STATE SUICIDE PREVENTION STRATEGY

Motion

Resumed from 12 September on the following motion moved by Hon Ljiljanna Ravlich —

That this house condemns the Barnett government for its failure to honour its election commitment to spend $13 million in the first two years of government to develop a comprehensive Western Australian state suicide prevention strategy, with a particular emphasis on young people, young men, Aboriginal people and people who live in rural and regional Western Australia, and calls on the government to support a coronial investigation into the rate of suicide.

HON LJILJANNA RAVLICH (East Metropolitan) [2.14 pm]: Previously I spoke about the lack of drawdown on the suicide prevention funding and the consequences of that lack of drawdown at a time when we are seeing an increasing trend towards people taking their own lives. I put on the public record, and I do so again, my concern about the lack of action in the expenditure of those funds by the minister and the lives that may well have been lost as a result of that inaction.

In March this year I asked the minister during the Standing Committee on Estimates and Financial Operations hearings whether she could provide us with a schedule of how the remaining funds would be spent, given that the allocation was for $13 million to be spent and only $4.27 million had been drawn down. In her response the minister replied that the money would be used to improve engagement with Indigenous communities—that is the first thing. The first thing that comes to my mind is: is this not all too little, too late? The minister is going to be using these funds now at this point to improve engagement with Indigenous communities. She is also going to extend coverage of the Western Australian suicide prevention strategy in the metropolitan area. Once again, it is too little, too late. She will develop knowledge and capacity through evidence-based education and training. Once again, there are opportunities missed all over the place as we have an increase in suicide across this state.

I want to quickly read a letter that was sent to the Leader of the Opposition. It is only a short letter, less than a page. It is dated 6 August. I am going to keep the names of the persons concerned off the public record. The letter highlights the plight of many of our people in this state and the frustrations felt particularly by those who are charged with responsibility for them. This person writes —

Dear Mark

After having met you some years back and also being very familiar with all the help you’ve given my mum over the years … I’m writing this letter in desperation with respect to the combined plight of my sister-in-law and my niece.

A couple of years back I wrote a letter to … (Head of the Mental Health Service in WA) in relation to the totally unsatisfactory state of the public mental health system with regards to my niece is over many years has been in and out of various facilities for both drug and alcohol abuse.

Unfortunately … explained that because of insufficient funding yes the mental health system sadly does not support the growing needs of many that are “out there”.

Now here’s the current situation Mark. My niece who is approximately twenty seven years old is on the verge of suicide (as is her mother) simply because she’s just been kicked out of a $200 per week (one bedroom flat on Canning Highway Melville (due to un-hygenic status) and has nowhere left to go.

Her psychiatrists and psychologists both concur, until she’s living on the streets there’s nothing you can do. Only because her grandmother (who lives alone) has opened her doors in her East Fremantle home has that not happened.

My question, “How can we possibly get the right sort of help in this situation and have this child committed to a twenty four hour facility, even if that means Graylands”? 

Her mum lives with her mother, has to work to survive and is already extremely emotional unstable and possibly may even commit suicide herself!

She is physically unable to cope with the deamnds that this young adult brings upon her and until she’s removed from access to drugs, alcohol and cigarettes (of course which she buys courtesy of Centrelink payments) things can only get worse.

Just for your inforamtion, recently (approx a month ago) police were called to her flat after receiving a call … that she’d cut herself (self abuse for attention) and needed hospital treatment. They smashed...
down the door and yet she discharged herself from Fremantle Hospital all ready to carry on her self destroying ways.

In concluding, don’t know who else to turn to so would appreciate any assistance you can lend us with a view to get the proper care needed to turn this whole situation around.

I will provide the minister with a copy of this correspondence that was sent to the Leader of the Opposition with details and the name of this constituent. I ask that the minister takes it in hand and that she ensures that these people get the adequate care and follow-up that they require and deserve. Clearly, this is totally unsatisfactory. I believe what is being told through this correspondence; that is, until somebody is living on the streets, virtually no help can be accessed. In Western Australia things have gone from bad to worse under this government and particularly under the minister’s stewardship of this portfolio.

Just going back to the lack of expenditure of the suicide prevention moneys, on 7.30 on 6 September 2012 there was an interesting report by Leigh Sales on suicides in the remote community of Mowanjum and the Kimberley region generally. I will not go through the transcript chapter and verse because time does not permit me to do so, but in part it reads —

In Western Australia’s Kimberley Region, 35 people have taken their own lives since January last year.

I ask members to keep in mind that I just advised this house that one of the things the minister wants to do with the remaining suicide prevention moneys, which is about $9.6 million, is to start improving engagement with Indigenous communities. Yet last week she came into this place and made an announcement that she would finally allocate some moneys to the Kimberley. It was only because of this report by Leigh Sales that the minister was pressured to do that. In any event, 35 people have taken their own lives since January last year. The transcript reads —

The tiny community of Mowanjum with a population just 300 lost five of its residents in a matter of months.

It is a very, very concerning set of events, but this minister has failed to do anything about it. As I have already said on a couple of occasions, when there were six deaths in Narrogin back in 2008, this minister called for a coronal investigation. She said that a public inquest into the Narrogin suicides was needed urgently. I will quickly go to a statement that the minister made on 29 July about the six deaths, which then increased to eight deaths. I ask members to keep in mind that 35 people took their own lives since January last year in the Kimberley region and the minister sits there in stunned silence. We know that there are major problems in other parts of the state with people taking their own lives. In particular, we would have to be very, very concerned about what is going on in the south west of the state and the goldfields, yet this minister sits there in stunned silence. Back in July 2008 the minister said that an inquiry was needed into the eight suicide deaths to find a way forward. She went on to say —

“It appears that Jim McGinty has accepted these suicide deaths as inevitable and as a result does not see the urgent need to seek a solution beyond the mainstream mental health service that has already dismally failed the Aboriginal community at Narrogin.

Does the minister see the 35 deaths in the Kimberley as inevitable? I think that is a fair enough question and perhaps the minister might like to answer that question in her response. Thirty-five people have taken their own lives since January last year. When eight people took their lives in Narrogin in 2008, she accused the then Minister for Health Hon Jim McGinty as accepting these deaths as inevitable. It is the height of hypocrisy. The minister said —

“A public inquiry is necessary to determine if each and every one of these Narrogin deaths was preventable, and the extent to which poor access to government services was a causal factor.”

I wonder whether the minister thinks that that should also apply to the Kimberley situation that has occurred. She has been stunningly silent on that particular matter. I do not have time to go through this whole media statement, but I want to point out the absolute hypocrisy. When the minister was in my position, she was very critical of the situation in which we had eight deaths in Narrogin. We have had well over 30 deaths in the Kimberley and she has done virtually nothing. It is only in the final hours of this government that she came in last week and said that she would allocate some suicide prevention money into the Kimberley, principally into Derby and Mowanjum. As far as I am concerned, that is too little, too late.

I quickly want to touch on the issue of the chronic shortage of staff. We all know that there has been pressure on the Mental Health Commission to find savings as there has been for agencies rightly across the board for this government. Over the forward estimates the Mental Health Commission needs to find $70 million in savings and, just like the Department of Health, one of the easiest way in which those savings are harvested is by making sure that positions are not filled and that hospitals and mental health services are understaffed. It is very
concerning, because information provided by the minister on the number of full-time equivalent positions that are employed in the provision of mental health services clearly shows that understaffing of mental health services is normalised. It is inconceivable that the minister can preside over a situation in which there are insufficient staff to provide the services to some of the most vulnerable people in our community. I touch on this issue because it highlights the extent to which this is a problem. Psychiatrists represent one of the worst areas for understaffing in terms of the difference between the number of FTEs in place compared with the full FTE requirement. We have found that there is nowhere in Western Australia with the number of psychiatrists necessary to provide specialist psychiatric services. Mental health nurses are also very understaffed. In some cases, the number of nurses is down by at least 25 per cent. The community should be very concerned about the lack of psychiatrists, psychologists, nurses and occupational therapists. I say to the Minister for Mental Health that harvesting savings by playing games with the numbers is playing with fire in respect of the lives of people suffering from mental illnesses.

