

**Division 74: Mental Health Commission —**

**[Supplementary Information No A60.]**

*Question:* Mr D.J. Kelly referred to “Community Treatment” on page 858 of budget paper No 2 and asked the minister to identify the expected source of the \$68 million listed as income for 2016–17.

*Answer:* The total cost of service for Service 4, Community Treatment, for 2016-17, is funded \$313.107 million by State Appropriation and \$68.597 million from funds other than State Government appropriation as follows:

- \$66.211 million is a Commonwealth Contribution to non-admitted purchased hospital mental health services under the National Health Reform Agreement;
- \$1.041 million is a Commonwealth Contribution to the clinical component of sub- acute services provided by Neami at Joondalup under the National Health Reform Agreement ;
- \$706,000 is a grant received from the Department for Child Protection for the Mobile Clinical Outreach Team at the Department of Health to provide clinical assessment of homeless people who have co-existing mental illness and substance abuse problems;
- \$600,000 is for the Alcohol Interlocks Grant from the Road Trauma Trust Account - Road Safety Commission. A mandatory Alcohol Interlock System for people who have committed repeat serious drink driving offences;
- \$40,000 is for other revenue being a 1/5th share of a \$200,000 allocation raised for miscellaneous revenue including expenditure recoups.

**[Supplementary Information No A61.]**

*Question:* Mr D.J. Kelly asked for a list of organisations that will have their grants reduced or ceased.

*Answer:* \$13,304,281 of the required \$28,515,000 Agency Expenditure Review savings will be made by reducing grants to Non-Government Organisations (NGOs) as follows:

The following savings will be achieved from NGO funding currently unallocated or expiring (\$5,387,246 40.5% of total):

- \$378,327 Adult Supported Accommodation Assistance Program (SAAP). Funds are currently unallocated due to a change in the model of delivery for the SAAP.
- \$3,845,258 Halls Creek and Wiluna Sobering Up Centres. Funding is currently unallocated due to lack of demand for services.
- \$400,000 Diversion Capacity Building Services. Funding has been reduced for Alcohol and Other Drug diversion programs in relation to the provision of worker training and support for the Court and Police diversion programs.
- \$400,000 Sponsorships. The Commission receives requests for sponsorships from various government, private and non-government organisations. Requests are principally for education and information activities and are not currently committed.
- \$600,000 Quality and Sector Development Services. Reduction in funding for quality assurance and service delivery improvement across the mental health sector including public, private and non-government mental health services. The remaining funds are sufficient to continue with the independent evaluation of NGO services purchased.

The following savings will be achieved from Research Grants (\$5,984,082, 45% of total):

- \$5,984,082 University of WA Research Fund. Cessation of united grant funding to UWA School of Psychiatry and School of Psychology to cease 31 December 2016.

The following savings will be made by the cessation of existing contracts (\$1,932,953 14.5% of total):

- \$603,996 Mental Illness Fellowship of WA. Funding for the Physical Health Meerkat Mob program designed to increase an individuals’ awareness and understanding of the benefits of a healthy lifestyle. Delivered by Peer workers with 20 people currently registered on the program;
- \$753,739 Disability in the Arts Disadvantages in the Arts (DADAA). Contribution to Arts workshops based at DADAA premises. MHC funding represents a small percentage (approximately 5% ) of DADAA funding. The service is not considered to be closely aligned with the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (the Plan).
- \$480,000 Disability Services Commission – People with Exceptionally Complex Needs (PECN) Program. Contribution towards employing 2 Co-Ordinators based at the Disability Services Commission for providing co-ordinated service delivery to individuals with exceptional complex needs.

**Extract from Hansard**

[ASSEMBLY COMMITTEES A AND B SUPPLEMENTARY INFORMATION — Thursday, 26 May 2016]

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Mr Dave Kelly; Dr Tony Buti; Mr Roger Cook

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- \$95,218 Mid- West Community Living Centre. Provision of recreational services to approximately 20 individuals living in the Central West region. This service is not in alignment with the priorities identified in the Plan.

