

**STANDING COMMITTEE ON  
ESTIMATES AND FINANCIAL OPERATIONS**

**2019–20 BUDGET ESTIMATES**



**TRANSCRIPT OF EVIDENCE  
TAKEN AT PERTH  
WEDNESDAY, 19 JUNE 2019**

**SESSION ONE  
MENTAL HEALTH COMMISSION**

**Members**

**Hon Alanna Clohesy (Chair)  
Hon Tjorn Sibma (Deputy Chair)  
Hon Diane Evers  
Hon Aaron Stonehouse  
Hon Colin Tincknell**

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**Hearing commenced at 9.00 am**

**Hon ALANNA CLOHESY**

**Parliamentary Secretary representing the Minister for Mental Health, examined:**

**Ms JENNIFER McGRATH**

**Acting Mental Health Commissioner, examined:**

**Mr DAVID AXWORTHY**

**Assistant Commissioner, examined:**

**Ms ELAINE PATERSON**

**Assistant Commissioner, examined:**

**Ms SUE JONES**

**Assistant Commissioner, Alcohol, Other Drug and Prevention Services, examined:**

**Mr LESLIE BECHELLI**

**Chief Finance Officer, examined:**

**Mr NEIL FERGUS**

**Chief of Staff, Minister for Mental Health, examined:**

**The DEPUTY CHAIR:** Bearing in mind it is 9.00 am and we only have one hour set aside, we will try to proceed through this at some pace. On behalf of the Legislative Council Standing Committee on Estimates and Financial Operations, I welcome you to today's hearing. It is essential that all your testimony before the committee is complete and truthful to the best of your knowledge. This hearing is being recorded by Hansard and a transcript of your evidence will be provided to you. It is also being broadcast live on the Parliament's website. The hearing is being held in public, although there is discretion available to the committee to hear evidence in private. If, for some reason, you wish to make a confidential statement during today's proceedings, you should request that the evidence be taken in closed session before answering the question. Agencies have an important role and duty in assisting the committee to scrutinise the budget papers. The committee values your assistance. Have the witnesses read, understood and signed the document headed "Information for Witnesses"?

**The WITNESSES:** Yes.

**The DEPUTY CHAIR:** Would the parliamentary secretary like to make a brief opening statement of no more than two minutes?

**Hon ALANNA CLOHESY:** Firstly, I would like to introduce Ms Jen McGrath, the acting Mental Health Commissioner. This will be the first time that you have seen Ms McGrath in this context but, of course, members will remember that Ms McGrath has an extensive public sector history, and most recently with the education department, so she is no stranger to our estimates process. I would also like to thank the outgoing Mental Health Commissioner, Tim Marney. I made a statement in this place about Mr Marney's contribution last week. Thirdly, members may have picked up that there is an error in the budget papers in the spending table for the Mental Health Commission's division,

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so with the Deputy Chair's indulgence I would like to ask Mr Les Bechelli, the chief financial officer, to explain the typographical error.

**Mr Bechelli:** I will just draw your attention to a transposition error on page 293 about one-third of the way down the spending changes table relating to the revision to the step-up, step-down mental health facility for Broome, Bunbury and Karratha. These spending changes have been put into 2019–20 and 2020–21. They should have been put one column across and are reflected in 2018–19 and 2019–20, which is the correct reflection of those spending changes. There is no other impact throughout the statements. It is a standalone to the spending changes table.

**The DEPUTY CHAIR:** Thank you very much for that correction. I might ask Hon Aaron Stonehouse to open the batting today.

**Hon AARON STONEHOUSE:** I am looking at the bottom of page 294 where it says "Health Services" and "Access to Secure Beds". It is the tenth significant issue. There it says —

Patient flow reports indicate a small number of mental health patients wait an extended period of time for a specialised mental health bed when presenting at hospital emergency departments ...

Can we start by having you explain what constitutes an extended period of time? After that, maybe you can tell me what exactly a small number of patients is.

**Hon ALANNA CLOHESY:** There are a couple of different parts to the answer to your question. I will answer a part of it and then I will ask Assistant Commissioner Elaine Patterson to address some of it. I think you are asking about patient flow, and there has been a lot of attention, particularly in the last 12 months, on addressing patient flow. Part of the answer to that question is a Department of Health question, but I will ask assistant commissioner Patterson to talk about the number of beds in the system, the increase in the number of beds and any information around waiting times at this stage that she is able to answer as assistant purchaser.

**Hon AARON STONEHOUSE:** I have particular interest in the waiting times.

**Hon ALANNA CLOHESY:** Part of that is a Department of Health question, but we will get as much to you as we can.

**Ms Paterson:** In the mental health system there are 785 public mental health inpatient beds, of which 345 are closed beds, so they are for secured patients. We know over the last 10 years there has been a real pressure on beds, and over 100 additional beds have been added during that time. Despite that, we know that because there is a deficit in the amount of community support available people end up in acute beds because there is not the early intervention that we prefer. We recognise there has been a period when people have been waiting for extended periods in inpatient beds and that has led to a project that has been run by the East Metropolitan Health Service along with the other health service providers to look at how that patient flow can be improved. That is when we started, I think it was in February, so the project is ongoing. Early indications are that it has made a difference. There is live dashboard reporting, so each health service provider is able to have a look and see how many people are waiting in EDs, how many beds are available and how that flow can happen. Over the last year, the average number of presentations of attendance at EDs has kept around the 5 000 mark, but there have been some blips. Regarding people who waited for longer than four hours, around April there were around about 54 per cent.