It is not surprising to me that Western Australia is the only state to have recorded an increase in the suicide rate, given the sort of responses that I have had from the Minister for Mental Health since she took over that portfolio. In my view, the mental health sector in Western Australia is going backwards. I have put on the public record that I believe the government’s policy settings for mental health have not advanced the mental health agenda. Things might sound great politically when the minister comes into the chamber and gives yet another speech, but when we start to shine a light on what is going on out there we see that demand for mental health services is exceeding supply. People do not have access to services; they are going into hospitals, being treated, pushed out very quickly, and then coming back through emergency departments in a desperate attempt to get help. This is a very, very sorry state of affairs.

The last thing I want to put on the public record is that in 2008, the average time to trial in the Coroner’s Court was 128 weeks; in 2012–13, the average time to trial in the Coroner’s Court is still 128 weeks. For people who have lost loved ones through suicide there is no closure; it takes 128 weeks to get to a hearing in the Coroner’s Court, so there has been no improvement in that area. As far as I am concerned, the Minister for Mental Health is not doing a very good job.

Amendment to Motion

HON HELEN MORTON (East Metropolitan — Minister for Mental Health) [2.32 pm]: I am very pleased that Hon Ljiljanna Ravlich has brought this motion before the house, because this is something that I have been looking forward to talking about for a long time. To begin my presentation, I indicate that I would like to amend the motion. I move —

To delete all words after “house” and insert —

commends the Barnett government for its election commitment to spend $13 million to develop a comprehensive Western Australian state suicide prevention strategy, with a particular emphasis on young people, young men, Aboriginal people and people who live in rural and regional Western Australia, and notes the comprehensive analysis being undertaken by Edith Cowan University of the rate of suicide and all other aspects of suicide in Western Australia.

The PRESIDENT: I will just clarify this, and then I will take the Leader of the Opposition’s point of order. Is the Minister for Mental Health moving this amendment now?

Hon HELEN MORTON: Yes.

The PRESIDENT: I ask the minister to provide a copy of the amendment to the Chair. In the meantime, I will take the Leader of the Opposition’s point of order.

Point of Order

Hon SUE ELLERY: I do not have the amendment in front of me, but I understood the amendment is to delete everything after the word “house”; I have it in front of me now. Currently the motion reads, “this house condemns”, and the minister’s amendment would make it read, “this house commends”. I seek a ruling on how that amendment does not, in fact, constitute the complete opposite of what the original motion intended. The words “condemn” and “commend” could not be more opposite.

The PRESIDENT: Members, I will leave the chair until the ringing of the bells to take some advice on that point of order, and come back to the house.

Sitting suspended from 2.35 to 2.45 pm

Ruling by President
THE PRESIDENT (Hon Barry House): It seems that these things come around once a year because on 21 September last year an almost identical situation arose. I gave a ruling at that stage, and I can do no better, I believe, than to reiterate that ruling. On that occasion, it was an amendment made to a motion concerning culture and the arts funding. I will read the ruling that I gave then, which applies in this case —

On the last occasion the house debated this motion, the Leader of the Opposition asked whether the proposed amendment moved by the Minister for Mental Health —

The same players are involved, strangely! The ruling continues —

was a direct negative and thereby against standing orders. Firstly, I note that there is no standing order regarding direct negative amendments. Secondly, there have been few rulings in this house relating to direct negative amendments. On the last two occasions on which rulings were given, the substance of the ruling has been that the test is whether the amendment has the same effect as voting against the motion, and an amendment that is simply a positive reframe of the issue is not a direct negative.

The practice in the House of Commons, as in many other Australian Parliaments, is to allow significant latitude for amendments to motions. Amendments are permissible even when they effectively evade an expression of opinion on the main question by entirely altering the question’s meaning and intent. An example of such permissible amendments are those that propose the omission of all or most words of the question after the word “that” and substitute an alternative proposition that must, however, be relevant to the subject of the question.

That is the important aspect of it, I believe. The ruling continues —

It is not in order to move the omission of all words of a question without inserting an alternative question. Similarly, to delete all words after the word “that” and not insert other words would also be interpreted as out of order.

That ruling goes on to explain the motion as it was before the house at that stage concerning culture and the arts funding. This is a direct parallel. The situation is that because not all words have been removed, and because the substance of the amendment is related to the substance of the original motion, the amendment is in order. Therefore, there is no point of order. I will give the call again to the minister and we will have that amendment circulated.

-Amendment to Motion Resumed-

Hon HELEN MORTON: I would like to explain why I felt it was necessary to make that amendment. Prior to 2008, the previous government had no suicide prevention strategy at all. I met regularly with the then Ministerial Council for Suicide Prevention and got the impression from it that it had almost given up on hoping and wishing that the government of the day would find some funding and establish a suicide prevention strategy. When I talked to the council about what sort of funding it felt was needed to implement what it considered to be a desirable suicide prevention strategy based on information it had to hand, the council indicated to me that it believed it needed about $26 million. When in opposition, I went to our party leading up to the election and sought that $26 million but had been successful in getting only $13 million. In the lead-up to the election that $13 million became our suicide prevention strategy. Given the advice I had from the ministerial council was that it would need $26 million over four years, I thought that because $13 million was half that amount, it would fund the council’s strategy for two years.

I need to make it absolutely clear that the age-standardised rate for people dying from suicide peaked in Western Australia in 2007 and has declined ever since, and that the raw numbers for people dying from suicide in Western Australia peaked in 2008 and has declined ever since. We went to an election when the suicide rates, both on an age-standardised rate as well as the raw numbers, were at their absolute highest, and still the government of the day had no suicide prevention strategy. It had no dedicated funding for suicide prevention whatsoever, despite constant effort on my part in opposition to highlight the necessity for a suicide prevention strategy in Western Australia. Coming into the election, I was absolutely thrilled that the Barnett opposition had decided that we would dedicate at least $13 million to a suicide prevention strategy. On the basis of the information that I had when in opposition, as I said, I thought $13 million would last the ministerial council for two years. However, upon getting into government and knowing that there was not even the pretence of a suicide prevention strategy, the work had to start from scratch, and so the state suicide strategy was developed and printed. It shows clearly on page 3, having worked out just what was required to put in place a suicide prevention strategy, that the $13 million would not be spent in two years. It states absolutely clearly and categorically on page 3 that to reduce the number of suicides in Western Australia the state government would commit $13 million over the next four years to implement the strategy. Anyone who has read that document knows that the government’s intention is to spend $13 million over four years.
Hon Ljiljana Ravlich: But you haven’t.

Hon HELEN MORTON: Be quiet, please. I am not taking interjections from the member. I sat quietly through her rambling and I do not intend to take her interjections.

The strategy was put together. I have not been as worried as some members about how quickly we have been able to pull money down from the strategy because I have been absolutely committed to making sure that we have an absolutely solid foundation to work from, and that is what has happened. For those who are not familiar with the strategy, it has two primary objectives. This is the non-clinical work for suicide prevention in Western Australia. It does not impact on the clinical work that takes place at hospitals or around professional services. This is a community strategy for suicide prevention and it has two main areas. The first area is developing community action plans for anyone in the community, including everyday mums and dads, shopkeepers, farmers and front-line people such as teachers and police. It is about how they can work together to develop a suicide prevention strategy for their community.

The second area is around bringing suicide prevention into the workplace through organisations and agencies, and once that has been incorporated into the way people understand occupational health and safety and workplace safety that could then link up at a community level. It is overseen by a newly established Ministerial Council for Suicide Prevention. Through that process, we made it absolutely clear that we did not want the Department of Health to implement this strategy. It was not meant to be a health department strategy or a clinical strategy; it was a community strategy about community development. We went out to tender and subsequently outsourced the implementation work to Centrecare under the direction of the Ministerial Council for Suicide Prevention. That strategy was subsequently branded as the One Life strategy. That is not to suggest that other suicide prevention initiatives were not taking place; across the board other suicide prevention initiatives were taking place. For example, we were the first government to provide any funding to Lifeline WA. We also increased the level of funding to YouthFocus. I have a two-page document listing other suicide prevention work that was taking place outside of this strategy, including Anglicare’s youth support programs, the Samaritans’ programs for people at risk and at risk of self-harm; the Perth Inner City Youth Service; the Lorikeet Centre’s early intervention recovery program; the music feedback program; work that we undertake with beyondblue; and the standby teams in the Kimberley for suicide crisis intervention. The list goes on and on.