**[Supplementary Information No A62.]**

*Question:* Mr D.J. Kelly asked for a breakdown, by area, grants and subsidies, of all areas of Mental Health Commission savings and savings from services and contracts associated with the \$28 million agency expenditure review initiative; and to identify the areas that were either due to expire and not renewed in any case, or those areas in which the moneys were yet to be allocated.

*Answer:* At a Global level the \$28.515 million Agency Expenditure Review savings for 2016-17 to 2019-20 are made up as follows:

- \$4.306 million for Grants and Subsidies ;
- \$10.905 million for Internal Resourcing;
- \$13.304 million for Services purchased from Non- Government Organisations.

A further breakdown is as follows:

Grants & Subsidies (\$4,305,676)

- (1) Mental Health Promotion / Mental Illness Prevention / Anti Stigma Grants (\$2,409,544)
    - \$135,000 Connect Groups – Dream it Forward project;
    - \$613,636 Youth Affairs Council of WA – Music Feedback Program;
    - \$511,363 Inclusion WA – Mentally Healthy Clubs and Community Groups Program;
    - \$756,817 TNS Social Research – Research and Consulting Costs to Develop a Prevention Plan for Mental Health Promotion;
    - \$229,091 Befriend WA Social Connector Project;
    - \$143,182 Blue Shirt Wednesday – Awareness Raising Initiative during Mental Health Week;
    - \$20,455 Transcultural Mental Health service – Let’s Talk Culture Seminars.
  - (2) Workforce Development Grants (\$1,896,134)
    - \$507,272 Workforce Strategy Development;
    - \$81,818 Consumers of Mental Health WA (CoMHA) Co-ordination and support for Peerzone workshops and Peerzone licence renewals for workshop facilitators;
    - \$102,273 Scholarships to subsidise specialist studies for Rural enrolled Nurses;
    - \$286,363 Living Proud . Opening Closets training program now funded by the Suicide Prevention Budget;
    - \$327,272 Act-Belong-Commit In Recovery (Mentally Health WA) Train the Facilitator workshops - Curtin University;
    - \$591,136 Marian Centre – Undergraduate Confident Placement Program.
- Internal Resourcing (\$10,905,041)
- (1) Corporate Services (\$4,065,979)
    - \$2,270,989 Reduction in Salaries expense;
    - \$1,794,990 Savings in accommodation, stationery, staff transport and other administration costs arising as a result of the amalgamation of the Drug and Alcohol Office with the Mental Health Commission
  - (2) Prevention Directorate (\$3,479,606)
    - \$1,405,635 Reduction in Salaries expense;
    - \$1,167,463 Partial cost recovery of Workforce Development Training Programs;
    - \$584,000 National Drug Strategy annual payments of \$146,000 to the WA Police;
    - \$135,645 Closure of the library at the Next Step facility;
    - \$186,863 Reduction in opening hours of the Next step pharmacy (to be closed at weekends and public holidays) for the Inpatient withdrawal unit and Drug and Alcohol Youth service.
  - (3) Policy Directorate (\$2,071,383)
    - \$2,071,383 Reduction in Salaries expense.
  - (4) Performance, Monitoring and Evaluation Directorate (\$484,612)
    - \$484,612 Reduction in Salaries expense.
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(5) Affiliated Entities (\$803,461)

- \$401,836 Mental Health Advocacy Service reduction of 3.5% of annual budget allocation;
- \$401,624 Mental Health Tribunal reduction of 3.5% of annual budget allocation

Services Purchased from Non-Government Organisations (\$13,304,282)

Refer Supplementary information No.A61

**[Supplementary Information No A63.]**

*Question:* Dr A.D. Buti asked for the number of children who have separated from an adult inpatient mental health facility or ward from 2015–16 to date.

*Answer:* Answer: For 2015–16 (up to 29 February 2016), the number of children (under 18) separated from an adult inpatient mental health facility or ward was 159.

