

Chairman; Ms Lisa Baker; Dr Kim Hames; Dr Graham Jacobs; Ms Janine Freeman; Mr Roger Cook; Mr Peter Abetz; Mr Albert Jacob

Division 74: Mental Health Commission, \$527 928 000 —

Mr M.W. Sutherland, Chairman.

Dr K.D. Hames, Minister for Health.

Mr E. Bartnik, Commissioner for Mental Health.

Ms A. Keller, Acting Director, Corporate Services and Governance.

Mr E. Dillon, Acting Director, Services, Purchasing and Development.

Ms D. Pawelek, Director, Performance and Reporting.

Mr K. Snowball, Director General, Department of Health.

Mr W. Salvage, Acting Executive Director, Resource Strategy and Infrastructure, Department of Health.

Dr D. Russell-Weisz, Chief Executive, North Metropolitan Area Health Service, Department of Health.

[Witnesses introduced.]

The CHAIRMAN: The Deputy Leader of the Opposition has a question.

Mr R.H. COOK: The Minister for Health made us aware in the last session with the Drug and Alcohol Office that although it appears in the budget of the health department he is not the responsible minister. If we have questions on the Drug and Alcohol Office, can we ask the Minister for Mental Health, even though it occurs in this minister's budget?

Dr K.D. HAMES: I do not think that is a question for me; that is a question for the member.

Mr R.H. COOK: I am providing context.

Dr K.D. HAMES: The Drug and Alcohol Office was dealt with in the last session. The member may want to try to find some context in this session, but the Drug and Alcohol Office advisers were present in the previous sessions and they are not here now. Next year, that component will be transferred.

Mr R.H. COOK: I think that is what the minister said last year, too.

The CHAIRMAN: I do not think I can take that much further.

Ms L.L. BAKER: I refer the minister to the suicide prevention strategy referred to in the fourth dot point on page 885 of budget paper No 2, and also the income statement on page 888. Originally, \$13 million was allocated to the suicide prevention strategy, the majority of which, \$10.3 million, had to be handed back unspent. How much of the "\$10.3 million in increased expenditure" referred to in the first paragraph of page 888 has been allocated to the suicide prevention strategy?

Dr K.D. HAMES: I will hand the question to Mr Bartnik.

Mr E. Bartnik: In response to the first part of the member's question regarding funds in the previous year to do with the suicide prevention strategy, any funds that were allocated that were not spent have been carried out into current or future years. Therefore, the full \$13 million has been totally preserved.

Ms L.L. BAKER: Is that as a suicide prevention strategy?

Mr E. Bartnik: Yes, as a suicide prevention strategy—having been totally fenced for that purpose. There is an additional amount of \$500 000 each year for the administration of the non-government agency, and Centrecare, which is the contracted agency. The latest expenditure for this year to deal with the strategy is \$1.36 million. All the unspent funds in this year have been totally carried over to next year.

[3.40 pm]

Ms L.L. BAKER: I am sure that the Mental Health Commission has looked in great detail at why that money was not spent last year; indeed, I know that a number of stories are out there at the moment, as there often are. I would like to explore the issue with the minister. In particular, I am aware that Centrecare was the agency that was eventually contracted to deliver on this program. Was Centrecare the first and only head agency contracted or was another agency contracted originally?

Dr K.D. HAMES: We have to go through this little charade in which the Chairman has to say "minister" and I have to say "Mr Bartnik" each time the member asks a question.

Mr E. Bartnik: Does the member's question relate to the new suicide prevention strategy?

Ms L.L. BAKER: No, my question relates to the original strategy—last year's.

Chairman; Ms Lisa Baker; Dr Kim Hames; Dr Graham Jacobs; Ms Janine Freeman; Mr Roger Cook; Mr Peter Abetz; Mr Albert Jacob

Mr E. Bartnik: The Telethon Institute for Child Health Research originally had an operational grant of about \$500 000 a year to maintain the database and to do research and various other things. That was brought in as part of the new strategy with all the community action plans and the agency action plans as one tendered contract, and Centrecare was the successful tender for that contract.