There are untold other aspects of suicide prevention taking place in Western Australia. I do not want to take up all the time talking about those programs today, but I can assure members that some of the other activities are funded not only by the state but also the commonwealth. The state and the commonwealth partner together in many of these suicide prevention strategies in such things as MindMatters, which is a commonwealth-funded national mental health initiative for secondary schools; and KidsMatter, which is part of the Australian Network for Promotion, Prevention and Early Intervention for Mental Health. There are things like the Aussie Optimism program, which the state government provides in school as well. The state and the commonwealth also share services around headspace and a number of other programs. A significant amount of work is taking place around Western Australia. The state and the commonwealth work well together in this area, in particular in Aboriginal suicide prevention.

I will talk about community action plans in the first instance. Until the two recent additional plans in the Kimberley, there were 35 community action plans in operation. Those community action plans cover 255 individual locations. There are six statewide plans in operation. Examples of the statewide plans include services provided by the West Australian Football Commission and the gay and lesbian organisation. There are statewide plans operating as well as the 35 individual community action plans, and of course there are other services operating within the Kimberley as well. Those plans have moved from what is called stage 1 to stage 2. Stage 1 plans were about engaging the community and establishing a kind of reference group for each community, enabling that community to come together to work out what they already have and what additional actions and initiatives they believe would make a difference to their community to reduce the numbers of suicides and the concerns about suicide that they have. Stage 2 is about getting funding for those initiatives and putting them in place. I will run through one of the community action plans that is operating in the wheatbelt as an example of what happened in the space of just one week in the wheatbelt. On 3 September, the Katanning Nyoongah community had a barbecue for One Life suicide prevention and awareness. On 4 September, the Narrogin Nyoongah community held a barbecue for One Life suicide prevention and awareness. On 5 September the same event was held on the other side of town. On 7 September, Glenn Mitchell spoke at South Guildford about suicide prevention. On 10 September, from midday to two o’clock, Heath Black was out talking to young people at East Narrogin Primary School about developing coping skills and suicide prevention. On 10 September at three o’clock, One Life sponsored a Farmsafe event titled “Managing Pressures of Farming” at Wickepin. On the evening of 10 September, Heath Black was talking to the Kulin community about the One Life strategy around suicide prevention. On 11 September at 9.00 am, Heath Black was talking at a coping skills workshop at Lake Grace. Members must remember that this is part of just one community action plan around the...
wheatbelt. On 11 September, One Life ran an event on managing the pressures of farming at Lake Grace. On 11 September, Heath Black talked at the Borden junior football club wind-up. On 12 September at 7.15 am, Heath Black attended the Katanning community breakfast, and at midday he attended Katanning Senior High School and the primary school. This guy is busy, because at 1.30 pm he was at Tambellup Primary School, at 3.30 pm he was at a Tambellup community afternoon tea and at 6.30 pm he was at the Cranbrook sporting club’s community One Life forum. On 13 September there was the One Life community lunch in Narrogin. On 13 September in Tammin there was the eastern region Country Women’s Association luncheon with Glenn Mitchell. On 13 September at 6.00 pm there was the Liebe Farming Group annual field day at Dalwallinu with Glenn Mitchell. On 15 September there was the Narrogin community demo barbecue for leadership, WA, with guests and the One Life team of Marcell Riley, Diana Cipriani, Doug Kickett and Jane Mortiz. That is just example of what the One Life community action plans are doing for people in the community. If members wonder how One Life goes about advertising, I am holding up an advertisement for the free workshop on managing the pressure of farming and rural life. This is the advertisement for the areas of Wickepin and Lake Grace. This is work that is being undertaken by the One Life team out in the community, and this is the work that Hon Ljiljanna Ravlich wants to condemn the Barnett government for. That is why I decided I needed to amend the motion before us.

Hon Ljiljanna Ravlich: Highest suicide rate in the nation.

Hon HELEN MORTON: Let me just tell members a little bit more about that. What Hon Ljiljanna Ravlich just said is absolutely wrong. We do not have anywhere near the highest suicide rate in the nation. Hon Ljiljanna Ravlich should have a look at her stats; she does not know what she is talking about, again.

I now want to talk a bit about the agency plans because they are just as important, but for whatever reason, they have not been receiving enough publicity. That is okay, because there is a lot of work happening in this area. If members ask why we are doing what we are doing amongst the agencies and the workplaces, it is because the cost of not providing this early intervention and treatment for employees with a mental health problem in Australia is around $6.5 billion a year; these stats come from the Inspire Foundation. Allan Fels, the chair of the National Mental Health Commission, made a speech to the National Press Club and brought this information to bear as well. For young men alone, the cost to the Australian economy is around $3.3 billion. The International Labour Organisation estimates that not dealing with mental illness in the workplace costs about 3.4 per cent of gross domestic product. Switzerland has a 66 per cent employment rate for people with serious mental illness versus 48 per cent in Australia, so we wanted to start to have an impact in the workplace as well. We wanted to introduce suicide prevention throughout the workplaces and link back to the community action plans. We wanted to de-stigmatise and encourage help-seeking behaviour and to raise awareness of understanding in the workplace, and we wanted to link to community action plans to help them to remain sustainable. This is an area within the suicide prevention strategy that is going extremely well. So far, 119 agencies have signed up and pledged this work within their organisations. They are government departments, local governments, non-government organisations, law firms, radio stations, unions, Aboriginal groups, advertising agencies, the fishing industry, universities, student groups, hair salons, community groups, football teams, courts and many more. There are varying degrees of commitment by these agencies, but we give them as much support as we can, because we want the workplace to be the new frontier for suicide prevention. What do they do? They make a pledge, either at a gold level, a silver level or a bronze level, depending on what their level of commitment is. Depending on the level, the pledge is an endorsement to recognise the importance of suicide prevention initiatives in the workplace and it shows their commitment to distribute suicide prevention awareness and stigma reducing messages to all of their staff; to deliver in-kind sponsorship to develop the capacity of the local community coordinators and suicide prevention plans; and to establish a greater awareness about help-seeking behaviour in the workplace.

I have examples of some of the work that is being done. I would like to use two examples; the first is the work with the construction industry. It signed a gold pledge. There are 50,000 construction workers in Western Australia. It received a sizeable amount of funding, $244,570, for a community action plan, because it was able to demonstrate how it would spread this work across the whole construction industry. A function was held at the Fiona Stanley Hospital worksite, and 1,064 people attended the initial suicide prevention briefing. These were construction workers on the site. Out of that, 168 personnel agreed to participate in suicide prevention awareness training and 23 people agreed to become connectors. Connectors are mentors who volunteer their time to disseminate information and resources, and to support any fellow worker who is feeling suicidal. As a result of this work, at least 11 people have been brought to my attention who have come to one of these connectors and have sought assistance in some form of suicide prevention advice or crisis assistance and advice. Of course, MATES in Construction are working on this in conjunction with the Construction, Forestry, Mining and Energy Union, which is contributing $100,000 to this program as well. The WA Construction Industry Redundancy Fund is providing $500,000 and the Master Plumbers and Gasfitters Association of Western Australia is
providing rent-free accommodation. That is just an example of what can be undertaken through the state suicide prevention strategy, which Hon Ljiljanna Ravlich wants to condemn the Barnett government for.