**Hon AARON STONEHOUSE:** So, 54 per cent are waiting four hours?

**Ms Paterson:** Yes.

**Hon ALANNA CLOHESY:** That is a snapshot.

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**Ms Paterson:** That is a snapshot. It has stayed around about the 50 per cent mark probably over the last year, so it has been 52 per cent and 47 per cent. It has been around about that for the last year.

**Hon AARON STONEHOUSE:** On the extreme end of it, what would an extended period of time be?

**Ms Paterson:** I think that would have to be answered by the Department of Health, because they have the operational responsibility for looking after people in emergency departments.

**Hon AARON STONEHOUSE:** Okay—54 per cent wait four hours. That is helpful. Where does that appear in the budget papers? I was looking through the KPIs and I could not find it.

**Ms Paterson:** It does not. This is part of the reporting that we do; the performance discussions that we have with the health service providers and the Department of Health.

[9.10 am]

**Hon AARON STONEHOUSE:** It is a little disappointing that it does not appear in there, because I am sure a lot of people are interested in wait times for specialised mental health beds. I looked through the annual reports and I can see there that you have a KPI for average length of stay in acute specialised mental health units. That is somewhat helpful, but not having a wait time to get into those does not provide me with a lot of information about how effectively we are treating people when they are waiting in EDs. I did see that in your KPIs there is a number for readmission to hospital. I suppose, looking at those numbers, what can you tell me about those? I see the budget is equal or less than 12 per cent readmissions within 28 days. The actual is 18 per cent, so we are falling far short of that target. I realise that is an aspirational target, but then our estimated actual for this financial year is 17 per cent, still short of the 12 per cent. What is the point of having an aspirational 12 per cent—what seems a rather arbitrary number—when we do not expect to reach it any time soon, and what are we doing to address that deficit?

**Ms Paterson:** Can I just go back to your earlier point about the ED wait times as well, because that is something that actually is part of the sustainable health review that is a commitment to making more information publicly available, and we are working on that project with the Department of Health just now. That should not be too far away—when we will start publishing those kind of figures.

In terms of the 28-day readmission rate, that is a national target, so we would not be changing the national target. We have to work towards how we improve our performance in WA against that target, which is what we have been doing for the last few years. There has been a downward trend in the last few years, but not as much as we would like. It also does not take into account what is a planned readmission and what is not a planned readmission. For some illnesses, you would expect people to be readmitted within 28 days. For example, people with borderline personality disorders—it is part of the treatment plan that they would come back in in, say, 14 days. That gets captured on there as well. We are looking at ways that we can disaggregate the data and provide more meaningful information about what are actually unplanned readmissions.

**Hon COLIN TINCKNELL:** Through the parliamentary secretary, I thank the commission for being here for these important hearings. My question is on the appropriation, expenses and cash assets on page 292, item 52. It is where we highlight delivering services. My first question on that is in two parts. What factors explain the increase in appropriations from the 2019–20 budget estimate of \$710.3 million to \$724.7 million in 2020–21, and \$777 million by 2022–23? There is a reasonable increase there.

**Hon ALANNA CLOHESY:** I will ask the chief financial officer to address that in more detail, but I will say that the mental health budget received an increase in this budget and in previous budgets, which

is different from general government increases. That indicates a significant commitment on the part of the government to mental health spending. I ask Mr Bechelli to address the detail of the increase.

**Mr Bechelli:** Thank you for the question. Your question was related to growth in 2020–21 and 2021–22?

**Hon COLIN TINCKNELL:** Yes.

**Mr Bechelli:** I do not have the actual total detail behind those increases for those years in front of me, but the majority of those costs are actually due to the increases in the purchase of mental health services through the Department of Health, which is the primary increase, as well as the increases through the methamphetamine task force, which is coming through as part of the current budget process. They are the main ones that are kind of flowing through as part of that, as well as the ramp-up of expenditure in relation to the step-up, step-down facilities as they come online in the forward estimates.

**Hon COLIN TINCKNELL:** Okay. What are the future initiatives in the 2022–23 forward estimates for the \$771 million? That is the last item on that line.

**Mr Bechelli:** Again, it is predominantly the purchase of mental health services that is growing as part of the population adjustments and reflecting the demand growth as part of the weighted age average population for mental health services.

**Hon NICK GOIRAN:** Parliamentary secretary, I refer to page 294 of budget paper No 2, volume 1, points 5, 6 and 7, and page 3 of the “Sustainable Health Review”, which highlights that WA’s suicide rate was approximately 20 per cent higher than the national average in 2016 and has been consistently higher than the national average since 2007. When does the Mental Health Commission expect the new suicide prevention strategy to be complete?

**Hon ALANNA CLOHESY:** Thanks, member. Funding for the suicide prevention strategy continues to 2020. The government is also using the opportunity, through the extension of that, to develop a new suicide prevention action plan, which will be developed through that period. I will turn to Assistant Commissioner Jones for the detail in relation to the development of the suicide prevention action plan.

