

Hon Ayor Makur Chuot; Hon Shelley Payne; Hon Klara Andric; Hon Colin De Grussa; Hon Lorna Harper; Hon Jackie Jarvis; Hon Sophia Moermond; Hon Sandra Carr

MENTAL HEALTH SERVICES

Motion

HON AYOR MAKUR CHUOT (North Metropolitan) [11.29 am] — without notice: I move —

That the Legislative Council —

- (a) recognise that early detection and treatment of mental health conditions in children has a significant impact on their development and wellbeing; and
- (b) commend the Cook Labor government for its massive investment in health and mental health, including its commitment to infant, child and adolescent mental health services in Western Australia.

The Cook government and our dedicated Minister for Health, Amber-Jade Sanderson, are committed to the wellbeing and prosperity of every infant, child and adolescent living in our state, their families and carers, especially those who are dealing and struggling with mental health challenges, conditions or illness and the stigma surrounding it in our community. We have the power to lessen the stigma and eliminate it altogether by showing up to talk about this very important matter—the health and mental health of our children. We have the power to go from where we are today and keep talking about the youth in our electorates, to talk directly to them at their schools and at sporting and community events, and hear directly from them. This government listens. We see and hear those who are struggling, and the people dedicated to their care and development. What they have to say matters to us very much, and the government will continue to support them. No child should struggle to go to school each day. They should not struggle to learn, struggle to make friends or struggle to be included. But, indeed, sadly, there are children in our community who do struggle every day. For those who are not getting the help they need, today we are working to reach them.

Mental illness does not discriminate; it affects children and young people from diverse backgrounds. Some mental health conditions are linked to genetic factors, but environment and primary relationships play a significant part in the development and wellbeing of children. Those children then become young adults, functioning and contributing to our society or failing to do so. Many mental health conditions that present themselves in adulthood have their origins in the early years of life.

I will provide some figures. According to the *Medical Journal of Australia* dated 24 July 2023, the mental health of young Australians is declining, reflecting a worldwide trend. There has been an alarming increase in mental disorders, particularly in young women. The Black Dog Institute reports that in any one year, over half a million Australian children and adolescents experience anxiety and depression disorders. According to the government of Western Australia's Mental Health Commission, almost one in seven, or 13.9 per cent, of children aged four to 17 were assessed as having a mental disorder in the previous 12 months. Attention deficit hyperactivity disorder was the most common mental disorder in children and adolescents, with 7.4 per cent affected, followed by anxiety disorders, 6.9 per cent; major depressive disorder, 2.8 per cent; and conduct disorder, 2.1 per cent.

In my capacity as a member for the North Metropolitan Region, I have met amazingly dedicated people and organisations that support youth who often make up these statistics, including Whitelion, Youth Futures WA, Alta-1, the Edmund Rice Centre WA, Nyoongar Outreach Services, Life without Barriers and the Organisation of African Communities in WA through its mentoring programs, and others. I thank them for all they do to support children and young people and their mental health.

Proudly, Target 120 was developed as a 2017 Mark McGowan government election commitment aimed at early intervention for at-risk young people aged between 10 and 14 years, and their families, to reduce rates of juvenile offending, steering young people towards education and employment, which is very important. The 2023–24 state budget allocated \$11.7 million to extend the Target 120 program. I would like to see funding for Target 120 continue after 2025. It has helped at-risk young people across WA, including those in Armadale, Midland and Mirrabooka, where many culturally and linguistically diverse and some at-risk young people come from.

As this Parliament's first MP of African descent, I regularly hear from CALD people. The mental health needs of CALD children and young people are complex. They deal with multiple stressors, including identity and belonging issues, discrimination, trauma, intergenerational grief and neurological disorders such as ADHD. I believe there are CALD children whose ADHD is not being identified and they are not getting the help they need. Unfortunately, there is a lack of awareness of neurodiverse conditions and mental illness in some CALD communities, including African communities. These undiagnosed children are struggling to learn. They get in trouble at school and become disengaged. Some drop out of school early. Some end up in the justice system. They need us, the decision-makers. I am proud to be part of a government that looks for areas of improvement.