Ms L.L. BAKER: Has the minister had the chance to find out what went wrong in getting this funding out? Clearly, there was an enormous bottleneck. The public would be very keen to know why the government did not get this money out there, considering suicide prevention is this government's enormous election priority and great commitment, and it is a matter that is of extreme concern to all of us.

Mr E. Bartnik: In the Australian context the Western Australian strategy is very innovative; instead of the money simply going into direct service delivery, the framework for the suicide prevention strategy consists of community action plans running parallel with agency action plans. Community actions plans are grassroots community initiatives, often with a community coordinator, that build on local community initiatives and bring additional funding to areas of need. Agency action plans involve government departments, businesses and a range of other organisations, signing up to not only implement suicide prevention strategies in their own agencies, but also support the local community initiatives.

Ms L.L. BAKER: Whose fault is it that the money was not spent? Is Centrecare being blamed or is it due to the new commission's inability to get the money out through a streamlined process under a sensible contract?

Mr E. Bartnik: The way the strategy has been set up, the Mental Health Commission holds the funds. Centrecare is contracted as the non-government agency to implement the strategy in conjunction with the Ministerial Council for Suicide Prevention, which oversees the strategy and reports to the minister. The ministerial council oversees the work of Centrecare, which deals with communities and different organisations. The community action plans and the funding approvals go back through the ministerial council —

Ms L.L. BAKER: Sorry to interrupt. I have some understanding of the process. I am trying to work out whether the department has worked out what went wrong so that it does not happen again. Where does the department see the blame being sheeted home to and how is it fixing the problem?

Mr E. Bartnik: I think that part of the issue is that the way the strategy is set out requires development of working with communities. The strategy is not simply going and offering money to communities. The process of working with communities, identifying a coordinator and then having a plan, takes time. We have developed quite a lot of momentum with approved community action plans and developing plans with a range of other communities. We will see this strategy accelerate quite quickly.

Ms L.L. BAKER: Mr Bartnik outlined four levels in the approval process: working on the ground, working through Centrecare, referring to the council and referring to the minister. That seems to me like an inordinate amount of red tape for a small agency trying to deliver crisis and, in many cases, absolutely essential services. Has the department got rid of that red tape?

Mr E. Bartnik: The Mental Health Commission works very quickly to respond to crises. To deal with the suicide issues in the Kimberley, the commission worked very quickly to allocate funds in conjunction with the WA Country Health Service and non-government agencies. The suicide prevention strategy is not about an urgent critical response to a situation; it is about a longer term development plan.

Ms L.L. BAKER: I would argue that it is still critical.

The CHAIRMAN: We do not want to have banter across the floor.

Dr G.G. JACOBS: The first dot point on page 885 of the *Budget Statements* refers to social housing. What funding has been allocated to social housing, particularly for people with mental illness? How many units will there be and in what configuration? Last but not least, are any units assigned to my region of Goldfields–Esperance?

Mr E. Bartnik: As part of the current budget, \$46.5 million in capital has been allocated to the Department of Housing for housing people who are currently in mental health inpatient facilities. The amount of \$47.5 million is allocated for 100 individual dwellings, approximately 80 of which will be located in the metro area and about 20 in different country areas. What will be quite different about this strategy is that it will have a housing component and also individual packages of wrap-around support. The process will involve identifying each person personally and a plan being developed to deal with returning those people to their communities. As the housing arrangements will be dependent on where the people have come from, I cannot really answer whether any units will go back to the member for Eyre's electorate. However, the priority people will be relocated back to their homes and communities.

Chairman; Ms Lisa Baker; Dr Kim Hames; Dr Graham Jacobs; Ms Janine Freeman; Mr Roger Cook; Mr Peter Abetz; Mr Albert Jacob

Dr K.D. HAMES: This is quite an innovative way of doing things. When I was Minister for Housing and Hon Paul Omodei was the Minister for Disability Services, I offered to build him however many houses he needed to house people with disabilities. His trouble was getting those wrap-around services and the extra support needed to look after people with disabilities. I could always build more houses than he could find staff to put in them. Putting housing and mental health services together like this as a package is unusual, but extremely effective.

