free up money. Services will be maintained and staff will be transferred. The patronage of that service was declining dramatically and the service is being reconfigured so that the same service is available through Princess Margaret Hospital to young children and people from 0 to teenage years. The service is being maintained. That was a good try by the member for Murdoch.

The other service is a proposed service, which, frankly, we are not in a position to afford. The member knows the reasons for that because we have spent some time in this place going through them. The first reason is that \$110 million has been taken out of public hospital funding in this State by the Commonwealth Government through an agreement those opposite urged us to sign. They said we should sign it; they said, "John Howard wants you to sign it." The consequence of taking \$110 million out of the public hospital system is that we cannot continue to do everything we were going to do. John Howard has taken \$110 million and certain consequences flow from that.

Several members interjected.

Point of Order

Mr R.C. KUCERA: The member for Warren-Blackwood is well aware of parliamentary procedure and I think the comment I just heard him make concerning the Minister for Health was unparliamentary. He should withdraw it.

The SPEAKER: I did not hear what the member said. I am sure the member knows what he said and, if it was unparliamentary, I am sure he will withdraw it.

I call the member for Nedlands to order for the first time.

Questions without Notice Resumed

Mr J.A. MCGINTY: The problems that have given rise to this situation in health are twofold, and we could perhaps add a third issue. The first is the reduction in funding we received through the Australian health care agreement that John Howard forced us to sign. This Government will have \$110 million less to spend on its public hospital system than it would have had if the previous system had continued. That is a fact. The Government cannot continue to spend \$110 million that it does not have because the Commonwealth has reduced its funding to the public hospitals in Western Australia. Those opposite should not have been so vocal in urging us to sign that agreement. Eventually a gun was held at our heads and we had to sign the agreement. Those opposite jumped in with John Howard on day one and said that we should sign the agreement. The Government now has \$110 million less to spend on its public hospitals as a consequence of what the federal Government has done.

The second reason is very simple. As I reported to the House on Tuesday, our public hospitals have for a long time been under enormous financial pressure, and in each year as far back as anyone can remember expenditure on public hospitals and in the Department of Health has dramatically exceeded the budget allocation. If we are to effectively deal with the issues affecting our health system, we must start with the budget and get it under control. That is what we will do. That is what some previous ministers - looking at the member for Darling Range - did not have the courage to do, but it is crucially important that we do that.

Thirdly, over the years a measure of duplication has developed within the health system in Western Australia; waste has not been checked to the degree that it should have been. There has also been significant expenditure on matters that are not core services in our health system. The areas that are not core services in our health system need to be identified and the funding redirected to services that are crucially important, such as the emergency departments, the waiting lists, mental health and those sorts of issues. Money should be spent in those areas rather than on administrative support, and that is what the bulk of the cuts announced on Tuesday are all about. If those opposite are interested in doing their best to try to get the public hospital system back on its feet in Western Australia, they will support those measures.

The SPEAKER: I call to order the members for Darling Range and Kalgoorlie.