

**Division 73: Mental Health Commission —**

**[Supplementary Information No A26.]**

*Question:* Mr M.P. Whitely requested the source of two statements about the distinction between common mental disorders and severe mental illness.

*Answer:*

- (i) “Recent data continues to highlight that approximately half of all Western Australians will experience one or more common mental disorders at some point in their lifetime”

Reference: Australian Bureau of Statistics National Survey of Mental Health and Wellbeing: Summary of Results – 4326.0 2007

“Approximately three quarters of all severe mental illness begins before the age of 24 years”.

Reference: Access Economics (2009). The economic impact of youth mental illness and the cost effectiveness of early intervention.

- (ii) Distinction between common and severe mental illness

Common mental disorders are generally considered to be the high prevalence (widespread) disorders. Three broad classes of these disorders were included in the ABS National Surveys of Mental Health and Wellbeing as follows:

Affective disorders – mild, moderate and severe depression, dysthymia and bipolar affective disorder

Anxiety disorders – panic disorder, agoraphobia, social phobia, generalised anxiety disorder, obsessive-compulsive disorder and posttraumatic stress disorder

Substance use disorders – abuse or harmful use and dependence on alcohol, cannabis, opioids, sedatives and stimulants.

The surveys were not designed to estimate the prevalence of the less common severe and persistent psychotic disorders. The prevalence of these disorders was estimated in the report “People living with psychotic illness 2010: Report on the second Australian national survey”, Commonwealth of Australia 2011. The disorders included in this survey are as follows:

- Schizophrenia
- Schizoaffective disorders
- Mania with psychotic symptoms
- Bipolar affective disorder with psychotic symptoms
- Depression with psychotic symptoms
- Persistent delusional disorders
- Acute and transient psychotic disorders
- Other and unspecified non-organic psychotic disorders

The overall 12 month prevalence of psychotic disorders was estimated to be 4.5 cases per 1,000 population aged 18-64 years. This equates to approximately 6800 West Australians. These are considered to be low prevalence (less widespread) disorders that have a high impact in terms of disability and costs.

**[Supplementary Information No A27.]**

*Question:* Mr R.H. Cook requested the full-time equivalent mental health staff numbers and average salaries across a range of categories—salaried medical officers, registered nurses, enrolled nurses, diagnostic and allied health professionals, administrative and clerical staff, and domestic and other staff.

*Answer:*

FTE and average monthly salaries as at March 2012.

	March 2012	
	FTE	Average monthly salary
(a) Salaried Medical officers	36.9	\$19,558
(b) Registered nurses	268.3	\$7,614
(c) Enrolled nurses	76.0	\$6,700

**Extract from Hansard**  
 [ASSEMBLY — Thursday, 31 May 2012]  
 p636b-639a

Mr Martin Whitely; Mr Roger Cook; Mr David Templeman

(d) Diagnostic and allied health professionals	136.3	\$6,548
(e) Administrative and clerical staff	98.9	\$5,814
(f) Domestic and other staff	118.8	\$4,983

Data Source: HR Data Warehouse -Workforce Data and Modelling.

Data extracted on April 2012.

Data represents a snapshot for the month of March 2012

Data shown represents Graylands hospital which is the only public stand-alone psychiatric hospital in Western Australia.

Data for psychiatric wards in other public acute hospitals was excluded from analysis.

FTE

FTE is calculated as the monthly Average FTE and is the average hours worked during a period of time divided by the Award Full Time Hours for the same period. Hours include ordinary time; overtime; all leave categories; public holidays, Time Off in Lieu, Workers Compensation.

FTE figures provided are based on Actual (Paid) month to date FTE.

Sessional medical practitioners and agency staff are excluded from the information provided.

Professions included in categories are listed below. Note that not all professions may be represented in data shown.