[3.50 pm]

Dr G.G. JACOBS: Obviously, those support packages will be personalised. Is this part of this money? We are talking about money to build the unit. Are we talking about extra money for this personalised package, or is it all in the one?

Mr E. Bartnik: There are two separate buckets of money. The support package is in the mental health budget. I think it is about \$2.7 million this coming year. That is because we have cashflowed it from only about March. It will be about \$7.4 million recurrent next year. It means the average package for people will be about \$74 000. That will include a community support component, practical support for daily living and employment and being involved in the community. It will also include a component for clinical support, so we will have a package that will have all the things that people need.

Dr G.G. JACOBS: Congratulations, fantastic.

Ms J.M. FREEMAN: Are any going into the electorate of Nollamara?

Mr R.H. COOK: No; they are all going to Esperance!

Dr K.D. HAMES: Has any decision been made on where they are going or is that decision still coming?

Mr E. Bartnik: We are working with the key people in the public hospital system to identify people who have been stuck in hospital, typically for longer than six months, who require significant support—both housing and wrap-around support—to return to their communities.

Ms J.M. FREEMAN: Is the answer that there has been no allocation to the areas they are going into at this point in time?

Mr E. Bartnik: Only the notional allocation of housing—about 80 housing units to the metropolitan area and about 20 to the country. We had to do that to give the Department of Housing an indication.

Dr K.D. HAMES: We would be happy to put lots in the member's electorate if that is what she wants.

Ms J.M. FREEMAN: I have a perfect piece of land that the health department owns. The commissioner said there was \$4.65 million; is that state or federal funding?

Mr E. Bartnik: This initiative is totally state government funded.

The CHAIRMAN: Member for Nollamara it is now your turn; do you have another question?

Ms J.M. FREEMAN: Thank you, Mr Chairman, I do. I refer to the last dot point about the new “Mental Health 2020 Strategic Policy” at page 884. I am told reliably that the PricewaterhouseCoopers investigation into a strategic plan and consultation came down in December 2009. Where is the strategic plan at this point in time? How is the department allocating such things as the housing we just spoke about, without a comprehensive strategic plan?

Mr E. Bartnik: The PricewaterhouseCoopers document set out more than 90 specific initiatives for mental health. In August–September last year the Mental Health Commission undertook a further series of consultations with the community to check out the validity of that report and get feedback from the community. Generally, there was strong support for the directions, and some feedback from the community to say that the plan needed to be more strategic in terms of its overall performance system and that some specific gaps needed to be addressed. One of those gaps was people with disabilities who also had mental health problems. The Mental Health Commission has published the consultation feedback summary. The redrafted report, which is a much sharper document and more strategically focused, is with the minister for her consideration. We expect that to be released shortly.

Ms L.L. BAKER: We have been waiting for nearly three years now, how long does “shortly” mean?

Dr K.D. HAMES: Shortly is a decision for government based on what the minister thinks when she has finished reading the document, when she brings it to cabinet and when she decides to release it.

Chairman; Ms Lisa Baker; Dr Kim Hames; Dr Graham Jacobs; Ms Janine Freeman; Mr Roger Cook; Mr Peter Abetz; Mr Albert Jacob

Ms L.L. BAKER: After three years, we have no strategic plan and we have given back a lot of the suicide prevention strategy funding. Exactly what value is the commission currently adding to mental health in this state?

Mr E. Bartnik: The strategic plan is currently with the minister. When it is released I believe it will be a very forward looking, innovative strategy for Western Australia. In answer to the question about suicide prevention strategy, in fact, the commission has safeguarded all those funds to be sure they are part of a strong strategic framework. Not only has the Mental Health Commission been very thoughtful in its new investment in working in partnership with the Department of Health on the development of all the clinical services, but also there has been a very strong investment in the community sector as part of our future direction, which sees a need for both clinical services, which might be hospital or community based, and a greater proportion of practical community support for people.

