

STANDING COMMITTEE ON ESTIMATES AND FINANCIAL OPERATIONS

**2020–21 BUDGET ESTIMATES AND
2019–20 ANNUAL REPORTS**



**TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
TUESDAY, 17 NOVEMBER 2020**

**SESSION FOUR
MENTAL HEALTH COMMISSION**

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

Hearing commenced at 4.45 pm

Hon ALANNA CLOHESY

Parliamentary Secretary representing the Minister for Health, examined:

Ms JENNIFER McGRATH

Mental Health Commissioner, examined:

Mr LES BECHELLI

Chief Finance Officer, examined:

Ms KIM LAZENBY

Head of System Development, examined:

Mr DAVID AXWORTHY

Head of Strategy and Reform, examined:

Mr GARY KIRBY

Head of Prevention Services, examined:

Ms RUTH CHARLES

Assistant Director, Service Provision Treatment, examined:

Ms LINA LOMBARDINI

Assistant Director, Community Sport Management, examined:

Ms TAMMY FORD

Assistant Director, Procurement, examined:

Mr NEIL FERGUS

Chief of Staff, Minister for Mental Health, examined:

Ms MARION HUNTLY

Principal Policy Adviser, Minister for Mental Health, examined:

Ms EMMA MAY

Manager, Executive Support, examined:

The DEPUTY CHAIR: On behalf of the Legislative Council Standing Committee on Estimates and Financial Operations, I welcome you to today's hearing. I ask you whether you have read, understood and signed a document titled "Information for Witnesses".

The WITNESSES: Yes.

The DEPUTY CHAIR: It is essential that 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.

Members, before asking your question, I ask that you identify whether it relates to the budget papers or the annual report and provide, where possible, the relevant page number. I invite the parliamentary secretary to make a brief opening statement, if she would like.

Hon ALANNA CLOHESY: I do not have an opening statement.

The DEPUTY CHAIR: Wonderful. I will go to Hon Nick Goiran.

Hon NICK GOIRAN: Thank you, Mr Deputy Chair. Parliamentary secretary, page 340 of the budget papers cites an increase in the number of calls in the reporting period to Lifeline and Beyond Blue. How many of these calls were from those in hotel quarantine?

Hon ALANNA CLOHESY: The Mental Health Commission would not have access to that information because those are non-government service providers. The reporting requirements are in relation to service agreements executed by the Mental Health Commission, which does not drill down to that level of information. Information about operations within state-run quarantine hotels should be directed to the Department of Health.

[4.50 pm]

Hon NICK GOIRAN: Parliamentary secretary, is it the case that pursuant to the service agreement the Mental Health Commission has, during each reporting period, some communication with either Lifeline or Beyond Blue?

Hon ALANNA CLOHESY: Operationally, that would be —

Hon NICK GOIRAN: They either have conversations or they do not. If they do not, then I will move on.

Hon ALANNA CLOHESY: Of course people have conversations; it depends on what the nature of the conversation and the information you are seeking is.

Hon NICK GOIRAN: So they do have conversations?

Hon ALANNA CLOHESY: I am just wondering whether Ms Lombardini has any further information.

Ms LOMBARDINI: We do obviously have ongoing contract management with Lifeline and Beyond Blue. The nature of the calls is confidential, so we do not receive that information. When the caller makes that call to Lifeline or Beyond Blue, it is confidential information. We do not receive that as part of our reporting requirements.

Hon NICK GOIRAN: Okay. Parliamentary secretary, page 22 of the annual report states —

The Commission developed communications on how to maintain good mental health while in isolation. These were supplied to quarantine hotels by the Department of Health in both English and a graphic format suitable for culturally and linguistically diverse audiences.

Does that advice include being able to open a window or engage in exercise?

Hon ALANNA CLOHESY: We will ask Ms Charles to talk about the broad nature of the information that was provided to people in quarantine.

Ms CHARLES: Basically, the information that was provided was about keeping yourself well within that hotel room. There was information about exercising, but staying within your room and, obviously, because they were in hotel rooms, the windows were not opening, so that was not available to the people who were in the rooms, so that information was not on there.