(a) Salaried Medical officers	Salaried medical officers Salaried medical practitioners Salaried radiology (medical imaging)	Salaried radiotherapy Salaried pathology Salaried other
(b) Registered nurses	Nursing services	
(c) Enrolled nurses	Enrolled nurses	Enrolled mental health nurse
(d) Diagnostic and allied health professionals	Radiology (medical imaging) Radiotherapy Pathology Dietitians Podiatry Chapliancy Health promotions Rehabilitation assistance Other medical support services Dental technician Dental therapists Registered dental nurse	Salaried dental officers Dental clinical assistant Occupational therapy Pharmacy Physiotherapy Social work Technical Speech pathology Psychologists Assistant in Nursing Other ancillary services
(e) Administrative and clerical staff	General admin & clerical	Clinical admin support
(f) Domestic and other staff	Catering Cleaning Services Orderlies & transport Patient support assistants Laundry & linen Store & supply	Home ancillary worker Engineering maintenance services Grounds & gardens Security services Other categories Aboriginal health worker

Salary

Average monthly salary for each occupation group is based on the sum of salaries earned in a period of time for each occupation group divided by sum of FTE of that occupation group for the same time period.

Salaries include ordinary time, overtime, all leave categories, public holidays, Time Off in Lieu, Workers Compensation.

Salaries exclude all Superannuation payments.

Salary figures provided are based on Actual (Paid) salaries for the month.

Monthly salaries and FTE may vary on a month-to-month basis.

**[Supplementary Information No A28.]**

*Question:* Mr D.A. Templeman requested all information available regarding the details of the construction and operation of the proposed community living units in Rockford Street, Mandurah.

*Answer:*

- (i) No
- (ii) Individuals living in the Rockford Street properties are offered support as part of the mental health supported accommodation program known as the Individualised Supported Accommodation (ISA) program. The ISA program was established in 2010 and includes social housing properties and support services for 50 individuals. Ruah Community Service provides the support services and Peel Rockingham Kwinana Health Service provides the clinical services for the people living in the Rockford Street properties.

The support provided by Ruah is based on an assessment of the needs of the individual and includes:

- assistance with daily living and personal care;
- assistance with managing rental payments and home maintenance;
- linking into social and family networks;
- accessing education and training opportunities;
- developing specific skills such as financial management; and
- finding work or alternatives to work.

The hours of direct support for individuals varies, with more intense support provided in the first weeks of settlement into the new properties, with ongoing support available for up to 5 hours per week on average per individual. The funding provided to Ruah for the ISA program in 2010/11 was \$206,700 and the funding in 2011/12 is \$214,554.

**[Supplementary Information No A29.]**

*Question:* Mr M.P. Whitely requested information on whether early psychosis intervention centres were focused on prevention or early intervention once psychosis is established.

*Answer:*

- (i) The Early Psychosis Prevention and Intervention Centre (EPPIC) services are for young people with first episode early psychosis and for detecting those with ultra high risk of developing psychosis. Those who eventually do not develop psychosis will be transitioned out of the EPPIC to more appropriate service providers.

The services do not have a prevention pre-psychosis function, though there is an element of promoting community awareness of psychosis within the program.

- (ii) On 9 March 2012, the Commonwealth advised that WA was successful in meeting the requirements of Stage 1 of the application process. WA proceeded to Stage 2, during which Orygen Youth Health Research Centre (OYHRC) and the Commonwealth worked with the Mental Health Commission (MHC) to implement one EPPIC in WA in Round One.

The MHC is now working with the Commonwealth and OYHRC to develop a service implementation plan for the WA EPPIC in Stage 2 of Round One.

Currently, the Commonwealth has not officially approved any funding for the WA EPPIC. WA has to demonstrate the State's readiness and ability to deliver the EPPIC in Stage 2's implementation planning for the Commonwealth to approve the funding for the first EPPIC.

The Commonwealth is still unable to ascertain the timing for announcing the outcome for the second EPPIC WA applied for in Round Two.