Ms L.L. BAKER: The commissioner mentioned extra investment in non-government services. What percentage target does the commission want to increase the delivery of services to? At the moment it is about two or five per cent—I cannot remember, sorry. The minister can quote what is happening in the eastern states in terms of the number of services being delivered by government in the mental health area versus the non-government sector. At the moment it is sitting at quite a low level, which is not the commission's fault; it is historic. Where is the target?

Mr E. Bartnik: It is sitting around nine per cent. I think the Western Australian Council of Social Service, in one of its recent submissions—or the Western Australian Association for Mental Health—was looking at a figure of between 15 and 20 per cent. We consider that needs to be a very gradual process. We greatly value the clinical support provided, particularly through the public mental health system. It is a matter of preserving and growing that as well as growing the non-government sector at the same time. To be perfectly honest, having worked in a range of other sectors, the mental health non-government sector is relatively underdeveloped. It is not simply a matter of saying, “Here is another \$20 million or \$30 million because of the workforce and the capacity.” We have been investing in the capacity of the sector to take the next step.

Ms L.L. BAKER: I understand that, and that is laudable. I wonder what the time frame is for bringing it up to 15 per cent.

Mr E. Bartnik: Every action the commission has been taking has been to strengthen the community sector. With regard to new initiatives in the budget, the majority of funding for the 100 packages of support, for example, will go to the non-government sector for the community support component. The majority of funding for the two intermediate-care units that are being developed at Joondalup and Rockingham will go to a contracted non-government agency with clinical in-reach. I think we are starting to see the bulk of the investment going into practical community-based services.

Mr P. ABETZ: I refer to the third line item under “Major Spending Changes” on page 883, “Transfer of Funding for Construction of the Joondalup/Rockingham Intermediate Care Units”. What is being done to help people with mental illness make that transition from hospital to community?

Mr E. Bartnik: Intermediate care units are often called step-down or step-up units. They are for people who might be discharged from hospital who have got over their acute phase and require a period of stabilisation. There might be people who require some intensive support who could be kept out of hospital on the way through. The profile of infrastructure facilities in Western Australia is that we have a reasonable number of mental health beds, but we have been underdeveloped in the step-down facilities, which help free the acute beds for people who really need them. This line item is for two units each of 22 people—one north and one south—that will be able to fast-track people out of hospital beds on the way back to their local communities.

[4.00 pm]

Mr R.H. COOK: The amount of \$12.8 million appears to have been taken out of the 2010–11 budget. Where has that funding gone?

Mr E. Bartnik: In the current budget year, a significant amount of non-recurrent mental health strategy funds were carried over from previous years. There also had been previous planning for these intermediate-care facilities. In conjunction with the Department of Health, the Department of Treasury and Finance, and the Department of Housing, the non-recurrent funds from this year have been transferred to capital to build the two facilities. They will then be staffed through recurrent mental health services funding. It is a transfer of cash from this year into the capital account for building these two facilities in the next two years.

Ms J.M. FREEMAN: Where has it gone? We were directed to page 883. The amount is in brackets to indicate it was taken out. Where can I find it in the budget?

Chairman; Ms Lisa Baker; Dr Kim Hames; Dr Graham Jacobs; Ms Janine Freeman; Mr Roger Cook; Mr Peter Abetz; Mr Albert Jacob

Mr E. Bartnik: It will go to the Department of Housing. There has been a budget transfer because the Mental Health Commission does not hold capital funds.

Mr R.H. COOK: For the immediate-care unit, do they get done by the Department of Housing?

Mr E. Bartnik: Yes. We will oversee the contracting and specification —

Ms J.M. FREEMAN: But is it at Joondalup hospital?

Mr E. Bartnik: No. The Joondalup one will be built on the back of the Joondalup hospital site. The location for the Rockingham one is yet to be determined. That has only been a recent announcement.

Mr R.H. COOK: So the money is sitting with Housing while the Mental Health Commission decides what to do with the one at Rockingham?

Mr E. Bartnik: The money has been transferred to Housing for next year. The Joondalup tender has already been let. We estimate that the Rockingham tender will be let by the end of the year.