**Ms Jones:** Thank you for that question. The current strategy for suicide prevention in 2020 actually expires in June 2019, this year. As part of the process to go forward for a new strategy, the commission provided a detailed evaluation through the meeting review process. Following that submission of the evaluation, the strategy was extended for 18 months to allow us to go forward and put a new strategy as part of the 2020–21 budget process. What that actually means is that we will be working under the “Fifth National Mental Health and Suicide Prevention Plan”, which has been signed off by COAG and by all the states, including WA. We have quite a tight time line to get the business case back into Treasury, and that will need to be done by January 2020, this year, to make sure that we meet that budget process time line. We also have a suicide prevention action plan that we will use to hit those targets. That plan, again, is based on the fifth national plan and all the guidelines and principles and enablers that are in there. We have a steering committee that consists of a number of community representatives. That includes the Aboriginal health corporation, the peak —

**Hon NICK GOIRAN:** Mr Chairman, can I just ask the witness to cease at this point, because I do not need all of this information. All I wanted to know is when the Mental Health Commission expects the new suicide prevention strategy to be complete. From the answer provided by the parliamentary secretary, it sounds to me that what is being prepared is a new suicide prevention action plan. I am not really too fussed whether it is called a “strategy” or a “plan”; I simply want to

know when it is going to be complete. It requires one witness to provide a date; then I can move to my next question.

**Hon ALANNA CLOHESY:** We are currently still operating under the “Suicide Prevention 2020: Together we can save lives” strategy. From that, a suicide action plan will be developed, following the evaluation of that strategy. I am not sure we have a date, but I will ask Assistant Commissioner Jones if we have a date when we anticipate the new plan, following the evaluation of the prevention strategy.

[9.20 am]

**Ms Jones:** A business case has to be submitted as part of the 2020–21 budget process. That will be deliberation of government as to whether that is extended and we move forward with the new strategy.

**Hon ALANNA CLOHESY:** I reiterate that we are currently still operating under the Suicide Prevention 2020 strategy.

**Hon NICK GOIRAN:** When is the evaluation due to be complete?

**Ms Jones:** The evaluation will also need to be submitted to Treasury as part of the business case and evaluation process—so January 2020.

**Hon NICK GOIRAN:** Is there a target for when the business case will be submitted?

**Hon ALANNA CLOHESY:** Within the usual budget cycle time frames.

**Ms Jones:** We would aim to get it in by Christmas, ready for the budget process—December or January—or submission to Treasury within their budget process timelines.

**Hon NICK GOIRAN:** Is there a list of stakeholders that the Mental Health Commission has been consulting in its evaluation?

**Ms Jones:** Yes, there is. We had a ministerial council group that was involved in the development of the early strategy and the ongoing oversight of the strategy. We had an evaluation review group that was commissioned by the commission, and we also had significant community input and community engagement into that. We are going to do the same as part of the new strategy. We have got significant community engagement that will be undertaken over the next few months. That will be in line with the suicide prevention coordinators leading that community consultation so we make sure that it is what the community wants and needs.

**Hon NICK GOIRAN:** Can that list of stakeholders that have been consulted be tabled?

**Ms Jones:** Yes, we can do that as a supplementary.

**Hon ALANNA CLOHESY:** We can provide that information as supplementary information.

[*Supplementary Information No A1.*]

**Hon NICK GOIRAN:** I refer to the total appropriation for mental health in this year’s budget. Has a budget allocation been made to increase the number of FTE psycho-oncology clinical liaison psychology positions within the public health system?

**Hon ALANNA CLOHESY:** Honourable member, that is a question for the Department of Health.

**Hon NICK GOIRAN:** So the Mental Health Commission does not have an interest in the number of psycho-oncology positions in Western Australia?

**Hon ALANNA CLOHESY:** I think there is a difference between interest and area of responsibility for funding. The area of responsibility for funding and for the number of positions is with the Department of Health.

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**Hon NICK GOIRAN:** Has there been any consultation in the past 12 months between the Mental Health Commission and the Minister for Health on the number of psycho-oncology positions in Western Australia?

**Hon ALANNA CLOHESY:** Not to my knowledge.

**Hon NICK GOIRAN:** Parliamentary secretary, during the estimates in the other place this year, the minister mentioned using some of the land at Graylands as a youth forensic mental health facility. He went on to say that the government is still on track for the final decommissioning phase in 2025. Do we take from that that there will be no new youth forensic facility until that time—2025?

**Hon ALANNA CLOHESY:** I will ask the Assistant Commissioner Elaine Paterson to address that.

**Ms Paterson:** We have been working with the Department of Health to see whether there are any options so we could have a medium-term solution in terms of youth forensic beds, because we know that that is a need in the community. For a number of operational, logistical and legislative issues, we have not managed to find a solution. What we have done in the interim is provide some additional in reach to Banksia Hill Detention Centre, but the longer term solution would be, as part of the Graylands divestment, to look at what we do for youth forensic beds. In addition, there has also been an election announcement from the federal election of a 10-bed youth forensic facility. We have still to find out some more details of that.

**Hon NICK GOIRAN:** Do I take it from that then that the strategy, or the approach, to dealing with forensic youth mental health beds between now and 2025 is Banksia?

**Ms Paterson:** That is the short-term solution so that there is some additional support going into that space, but in the meantime we will try to keep examining all options to see if there is anything we can do in the medium term.

**Hon NICK GOIRAN:** But you have already had discussions with health and found out that there are no other options; hence —

**Ms Paterson:** We can still have discussions with other government departments. We have started some of that already, just in case there are any facilities across the government portfolio that could potentially be used.

**Hon NICK GOIRAN:** Which government departments would they be?

**Ms Paterson:** Off the top my head, we have had initial conversations with the Department of Communities, but we have to look at and examine any other options.