Let me tell members about a government agency that has undertaken similar work. The Department of Fisheries has also signed a gold pledge and has created a new suicide prevention steering committee to implement suicide prevention procedures, awareness training and policies for all staff. It has held a series of health exposés highlighting services in mental health. It has had a greater promotion of the employee assistance program. The suicide prevention and awareness working group was formed as a subcommittee of the occupational health and safety committee. The department got only $40,000 for its work to undertake these programs. The corporate executive have all done the gatekeeper training in mental health first aid and staff have also started to do their mental health first aid training. That is an example of just one department. I cannot go through all of the government agencies that have also agreed to participate in this program. However, those are examples of the work of one non-government area and one government agency, and this is the work that Hon Ljiljanna Ravlich wants to condemn the Barnett government for. I think she has rocks in her head.

I will go a bit further. I want to show the member why her stats are all wrong. I have raw figures for suicides and suspected suicides, which are from as late as 30 June, 2012. In 2008 the raw figure was 298. In 2009 the raw figure was 269, with five of those still undetermined. In 2010 the raw figure was 292, with 10 still undetermined. In 2011 the raw figure was 208, with 11 still undetermined. Between the years of 2010 and 2011 the raw figures for suicides in Western Australia dropped by nearly one-third. As I have said, I have good information that also suggests to me what the figures for 2012 would be, but unlike some people, I am not prepared to talk about those yet, because they are still being refined. In case people do not understand what those figures would look like on a graph of the trend around the raw numbers of suicide prevention in Western Australia, the graph I am holding shows the trend. They are the numbers and that is the trend. The raw numbers peaked in 2008. The age-standardised rates peaked in 2007, and there has been a gradual decline since then. I am not saying that this is completely to do with this, but those figures and that trend just happen to coincide with the introduction of the state suicide prevention strategy. This is the work that the opposition thinks the Barnett government should be condemned for.

I want to talk a bit about the statistics from the Australian Bureau of Statistics, which Hon Ljiljanna Ravlich keeps referring to. The figures in these stats have already changed, but the ABS statistics make it absolutely clear that from 2006 onwards all figures are subject to a revision process. Once data for a reference year is final, they are no longer revised. Affected data in this table are: 2006 final; 2007 final; 2008 final, which has the highest number; 2009 revised, and revised downward; and 2010 preliminary, and being revised downward. The member needs to understand statistics if she uses them for political purposes, because they get her nowhere. The coroner makes it absolutely clear over and over again that these figures are provisional and subject to change. Very rarely is that an upward change; most often the change is downward. A certain number of criteria must be met for the coroner to get raw figures into some of these suspected suicide numbers. The figures might also be in another criterion; for example, in homicide. As the coroner starts the inquiry and refines where those deaths should be, whether in suicides or somewhere else, that is what happens, and the figures start to change.

I have heard conversations take place around my previous concern about Narrogin. Narrogin has a population of 4,000. There had been six deaths in six months in the town, or in the immediate vicinity of Narrogin. It had no suicide prevention strategy whatsoever. A question on notice to the minister of the day was asked: “Will you go and speak to the people at Narrogin?” His response was, “Absolutely no.” He would not speak to the people of Narrogin. We went out there. We had no strategy. There had been six deaths in a very small population. A former minister had refused to meet with local people. Following a change of government, the Minister for Health and Deputy Premier, the former Minister for Mental Health, and the parliamentary secretary, as I was then, travelled to Narrogin to meet the people, and we developed a strategy. That is how it happened. The former Labor minister blatantly refused—I have it in an answer to a question—to meet with the people of Narrogin. In referring to the differences between two small groups, there have been six deaths in Narrogin, which has a population of 4,000, whereas 129,000 people make up the Bunbury jurisdictional area. The strategy is in place. The Minister for Mental Health does meet with local people.

Although I feel quite justified in the comments that I have made about the subsequent reductions in suicide over the last little while, and while this strategy has traction and, I hope, is starting to show results, I need to make it clear that when we encourage help-seeking behaviour and encourage people not to kill themselves, to hang on at the end of the line and go and get help, when we encourage families to recognise and finally start talking to people in their family that they are concerned about, we increase the number of people who will seek help. People are going to emergency departments, their GPs, and a variety of places to get help. For example, Lifeline has increased number of calls. YouthFocus has increased demands on its services. That has to be expected. The more all of us are out there, including organisations, the more we are out there saying to people, “Don’t take this next step; go and seek help,” the more we are encouraging people to turn up and seek help. That is what is
happening across the board. Organisations and individuals are doing amazing things. James Quinton recently rode his bike all the way from Darwin to Perth to raise suicide awareness and to raise funds for Lifeline. There is also that guy who operates the Black Dog Ride to Ayers Rock each year. There are hundreds of individual people doing amazing things. As a government, we have to get behind those people and support them all the way. That is also part of what the suicide prevention strategy does.

Where to from here? We have indicated we will have a greater focus on the workplace. I am interested in whether anybody believes that there is something useful to be undertaken in legislation. I went to the Men in Black Ball. People asked me if I would provide a lunch for four people at Parliament House as part of a raffle prize. Of course I said I would do that. I was incredibly embarrassed to find out on the night that it was actually going to be part of the auction. All I could think of was: what if nobody bids on it?

**Hon Ljiljanna Ravlich:** Was it with you?

**Hon HELEN MORTON:** Yes, it was with me. My fear was that nobody was going to bid on it. I wanted to run out of the room before the auction started. I had no idea that it was going to be part of the auction.

**Hon Peter Collier:** Ljil would have bid on you.

**Hon HELEN MORTON:** I know she would have!

**Hon Nick Goiran:** I was the opening bid on the night.

**Hon HELEN MORTON:** Thank God you were! I am unbelievably chuffed to know that that auction item went for $1 400. I subsequently met people whom I had not met before from an organisation called Critical Components. We had a nice lunch here at Parliament House. These people provide suicide awareness and prevention training as a private operation in Western Australia. They are mostly involved in workplace training, in mining companies and other places like that. We are talking about a growing awareness and understanding of suicide prevention, not only across government-operated not-for-profit organisations et cetera, but organisations like this. They started talking about state legislation requirements to conduct suicide awareness, suicide prevention training, or resilience training, as part of occupational health and safety. I am not going down the track of legislation at this stage but I am open to the suggestion. We are so willing and understanding to save lives in road crashes, through untold measures of legislation, whether it is safety helmets, speed limits or seatbelts. We know when the worst times are and we have increased demerit points and stuff like that. We know all that information for suicide, but we have not yet decided to put any legislation in place. I am open to the suggestion. That might be something we do in the future.

Our next area of focus around the One Life strategy is in the outer metropolitan area. Despite what members might have heard about the Kimberley, some incredibly good work is going on up there. I will talk a bit more about that in a minute, if I have time. The one thing that bothers me constantly is Hon Ljiljanna Ravlich’s total inability to understand that one does not just go into a community like that and start putting suicide prevention in place. If ever she has the time to read the document that was put out by Hear Our Voices, who are people from the Kimberley, there is a very clear statement in there. That clear statement is —

The consultation process also confirmed the need to ensure individual and community readiness to commence any type of healing and empowerment program. There was a concern that those in most need of such a course, especially young people, would be unable and unwilling to participate.

That is the case. We cannot just waltz into Mowanjum, Derby, Halls Creek or any of those places and imagine that somehow or other we can just throw out suicide prevention training. We have said from the start that these suicide prevention community action plans must be locally owned and locally driven—if they are not, they will not work. Work with the Derby and Mowanjum communities has been going on for six to nine months. It has nothing to do with whatever article Hon Ljiljanna Ravlich was talking about on ABC radio. Work had commenced at Mowanjum. One Life has made three or four trips to Mowanjum. I have been to Derby. The chairman of the Ministerial Council for Suicide Prevention has been up there. We have flown Mowanjum people to Perth. There has been untold work to get the type of community action plan that the Mowanjum community wants and to get that community ready to take it on. It is not a matter of pushing suicide prevention down someone’s throat or into a community when that person or community is going through some form of crisis. That is why we put in the standby extra funding for crisis intervention and did all the other work to get those communities into a ready position. I recall that either the chairperson or the chief executive officer of the Derby Aboriginal Health Service rang me and asked us not to go up there and start talking about suicide, because the crisis aspect had just started to settle. I was told that they wanted someone to talk about inspiration and hope for the future. They did not want people using the word “suicide”. We had to make sure that the next time the One Life team visited, they talked about it in a completely different way because they did not want that issue reopened.
We are at the stage of focusing on the outer metropolitan area. Work is happening in a number of areas, including Armadale, Gosnells, Swan and the City of Vincent. The City of Vincent is not necessarily an outer metropolitan area, but a number of local government authorities are starting to implement these community action plans.