Ms J.M. FREEMAN: It is in the forward estimates for the Housing budget—is that right?

Mr E. Bartnik: It will be in the 2011–12 Housing budget. The recurrent funds to operate the facilities—which will be a combination of non-government and typically public mental health clinical in-reach—are in the forward estimates of the Mental Health Commission.

[Mr A.P. O’Gorman took the chair.]

The CHAIRMAN: Further question, member for Nollamara. You need to address it to the minister.

Ms J.M. FREEMAN: I am now looking at the Housing Authority budget on page 701 of the *Budget Statements*. Can the minister point me to where that money has gone?

Dr K.D. HAMES: I would be surprised if Mr Bartnik knew that; it is not his budget. Housing would have it wherever it wants to have it. The member needs to ask the Minister for Housing to identify where it is, unless Mr Bartnik can surprise me by knowing it off the top of his head. The answer is no.

Ms J.M. FREEMAN: Can the minister answer it by way of supplementary information? It was in the budget of the Mental Health Commission but it has been taken out. Now the minister is telling us it is in the forward estimates of Department of Housing capital. Is it possible to answer it by way of supplementary information?

Dr K.D. HAMES: No; we cannot provide that as supplementary information. It is an issue for the Minister for Housing. I am sure if the member asks the Minister for Housing the question, he will be able to say exactly where it is.

Mr R.H. COOK: There is a hospital pass!

My question relates to “Specialised Mental Health Admitted Patient” on page 887 of the *Budget Statements* in relation to general hospitals. In the last estimates session, the Minister for Health said that the delayed reconfiguration of mental health services at Osborne Park Hospital was essentially associated with consultation processes with the Mental Health Commission. I raised this subject initially with the Minister for Mental Health in 2009 over the issue of the reconfiguration of the Osborne Park Hospital mental health facility. The former Minister for Mental Health explained to me that in order to redevelop Graylands Hospital—which at that stage was in the forward estimates, and no longer is—where patients suffer appalling conditions at the Murchison and Smith wards, the minister would first of all need to reconfigure mental health services at Osborne Park Hospital. The former Minister for Mental Health was keen to see Osborne Park Hospital redeveloped. It is now two years later. In the previous estimates session, the Minister for Health essentially said that the Mental Health Commission was holding up that redevelopment. Can the minister please comment on that matter and why that impacts upon Graylands Hospital? What other business cases does the minister have before him for mental health facilities in other hospitals due for redevelopment that are not progressing as a result of the consultation with the Mental Health Commission?

Dr K.D. HAMES: Before Mr Bartnik answers, I say that I have no recollection of blaming him in our session —

Ms J.M. FREEMAN: It was one of the minister’s staff members.

Dr K.D. HAMES: — but please feel free to answer.

Mr E. Bartnik: One of my priorities as Mental Health Commissioner has been to ensure that the future investment in mental health has the correct balance of investment into mental health inpatient beds and also into the community support structures. I have been very vigilant about hospital redevelopments that increase government commitment to inpatient beds in a disproportionate way to investment in the necessary community support services. With Osborne Park Hospital, the principle that I was very keen to establish was that relocation

Chairman; Ms Lisa Baker; Dr Kim Hames; Dr Graham Jacobs; Ms Janine Freeman; Mr Roger Cook; Mr Peter Abetz; Mr Albert Jacob

of activity from the Graylands site at no additional cost was perfectly fine, but that any additional cost would need to be found within the current arrangements, not as part of future Mental Health Commission growth funding. It was a very simple matter of principle around relocation of activity, around cost being contained within that activity and about being very vigilant in wanting a balanced investment of our future recurrent funds into both community and inpatient support.

Dr K.D. HAMES: I think Dr Russell-Weisz might wish to add something.

Dr D. Russell-Weisz: To clarify some of the comments I made in the earlier session: there was a lengthy and important consultation with the Mental Health Commission which was not just about Osborne Park Hospital, it involved all north metro sites —

Mr R.H. COOK: Which others have been held up as well?