**Hon JACQUI BOYDELL:** Before I enter some of the questions that I have, in follow-on from a question from Hon Colin Holt Tincknell, the question that he was asking in relation to the increased spend and the answer given by the chief financial officer that it was an increase in purchase of mental health services et cetera, can we have, on notice, a breakdown of where those services are being purchased—in what areas of the state that expenditure is going to occur?

**Hon ALANNA CLOHESY:** As currently planned in the forward estimates, yes. That can be provided.

*[Supplementary Information No A2.]*

**Hon JACQUI BOYDELL:** I refer to budget paper No 2 volume 2, page 456, the step-up, step-down facility in Karratha. I know I have asked a number of questions about that facility during question time in the house, but this is an opportunity to explore it a little further. Can you give me an overall understanding of the design and development phase of the project and whether it has been completed? If it has been completed, will the design be submitted for public consultation? Has the sale transaction transferring the land ownership from the City of Karratha to the state government

been completed? If it has, what was the purchase price? When do we expect construction on the facility to begin and end?

**Hon ALANNA CLOHESY:** Member, as you know, we are very hopeful about the development of this, because it will make a real positive impact on people's lives in the Pilbara, particularly in the Karratha area. I will ask Assistant Commissioner Paterson to talk about the operational details of the implementation.

**Ms Paterson:** There are a number of questions you asked, so I will just try to work through them. As you know, lot 502 Gregory Way, Karratha is now our preferred site, and we have been working with the local shire. The sale has not actually happened yet. The City of Karratha have said that they are willing to enter into that negotiation and that has been agreed by the council. We are working through the Department of Communities (Housing), because housing would actually purchase the land on our behalf. We understand that those discussions have happened between the two entities, but the actual sale has not finished yet. In terms of timing, obviously much depends on the detail of when that gets finished, but we are working through schematic designs just now to look at a six-bed option and also, potentially, a 10-bed option just in case additional funding becomes available. A detailed report—we have reviewed it at the moment, but, again, it is the Department of Communities (Housing) who are working through that process with us. We are working with a quantity surveyor at the moment and an architect, just looking at the detail designs. We are hoping that that will be finished relatively soon.

**Hon JACQUI BOYDELL:** So am I.

**Ms Paterson:** Sometimes these things take a little while. They are talking about the estimated finish details of the design documentation and pre-tender estimate is going to be in November this year.

[9.30 am]

**Hon JACQUI BOYDELL:** Okay. I am going to move on to budget paper No 2, volume 1, page 293. I have some more questions on "Suicide Prevention 2020". We have approximately \$8 million over the next two years. I know we have talked about this already and the plan being undertaken. Is it possible at this point for the parliamentary secretary to provide a breakdown of what programs and organisations will be the recipients of that money and where it will be spent in specific regions across the state?

**Hon ALANNA CLOHESY:** We can provide that information.

**The DEPUTY CHAIR:** Will you present it now or do you need take that as supplementary?

**Hon ALANNA CLOHESY:** We will take that as supplementary.

[*Supplementary Information No A3.*]

**Hon JACQUI BOYDELL:** I have one more question, Deputy Chair, if I may, on this same topic, particularly in the Kimberley region. Obviously, we had the coroner's report into youth suicide in the Kimberley. Will the Kimberley be a specific specialised area for mental health delivery in the prevention of youth suicide? Can you outline some of the strategies that the government is going to undertake to try to mitigate the issue that is going on in the Kimberley?

**Hon ALANNA CLOHESY:** The government has made a significant response to the coroner's report and has been working in the Kimberley prior to that as well, of course, to address the dreadful issues of youth suicide. I will ask David to talk to us about some of the initiatives that are in the current budget and some that are on the way.

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**Mr Axworthy:** In the budget papers that you have in front of you, on page 293, there are a number of elements specifically allocated for the Kimberley going forward that have come out of the government's response to the methamphetamine action plan. One of the key areas there is the continuation of the current funding for the north west drug and alcohol support program going forward. That program is due to cease at the end of 2019–20.

**Hon JACQUI BOYDELL:** Where is that based?

**Mr Axworthy:** That is basically right throughout the Kimberley. There are 26 FTE associated with that program currently. It includes the funding for the Carnarvon sobering-up centre and a series of other service hubs throughout the Kimberley in places such as Tom Price.

**Hon JACQUI BOYDELL:** Carnarvon is in the Gascoyne, though.

**Hon ALANNA CLOHESY:** Was your question specifically about the Kimberley?

**Hon JACQUI BOYDELL:** Yes.

**Hon ALANNA CLOHESY:** Okay. What we can probably do with that funding, similar to the last question, is give you a list of services that are funded under that specifically for the Kimberley and then separate that out for the Pilbara.

**Hon JACQUI BOYDELL:** Yes.

**Hon ALANNA CLOHESY:** We can take that on notice for services that are funded as part of that in both regions.

*[Supplementary Information No A4.]*

**Hon MARTIN ALDRIDGE:** I turn to the asset investment program on page 301 of budget paper No 2, volume 1. There is an election commitment for a step-up, step-down mental health facility in Geraldton. I do not want to dwell on this point, but can the government confirm that it made an election commitment around a step-up, step-down facility in Geraldton, because I do not believe it did?

**Hon ALANNA CLOHESY:** I do not have the election commitments with me—that was a while ago—but as far as I am aware, it was an election commitment.