In June, I had the honour of representing Amber-Jade Sanderson, the Minister for Health; Mental Health at an Infant Mental Health Awareness Week event to launch the *Perinatal and infant mental health promotion and prevention plan 2023–2027: Practical strategies to promote mental wellbeing and prevent mental health conditions*

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sponsored by the North Metropolitan Health Service's women's health, genetics and mental health program. The plan was developed following extensive review and consultation with key stakeholders from government and non-government agencies, as well as professionals and consumers, to provide guidance and support to organisations.

It takes a whole-population approach, targeting WA families and families-to-be from preconception to a child's fourth birthday who are unwell and at risk of developing poor mental health. This year's theme, "Bonding before birth", highlighted the importance of the antenatal period and the need to support mothers in the early relationship with their babies to ensure the best possible care is provided to the family. We know that supporting parents to "bond before birth", particularly those with challenges related to their mental health, is critical. A growing body of evidence shows that the first 2 000 days from conception to age five can have a significant impact on their mental health. Factors include attachment, parenting, nutrition, illness and psychosocial determinants. Social determinants of health that can negatively influence the perinatal mental health journey include poverty, racism, gender disadvantage/inequalities, gender-based violence, food insecurity, poor housing, limited education and reduced social networks. Risk factors to infant mental health include developmental issues such as malnutrition or disability, neglect, quality of infant and caregiver attachment, separation from primary caregivers, a traumatic childhood experience such as war and fires, and family and domestic violence.

I ask members to note that the plan identifies priority groups that have an increased risk of developing poor mental health, especially over the perinatal period, such as Aboriginal families, LGBTQIA+ families, CALD families, those experiencing and/or at risk of family and domestic violence, rural and remote families; teenage parents, and parents who have settled in Australia under a refugee program.

Early intervention can have a significant positive impact on a person's prognosis and is particularly important in affecting outcomes for children and young people—for whom mental illness can have profound long-term consequences. Intervention is critical to not only prevent or reduce the progress of a mental illness, but also improve a person's physical and mental health, community participation and socio-economic outcomes far into the future. Mental illness often starts in childhood, adolescence or youth, with 50 per cent of all mental issues starting by the age of 14 years. The life path for children is changed dramatically if mental illness onsets during their formative years. It impacts education, employment and social and health outcomes throughout life and shortens life expectancy. Studies have found that almost 80 per cent of all adult illness can be reframed as extensions of ill health that onset prior to the age of 18.

Before I run out of time, I will get into what the government has been doing. The Cook Labor government is working to build a system wherein the mental health of infants, children and adolescents is identified, supported, and treated early in life and early in illness.

Our hardworking Minister for Health; Mental Health, Hon Amber-Jade Sanderson, is working to ensure that all Western Australian children, families and caregivers have timely, enduring and equal access to integrated and high-quality mental health care. The minister is providing more responsive services and the right care at the right time.

A \$420 million boost was provided by the state government through the 2023–24 state budget. The government has allocated \$35.5 million for infant, child and adolescent mental health services. This includes a community mental health service in Bunbury at a cost of \$7.1 million, a crisis mobile team in Perth's east at \$3.6 million, expanding the Aboriginal mental health workforce at \$5.7 million and funding for additional frontline workers for the child and adolescent mental health service at \$6.4 million. The government will also enhance the Touchstone service with \$4.8 million.

The state and commonwealth governments committed \$12.55 million to establish a Head to Health Kids National Service Model in WA. I am proud that the new 102-bed mental health unit at Joondalup Health Campus in my region is now open. This incredible, world-class facility doubles the capacity of the existing facility and provides services to adults and youth, aged 16 to 24 years. It is part of a bigger \$269.4 million expansion of Joondalup Health Campus, co-funded by the state and federal governments, including \$111.4 million dollars provided by the Cook government. I would like to also mention that previously the state government committed \$129.9 million over four years for youth services and initiatives.

I am proud to be part of the Cook government that never stops working hard for the most vulnerable in our community. We will never stop working with heart and determination for the mental health of children.

HON SHELLEY PAYNE (Agricultural) [11.44 am]: I would like to thank Hon Ayor Makur Chuot for bringing this motion to the house today to give us an opportunity to talk about infant, child and adolescent mental health services. I would also like to talk about a few of the things that our government is doing to address this growing issue in our state.

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I have three kids who have grown up in Esperance, and there have been some challenging times in Esperance, particularly with suicide. It is a challenging and difficult thing, and I commend the government for all the work it is doing in this space.