Dr D. Russell-Weisz: They have not been held up. The Midland one is going ahead as planned. I answered questions in relation to the Sir Charles Gairdner Hospital mental health unit. The delay was really due to the majority of developments on the site and nothing to do with mental health. After the global financial crisis, there was a review of all capital projects. Osborne Park Hospital was reviewed at that time—not just mental health but other areas in Osborne Park —

Mr R.H. COOK: It was well and truly dudded.

Dr D. Russell-Weisz: The Mental Health Commission came along and wanted to have a look at it.

Dr K.D. HAMES: It starts with the same “d”—delay!

Dr D. Russell-Weisz: It was very relevant consultation because it related to the future of the Graylands site and what we were going to do at Graylands and the shift of correct beds and services from Graylands to Osborne Park. I think we have got to an extremely good outcome with the service and building at Osborne Park, which will be in place by 2014.

Mr R.H. COOK: When will the redevelopment of Graylands Hospital take place, given that the planning for that is now complete?

Mr E. Bartnik: There is a current plan for the redevelopment of Graylands Hospital which is a planning principle. Part of that has some of the beds being relocated to other parts of the metropolitan area as part of the rationalisation of beds close to people’s homes. The new Minister for Mental Health and I, in conjunction with the health department, have been reviewing the clinical services framework and the state health infrastructure plan. There are still some key decisions to be made. An example of one of those decisions relates to the Frankland forensic facility. Minister Morton has stated that decriminalising mental health is one of her high priorities. We are currently doing work around not only court diversion but also forensic mental health. That will inform thinking about the development, particularly of the Frankland facility, whether that will take place on the Graylands site or elsewhere.

[4.10 pm]

Ms J.M. FREEMAN: I refer to page 885, the last dot point, which states in part —

In March 2010, the State Government launched its \$128.7 million commitment as part of the COAG National Partnership Agreement ... on Closing the Gap on Indigenous Health Outcomes.

Is the specialist Indigenous mental health service fully operational now; and, if not, when is it proposed that it will be operational?

Mr E. Bartnik: Apart from the Kimberley, for the remainder of the state, the agreements have been signed and the service is under way. The process that was used was that there was consultation with the regional health and mental health planning forums across the state. That was a relatively smooth process, and a clear agreement was reached in all parts of the state, apart from the Kimberley, where there was a request, particularly from the Aboriginal medical services, for the opportunity to put forward an alternative proposal. That was in October–November last year. Since that time, the Mental Health Commission has facilitated a series of meetings between the Western Australian Country Health Service and the Kimberley Aboriginal Medical Service’s council and its members, and they have now developed a collaborative proposal to implement that new service. That has taken some time. But as all my colleagues have reminded me, the issue of how to best deliver mental health services in the Kimberley, and the role of the public mental health system, and the role of the Aboriginal medical services on the ground, is a complex issue. We are very pleased that we have been able to get both sectors to come together and come up with a combined proposal.

Ms J.M. FREEMAN: Sorry, but I did not fully understand the answer to that question. Apart from the Kimberley, which Mr Bartnik has said is not yet operational, are the other services for Indigenous mental health

services operational and providing services to the community, or is the commission still in the process of planning and consultation?

Dr K.D. HAMES: Mr Bartnik will respond first, and then Mr Snowball.

Mr E. Bartnik: All the contracts have been signed, and the funds have flowed to the various health department delivery units for implementation. I now pass to the Director General of Health to talk about the implementation of that on the ground.

Mr K. Snowball: This is a follow-up on the consultation. The planning forums in particular are our vehicle for planning services for Aboriginal people in the regions. What the Commissioner for Mental Health is talking about is that when that specialist mental health service program was being proposed across the state, there was a process of consultation with each of those forums to look at what was needed in a particular region to improve the mental health outcomes for that community. Some of those funds were signed up in contracts with Aboriginal medical services, and others were signed up with state health services. Every place in Western Australia, with the exception of the Kimberley, has signed up relatively recently to deliver those services. Therefore, services are now being rolled out on the ground. Prior to that, there was also funding under the Close the Gap strategy, under the area called transition to adulthood, for mental health services for young adults. Those services are basically to provide young adults with the ability to be a bit more robust about what life throws their way so that they can handle issues in a better way. Part of the focus of that is around counselling and support services in the community. That is already being applied. That has been in place for almost 12 months. There are two components. What the Commissioner of Mental Health is talking about is specialised mental health services; that is, the acute end of mental health. What I am talking about is primary mental health services, and they have been in place for 12 months, with people on the ground, doing the job.