**Hon MARTIN ALDRIDGE:** There was a commitment made to acute mental health beds at Geraldton hospital, and the Liberal and National Parties made a commitment to a step-up, step-down facility. I am glad that you are delivering our election commitment, but I am just a bit —

**Hon ALANNA CLOHESY:** That is very kind of you, but we also made a significant commitment to the redevelopment of Geraldton hospital and as part of that, as I am aware, this step-up, step-down service was part of that development. We have been able to bring that forward because of other activities in recent times.

**Hon MARTIN ALDRIDGE:** The development plan for the step-up, step-down facility is to take over the former sobering-up centre site. A very sad case, indeed. What is the latest plan with respect to the site? Is the commission intending to bowl over the former sobering-up centre or to accommodate it within its plans to develop the site?

**Hon ALANNA CLOHESY:** We are very pleased that we have been able to bring forward the development of the step-up, step-down service in Geraldton. I will ask assistant commissioner Elaine Paterson to talk about the current status of that.

**Ms Paterson:** Again, we are working through the Department of Communities and Housing to work on the Geraldton sobering-up step-up, step-down service using the old sobering-up centre in Geraldton. We are looking at the moment at doing some design. That is not about knocking down

what is there; it is about using what is there and adding some additional buildings. It is still going through the design stage at the moment.

**Hon MARTIN ALDRIDGE:** When is it expected the facility will be operational? I notice from questions prior to the hearing that there is some operating funding. It looks like the operating and capital funding is all coming from royalties for regions. It looks like operating funding is flowing from 2021–22. Do you have a more definitive date around when the facility will be operational?

**Ms Paterson:** We are working to an anticipated date at the end of next year, so December 2020. Obviously, that is subject to the planning and construction, but that is what we are working towards. We will need to do some work on the operational funding because that does not kick in until the following financial year.

**Hon MARTIN ALDRIDGE:** Thank you. I turn now to page 303 and details of controlled grants and subsidies. I notice the discontinuation of funding next financial year for the Ice Breakers program in Albany. Am I correct in my assessment that Ice Breakers will no longer be supported by the Mental Health Commission? What will that mean for those services it is providing? Will it actually cease?

**Hon ALANNA CLOHESY:** I will ask assistant commissioner Elaine Paterson to address that.

**Ms Paterson:** The Ice Breakers service was set up as a two-year trial as part of a project. We are working through an evaluation process for that because there was two-year funding associated with the trial. There will be an evaluation. The service continues until March next year. We will be working on an evaluation starting in October this year. We do not have any ongoing recurrent funding for the service, but that is something we will consider internally as the Mental Health Commission pending the evaluation of whether there is any funding available that we could potentially put to that service. But that all depends on the evaluation and if there is any funding available.

**Hon MARTIN ALDRIDGE:** So the nature of the funding is that whilst you are not going to make any payment to them this coming financial year, they will continue to operate until March 2020 whilst you conduct an evaluation of the service?

**Ms Paterson:** Yes, because the service was slow in establishing. It took them a little bit of time to establish so they still have ongoing funding, and that means they can still be operational until March 2020.

**Hon MARTIN ALDRIDGE:** When do you think that review will be completed? Is the review active now—the evaluation?

**Ms Paterson:** No. It is going to start in October this year.

**Hon MARTIN ALDRIDGE:** So that would be completed by the end of this year?

**Ms Paterson:** Yes.

**Hon MARTIN ALDRIDGE:** My last question, Mr Deputy Chair, is on the questions prior to the hearing and is something that I probably was not aware of. The question that I asked I think might have been redirected from Health because it was about hospital bed-based services. I was asking about FTE reductions. They attributed the FTE reductions to a loss of two FTE in the Mental Health Commission. This is a question prior to hearing 5. It is a little confusing because there are two number 5s. I do not want to get bogged down in the detail but the response to this question says that the Mental Health Commission staff is metropolitan based. It does surprise me, given some of the mental health challenges, particularly in service and program delivery in regional Western Australia, that the Mental Health Commission has no regionally based staff. Has that

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always been the case and is that in fact the right model given the geography of Western Australia and the need for mental health services?

**Hon ALANNA CLOHESY:** There are in fact some staff who engage through non-government organisations in regional areas. I will ask Ms Paterson to answer that.

**Ms Paterson:** In terms of hospital-based staff, which was your question originally, obviously the FTE reduction is from staff who are based at the Mental Health Commission, and who have courses in Perth. As part of our contracting arrangements, we do have a regional team and they do travel to regions regularly to talk to the service providers whom we have contracts with. That happens on a regular basis. Historically, there have not been any officers in regional areas for mental health, but I know, for example, that we do have some prevention staff who do some work, so Sue Jones might be able to give you some further information on that.

[9.40 am]

**Hon ALANNA CLOHESY:** The CADS teams in particular, so I will ask Ms Jones to address how that operates.

**Ms Jones:** As part of the prevention team that work in the commission, they have quite extensive work in terms of training and workforce development across the state. They do travel extensively. The Aboriginal programs team also travels extensively and offers community enabling and support. The community programs team works with the community and drug services across the regions, and each of the team and community programs have an area of the state that they look after. We also have 10 suicide prevention coordinators who are spread across the regions. They are not our staff. Two are funded; we fund WA Country Health Service, and the rest are NGO, non-government organisation, staff. Three are in the metro and the other seven are across the regions. We have quite a footprint in the regions in terms of outreach and we can obviously provide a bit more detail to you if you would like that.