Another bank of work taking place relates to coronial inquiries. This issue was raised. I do not think that Hon Ljiljanna Ravlich has an understanding of the amount of work that has been done on coronial inquiries. I will leave that for a minute and focus on the work and reviews of the Chief Psychiatrist. Significant work in the form of action has taken place. I have indicated that the Stokes review, which is about to be released, will raise a number of matters.

I will spend the last part of my time talking about the analysis work being undertaken by Edith Cowan University. Edith Cowan University came on board so that we could get good information about, and a really good handle on, suicide trends in the state. Two years before I became the Minister for Mental Health, some of that work was undertaken by the Telethon Institute for Child Health Research under a Department of Health contract. When the contract for implementing the suicide prevention strategy was given to Centrecare, the Telethon Institute also gave up its work on the coroner’s database. Edith Cowan University decided to fill that space. The work it is doing is incredibly comprehensive. It has access to closed files—not open files—and is currently coding those files across 293 variables. The information that will become available relates to demographics—the variable categories of age, gender, residential information, marital status, employment, educational history and family structure. It will also provide a person’s substance use history—alcohol and illegal drug use, abuse and dependence and drug and/or alcohol treatment. It will also provide information about a person’s mental health history. I refer to a person’s acute and chronic mental health problems, mental health treatment, family history and history of sexual, physical or psychological abuse. All these analyses are being coded so that we can gain a much better understanding of the precipitating factors that lead to people considering suicide. Other information will include a person’s criminal history—a person’s criminal convictions and the number, type and date, incarcerations and related documented legal issues. It will also provide their self-harm or suicidal history and any factors related to previous attempts. There will be information about event demographics—the method, location, time, the presence of a note, the form of a note, all acute and chronic pre-incident factors, the presence of drugs or alcohol, the person who made the discovery, and post-history events.

All this information is building to give us a much better handle on how to channel and focus suicide prevention information. It will also detail family history—the history of mental, physical or other related health problems, history of self-harm, suicide or any other primary factors of importance. When people talk about wanting to undertake an analysis or investigation of suicide, this is the type of work that will give us the most in-depth level of understanding of suicide and, potentially, suicide prevention in this state. I believe that this is the work that we must keep on assisting and supporting; indeed, it is the work that the government is assisting and supporting.

I reiterate that Hon Ljiljanna Ravlich’s criticism basically boils down to the fact that I have not spent $13 million in two years. I have indicated quite clearly that I developed the two-year time frame whilst we were in opposition. After we came to government and I saw the state of affairs and the lack of any suicide prevention strategy in Western Australia—a fair bit of consultation work had been done—I knew that we had to write the strategy from scratch. That took a reasonable amount of time. I also knew that we had to devolve from the Department of Health responsibility for suicide prevention strategies so that it was primarily a community-based and workplace-based strategy and not have the $13 million gobbled up by clinical services, which should be developed, need to be developed and need to be approved using existing Department of Health dollars. I wanted the $13 million strategy to focus on communities and workplaces. The way to make sure that happened was to remove it from the responsibility of the Department of Health. I do not have concerns about the fact that I have not spent $13 million in the first two years. I am actually pleased that the Ministerial Council for Suicidal Prevention and I have taken our time, despite the constant carping from the member opposite about where the money is. We need to build solid foundations if a project like this is to be sustainable.

I hope that this project will go on for a number of years. Moreover, noting the big difference of a one-third reduction in the number of deaths from 2010 to 2011, I would like to see that figure reduced even further. We can do that only if we have a sustained and solid foundation on which to build, which is what we are developing at the moment.

HON ALISON XAMON (East Metropolitan) [3.28 pm]: I rise today on behalf of the Greens (WA) to speak to this motion. I am disappointed with the wording of the motion from either side. It is important to acknowledge that some positive initiatives have come as a result of this strategy, and so “condemns” does not reflect that. However, at the same time there have been legitimate issues and concerns about the rollout of this strategy. For that reason, I think “commend” is probably a bit too strong for this house to be considering in terms of suicide strategy.
I have been watching the rollout of the suicide strategy very closely and I have spoken for a number of years with a lot of key stakeholders around this issue. I rise in this place to bring a different perspective to that which has been presented by both members, and to talk about the sorts of concerns that have been raised with me. This is an issue that is incredibly close to my heart. It is also a very sensitive subject. As difficult as it is, I think it is really important that we are talking about the issue of suicide today and specifically the effectiveness of the state suicide strategy. I think it is an incredibly important topic and one that we should be talking openly about. However, I want to also acknowledge that there may be people who find that the nature of this debate causes them distress. Certainly when issues of suicide have been discussed in this place recently, that level of distress has been conveyed to me. In many ways this distress is unavoidable, because the suicide rate is higher than the road toll. As a result, it means that too many people within our community are being affected. Too many people in our community are suffering grief and trauma as a result of the suicide death of a loved one. This is a trauma that often stays with people for life. Few of us get to be so fortunate as to be completely immune from the effects of suicide throughout our lives. Many people in this place, I am sure, would have known somebody who has suicided. Perhaps they have also had someone very close to them choose to take their own life.

Every year there are about 250 deaths by suicide in WA. Notwithstanding the issue of the figures that were put forward by the minister, in 2010–11 there were around 322 suicides. To be very clear about where I am getting these figures, it comes from question without notice 5192, which noted that there were 320 suspected suicides in 2010–11, of which 53 investigations were still ongoing as at 1 May 2012. It could be that that number is lower, and I certainly hope that is the case. However, that is the basis of the statistic I refer to. In any event, the impact on families, schools and workplaces can be absolutely huge.

Suicide ranked fifteenth in the overall list of causes of death in Australia in 2010, according to the most recent Australian Bureau of Statistics figures released earlier this year, compared to thirteenth a decade ago, but it remains a major external cause of death, accounting for more deaths than transport accidents. Without doubt, these figures represent a completely unacceptable situation, primarily because suicides are largely preventable tragedies.

Suicide is a really complex area. In many ways we are still learning what causes a person to choose to end their life; sometimes we will never know the risk factors, as they are called. There are also the so-called protective factors that mean that someone in a similar situation may be at a much lower risk of suicide. Clearly there is a need for improved understanding in this area.

I refer to the state suicide prevention strategy, One Life. The original motion calls on us to condemn the Barnett government —

... for its failure to honour its election commitment to spend $13 million in the first two years of government to develop a comprehensive Western Australian state suicide prevention strategy, with a particular emphasis on young people, young men, Aboriginal people and people who live in rural and regional Western Australia ...

The focus of this government on the area of suicide prevention was certainly a welcome one. It is something that I referred to in my inaugural speech in this place, because for too long this has been an issue that governments have failed to prioritise. The Liberal Party made an election commitment to spend $13 million in the first two years of government to develop a comprehensive state suicide prevention strategy. There is no doubt that the government did not succeed in achieving this particular goal. It did not develop the strategy and it has not spent the money on the ground within the time frame it set. Right from go, people have raised concerns with me about the way the strategy has been developed, the way it has been enacted on the ground and all the associated delays. The strategy has been disappointing for many people in that regard. I think that the problem was that expectations were raised. As a result, people are going to feel disappointed. Suicide prevention is widely acknowledged as a complex area, and so I want to make it clear that I do not believe that this strategy should have been rushed or should have been attempted to have been rushed. It may be that the government’s commitment to develop the strategy and spend the $13 million within two years was ill-thought out or overly ambitious. Nonetheless, it seems clear that at least some of the delay was poor administration, particularly under the previous Minister for Mental Health. This has been disappointing. However, I want to acknowledge that there is finally some momentum to the process, and we are seeing some changes on the ground. The figures from the budget papers I am working from are that 35 community action plans have now been developed across more than 250 communities. From the minister’s latest statement on this issue, I understand that 119 organisations have signed the One Life pledge to implement suicide prevention awareness and training in their organisations. That is good, but this has taken a long time. I am particularly concerned at delays in the strategy reaching communities identified within the strategy as being particularly at risk or in need, including the lesbian, gay, bisexual, transsexual and intersexual community, released prisoners and many Aboriginal communities.
Unfortunately, further to concerns about the government not meeting the time frame it set for itself, which I think was probably unrealistic in the first place, there are also concerns about the development of the strategy itself. There are some very positive concepts around the strategy. It calls for a community-wide response to the issue of suicide. I think that is great—the idea that people within the community will start to look out for each other will make sure that this issue is no longer something that has to be hidden away or shamed, because it never should be. It is about recognising that there are different needs within different communities and that different risk factors are going to be at play in various communities. Obviously the Greens support that intention.