Ms J.M. FREEMAN: So they have been rolled out and are on the ground. If I was an Indigenous person with a mental health issue, where could I go to access the services that were announced in March 2010 and that have been funded and are on the ground, and where could I not get those services?

Dr K.D. HAMES: It is quite clear, I think, but Mr Snowball may wish to respond.

Ms J.M. FREEMAN: I did not get it; sorry. Where are those services on the ground, now?

Dr K.D. HAMES: What the member is asking is: what is there now that was not there before?

Mr K. Snowball: There are additional mental health workers, and they are providing services out of Aboriginal medical services to Aboriginal people in their community.

Ms J.M. FREEMAN: But that is other than in the Kimberley?

Mr K. Snowball: Other than in the Kimberley, yes. In addition, because Aboriginal people do not use just Aboriginal medical services—they also go to local general practitioners, and to local hospitals, for those services—there are primary mental health services in those environments, too. Those funds have been spread across the state, in those service areas, to be available for Aboriginal people.

Ms J.M. FREEMAN: The Aboriginal adolescent health service in Mirrabooka was established to operate as a service that was focused on Indigenous youth. Under the new funding arrangements, will it be given funding to deal with Indigenous youth with mental health issues?

Dr K.D. HAMES: Is there anyone here who knows about the situation in Nollamara?

Ms J.M. FREEMAN: Can we take that as a supplementary?

Dr K.D. HAMES: Let us try to get an answer first. Mr Bartnik.

Mr E. Bartnik: In terms of the statewide specialist Aboriginal mental health component, an additional 60 FTEs will be in place across the state. Ten of those will be in the Kimberley. The other 50 will be in metropolitan and other country areas.

Ms J.M. FREEMAN: Will be, or are?

Mr E. Bartnik: They have been funded, and they are progressively being recruited. Some of those are through the statewide mental health service at Graylands, and the remainder will be implemented through the area health services.

Dr K.D. HAMES: We do not know the answer to that. We are here to deal with general issues regarding mental health. The member obviously has a specific question about her electorate, and we do not know the answer, so we will take that as a supplementary to find out what is happening in Nollamara.

Mr R.H. COOK: To cut to the chase, we might as well get that for Esperance, too!

Chairman; Ms Lisa Baker; Dr Kim Hames; Dr Graham Jacobs; Ms Janine Freeman; Mr Roger Cook; Mr Peter Abetz; Mr Albert Jacob

The CHAIRMAN: Member for Nollamara, can you please make it clear what information you are asking the minister to provide?

Ms J.M. FREEMAN: Is the Aboriginal adolescent health service in Mirrabooka operating to provide services for Indigenous youth with mental health issues; and, if not, has it received additional funding through the Close the Gap strategy to focus on delivering services to Indigenous youth?

Dr K.D. HAMES: Yes. We will provide that information.

[Supplementary Information No A29.]

Mr A.P. JACOB: I refer to page 884, the heading “Service Summary” and line item two, specialised community mental health. This is an issue that I am curious about. What is being done to help inpatients in psychiatric hostels to stop smoking?

Mr E. Bartnik: There are two particular initiatives, one around oral health, and one around smoking. We are in the process of allocating \$187 000 per annum over two years to the Mental Illness Fellowship of Western Australia to provide peer support and tailored smoking programs to residents of those hostels. I have visited those hostels and I have seen people spend most of their income on smoking, so that is a big issue for those people, not only because of the health effect, but also economically. The second issue is oral health. We have allocated \$250 000 for next year to assist people to use the Medicare rebate for dental care. This is to engage residents of hostels who often find it difficult to access dentists and support them to do so.

The appropriation was recommended.

[4.20 pm]