Hon NICK GOIRAN: Parliamentary secretary, does the Mental Health Commission provide advice to the Department of Justice's corrective services unit with respect to mental health provided for incarcerated prisoners?

Hon ALANNA CLOHESY: Have you got a reference there, member?

Hon NICK GOIRAN: So they do not provide advice?

Hon ALANNA CLOHESY: Have you got a reference to —

Hon NICK GOIRAN: How would a reference to the budget papers or the annual report help you answer whether the Mental Health Commission provides advice to the Department of Justice's corrective services unit?

Hon ALANNA CLOHESY: Because it will help me go to the contents page of what information is provided to —

Hon NICK GOIRAN: I refer to the total appropriation for the Mental Health Commission for the reporting period.

Hon ALANNA CLOHESY: That was not helpful, member, but thanks for trying. We will go to Ms McGrath about broad services to the Department of Justice.

Ms McGRATH: The commission does provide advice on occasion to the Department of Justice on specific things. An example would have been that recently the Department of Justice was looking at a suicide program and services that they could provide in the corrections environment. We provided them and we are on a working group with them. In addition, obviously, the Department of Health, through the mental health services, provides information at various times.

Hon NICK GOIRAN: Does that advice include advice with respect to incarcerated prisoners who are in isolation?

Ms McGRATH: It could do. I am not aware of a specific instance. We would have to take that on notice.

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

[Supplementary Information No D1.]

Hon NICK GOIRAN: Commissioner, are you aware as to whether incarcerated prisoners have access to fresh air and daily exercise?

Ms McGRATH: That would have to be a question to the Department of Justice.

Hon NICK GOIRAN: So you are not aware whether that is the case?

Ms McGRATH: No.

Hon ALANNA CLOHESY: As the commissioner said, that is a question for the Department of Justice.

Hon NICK GOIRAN: The Department of Justice, parliamentary secretary, is not going to be able to tell me something that is in the knowledge of the commissioner. The Mental Health Commissioner either knows whether that is the case or not. I cannot ask the Department of Justice because they will say to me, "Ask the Mental Health Commission."

The DEPUTY CHAIR: Is that a question, member, or is that a statement? I just need to clarify that.

Hon NICK GOIRAN: I will simply ask again. Is the Mental Health Commissioner aware of the protocols within the Department of Justice's corrective services unit with respect to incarcerated prisoners in isolation?

Ms McGRATH: I am unaware, in my time as commissioner, around any of those protocols.

Hon NICK GOIRAN: Okay. Has the Mental Health Commission been requested, at any time during the reporting period, for advice with respect to those in hotel quarantine and, specifically, whether they should have access to fresh air and daily exercise?

Ms McGRATH: Any questions around the quarantine were, in the first instance, through SHICC, through the Department of Health. At times we provided some information to them as requested.

Hon NICK GOIRAN: Is the Mental Health Commission satisfied with the existing hotel quarantine arrangements?

Hon ALANNA CLOHESY: I think you are asking the Mental Health Commissioner to make a comment on government policy. As such, I do not think the question would be appropriately put in this forum.

The DEPUTY CHAIR: Yes, parliamentary secretary, I think your assessment of that question is in accord with standing order 182, which is —

An officer of a government agency —

(a) shall not be asked to give an opinion on a matter of policy; ...

However, I might invite the parliamentary secretary to address that question on behalf of the government, if you would like to do so.

Hon ALANNA CLOHESY: Again, Deputy Chair, in a representative capacity, the detail of my knowledge regarding the arrangements in SHICC is limited. I also think that this is not the appropriate forum as this is about the Mental Health Commission's budget and the Mental Health Commission's annual report and not quarantine arrangements, as those questions would have been better directed during the Health hearing.

Hon NICK GOIRAN: Well, parliamentary secretary, I refer you to page 22 of the annual report, and I quote —

The Commission developed communications on how to maintain good mental health while in isolation.

That is in the Mental Health Commission's annual report, page 22. Those communications were developed by the commission —

Hon ALANNA CLOHESY: Ms Lombardini answered your question in relation to the nature and range of information provided.