Generally, our government has increased our annual health budget since coming to government by 33 per cent, which is fantastic. The Mental Health Commission's budget has increased by 57 per cent. We have the highest per capita spend on our hospitals of any state—18 per cent above the national average—so we should all be grateful that we are in WA with a great Minister for Health and a commitment to putting money into our health and mental health systems.

After coming to government, one of our reforms was to initiate a major review of infant, child and adolescent mental health services. The ministerial taskforce was started in 2020 and looked into public mental health services for infant, children and adolescents aged zero to 18 years. The taskforce was established in response to the tragic death of 13-year-old Kate Savage in 2020. The taskforce was charged with investigating the pressures and demands on the state's mental health system and reporting to the government on how to ensure children can receive the treatment and care that they need when they need it.

The final report came out in March, 2020, and I am pleased that our government acted quickly to look at the eight action areas and 32 recommendations and implement the recommendations. In last year's budget, \$47 million was provided to implement immediate and short-term recommendations, which allowed us to build the foundations for the future infant, child and adolescent mental health system. Following on from this year's budget, an additional \$35.5 million was allocated to infant, child and adolescent mental health services.

I will read the opening statement of the chair of the ministerial taskforce —

The Western Australian Government's decision to develop a system-wide approach to infant, child and adolescent ... mental health across the state in response to the tragic experiences of the Savage family and the death of their daughter Kate, was the right one ... the problems faced by the Savage family are sadly not uncommon—children, families and carers across WA struggling with mental ill-health concerns, face many difficulties or are unable to get the help they need ... too many experience the heartbreaking loss of a daughter, son, sibling, niece, nephew, cousin or friend. The formation of the Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0–18 years in Western Australia ... signalled that it was time to act.

Hon Ayor Makur Chuot talked about early intervention. The acknowledgement that early intervention can have a significant positive impact on a person's progress, particularly affecting outcomes for children and young people, is something that I am really pleased has come out of the taskforce's work.

I was surprised to read the statistic of 50 per cent of all mental health issues have started by the age of 14, so the earlier that we can reach the children who are struggling during their formative years, the better the outcome and the better life path they can have. We can have a significant impact on improving that.

The government is working to build a system whereby the mental health of all infants, children and adolescents is identified, supported and treated early in life and early in illness. The government is also ensuring that all children, families and their carers have timely and equal access to the services.

The government's focus for 2023, given the significant growth of incidents, is on prioritising the integrated mental health delivery service. The government is looking at the cultural shift that we have to make from being largely reactive and having acute hospital-based systems to having a strong focus on harm prevention. Our priority is to implement the recommendations of this taskforce and enhance suicide prevention.

I am also pleased with the government's *Western Australian suicide prevention framework 2021–2025* and its work to prioritise that suicide prevention framework. This is close to my heart, with a lot of the issues that have happened in Esperance. The framework was launched by our Premier, Roger Cook, when he was the Minister for Health, and there is some alarming information in there. One person dies a day by suicide in Western Australia. We acknowledge that suicide is a complex issue that will take time to address and it is a high priority for us. For every suicide, as many as 25 people will attempt suicide. Western Australia has had a consistently higher rate of suicides than the national average since 2008. Many of us know that males are three times more likely to die by suicide, Aboriginal people have three times the rate of suicide and it is the leading cause of death for young people aged 15 to 24. I am pleased with the work our government is doing on suicide prevention.

I will also talk briefly about the national children's mental health and wellbeing strategy. It is the first of its kind in the world and looks at having a coordinated approach across the nation to address children's mental health, acknowledging that the mental health of children is one of the biggest challenges faced by schools. I am pleased with a lot of the work done under Hon Sue Ellery to increase the number of school psychologists in public schools.

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This financial year alone, there are 48 new school psychologists, and we are looking to get 100 extra by 2025. As of April this year, 435 school psychologists were working across the state. That is really good.

When there were some unfortunate suicides in Esperance, another good initiative saw the Department of Education working with parents and schools in Esperance to get help from other organisations. Armed for Life and its director, Adam, came down and did a lot of sessions with both our community and our students. Headspace has a new premises opening in Esperance. I think I mentioned before that the crew at Esperance Headspace told me that it is the highest funded Headspace in the country. It is doing a lot of work going into the high school as well. I find that a lot. Even primary schools are asking for funding for new and additional spaces so that they can bring services into the school rather than the parents having to collect their kids and take them out of school. These are good initiatives. As Hon Ayor Makur Chuot talked about, the earlier we can support these children, the better they are going to be.