**[Supplementary Information No A64.]**

*Question:* Mr R.H. Cook requested the status of the business case, the current view of the preferred model of service for an in-bed inpatient facility and the anticipated time line for the introduction of that service, at any hospital.

*Answer:* In 2014 North Metropolitan Health Service (NMHS) provided the Mental Health Commission (MHC) with a submission regarding a full suite of future services for eating disorders in Western Australia. This included inpatient services, community treatment and consultation and liaison services, including a minimum of four beds for statewide requirements and two beds for Sir Charles Gairdner Hospital catchment area.

The MHC identified opportunities to pursue a staged approach to the development of the various components of the NMHS submission, including funding the first stages through existing resources. In consultation with NMHS it was agreed that the first priority was the creation of a statewide Western Australian Eating Disorders Outreach and Consultation Service (WAEDOCS). WAEDOCS aligns with action 55 (a) identified in the Western Australian Mental Health, Alcohol and Other Drug Services Plan: 2015/2025: Better Choices. Better Lives. (Plan), to establish and enhance community-based statewide eating disorder services.

The MHC requested NMHS to prepare a business case to establish WAEDOCS. This was provided in June 2015, following which \$550,000 was allocated from the MHC and \$250,000 from the NMHS Mental Health non-admitted allocation to establish WAEDOCS.

WAEDOCS commenced in April 2016 and provides consultation and education services to clinicians caring for people with eating disorders in all settings throughout Western Australia, including Emergency Departments, medical wards, mental health units, Hospital in the Home (HiTH) teams, General Practitioners and community health and mental health care services from public, private and community managed organisations. WAEDOCS aims to enhance the knowledge and skills of current community and hospital health professionals to deliver best-practice treatment and support to people with eating disorders through consulting, mentoring, support, training and education.

Inpatient services remain an important part of an improved comprehensive approach to eating disorders, and youth and adult eating disorders are identified within the Plan as a priority area. Specific actions within in the Plan to address current service gaps are:

- 54 (a) establish specialised statewide inpatient services for eating disorders (24 beds) - by the end of 2017;
- 120 (a) continue to develop specialised statewide inpatient services for eating disorders (10 additional beds) - by the end of 2020; and
- 156 (a) continue to develop specialised statewide inpatient services for eating disorders (13 additional beds) - by the end of 2025.

As with the Plan generally, implementation of these actions is subject to Government approval through normal budgetary processes, and the State's fiscal capacity. Given competing priorities no business cases for eating disorder adult inpatient services were submitted to Government as part of the 2015/16 or 2016/17 Budgets. Opportunities will be explored to progress other components via service reconfiguration, remodelling and possible future funding requests, which includes the planning for the establishment of dedicated inpatient eating disorder beds.

The MHC and NMHS continue to work with services to develop the system capacity to respond earlier to individuals with eating disorders and their families. An example of this is the establishment of the Eating Disorders Mental Health Sub-network Steering Group. This commenced in February 2016 and is developing models of care and clinical guidelines which will assist clinicians to manage eating disorder

presentations in General Hospital settings and reduce the need for mental health admissions through earlier, evidence based interventions.

**[Supplementary Information No A65.]**

*Question: Dr A.D. Buti asked:* On how many occasions in 2015–16 did Armadale hospital need to lock the doors of the open wards because of the overflow of involuntary mental health patients from secure wards?

*Answer:* For the 2015–16 year to date period (as at 26 May 2016), there have been 113 occasions when Armadale hospital needed to lock the doors of the open ward due to the overflow of involuntary mental health patients from a secure ward.

**[Supplementary Information No A66.]**

*Question: Dr A.D. Buti asked:* On how many occasions in 2015–16 did public hospitals need to lock the doors of the open wards because of the overflow of involuntary mental health patients from secure wards?

*Answer:* For the 2015–16 year to date period (as at 26 May 2016), there have been 119 occasions when a metropolitan public hospital needed to lock the doors of an open ward due to the overflow of involuntary mental health patients from a secure ward.

The WA Country Health Service does not maintain a record of these occasions in regard to hospitals in regional WA.