**The DEPUTY CHAIR:** Would you like that additional detail?

**Hon MARTIN ALDRIDGE:** I might frame another question, post hearings. I have no further questions, Mr Deputy Chair.

**Hon ALISON XAMON:** I refer to page 294, under “Health Services”. Specifically, I have questions about the need for subspecialty services identified in the 10-year plan. Given that the Mental Health Commission is not endorsing the multicultural subnetwork’s proposal for transcultural mental health services, how is the government proposing to address the very clear need for transcultural mental health services, as identified in the 10-year plan?

**Hon ALANNA CLOHESY:** At this stage, as you would be aware, the draft proposal from the Mental Health Network from the multicultural subnetwork for the transcultural mental health service has not been endorsed at this stage by the Mental Health Commission and the WA Primary Health Alliance.

**Hon ALISON XAMON:** I am aware, so what is being proposed?

**Hon ALANNA CLOHESY:** I will ask Mr David Axworthy to address what is currently available, and steps from the proposal.

**Mr Axworthy:** The proposal that was provided by the subnetwork to the commission in March last year. One of the key elements of that proposal was to source some funding through the WA Primary Health Alliance, so in terms of consideration by the commission of that proposal, we provided the proposal to the WA Primary Health Alliance, who had not seen it prior to that stage, and we discussed with them how we might go about a joint approach to providing those important services.

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The WA Primary Health Alliance has been considering that proposal and has provided a response back to the commission. We have only recently received that response, and that response was in line with our views at the time, which was that the model as it was presented probably would not be the optimal presentation of a service going forward, and we need to now go back to the subnetwork, and work with them on providing an alternative model going forward.

**Hon ALISON XAMON:** What sort of time frame are you looking at before you finalise any sort of model, because in the meantime we do not have statewide transcultural mental health services?

**Mr Axworthy:** There are a series of services that are providing —

**Hon ALISON XAMON:** Please do not tell me about Bentley, because we both know that that is not a statewide transcultural mental health service.

**Mr Axworthy:** There are services being provided in this state for transcultural services, but you are absolutely right; it is a very important area. It is an area that was highlighted in the plan, and we will be working through that process, but we have only recently received the information back from the Primary Health Alliance, and we need to put together a serious process, a sensible process and a due diligent process to make sure that we are listening to the right people and going forward in the right way.

**Hon ALISON XAMON:** What about the other specialist health services? Are there any provisions for the development of other services identified in the 10-year plan, such as a borderline personality specialist health service? Is there anything in the forward estimates for planning for that?

**Mr Axworthy:** There is no funding—sorry, through the parliamentary secretary.

**Hon ALANNA CLOHESY:** For the whole range of services or issues, all of those will be considered in the usual budgetary context, but —

**Hon ALISON XAMON:** Can I confirm that there is no money in the forward estimates at the moment?

**Hon ALANNA CLOHESY:** If Assistant Commissioner Axworthy would like to talk about some of the proposals that are in development as much as possible, that can be talked about outside the budget context, because even though they may be in the forward estimates, the proposals have not yet been developed or considered by government or the EERC, so broad outlines, sure.

**Mr Axworthy:** As you would be aware, the Mental Health Network has a series of subnetworks.

**Hon ALISON XAMON:** I am aware, yes.

**Mr Axworthy:** They were very well established in their time, and many of those have come forward to the commission at various stages with different proposals for different pieces of work that they want to take forward. There is no specific funding in the forward estimates for those pieces of work, but the commission has its internal processes to work through each of those submissions as they come to the commission. At the moment, we are working on a proposal to look at borderline personality disorders. We are also looking at a submission around neurosciences and —

**Hon ALISON XAMON:** So neuropsychiatry as well?

**Mr Axworthy:** That is right. Each of the subnetworks in their own work plans are developing proposals going forward. We recognise that each of the subnetworks does not actually have a significant project resource associated to it —

**Hon ALISON XAMON:** They do.

**Mr Axworthy:** So the commission is receiving those specific project submissions, and then working through those as we go forward, within our own financial constraints.

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**Hon ALISON XAMON:** Can I confirm, has the commission received, then, from the Mental Health Network any proposed models of service for neuropsychiatry and also for borderline personality disorder?

**Mr Axworthy:** No, it has not, but it has received proposals in order to develop those, and that is what we are working through at the moment.

**Hon ALISON XAMON:** Okay, which is where we were two years ago. Basically, it has not been progressed in any significant way. I understand that the Mental Health Network now comes under the purview of the Mental Health Commission. Can I also please take on notice how much money has been allocated for the work of the of the Mental Health Network, both in this financial year and also in the forward estimates? If that is not readily available, I am happy to take it on notice.

**Hon ALANNA CLOHESY:** We do not have that information here, as far as I am aware, so we will take that as supplementary information.

*[Supplementary Information No A5.]*

**Hon ALISON XAMON:** As part of that, can I confirm how much policy FTE has been dedicated to the activities of the Mental Health Network, from the Mental Health Commission?

**Hon ALANNA CLOHESY:** Assistant Commissioner Axworthy will address that.

**Mr Axworthy:** Each subnetwork has its own support mechanism, sponsored by the area health services. Aligned to that is a specific project resource that works at the Mental Health Commission, and that is a half FTE.