I have spoken to some NGO providers that have had community action plans funded. Some really good stuff is happening out there. Sometimes it is as simple as providing front-line people with much-needed suicide, gatekeeper and mental health training. Sometimes it is something more. There are also a number of agencies, employers and unions doing some really important work under the strategy in raising the profile of suicide prevention and teaching people how they can support each other in the workplace. This is great, but other communities are still floundering. The strategy just does not seem to be reaching them or working for them. These are the people that I am hearing from.

I also want to know that the models we are spending money on are evidenced-based and best practice, and that they are proactive models for suicide prevention. There is a concern to make sure that these are not just tick-a-box processes and that the design of the strategy ensures that we do not have these gaps within the community. It has been reported to me that in some places there is a sense that communities are being told to just come up with something reasonable and that it will be funded. There is a real concern that there needs to be a higher threshold than that. At the same time, I recognise that we are trying to make it easy for communities to be able to access money for the purpose of facilitating these much-needed programs. However, it is essential that we remember we are talking about people’s lives here, so we need to ensure there is some sort of evidence-based approach.

I also acknowledge the concerns that have been raised with me about the tension between having a locally developed and driven plan and how this is coordinated with an NGO at the state level in an effort to develop a community-led process as there is a risk that we will lose a statewide focus. There have also been some other significant teething issues in the rollout of this strategy. Applicants have found the process confusing. Sometimes communication has not been what we would deem to be best practice. It is reported to me that there is a sense that there is a bit of policy on the run.

I am also concerned about, and would be interested in some detail on, the minister’s intentions regarding the sustainability of the strategy. I know that some programs rely very heavily on one person—the community action plan coordinator. For one community in particular, I know that the CAP coordinator is an extremely motivated, high-energy person, which is fantastic while the program is being run, but there is a real concern that when this person leaves or the position is no longer funded, it will not take long for the good work to be undone. There is a real concern that the program is overly reliant on an individual and there is no ongoing plan for how it will be sustained. The project funding is short term and we are getting to crunch time; the funding finishes mid next year. Many of these small groups cannot continue these activities unless they receive continued support. We need to know what the minister’s intentions are for ongoing funding for next year. Although I recognise the idea was always to build capacity so that, effectively, the momentum would continue without the need for additional funding, I am just not sure that that is realistic.

I think the bottom-up approach is a good idea for value-adding to statewide services, but it is not clear how it is translating into the statewide policy. What is the state suicide strategy that has clearly identified statewide groupings of people who are particularly at risk of suicide? It is not clear how rolling out a bottom-up approach will effectively target all these at-risk groups. To an extent, the state strategy relies on communities coming up with their own plans and we have to acknowledge that some communities simply do not have the capacity, or at least will need significant ongoing financial support, to do so. Others have come up with plans or have ongoing successful programs, but have found that they are not granted ongoing funding as a result of the way this strategy has been developed. I will talk about that a bit in a moment.

It is unclear where the state strategy fits with federal initiatives in this area. This is an ongoing bugbear of mine and, I think, of many people in the sector. I am concerned about the degree of overlap and the gaps that are created as a result of different approaches and the lack of communication between the state and the commonwealth. I understand that this is not unique to issues of rolling out services between the state and the feds, but this is specifically an issue here and needs to be seriously addressed.

Administration of the program from the start caused confusion on the ground for many non-government organisations. They were concerned about what they felt were changing goalposts. For some organisations, phase 1 funding was provided for scoping and phase 2 was provided for activities, but this was not communicated very well to some NGOs. As a result, there was some confusion about what they were supposed
to do and how they were supposed to report. The perceived high turnover of staff in Centrecare contributed to these NGOs at times feeling as though there was an ongoing lack of guidance.

I am concerned that the strategy is weakened by the lack of facilitation and communication between the different community action plans. Some people have a number of risk factors. For example, a young man in a rural area may benefit from a local geographical CAP, but he may also identify as gay, and if the local CAP provider does not have specific expertise—we need specific expertise in this area—in addressing the particular vulnerabilities of young lesbian, gay, bisexual, transgender and intersex people, it would be, at best, a missed opportunity or, if really mishandled, a lot worse. We need to harness the knowledge and local successful strategies that are being developed by different groups.

As I said, I have a real concern about the ongoing issue of sustainability. Many community action plans are run by really small organisations that rely on strategy funding to enable them to engage someone on the ground. They rely on this person to coordinate and to initiate and run the activities. When this position is no longer funded by government, how is it envisaged that these strategy activities stand any chance of ongoing or long-term impacts? Like I said, capacity building is simply not playing out in every single community action plan. I absolutely accept that it is happening in some, and that is fantastic, because that is something that was not there before. However, we need to recognise that it is not happening statewide in all the CAPs. We will need a strategy for how we address that. The Gay and Lesbian Counselling Service’s strategies are about training, community building, making connections and networks, and sharing stories within the LGBTI community. Government funding should be able to support these very important activities over the long term. This is something that needs to be ongoing.

I want to make some specific comments about Aboriginal suicide. This has been a particular focus on the statewide suicide strategy as an area of particular concern—at least as it has been relayed to me. Many suicides occurring in rural and remote areas are deaths of young Aboriginal men. The suicide rate of Indigenous Australians is around triple that of other Western Australians. I think that everyone in this place would argue that is an absolute tragedy. Why have we gone from virtually non-existent Aboriginal youth suicide rates pre-colonisation to rates that are among the highest in the world? That gets to the complexity of trying to address this issue. The reasons are really complex. The cumulative effect of intergenerational trauma combined with social and economic disadvantage has resulted in high rates of psychological distress, substance abuse and self-harm.

In 2008–09 the Australian Bureau of Statistics collected information from approximately 13 300 Aboriginal Australians. The findings from this significant survey included that almost eight out of 10 Indigenous people experienced one or more significant stressful life events in the 12 months before interview, compared with six out of 10 for the general population. The types of stressors reported were the death of a family member or friend, alcohol or drug–related problems, trouble with police, and witnessing violence. Almost one in five Indigenous people in the survey reported that a member of their family had been sent to jail in the previous 12 months. Proportionately, Aborigines are the most arrested, most imprisoned and most convicted group in our society. In light of this situation, is it surprising that the suicide rate among many of our Aboriginal communities is so high?

Another concern I have is the disconnect between the good intentions behind the statewide suicide strategy and the law and order agendas that are being pursued, which are starting to put record numbers of young Aboriginal men into our prisons. That is one of the things I really grapple with. I know that the Minister for Mental Health is very serious about addressing issues of suicide, but I would have liked to have heard from the Attorney General on this issue. The Attorney General is usually one of the first people to stand in this place and berate the Greens (WA) for having a position on law and order that is about trying to divert people away from prisons and looking at alternative ways of dealing with offending behaviour. There is a real ideological inconsistency in the government’s approach to people who offend, and risk factors. At some level that will have to be grappled with, because I think everyone here would agree that we do not want people to take their lives. I firmly believe that everyone in this place would not like to see any more Aboriginal suicides, but we will really have to start grappling with the very complex issues that lead people to this level of despair. We must come to terms with the impact of our policies on this very vulnerable group of people well beyond the mental health portfolio. I remain concerned about that.