Hon NICK GOIRAN: The Mental Health Commission prepared that information to maintain good mental health while in isolation. My view is that locking people in a hotel room without access to fresh air and a window that is able to be opened, or exercise outside—their routine—is not consistent with good mental health, hence why I am asking the questions with respect to the Mental Health Commission. Deflecting them to the Department of Health is unhelpful. That said, if neither the parliamentary secretary nor the Mental Health Commissioner has anything to say about the state of affairs in Western Australia with respect to these people, who do not have access to fresh air or exercise, despite the fact that Western Australian incarcerated prisoners have access to that, then that is what the record will reflect.

[5.00 pm]

I move then to page 20 of the annual report, which says —

March saw the release of the State Government's *Commitment to Aboriginal Youth Wellbeing: A response to the State Coroner's Inquest into the deaths of 13 children and young persons in the Kimberley and Learnings from the Message Stick: the Report of the Inquiry into Aboriginal Youth Suicide in Remote Areas*. The response outlined 12 key commitments by

which the State Government will work to improve lived experiences for young Aboriginal people in the State, and particularly in the Kimberley region.

What work is being done on this to date, and how is the efficacy of these commitments being measured?

Hon ALANNA CLOHESY: The response to the message stick report includes 12 key commitments. Of these, recommendations that relate specifically to the Mental Health Commission include better prevention, intervention and postvention services, building capacity in health and mental health services, and better access to clinical services. The 2020–21 budget has committed \$17 million towards Aboriginal youth wellbeing programs and the Aboriginal suicide prevention action plan, as well as \$37.1 million as part of the suicide prevention 2021–25 framework and further expansion associated with social recovery. The funding package includes measures to support health and mental health issues, including \$2.7 million for a foetal alcohol spectrum disorder prevention package, \$3 million for expanded or more accessible clinical mental health services in the Kimberley, \$32.3 million across the state towards the implementation of the new suicide prevention framework 2021–25 and \$1.5 million to the Department of Education to run an Aboriginal girls schools program. The FASD prevention package will support pregnant women and the wider community to raise awareness of the risk of FASD. The clinical mental health services in the Kimberley will provide additional resourcing, education and support to existing staff who are responding to people who are presenting particularly with self-harming behaviours, particularly in the East Kimberley. The suicide prevention framework 2021–25 aims to provide a whole-of-state approach to suicide prevention to reduce duplication of services, to lessen confusion in the suicide prevention space for consumers and to provide support and help for our communities to prevent suicide.

There are significant actions across the whole of government in relation to the response to the message stick report, but in particular those are the ones that relate to the Mental Health Commission. Commissioner, is there anything else that I have missed out on?

Ms McGRATH: There are two things. First, in addition to what has been contributed there from the Mental Health Commission, there was the recent announcement for \$10 million across the state for the development of specific Aboriginal suicide plans, which will also be about and assist with some of the wellbeing recommendations out of the commitment to Aboriginal youth wellbeing across the state. In terms of your question around reporting, and I think it was evaluation —

Hon NICK GOIRAN: Yes, measuring the efficacy of the commitments.

Ms McGRATH: We have been working with the Department of the Premier and Cabinet from a whole-of-government perspective in terms of reporting, and there has been a commitment made that there will be annual reporting of this. I think as at 30 June next year will be the first reporting period. As far as I am aware, with most of the initiatives that have been introduced already, there are evaluation components included within those.

Hon MARTIN ALDRIDGE: Can I take the parliamentary secretary to page 340 of budget paper No 2. There is a table there under the headings “Spending Changes” and “Ongoing Initiatives”, and there are some revisions to step-up, step-down mental health facilities —namely, Geraldton and Kalgoorlie, with a multiyear impact in Geraldton across two years of the forward estimates as well. Can I get an understanding of the spending change and whether it relates to capital or recurrent expenditure of the commission?

Hon ALANNA CLOHESY: We will go to the commissioner for an overview of that.

Ms McGRATH: The Geraldton step-up, step-down in particular was the one that you want to talk about. The changes there in additional funding are basically because we are bringing forward the opening of the Geraldton facility and the construction. It will now be operational in January 2021, when originally it was January 2022.

