

YOUTH MENTAL HEALTH — LUMA PROJECT

839. Dr K. STRATTON to the Minister for Health:

I refer to the Cook Labor government's investment to drive positive change in Western Australia's youth mental health sector.

- (1) Can the minister outline to the house how the recently opened youth sanctuary in Subiaco will support young people experiencing suicidal thoughts?
- (2) Can the minister advise the house how this facility supports this government's implementation of recommendations by the infants, children and adolescents task force?

Ms A. SANDERSON replied:

- (1)–(2) I thank the member for Nedlands for her question and for her attendance at both the prior opening as we launched the redevelopment of the Luma Project and the opening of the project, and for her ongoing support on the ground, particularly with the local council in getting project approval at council level. I know there was some disquiet with residents. She played a really important role, so I thank her for that because these facilities need to be in the community. They need to be in residential areas.

The Luma Project is a great example of Western Australia investing in different models of care, particularly for young people. We have a strong track record of investing in mental health with a 50 per cent increase in the mental health budget since we came to government. This project was formally opened earlier this month by myself and the member for Nedlands. It is a short-term residential service for 16 to 24-year-olds who need a safe alternative to a hospital emergency department. It is mostly run by young people and peer workers but with oversight from a clinician on site. It provides trauma-informed, person-centred care. It is a less medicalised support for young people in particular who are experiencing thoughts of suicide and crisis. We know that the drivers of suicide are incredibly complex, and they are very complex in young people. Having the peer worker model was very important.

One of the things that came out very strongly from the infants, children and adolescents task force, from lived experience of both carers and individuals is they want a stronger peer workforce. They wanted people who looked like them and have been through the same experience and who can understand the recovery journey. It is not always a clinical response that is required; it can be an emotional and wellbeing response. They will hold people for a period of days and help support them into another service for ongoing support. They can come back as required. It is beautifully fitted out. It is a lovely home environment. It is really nicely done, and I have to congratulate the Samaritans WA, Ruah Community Services and the Mental Health Commission for their partnership in delivering this. It will probably see around 300 people a year through this service.

We will be watching it very closely. We will be evaluating it. We certainly expect it to be very successful and hope to see more pilots like this supported in the future. It strongly aligns with the ICA task force and the government's implementation of those recommendations. It also strongly aligns with the suicide prevention framework and our commitment to reforming the delivery of mental health services. This is a great example of that reform in action.