**Hon ALISON XAMON:** So we have a 0.5 FTE to assist. How many subnetworks are there now—10?

**Mr Axworthy:** There are 10, so that is an overarching administrative and project-based resource. In line with that, each of the subnetworks has a member from the policy planning and strategy directorate that also feeds into the subnetwork process, so while the specific dedicated half FTE is around the Mental Health Network and its subnetwork structures, there is also additional policy resource provided by the Mental Health Commission to aid that work.

**Hon ALISON XAMON:** But that policy resource does not actually provide any assistance. They are simply a conduit to the Mental Health Commission; is that correct?

**Mr Axworthy:** In a general sense, yes.

**Hon ALISON XAMON:** Can I please move to the service summary table on page 297. Note (a) explains that the commission has recast its cost structure for the 2017–18 actual and the 2018–19 budget for comparison purposes. I have gone back to the 2017–18 budget document, and the actual expenditure for prevention for that year was reported as just over \$20 million, while in this budget it has been recast as just over \$15 million. We are talking about a sizeable recast—about \$4.5 million. Can you please advise where these funds have been reallocated to?

[9.50 am]

**Hon ALANNA CLOHESY:** I will ask Mr Bechelli to answer in the first instance, but I think you are after more detail than just to where they have been allocated.

**Mr Bechelli:** As part of the annual report audit last financial year there was a request, or a conversation, with the Office of the Auditor General, who asked us to look at the OBM structure and also the KPIs associated with that. As part of that we went back and looked at the methodology and allocation methodologies against all those services. Obviously, as part of that, there were a significant number of cost centres that were aligned to prevention previously, the function of which has now been changed or been re-categorised predominantly to community treatment. The primary

ones are related to the alcohol and drug info services; and, as part of that, that was all categorised as prevention previously, but it has now been split between prevention of about 17.5 per cent and community treatment of 82.5 per cent.

**Hon ALISON XAMON:** Because I have limited time, could I please have—I am happy to take this on notice—a breakdown of funding for 2017–18 under the old structure and a breakdown of the funding for 2017–18 as it would have appeared under the new structure?

**Hon ALANNA CLOHESY:** Yes.

*[Supplementary Information No A6.]*

**Hon ALISON XAMON:** I refer to page 296, paragraph 26, which is about the NDIS. I note that the government acknowledges that there are many people with psychosocial disability who that might not be eligible for the scheme, and that it remains committed to ensuring that those people are able to access the services that they require. Can I confirm, though, what funding commitments have been allocated in the budget towards achieving this, because I know the parliamentary secretary is aware that there is quite a degree of concern about what might happen with some of those programs?

**Hon ALANNA CLOHESY:** There has been, as you know, a significant amount of work done in this area. I will ask Mr Axworthy to address what the commission has been doing.

**Mr Axworthy:** In terms of the commission's currently funded services, there is no change in the forward estimates because the commission is currently working through a small number of programs that have been deemed in-kind, which is referred to in the budget papers. We are working through with the commonwealth at this stage how exactly those in-kind services will be transitioned into the NDIS going forward. I think perhaps the other area that is of interest here is some of the commonwealth-funded programs that traditionally—not traditionally, but have always been funded by the commonwealth —

**Hon ALISON XAMON:** Yes, of course; day-to-day living and those ones.

**Mr Axworthy:** With partners in recovery —

**Hon ALISON XAMON:** Absolutely—PIR, PHAMs.

**Mr Axworthy:** — the personal helpers and mentors programs. As part of the ongoing discussions between the WA government and the federal government, as well as considerable pressure from consumers, carers and family members, the federal government has committed to extending those programs for a further 12 months. That funding will be provided by the WA primary health alliance, and we will be working with the current providers of those services going forward, to make sure that the arrangements for the further 12 months continue to provide those services for the people who are currently receiving them.

**Hon ALISON XAMON:** Can I confirm then, that to characterise, those negotiations are ongoing and we are yet to get the final confirmation as to what is going to happen?

**Mr Axworthy:** Yes.

**Hon ALANNA CLOHESY:** Yes.

**Hon ALISON XAMON:** Can I move to page 300, which is hospital bed-based services. I have a very specific question: how much funding has been allocated to forensic beds in 2019–20 and also across the forward estimates; and, how many forensic beds is that equating to for 2019–20 and also across the forward estimates? I would include youth forensic beds in that as well.

**Hon ALANNA CLOHESY:** Elaine Paterson will address that.

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**Ms Paterson:** In terms of the number of forensic beds, that is not changing across the forward estimates —

**Hon ALISON XAMON:** At all?

**Hon ALANNA CLOHESY:** At this stage.

**Ms Paterson:** At this stage it is not because there are no firm plans yet to change, so until there are firm plans and funding, then the number of beds are staying the same as they are now. So there are 30, as you know, at the Frankland Centre and there is an additional five subacute forensic beds at Graylands. So that remains unchanged.

**Hon ALANNA CLOHESY:** In that context, all that work, of course, needs to occur within the decommissioning work of Graylands.

**Hon ALISON XAMON:** Which I am really looking forward to seeing. I have been told I have only one more question, so I am going to ask a very specific question and it is around a particular program within the suicide prevention plan. I am aware that evaluations have been ongoing. I ask specifically about the pilot post-vention program for children who have been bereaved by suicide. I want to ask: Has the outcome of that evaluation been successful? Has it demonstrated that there is a need and that it is an important program? Is it likely to continue in the future plan? I am aware that no clear undertaking has been given, but is it likely to be considered; and, if so, is it likely to potentially be extended to the regional areas, where I know it is desperately needed?