Hon MARTIN ALDRIDGE: In both cases, Geraldton and Kalgoorlie, is that recurrent expenditure noted there in the spending changes for this financial year related to the early opening of those facilities?

Ms McGRATH: No; \$1 million has been allocated to the construction budget of the Kalgoorlie step-up, step-down and it is offset by reductions in the construction budgets of Bunbury, \$650 000, and Geraldton, \$350 000.

Hon MARTIN ALDRIDGE: So Kalgoorlie is \$1 million over budget, and the government has trimmed Bunbury and Geraldton to accommodate for that?

Ms McGRATH: Yes; once the final estimates and tender prices came in, there were some unders and overs.

Hon MARTIN ALDRIDGE: When you say that the reductions have come from Bunbury and Geraldton, has the scope changed for their construction? How have you been able to find \$1 million in savings from those other two sites?

Ms McGRATH: There was no change in scope. It was just when the tender results came in from the original scope. Some came in more expensive and some came in lower.

Hon MARTIN ALDRIDGE: So this is essentially a recalibration of those three projects—Bunbury, Geraldton and Kalgoorlie—and the capital that is attached to them as a result of the tender outcomes, but the scope at all three sites remains unchanged?

Ms McGRATH: Yes.

Hon MARTIN ALDRIDGE: What is the construction cost at Geraldton in comparison with the estimated construction cost?

Hon ALANNA CLOHESY: We will ask Ms Ford to answer that.

Ms FORD: We cannot actually confirm the construction budget until the construction is complete. In the construction industry, there are often variations that occur throughout the project, so we cannot confirm the budget until the facility is handed over early next year.

Hon ALANNA CLOHESY: What Ms Ford means is that the final —

Ms McGRATH: The actual cost we do not know until it is completed, but the current estimated construction cost for Geraldton is \$5.58 million and for Kalgoorlie, it is \$6.639 million, and they are the two that we were talking about.

[5.10 pm]

Hon MARTIN ALDRIDGE: Noting the comments about not being able to confirm the total project cost until the project is completed because of the variations, I understand that; obviously, the tender outcomes have given government the certainty to make the adjustments to deal with the extra \$1 million that is required at Kalgoorlie. The extra \$1 million at Kalgoorlie is purely related to the tender outcome; is that correct?

Ms FORD: Yes, that is correct.

Hon ALISON XAMON: I refer to the top of page 341, point 6, under “Suicide Prevention”. I am particularly interested in what is happening with the children bereaved by suicide program. What

I would like to know, please, is whether any extra funding has been allocated for this year from the previous year; and, if so, how much?

Hon ALANNA CLOHESY: Sorry; was that Aboriginal suicide prevention?

Hon ALISON XAMON: No, I am talking about the children bereaved by suicide postvention. That was the closest I could find to what would have that.

Hon ALANNA CLOHESY: So you are asking about funding for the children bereaved by suicide service.

Hon ALISON XAMON: The children bereaved by suicide program; I am wanting to know whether any additional funding has been allocated this year from the previous year; and, if so, how much?

Hon ALANNA CLOHESY: In this budget?

Hon ALISON XAMON: Yes, please, and also in the forward estimates.

Hon ALANNA CLOHESY: We will ask Mr Kirby to answer that.

Mr KIRBY: For the CYPRESS program, there has been an additional amount provided this financial year.

Hon ALISON XAMON: How much is that?

Mr KIRBY: It is \$0.234 million.

Hon ALISON XAMON: Is that program still only going to be for the metropolitan area?

Mr KIRBY: That is my understanding.

Hon ALISON XAMON: Are there any plans to look at expanding that program into regional Western Australia?

Mr KIRBY: We would certainly like to be able to do that and increase that footprint in terms of making more of a statewide service available.

Hon ALISON XAMON: But are there any plans to do that?

Hon ALANNA CLOHESY: Plans in particular relate to decisions by government in the future. Those decisions will not be made in the context of the new budget until after the election, and who knows who will be in government then. But certainly, it is a priority for this government to improve services for young people and, as such, we are currently working on the young people's framework and consultation. All of those decisions will happen within the context of that framework.

