

### 3 TIER YOUTH MENTAL HEALTH PROGRAM

#### *Grievance*

**MR D.A. TEMPLEMAN (Mandurah)** [9.33 am]: My grievance this morning is to the Minister for Mental Health. This is a genuine plea on behalf of the community of the Peel region. I will not be angry with the minister, but I will express some frustration with the process that we have concerns about. I want to underpin my comments about the 3 Tier Youth Mental Health Program by saying that there is total bipartisan support for this program. I acknowledge the support, strong endorsement and encouragement of the member for Dawesville. I also acknowledge the strong support of the federal member for Canning, Andrew Hastie, and the strong support of the local government. Support for this program is bipartisan and across the three levels of government, but we are now frustrated with responses, particularly from the Mental Health Commission, about the funding of this program.

In the time I have, I want to very briefly outline the extensive background to this program's development. It has its origins back in 2012–13, when a range of community engagements took place, through to the current day. In 2013, there was an initial presentation by Heath Black under the auspices of the Peel Youth Medical Service, which initiated the intense interest and underpinned the need for mental health services for young people in Peel. That then saw a range of initiatives developed under the auspice of what is known as the 3 Tier Youth Mental Health Program. This program has three tiers. Tier 1 is the delivery of the awareness and education. Tier 2 is very much the follow-up in schools and other settings for young people who have identified through tier 1 that there are issues that they need support for. Tier 3 is the intensive counselling support services—the wraparound services—for young people identified as being at risk, including some who are at risk of self-harm. In the Peel region, the 3 Tier Youth Mental Health Program is the most analysed and evaluated program that I have seen for some time, and there is strong community and bipartisan support for it. Over the last year the community has raised something like \$120 000-plus from community-based fundraising initiatives to assist GP Down South, and Eleanor Britton in particular, to deliver this program. The communities and members of Parliament from all persuasions are onside. We have been frustrated with the communication between the former minister's office—I will be honest—and the Mental Health Commission. After my grievance, I will pass to the minister a breakdown of the history—a dot point outline—of what we have been going through in our attempts to obtain funding for this program and action from the government, and particularly the Mental Health Commission, and to get an answer about whether the government will fund it. We are at the stage at which we need to be told. If the government will not fund this program, we want to know why and also why it has taken so long for this to be considered seriously.

The minister will be well aware that the very night when cabinet met in Mandurah earlier in April this year, at the community event at the Mandurah Offshore Fishing and Sailing Club—the minister had been a minister for only some weeks or a week, from memory—we heard that another young person in our community had taken their life. That was two in that one week. That was unknown to most of the people at the gathering, but it was a devastating and tragic additional statistic for our region. Since then, we have had a meeting with the minister. I appreciate the meeting she gave me, the member for Dawesville and representatives from the 3 tier program at Parliament House to plead with her and the commission in particular for an answer about the funding bid. We were told after the meeting that we would need to provide more information, and that information was provided. It is true that as at August this year, a formal response to the meeting and a formal response to the funding bid had not been received.

I want to briefly mention the member for Dawesville. When he was Minister for Health, he found some dollars to ensure there was a proper and effective evaluation of this program. That was in November last year; it was a very extensive evaluation. All the outcomes and recommendations from that evaluation highlighted the importance of this program and the fact that it is delivered locally. Admittedly, it was only in the first weeks when the minister was appointed, but she mentioned to the press that she believed there was a duplication of services. I can tell the minister unequivocally that this is not a duplication of services. This is a tailored program for our region for a growing population of families and young people that is already working, but it now needs that funding surety for the next three years to ensure that all the tiers can be delivered. It has universal support. It has high involvement from the schools across the region in not only Mandurah, but also the Peel region areas of Murray and Waroona. Minister, we need to get this funded. I am pleading to the minister that we get this funded as soon as possible for the sake of the young people in my region.

**MS A.R. MITCHELL (Kingsley — Minister for Mental Health)** [9.40 am]: I thank the member for Mandurah for his grievance and I acknowledge the member for Dawesville, who is in the chamber at this point as well, because I know that both members are generally advocating for this service. As the member for Mandurah said, I am familiar with the program run by GP Down South. I am also familiar with the support that the local community has. I am very encouraged by that because I am very big believer that community involvement in a program will make a considerable difference to how that program is delivered. If the member has not received any formal response from the Mental Health Commission at this stage, I find that disappointing.

If the commission needs to respond to GP Down South about any decisions or deliberations that it makes, I will make sure that it does because it is important that we maintain collaboration and work together throughout these processes. The members for Mandurah and Dawesville can understand the processes in this area. In fact, just this week I had representation from people who wanted endorsement and financial support from me for their program. I get it constantly and I do not have any buckets of money. The Mental Health Commission also gets it quite often. We get a number of representations from people who believe that their program is the only way to go and we all have to get behind it. Having said that, I am not saying that the GP Down South program does not provide a valuable service. It provides a service that is valuable to the area and I acknowledge the work that it has done.

The Mental Health Commission has advised me how it operates. It calls for tenders for work that needs to be done and those tenderers make an application for the work. The tenders for work that needed larger funds of money were called for previously and had been allocated for those services. In the meantime, specific grants went out, and I know that GP Down South has been successful in getting small grants to assist it with the work that it does because it is recognised that that work can be of benefit. The member and everyone else in his community and throughout Western Australia expects the Mental Health Commission to use its taxpayer funds wisely and not allocate them to just the people who advocate the most or those who can use the media or do other things better. The commission goes through an evidence-based process of determination at the time it calls for tenders. The key factor here is to understand the process. GP Down South may have missed out at a particular time, but that does not mean that it will miss out going forward. That is the process in train and that will go on. When we met a couple of months ago, I have to be honest and say that I was very disappointed with the documentation that was given to me. It was like a flyer about what it did, not the whole proposal. Yes, it was determined that that submission needed to be a proposal and that it needed to be more than the 2014 presentation. I asked the Mental Health Commission if it had something more than that and it said that it needed more than that as well. That was when the information was asked for and I believed that that process was underway. As I said, I was not aware that the member had not received any information about the status of the process, so I will make sure that he hears more about it.

The loss of a young person's life, of any person's life, through suicide is a great concern to me at all times. I know that there was a period in which a number of suicides occurred within the Peel. It is very prudent that we manage that process very carefully and that we provide all-round support. We need to work on this area and the issues that cause distress, isolation and concern for young people. There is no question about that. Therefore, every consideration must be given to make sure that the services that are available suit the needs of the community. The Mental Health Commission evaluates where those needs are and how to best serve that community and respond to that situation, which is why the additional support, the grants, was given to GP Down South for suicide prevention. That was an acknowledgement of the issues in the Peel and the work that can be done down there. At the same time, that goes right across Western Australia. I am very cognisant of the issue of suicide, particularly through Mental Health Week. Any loss of life that occurs is not acceptable. In young people, mental health is a key factor —

**Mr D.A. Templeman:** What we need is some time line. When will we get word? Ultimately, the decision has got to be made. If we're not going to get the funding, the program won't be able to continue—that is the reality. We need some time line and the communication from the commission, in particular, needs to be fine-tuned. I think the problem lies in the lack of communication and timely follow-up, and we need the answers.

**Ms A.R. MITCHELL:** The member is right, and I have acknowledged that. I said that that needs to be clearer and I will get that information back to the member as soon as I can. At the same time, I know that GP Down South has very strong links with the federal government and I am sure that it is tapping into that and using community funding as well. However, I will get that information back to GP Down South as soon as I can.

**Mr D.A. Templeman:** I will just hand the minister the overview of where we've come from.

**Ms A.R. MITCHELL:** Thank you.