

MENTAL HEALTH — AT-RISK CHILDREN

914. Ms L. METTAM to the Minister for Mental Health:

I refer to the increasingly frantic lengths that parents are being forced to undertake to get appropriate mental health support for their at-risk children. Does the minister believe it is acceptable for a mother to have to email Perth Children's Hospital vision of her son's attempt to end his own life to receive assistance, or for another family with a 10-year-old son to be turned away from hospital five times, despite him attempting suicide several times and being a danger to his family?

Ms A. SANDERSON replied:

I would remind the Leader of the Liberal Party that she is not an expert in mental health diagnoses or intellectual disabilities or behavioural disorders. Neither am I. That is why it is not appropriate for us to second-guess clinical decisions. The Leader of the Liberal Party raised a particular circumstance. The family is well known to Perth Children's Hospital; their son has been seen and assessed multiple times, and the hospital has determined that it cannot provide him with the most appropriate care and that the National Disability Insurance Scheme is the framework under which he can be better supported.

I think the member needs to be very cautious about second-guessing clinical decisions. I have enormous sympathy for the family and many other families who have highly complex children with behavioural issues, and we are seeing more and more of them. It is the role of the National Disability Insurance Scheme to support those children and their families. It is appropriate that they are seen by the appropriate consultants and that they are assessed, and that has happened every single time that has been presented.

We have significantly expanded mental health supports under this government and we continue to significantly expand mental health supports for children and adolescents, understanding the increasing complexity of the cohort. I understand that parents are desperate and feel like it is a last resort. I understand that, but many considerations are made when making a recommendation to admit a child into an inpatient mental health unit. I am not there on the ground and I am not an expert, and I will not be second-guessing those considerations.

My understanding is that the family was provided with an appointment with a paediatrician I think today or yesterday. The Child and Adolescent Health Service has been reaching out to that family to provide support and to help engage other external providers to put some supports around that particular family.

Certainly, mental health is different from behavioural issues. They are different. We are putting significant resources into supporting youth with mental health issues, and the NDIS has been significantly expanded to support children and their families with behavioural and intellectual issues.