I will quickly talk about a few of the other initiatives, such as the kindergarten curriculum guidelines that were revised in response to increasing concern about the mental health and wellbeing of children and the 22 child and parent centres that are operating around the state. They are a really good way to engage parents before their children start school, educate them on issues and provide them with information about access to services. I commend Krystal Wiggins, the principal at Nulsen Primary School in Esperance, who has been doing a lot of hard work trying to get a child and parent centre operating in her school to help support parents.

KindiLink is great program that brings in parents and three-year-old children, and particularly Aboriginal children. Katanning Primary School's KindiLink program is open to both Aboriginal and non-Aboriginal students and is a great environment to bring the community together.

HON KLARA ANDRIC (South Metropolitan) [11.54 am]: I rise to make a contribution on today's motion by Hon Ayor Makur Chuot. It is a fantastic motion and something I really enjoy speaking on because I feel quite passionately about the topic for a number of reasons. It is a topic that I think needs to be discussed more often not only in our community, but also, certainly, in this chamber. I thank the honourable member for her motion today.

As we all know, investing in the mental health of our youth is essentially an investment in a brighter and more resilient future. Mental health is certainly the foundation of a young person's potential and it impacts their lives in so many ways, including their ability to grow and learn. A few members have talked about some of the initiatives of and funding by the McGowan and now Cook governments, and I am pleased to see that our government is tackling mental health and wellbeing and taking this issue really seriously. It is a serious issue and it needs investment, programs and policies that can better the lives of people across our state.

I will talk about some of the issues I wanted to mention, but I will not go over all of them, simply because they have already been outlined in both members' previous comments. One area I will focus on today is youth mental health. I looked at the Speaking Out Survey report of 2019 and the follow-up report of 2021, which surveyed 16 500 Western Australian students. The key finding of that report was that the youth in Western Australia face mental health issues and they are of significant concern for our young people. I found it quite troubling that girls consistently rated their wellbeing well below that of their male peers. This is just another gender gap that exists on this level, and it is something that we really need to do better on. I agree with Hon Ayor Makur Chuot's comments that mental illness does not discriminate, and it is complex.

I would like to go back to a finding in the report that girls have higher rates of stress and lower satisfaction in life. A substantial number of high school students between years 7 and 12 reported poor life satisfaction, and other things such as low self-esteem, high stress levels, and feeling they cannot cope with life's challenges and so on. Female students were also significantly more likely to report feeling this way compared with their male peers. I believe the statistical breakdown is 68 per cent for females and 46 or 47 per cent for males. The report summary breaks down what children recorded. That includes issues such as school study problems, at 89 per cent; mental health and wellbeing, at 49 per cent; problems with friends, at 45 per cent; and body image, at 45 per cent. On that note, I have just seen that one of ABC's top stories today is that a meeting will be held today in federal Parliament with former eating disorder patients who will tell Facebook and Instagram executives how social media has not only exploited them, but also undermined their recovery, and about the massive impacts that social media has on the mental health of our young people.

Going back to the statistics from the 2021 Speaking Out Survey, family conflict contributed to the mental health problems of 45 per cent of young people. As a mother of a teenage daughter who suffers from mental illness—both anxiety and depression—I certainly face a lot of uncertainty when Andjela is dealing with difficult times in her life. I was in bed last night after Parliament and was looking at the report when she called me to wish me good night. She asked me what I was doing and I said that I was researching and reading up on the mental health of youth. She said, "Oh, fantastic! So, I'll come with you to Parliament and I'll be your exhibit A." I am glad that she can make light of it, but it is a very serious issue. It certainly impacts our household quite a lot. As a parent, I often find it

really hard to know what to say, what to do or how to approach it. One key finding in many of the reports on the mental health of children and young people is their ability to feel that they can speak to their parents, family and loved ones. I have taken that on as a parent—I take it very seriously—and constantly ask her how she is and how she is going. We have thankfully reached the point where she will often come to me and I will give her reassurance.