The original motion calls for a coronial investigation, and the State Coroner has investigated many, many Aboriginal deaths. Many of these were individual inquests, but a number were investigations of clusters of deaths. Included among these was the so-called Hope report, which detailed the coroner’s findings on 22 alcohol and drug-related deaths, primarily suicides, of young Aboriginal people in the Kimberley. There was also an inquest into five suicides in Oombulgurri over a 12-month period; an inquest into two suicides involving solvent abuse in Balgo, within 10 months of each other; and an inquest into five deaths—four suicides and one death from unascertainable causes—in Halls Creek and Balgo, released on 21 October 2011. These inquest reports
but I think that they are very valuable documents, even though they make for heart-wrenching reading. I will not have the opportunity today to go into these reports in any detail,

The coroner has made a range of recommendations, some of which I understand have been addressed by the government, and others that point to systemic issues that continue to negatively affect communities today. The findings of the Hope report are particularly damning. They include a lack of leadership in Indigenous affairs; seriously flawed delivery of health and education services to remote communities, including extraordinarily high truancy rates; and no real state or Commonwealth government leadership in response to appallingly bad living conditions, including a lack of basic education, poor health, chronic unemployment, lower life expectancy and alcohol and solvent abuse. These factors are all regularly identified as contributing causes of community problems. In the Hope report the coroner described the approaches of both the Western Australian and federal governments as being seriously flawed. These findings cover an area where there is a mishmash of state and federal programs, so funding is simply not being used effectively. There is a high turnover of staff in programs, a continued lack of community development and control, and a lack of sustainability. These have been identified over and over again as major issues.

Clearly there is no simple answer. I note that some important initiatives have made a real impact, including the rollout of Opal fuel—a Greens-driven initiative, which was met with a lot of initial resistance. There has also been the introduction of the State-wide Specialist Aboriginal Mental Health Service and the new Broome mental health inpatient facility. That has been really important, because that facility has reduced the need for people to travel thousands of kilometres away from their home and country. This is all good, but despite these improvements, it is clear that we have such a long way to go. We know that addressing the high rates of Aboriginal suicide requires a big-picture approach. Intergenerational poverty, the stolen generations, ongoing lack of access to services, ill health, educational disadvantage, mandatory sentencing laws, incarceration rates and housing issues are all ongoing contributing factors. We also know that mental health services are vital and there are not enough visits by specialists to regional and remote areas, so children from the Kimberley have no option but to travel to the Bentley facility in Perth for treatment. When these children are taken away from country, home and family, is it any wonder that they struggle to get well? I know that that is an issue that the Minister for Mental Health is aware of; it is an issue that keeps being brought to my attention also.

What role does the Western Australian state suicide prevention strategy play in preventing Aboriginal suicides? The information I am getting from the Kimberley suggests that people are very unhappy with the rollout of the strategy so far, even though they agree with the broad idea of the strategy. I note that the minister quoted from the “Hear Our Voices” report on research by the Centre for Research Excellence in Aboriginal Health and Wellbeing at the Telethon Institute for Child Health Research, and I also will refer to that report. The University of Western Australia and the Kimberley Aboriginal Medical Services Council have also called for changes in the way suicide prevention is undertaken in Aboriginal communities. The research findings include, not surprisingly, that Aboriginal communities have a clear desire to lead their own healing initiatives, based on the value of life, culture and community, and that programs need to be designed and delivered based on this understanding.

I listen very carefully when the Minister for Mental Health talks in this place about suicide, and I know this particular provision is one the minister has very much taken to heart and taken on board—the idea of not going into a community and paternalistically telling the people what they need, but listening very carefully to what communities are saying they want. However, I think there is a disconnect between that very good and clear intention, and the fact that some communities need particular programs. We know that it is crucial to have local programs that engender a sense of control by communities of their own future and are locally developed.

However, an example of where that model has not worked is the ongoing issue of funding for the Yiriman project. The Yiriman project is often identified as a project that works. It was established in 1997 by the Kimberley Aboriginal Law and Cultural Centre, and it is an innovative and very successful project. The State Coroner recognised its importance during inquests into suicides of young Aboriginal people, yet this program has not received funding under the suicide prevention strategy.

I visited the Kimberley some time ago and met with KALACC. When I came back, I asked a range of government departments about funding for the Yiriman project, because I was very inspired by it. I have read assessments of the Yiriman project and found it to be very heartening stuff. It is really about dealing with the core, underlying issues that lead far too many of our young Aboriginal men to offend and take their own lives. The response I got in respect of access to the state suicide prevention strategy fund was that if the communities involved were interested, they would be able to access the moneys. There seems to be a problem with the way in which it has been rolled out; I am not talking only about the Yiriman project, I am just using it as an example. It seems that unless we get every single Aboriginal community in the Kimberley to agree that this is a priority, they will not be able to access those moneys. I think there actually is, or should be, room to have it both ways, so that
every Aboriginal community can drive what is important to them. We should not be looking to remove the capacity to fund overarching programs such as Yiriman that can also value-add.

I am really concerned about the disconnect with that strategy. I understand that Yiriman has now received some federal government suicide prevention strategy money, and I am really pleased about that.

**Hon Helen Morton:** They’ve had that for a long time.

**Hon ALISON XAMON:** Yes, the minister is correct—it has had that significant amount of money for a long time. I am also aware that KALACC is very interested in being able to expand Yiriman even further in terms of both targeting more young women and identifying people at risk, not just people who have come face-to-face with the justice system.

There are concerns; what I would hope for from the state suicide strategy is for the government to be looking at these sorts of programs and recognising that they should be eligible for funding. I do not want to focus only on Yiriman; I am talking about an approach whereby communities have quite similar issues that can be addressed by a particular approach. Unless every single one of them has specifically signed up, we are effectively looking at them not being part of that strategy. I am really concerned about that.

I will move on from the issue of Aboriginal suicide and raise another very well recognised suicide risk factor that I have spoken about often in this place—mental illness. Not everybody who commits suicide is living with a mental illness. Statistics demonstrate that people are at higher risk of suicide while in hospital for treatment of a mental disorder and in the weeks following discharge from mental health inpatient hospital care. In 2010, the Australian Senate Community Affairs References Committee’s report “Hidden Toll: Suicide in Australia” recommended that commonwealth, state and territory governments establish mandatory procedures to provide follow-up support to persons who have been treated in psychiatric care following attempted suicide or who are assessed as being at risk of suicide. The Chief Psychiatrist’s recent examination of the clinical care of four cases at Fremantle Hospital and his review of clinical practice admissions and discharges of mental health presentations at Fremantle Hospital make it clear that successive governments have not only failed to act on this recommendation, but also address the important issue of access to information and involvement of family and carers in these circumstances. Given that family members often play a central and crucial role in the care of people with a serious mental illness, leaving them out of the process will obviously exacerbate the risk factors. The quality of our mental health services has a direct bearing on the recovery of people with a serious mental illness. The system continues to have some serious failings. There is still a lack of supported accommodation and step-up and step-down and inpatient beds, although I acknowledge that we are heading in the right direction by trying to increase the number of those beds. However, there are still high turn-away rates and a lack of mental health and specialist services in regional and rural areas, including for young people. Although these areas have, without doubt, received increased political focus in recent years, which is good, we still have a long way to go. It is hard to see a suicide prevention strategy having a big impact on the ground when mental health services are so stretched and people are just not getting the help they need when they are in crisis.

People have contacted my office—this happened as recently as last week—and told me that they were planning on taking their lives and have asked me to help get them into a facility. I think that is a terrible burden for a member of Parliament to have to bear. My staff will ring the necessary hospitals and the like to try to get the person admitted. There appears to be a specific type of person who seems to be falling through the cracks. They are people who are in crisis and pleading for help but who are otherwise functional. A young woman came to my office but I was unable to get assistance for her and so she went home, rang the police and made a false death threat. The police came around and arrested her and she was able to get admitted into care. Now she has to deal with the justice system. From her perspective, she said that was the only way she could get any attention. This young woman was otherwise quite functional. She was not going around causing problems and was not the type who would necessarily come to our attention. I hear too many of those types of stories. I will never be able to sit in this place and hear it said that everything is great, because it is not. I am happy to hear about improvements to the system, but we have a very long way to go. It is absolutely imperative that we all acknowledge that.