**Hon ALANNA CLOHESY:** I will ask Ms Jones to answer that. I was just checking that the negotiations with the service have also been addressed before she answers your question.

**Ms Jones:** As you will be aware, it is a pilot and the first service of its kind in Australia, and it is a free service looking after young people bereaved for children 16 to 18 years of age. The pilot has been extended as part of the 18-team strategy. There have been 357 children and carers that have been seen since the inception of the pilot.

**Hon ALISON XAMON:** Can I interrupt there? You say 357 children and carers; would it be possible to receive on notice a breakdown of how many of them are children and how many are carers?

**Hon ALANNA CLOHESY:** Yes, we can take that.

*[Supplementary Information NoA7.]*

**Ms Jones:** As part of the evaluation, as the pilot was metro-based, there have been some thoughts around whether or not this should be extended across the regions, and, certainly, in terms of addressing Aboriginal youth suicide. I can tell you that as part of the national suicide prevention strategy, this program has been put forward by the MHC to be considered as a best practice, spotlight, unearthed innovative program.

**Hon ALISON XAMON:** Thank you.

**Hon COLIN TINCKNELL:** Through the parliamentary secretary, under “Agency Special Purpose Accounts Details”, I refer to page 306. What we have there is the state managed funds special purpose account. I note its purpose is to receive both commonwealth and state funding for non-activity-based hospital services. My question is: what does “non-activity-based hospital services” mean?

**Hon ALANNA CLOHESY:** Ms Paterson will answer that.

**Ms Paterson:** The funding that we provide to health service providers is split into two different ways mainly. There is a proportion of activity-based for hospital beds and there is another portion for what is called “non-admitted activity”, although that is block funded; so, that is things like outpatient

services, and services and community treatment. If there is a community clinic, for example, that is provided by a health service provider, then that counts as a non-admitted service.

**Hon COLIN TINCKNELL:** The second part is: with respect to receipts and the \$209.6 million in appropriations, why does this line not distinguish between state and commonwealth sources?

**Hon ALANNA CLOHESY:** We are just finding the reference in the budget. Mr Bechelli will answer that.

**Mr Bechelli:** Predominantly, it relates to the commonwealth funding as part of the special purpose account, so it only reflects the commonwealth receipts—as other.

**Hon COLIN TINCKNELL:** There is no state budget there?

**Mr Bechelli:** No.

**The DEPUTY CHAIR:** We have approximately 60 seconds left. I would like to fill the allotted space, so if anybody has a question, I will give it to the member who puts up their hand first.

**Hon ALISON XAMON:** I refer to page 301 and the issue of community support. Of course, the plan again shows that this service type is least able to meet demand, with only 20 per cent of the demand being able to be met. Support needs to increase by about five times, yet I note that no significant increase has occurred and the plan update narrative is strongly indicating that this still remains the highest area of need, so why has the government continued to put new investment into acute and subacute services when its own policy is clearly stating that to lessen demand for beds in EDs, the system is going to have to be rebalanced through increased access to community support? If it recognises it as an ongoing problem, when are we going to change this?

**Hon ALANNA CLOHESY:** Mr Axworthy will address that.

**Mr Axworthy:** There are a couple of areas here that I think are very important to note. We spoke earlier about the NDIS and its implementation in WA. That has taken a lot longer than was originally envisaged. At this stage, we are still not seeing the implication of the NDIS on the levels of community support, so until we have a clear line of sight on the implications of the NDIS in terms of community support for people with psychosocial disability, it is difficult do that planning going forward. The other area in which we have been doing a lot of work is on a WA accommodation and support strategy.

**Hon ALISON XAMON:** Yes. That is what I was going to ask as well: when are we going to see any funding allocated to that?

**Mr Axworthy:** What we will see is the delivery of the strategy very soon and then an implementation plan developed around that, going forward, which will include both accommodation services, and support services associated with those accommodation services.

**Hon ALISON XAMON:** Parliamentary secretary, when it is said, “very soon”, could you please give me a clearer time frame of when that would be? Is it likely to be in the next budget, for example?

**Hon ALANNA CLOHESY:** It would be considered as part of the next budget cycle.

**Hon ALISON XAMON:** That is the time frame that you are working towards, the allocation for the accommodation strategy? Yes?

**Hon ALANNA CLOHESY:** Yes.

**Hon ALISON XAMON:** I have still got more.

**The DEPUTY CHAIR:** Well, we do not have any more time unfortunately.

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On behalf of the committee, I thank you for your attendance today. The committee will forward the transcript of evidence, which includes the questions you have taken on notice, highlighted on the transcript, within seven days of the hearing. If members have any unasked questions, I ask them to submit these via the electronic system on the POWAnet site by 5.00 pm on Friday, 28 June 2019. Honourable member, I am looking at you when I draw attention to that.

**Hon ALISON XAMON:** Yes.

**The DEPUTY CHAIR:** And this is to you: responses to these questions and any questions taken on notice are due by 5.00 pm, Friday, 26 July 2019. Should you be unable to meet this due date, please advise the committee in writing as soon as possible before the due date. The advice is to include specific reasons as to why the due date cannot be met. Once again, I thank you for your attendance today.

**Hearing concluded at 10.03 am**

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