I said to her last night, “Now that I’ve got you on the phone, Andjela, I might just ask you a few questions. What would you say is one of the biggest impacts for young people and how do you think we can do better?” The first thing she mentioned was social media. She said that social media has a massive negative affect on many young people, particularly young girls. She said, “Every teenage girl struggles with this.” The issue is often complex. She said that the misconceptions about life, body image, success, influencers and peers are always in their face, if not 24 hours a day, then whenever they are not sleeping. They are constantly faced with these problems. She talked about how people see only the good things in everyone’s life and said, “When things are not going well for you, you think, ‘What’s wrong with me?’” We see images of people only when they are happy. She said, “I guess at my age, the ability to understand this, and that it isn’t real and it isn’t the big picture, can sometimes be very difficult.” She went on to talk about body image issues that a lot of girls, and I am sure a lot of boys, struggle with, as well as stress related to study and school demands to achieve good results. I also went through a bit of a struggle through my primary school and earlier years. I probably should have picked up on the fact that in every single report my teachers wrote “Klara needs to stress less”, but it was not talked about as much then. That comment always recurred. Looking back now, it had a lot to do with wanting to meet demands and expectations of excellence and to do so many things and it caused a lot of pressure on me.

I will not go into the investments the government has made because both Hon Ayor Makur Chuot and Hon Shelley Payne mentioned them earlier, but I am pleased to see that our government is addressing mental health through one of the biggest investments in the Mental Health Commission’s budget of \$1.4 billion in 2023–24, which is a massive increase from the 2016–17 figure of \$863 million.

I have less than a minute left to speak. I have run out of time, but I want to mention two fantastic organisations that I recently caught up with. The first is A Stitch in Time. I met with two-time Olympian and silver medallist Blair Evans at the Kwinana Tigers Hockey Club. A Stitch in Time facilitates fantastic mental health programs for kids in sport. I highly encourage anyone who can get to one of their events to go, because they teach kids how to build resilience, share stories and show young people exactly what they need to do to overcome the many challenges they face in everyday life. I thank Blair for being so candid about her own story; it was very inspiring to take part.

HON COLIN de GRUSSA (Agricultural — Deputy Leader of the Opposition) [12.04 pm]: For the benefit of other members, I do not intend to talk too long because I know that others are very passionate about this topic, as am I. I thank Hon Ayor Makur Chuot for bringing this motion to us to debate today. We all need to talk about mental health every day. Today is, of course, R U OK? Day. We need to collectively work to make things better for our youth in particular. I can speak with some experience. As of Saturday, I will have five teenage daughters. That keeps me busy—yay me! They are all wonderful human beings, but several of them suffer from pretty significant mental health issues. I will talk a little about that experience, not so much from a personal perspective, but more about the things parents of children with mental health issues have to go through. As a parent, I have the financial wherewithal to seek as much help as possible. My heart goes out to those who are not in that situation.

As Hon Ayor Makur Chuot’s motion states, early intervention and detection is absolutely critical, but it is not just about the treatment of these kids. It is not just about dealing with the symptoms they express or the mental health problems they have. The question I always want to ask is: Why? Why are so many young people—the number is growing every year—and particularly young girls, suffering from significant mental health challenges at school, at home and in society in general? Another question for me is: how do we deal with that? Yes, we need adequate services—being able to get to those services is a challenge for all parents, as I sure many members are aware—but it is also about providing tools for families and schools. It is about not just having psychologists in schools, but also understanding what is causing stress in schools. Social media is talked about a lot. My own experience is that it is part of the problem in some of the challenges that my own kids have faced. Coming from the gen X point of view, I could say that we never had that when we were young so we could just get rid of it, but that is not the answer. Social media is a part of life and will continue to be a part of life for the foreseeable future, so we need to equip kids, families and schools to manage some of the challenges that go along with what is essentially the curated best of people and not the reality. We need to teach kids critical thinking skills as much as anything so that they can look at social media posts and other things they see and appreciate that it is not real—that it is not the reality of that person’s life but a snapshot in time; it is a picture of them at their glamorous or filtered best. Teaching kids those critical thinking skills is something that I think our schools need to get better at doing.