I want to refer to the coroner’s role because the motion calls on the government to support a coronial investigation into the rate of suicide. The motion is not calling for an inquest into a particular suicide or group of suicides; it calls for an investigation into the rate of suicide. I have a particular concern about this aspect of the motion and some hesitation in supporting it, and I will explain why. The motion talks about the suicide prevention strategy and the rate of suicide in Western Australia. The suicide prevention strategy is an important strategy but in the context of suicide across the state, it is only one small part. I think the minister has made that point. We need to consider the issue on a much broader level and look at where the government has failed people not through its failure to deliver on the strategy but on its failure in the delivery of services, policy and legislation. I am not entirely sure what Hon Ljiljanna Ravlich has in mind regarding the sorts of things that she wants the investigation to look at. However, if we are considering the type of wide-ranging review that was
undertaken a couple of years ago by the Senate, which I believe would be a potentially important and useful inquiry, I do not think the coroner’s office is best placed to undertake the task. Requesting the coroner to investigate the rate of suicide would involve a substantial divergence from his current role. The coroner’s focus is on individual deaths and the circumstances that surround them. When similar deaths occur, the coroner may investigate them together. I have talked previously about examples of that, such as the coroner’s report on specific clusters of suicides in the Kimberley. My understanding is that the coroner’s legislative role does not include examining the mortality rate at the population level. Also, obviously the coroner’s role does not include attempted suicides, which I believe are really important to consider in this context. The coroner already considers all suspected suicides either individually or on occasions as clusters because these are considered to be reportable deaths under the Coroners Act. Furthermore, the coroner is mandated to hold inquests into deaths in a range of circumstances, including the death of an involuntary patient at a mental health facility, a person on a community treatment order under the Mental Health Act and a person admitted to a centre under the Alcohol and Drug Authority Act. In 2010–11 there were 996 deaths in WA that became coronial cases. The vast majority of those were subject to administrative findings, yet only around 40 cases each year are subject to a public inquest. Approximately half of these inquests are mandated by the Coroners Act. Hon Ljiljanna Ravlich has called for the coroner to look into the deaths associated with the Alma Street Centre, and I agree that we need to know where the system failed. The excerpts that we were granted access to have painted a concerning picture. I understand that the minister will release the review into admission and discharge practices by Professor Bryant Stokes soon. I think a lot of people will be very interested in that. The public interest in this issue is high and transparency will be really important. However, I have a more pragmatic reason for preferring an inquiry into suicide prevention to be undertaken by a body other than the coroner’s office. It is well accepted that there are significant delays in the coronial jurisdiction in Western Australia. According to the Attorney General, as at the end of December 2011, the Office of the State Coroner had a backlog of 916 matters. I want members to think about the families of those people who are waiting for public inquests. I believe that backlog is unacceptable. These deaths are important and the finalisation of those inquests is very important to the families and loved ones of those who have died. I am somewhat hesitant to support giving the coroner a new and enormous role until the issue of resourcing is adequately addressed.

The Law Reform Commission of WA recently undertook a comprehensive project to look into the coronial practices in Western Australia. I urge members who have an interest in this area to look at some of these papers. Some of the issues raised by the commission are pertinent, and I will mention them briefly. The commission noted that coroners in WA are not required to have specialist training. The commission questioned whether coronial practices need to be changed to allow more experts. The commission also questioned whether the information presented at an inquest is sufficient, evenly balanced and tested, and whether it supports the making of informed recommendations on broad policy matters. This issue has been raised in regard to the coroner’s investigation into 22 deaths in the Kimberley. The Law Reform Commission’s report found a strong case for enhanced transparency of the coronial process and also proposed the provision of coronial counsel and liaison to Aboriginal people and that more training be given to the staff of the Office of the State Coroner in the delivery of culturally appropriate services. The commission also noted the importance of public confidence in the Coroner’s Court and suggested that a number of things impacted on this, including inquest delays; inadequate communication with families; transparency of processes and procedures; the findings and recommendations of the coroner not being publicly available; regional coroners and their delegates not being adequately trained; and the Coroner’s Court not being adequately resourced to fulfil its statutory function. I have proposed an amendment to the motion, which I suppose will be considered after we consider the minister’s amendment.

My amendment will be to move —

To delete all words after “and calls on” and substitute —

(a) the government to establish a commission of inquiry; or

(b) this house to support the establishment of a parliamentary inquiry,

in order that a formal inquiry be instituted to —

(i) inquire into the co-ordination and delivery of state and federal suicide prevention programs in Western Australia;

(ii) identify gaps in the delivery of suicide prevention strategies; and

(iii) make recommendations about how this implementation can be improved on the ground.

By moving this amendment, I am not trying to establish a commission or a parliamentary inquiry right away. I would like to see some sort of commitment to see whether people think that this is a positive way forward, and I did not want to be overly prescriptive about the way that would occur.
The DEPUTY PRESIDENT: You said about a minute ago that you will be moving that amendment —
Hon ALISON XAMON: Can I move it at the very end?

The DEPUTY PRESIDENT: You still have three-plus minutes left to speak, so you most certainly can, but I would suggest at this point in time you officially move that amendment because you can move an amendment to a proposed amendment.

Hon ALISON XAMON: Could you just clarify then how much time that will leave me to speak?

The DEPUTY PRESIDENT: Still three minutes and forty-seven seconds.

Hon ALISON XAMON: In that case, I would like to move that amendment then please.

The DEPUTY PRESIDENT: We are dealing with motions on notice, to which Hon Alison Xamon—now I do not have a copy of that particular amendment, so that will need to be circulated. If the member would like at this point in time to move that amendment to the amendment, and if you have a spare copy I would ask staff to make sure that it is circulated to the house.

Hon ALISON XAMON: I have written the amendment like this because I did not want to commit this house to a particular process. The issue of the intersection between state and federal approaches to suicide strategies, and the often good intentions in terms of how they are then delivered on the ground—the gaps and the like—actually deserve a much wider critique and the opportunity to be examined. The thing I like about the idea of a commission is that hopefully it would take the political nature out of the matter. If it were up to me, suicide would never be a political issue; it would be an issue that we deal with as a community because it is so serious, and it has lifelong effects.

The final area I wish to briefly canvass before I conclude is that of research into suicide and the availability of high-quality, timely data. Time and again, inquiries into suicide point to the importance of up-to-date research on the development of policies and strategies for addressing the high rate of suicide in our community. The Law Reform Commission identified an important contribution towards death prevention be made through extending the coroner’s office role to include detailed data analysis, trend identification and the timely dissemination of coronial information to relevant groups. An area in which that would be of particular use would be youth suicide. We know that patterns of youth suicide change over time, and this suggests that rates are influenced by risk factors that may be more prevalent or influential at particular times during specific circumstances. New risk and protective factors also emerge. At the moment we know that social media is regularly mentioned anecdotally as playing a role in more recent youth suicide. It is vital that we invest in sustained research to keep informed about what these changing influences are, as well as investing in opportunities for prevention including online counselling and support, and web-based positive opportunities for young people to connect with peers and services.

In conclusion, I recognise that the Western Australia suicide prevention strategy was a response to a really well recognised need in an area that has been neglected by governments for too long. Three years down the track we need to recognise that the strategy is not perfect and issues still have to be addressed. People continue to fall through the cracks. Importantly, Aboriginal communities are expressing that they are really unhappy. Although I do not believe the coroner is best placed to undertake a broad inquiry into the rate of suicide in our state, it is important that we get a clearer picture of what is happening on the ground, particularly with the mess of overlapping state and federal programs, and the gaps between these. This is best done through an independent inquiry. The motion before us should be amended to reflect this. We are not in a position to condemn the government for the suicide strategy because it has created some really positive initiatives; however, we are not in a position to commend the government either because we are not there yet.

Debate interrupted, pursuant to standing orders.

[Continued on page 6107.]