I am rushing through my speech because I want to give other members a chance to chat. Another issue is around children who are 16 versus those who are 18 years of age. That is a monumental challenge that no-one has got right. One of my kids will reach the age of 16 early next year. She is currently being seen by Perth Children’s Hospital

and other services, but they are already talking about a transition plan because she will soon be over 16. At one point, we would have liked to have used an inpatient service for her condition—it was pretty serious—but that could not happen at PCH because it did not have beds available. That is not a criticism of PCH or the government; there is a lot of demand. The problem is her age. When she is 16, she will be too old for PCH, but if she is not 18, she will be too young for adult services. Where do we go? Why have we got that gap in services at a most critical time in our kids' lives putting them in limbo land and not being able to access the services they need? How do we fix that? I know the answer, but these are the questions we have to ask. It is great that the government is putting in funding. I am not going to endorse part (b) of the motion. I am not going to criticise the government for putting in funding, but I want it to be the norm. We should not be debating a great lump sum of funding being put into mental health. It should be a constant growth of funding across every government. No government has it right yet. We need to normalise it and to have the conversation about mental health particularly when it comes to our kids. We need to understand exactly what we need to do to resource our schools to handle the growth in mental health challenges and also how to prevent those challenges from happening in the first place. We need more money and resources for treatment, but we have to get to the bottom of this: Why is this happening in the first place? Why have we seen this exponential growth in the severity of mental ill-health outlined in a number of different surveys, and how do we, as a Parliament, influence the policies of governments now and into the future so that our mental health system has the wherewithal to cope with those changes and our kids do not end up needing those services in the first place?

HON LORNA HARPER (East Metropolitan) [12.10 pm]: I am very honoured to stand here today to support the private member's business motion put forward by Hon Ayor Makur Chuot. Thank you to Hon Klara Andric for talking about the teenage years and Hon Colin de Grussa—I hear you—who talked about childhood mental health issues. It is an area that is really hard to traverse. R U OK? Day is a brilliant day on which to be highlighting how important this issue is.

As someone with a background in early childhood education, I will move away from the teenage years and talk about the early childhood years. As a parent of a young adult who has mental health challenges, if I knew then what I know now, our lives could possibly have been different. From a very young age, a person can tell which children are struggling. I have the experience of working with children who at the age of three demonstrated psychotic behaviours. I know that is really hard to believe, but I am not going to tell members what these children were saying at the age of three because they would be horrified. We knew then that something awful had happened to these children because although there is a genetic factor to mental health issues, a lot of environmental factors come into play. In terms of early childhood, part of *The early years learning framework for Australia* is about children's wellbeing. In fact, outcome 3 of the framework is headed, "Children have a strong sense of wellbeing". I want to read some of this out to members because some people do not realise how much early childhood education and care actually does for those children —

Wellbeing incorporates both physical and psychological aspects and is central to *belonging, being and becoming*. A strong sense of wellbeing strengthens a sense of *belonging* and encourages children to trust others and feel confident in *being*. Wellbeing incorporates feelings of happiness and the motivation to optimistically engage in experiences that contribute to *becoming* ... It influences the way children interact in their environments. A strong sense of wellbeing provides all children with confidence and optimism which maximise their learning potential.

I am a great believer of, and have practised, the secure attachment theory by John Bowlby and Mary Ainsworth, which is about the relationships that adults build with children, through to the Circle of Security program by Kent Hoffman. If members have not looked at the Circle of Security, I encourage all parents, no matter how old their children are, to have a look at it. The Circle of Security has what we call mantras that are easy to remember and, as parents, we need to remember. For example, we are the ones who are guiding children and we always need to be bigger, stronger, wiser and kinder. When possible, we need to follow our children's needs, but one of the most important things is that when necessary, we need to take charge. This does not mean that we never say the word "no" to our children, because yes, we should. There are times when we have to take responsibility and let our children know that we are not their best friends, that we are there for their best and we are trying to guide them. They might not like us for it, but it is something that we need to do. Secure attachments and the building of those relationships during the early childhood years helps children to grow resilience for later years. It also helps, between the ages of two to four years, to start looking at where there may be issues. Is the child socially anxious? That is something to think about and how that may develop as the child becomes older. Does the child have separation issues? Again, something to think about is: What could be happening? Should the child be getting resilience training? It is out there and it is available for people, and it is a great thing.

I have not discussed what the Cook government is doing in the area of early childhood mental health because honourable colleagues have covered that extremely well, but I say again that early intervention is the most important thing that we can do. We can put as much money as we like into mental health but we need to look at the children

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at a really young age. We have to make sure that we are there, that we are available and that we are paying attention. One way to do that is by supporting not only the child, but also the parents who might be struggling to give the child that base foundation of security that they need. Again, I encourage all members to have a look at the Circle of Security program. It is brilliant. It is a great guide in children's behaviour through the secure attachment theory. It is excellent. Thank you to Hon Ayor Makur Chuot for this absolutely brilliant motion.

HON JACKIE JARVIS (South West — Minister for Agriculture and Food) [12.16 pm]: I, too, will not use all my time because I know that other people have important stories to share. I commend Hon Ayor Makur Chuot for bringing this motion. We have heard an example of why diversity is so important in this place. We have heard a diversity of views expressed and a diversity of lived experience whether it relates to culturally and linguistically diverse communities, regional communities, people with experience in early childhood education or people with lived experience as parents. A few people have referred to the *Final report — Ministerial taskforce into public mental health services for infants, children and adolescents aged 0–18 years in WA*. I had have not printed off the full report because it is over 100 pages long, but I have brought in the executive summary and introduction. I want to read out a paragraph because it probably sums up everyone's experience —

Every child and family have hopes and dreams for a future life full of promise. When mental ill-health appears, these aspirations can quickly turn into fear. Presenting the never-ending question of what the future will bring. Overnight, mental ill-health can present the dreaded question of whether there will be a future for that child at all. For those with lived experience, these questions never go away and ripple silently through their lives and the lives of their family.

I think that sums it up. My children are young adults now, but our family has also experienced some challenges in the past and continues to do so. I want to thank Hon Colin de Grussa, who spoke on behalf of the opposition, for his measured response. I acknowledge that he said it is great that we are talking about these lump sums, but it should be the norm, and we certainly hope that this is the start of more acceptance and more funding for mental health. What is really interesting to note is that we talked about acceptance. When my first child was born 25 years ago, I remember going along to the mothers' and babies' classes that new parents attended. I remember talking about postnatal depression and how there was a test for it, but I do not remember anyone ever speaking to me as a parent 25 years ago about what with I should look for with regard to mental health in my children. We talked about what their measurements and weight should be, but I do not think mental health was ever discussed. When my first child attended school, I remember some vague talk about a school psychologist, but I do not think we even knew what they did. We have come a long way. The fact that we are seeing an increase in diagnoses is perhaps due to the fact that we are talking more about mental health. I only hope that this increase in diagnoses will taper to a new norm and we will have more well-adjusted adults in the future. I think that is what will happen; I am certainly hopeful it will happen.

I do not want to use all my time because I know that other people want to speak. I will take my seat, but I commend my colleagues, I commend Hon Ayor Makur Chuot, and I commend the motion to the house.

HON SOPHIA MOERMOND (South West) [12.19 pm]: I thank Hon Ayor Makur Chuot for bringing forward this motion. It is incredibly sad that we see so many children suffering with mental health issues. I come from a different perspective from some other members in this chamber. When we look at contributing factors to mental health problems, we see that nutrition is one component, and particularly nutrients such as vitamin B and magnesium. These days, many people have a deficiency of these nutrients. Iron levels are important, especially in girls around puberty when they start menstruating. Low iron levels can affect people's moods. If someone is low in iron, they will be fatigued, their sleep will not be as good and it will affect their mood as well.

Another big component of health and mood regulation that is often not recognised is the microbiome. If someone has a healthy microbiome, their gut bugs produce gamma-aminobutyric acid, which helps with anxiety and fear; melatonin, which helps them sleep; serotonin, which is a mood regulator; and dopamine, which is one of the happy brain chemicals. Things that interfere with a person's microbiome include poor nutrition; dead foods, so junk food and food that is not particularly nutritionally dense; and things like herbicides and pesticides. Glyphosate exposure can have a direct effect on our gut bugs, interfering with their ability to protect our gut. We can then start looking at things like leaky gut syndrome, which is becoming more common. It is starting to be recognised in specialties like neuropsychiatry and immunotherapy, which is quite interesting. Dysbiosis of the gut is also noted as contributing to depression and anxiety, as well as attention deficit hyperactivity and autism spectrum disorders.

When we have healthy soil, we have healthy microbiomes in the soil. The ruminants that eat that soil will also have a healthy microbiome. Then, when we eat those foods, we will also have a healthier microbiome. Really focusing on healthy farming practices and good nutrition will make a big difference in how people feel.

HON SANDRA CARR (Agricultural) [12.22 pm]: I rise to support the very important motion moved by Hon Ayor Makur Chuot and thank her for its timeliness, given that, as Hon Colin de Grussa mentioned, it is R U

Hon Ayor Makur Chuot; Hon Shelley Payne; Hon Klara Andric; Hon Colin De Grussa; Hon Lorna Harper; Hon Jackie Jarvis; Hon Sophia Moermond; Hon Sandra Carr

OK? Day today—a day to acknowledge and check in on the people around us. We are also reminded that checking in on people who do not seem to be going so well is something that we should do not just today, but also each and every day.

Hon Ayor Makur Chuot identified the importance of early intervention for young people and making sure that we recognise and address mental health issues early. I will not go back into that information, but I take a moment to acknowledge the profound value of our early childhood educators and education assistants in those early years of education. They spend a great deal of time with children, often one on one or in very small numbers, in early childhood education and primary schools. They have so much value and so many important insights to offer and share to help staff in those educational institutions identify issues and refer them on. From my own experience in the classroom, I can tell members that I sometimes had up to 34 or 35 children in a class. It is very challenging to provide recognition and support to all those kids in that setting each and every day, and throughout my teaching career, the education assistants have been worth their weight and more in gold. I think it is really important for us to recognise that and to focus on making sure that they are remunerated appropriately for the incredibly valuable work that they do.

I will take a moment to talk about some things that are happening out in the regions to provide care, early intervention and diagnosis for young people. I focus on the Shire of Moora and the fantastic work being done particularly by the shire president, Tracy Lefroy, and CEO, Gavin Robins, who have spent a good deal of time and effort developing an early childhood development centre in the region. It is designed to be a state-leading facility consisting of clinical consultation rooms and a 55-place day care centre, representing 27 extra places for that region. The shire has developed a fantastic facility that co-locates care and a lot of early childhood services in one place to improve access and opportunities for mums. This initiative put it all in one location in this really fantastic state-leading facility. I really commend that work. I hope that model is replicated across other regions and shires and funded at both the state and federal levels. It is a really exciting development that addresses a quite challenging issue in the regions. Hon Colin de Grussa touched on the challenge to access those services. The further people move away from the metro area, the greater the challenge becomes.

I will look at the issue from a slightly sideways angle by recognising the recently announced increased investment in KidSport. People who hold a Health Care Card or pension concession cards, some of whom might find it more challenging to help their kids access sport, can access \$300 in funding for each eligible child every financial year for equipment, uniforms and those sorts of things. There is also easier access for asylum seekers, refugees and humanitarian entrants into our state. These are fantastic initiatives that allow people to fully participate in all that is on offer in our communities. We all know that sport has a really positive benefit on mental health. Participation in sport brings social inclusion, connection and health benefits. Some of that is incidental, in that people who want to do better in sport tend to look after themselves a bit better because they become increasingly aware that what they do and what they put into their body—Hon Sophia Moermond touched on this—has a direct impact on their health and mental health. There is a physical component to mental health that is important to address, and it is always great to educate our young people about that.

Lastly, I will talk about a program launched in the midwest in October 2021 by Minister Simone McGurk, who was the Minister for Child Protection at the time. The Aboriginal family-led decision-making pilot has now been extended. The program is being delivered by the Geraldton Streetwork Aboriginal Corporation, which is colloquially known in the midwest as “Streeties”. It allows that group to facilitate culturally safe processes to support families and young people to make decisions about how best to keep young people safe. It is really looking at culturally appropriate ways to target the wellbeing of young people, particularly some of our identified at-risk young people in the midwest, and make sure that they are being looked after and their needs identified in a way that feels accessible and safe to them. This really great program was rolled out by the former minister. I know that our new minister, Hon Sabine Winton, has visited it as well. The extension of that pilot program recognises its success and how effective it has been. We hope that it can now be rolled out to other regions. At the time, about \$700 000 was invested in that program. As part of acknowledging that program, I acknowledge the work of the CEO of Streeties, Chloe Collard, in the Geraldton and midwest community. What she has contributed to the wellbeing of young people across the midwest is invaluable. She approaches the needs of young people in the region with sensitivity and compassion, and ensures that this beautiful wraparound service feels approachable and meets the young people where they are, which is vitally important. She listens to people and meets them where they are. That is the service that she and Streeties provide. I am really pleased to see the government investing in and recognising that program, and allowing Streeties to deliver it right across the midwest region to improve the lives of young people there. That is a great opportunity.

Motion lapsed, pursuant to standing orders.