Hon ALISON XAMON: I have limited time, so I am actually quite specific about what I would like to know, please. In terms of the CYPRESS program, because I am aware that there is a great need within the regions for the postvention services, is any list of demand being kept anywhere that is actually calculating the need, or is that information not being kept? When people are making inquiries to CYPRESS and they are ineligible to be able to attend because they do not live in the metropolitan area, is that being recorded anywhere?

Mr KIRBY: Certainly in response to the extra amount that was provided for the COVID period, that information had been received from CYPRESS, or from the provider, and drove the decision of the \$0.234 million.

Hon ALISON XAMON: As part of the procurement process for CYPRESS, would it be possible for that data to be required in order to be able to get an idea of the demand because that would surely inform any potential business case? As I understand it, that data is not required but is that something that could be considered for the future?

Ms McGRATH: We often do get additional information from our providers on their demand. That is actually something that we are looking at in a more systemic way so we are more knowledgeable and understanding of what demands are being placed on services. Through the work that we are doing with the Young People Priority Framework, we are getting all the information that we can data-wise from our service providers to understand where the demands are and understanding that we do not have services in the regions for a program similar to that is something that we are also looking at in that context.

Hon ALISON XAMON: Is there a current waiting list from the metropolitan area to access that service?

Hon ALANNA CLOHESY: That will be an operational decision for the service regarding how they keep their waiting list, if there is one.

Hon ALISON XAMON: You do not know whether there is a waiting list, and it is not required as part of the procurement process to keep a record of unmet demand?

Hon ALANNA CLOHESY: Mr Kirby will answer that.

Mr KIRBY: There are certainly discussions that go on between the contract manager and the service. There is some understanding of demand.

Hon ALISON XAMON: Are you able to tell me how many children were supported in 2019–20?

Hon ALANNA CLOHESY: That certainly would not be information that we would bring regarding one service.

Hon ALISON XAMON: I am happy to take that on notice.

Hon ALANNA CLOHESY: We could probably provide the information in relation to what the service was contracted.

Ms McGRATH: We should be able to get at least that.

Hon ALANNA CLOHESY: We will see what we can get, but that is the minimum that we can get.
[*Supplementary Information No D2.*]

Hon ALISON XAMON: On postvention services more broadly—I realise I am probably going to have to get this on notice as well—can I please get a list of all the postvention services that are currently being funded and specifically what that is allocated for? I am talking about distinguishing between immediate discharge from hospitals, and services that are going out to where a suicide has occurred as well as long-term support. Can I please get a list of exactly what services are being funded and who that is tailored for?

Hon ALANNA CLOHESY: Or the purpose of the service, we can take that as supplementary information.

[*Supplementary Information No D3.*]

Hon ALISON XAMON: I refer to the item “Community Treatment” under the service summary on page 343 of the budget. How much of these funds are specifically allocated to youth community treatment hours?

Hon ALANNA CLOHESY: What is the number again, member?

Hon ALISON XAMON: It is page 343, service summary 4. It is in the bottom table. How much is allocated specifically to youth community treatment hours? Is that available or do I need to get that on notice?

Hon ALANNA CLOHESY: It is technically available. We do not have it here. We will see what information in that we can provide as supplementary.

[Supplementary Information No D4.]

Hon ALISON XAMON: Presumably, I will also need to get on notice a breakdown of those particular treatment hours by each region, please; from each year 2018–19 to 2020–21. I am happy to take that on notice as well.

Ms McGRATH: We can break down the dollars, but I do not think we have them in the hours.

Hon ALISON XAMON: Even the dollars would be fine. The breakdown by region, please, and also looking at the three years from 2018–19 through to 2020–21, if that can be taken on notice.

Hon ALANNA CLOHESY: We will provide what data is available.

[Supplementary Information No D5.]

Hon ALISON XAMON: I refer to the item “Mental Health Emergency Response Line” under the ongoing initiatives on page 340. Can you please explain the reason for the spending change? I understand the service was recently evaluated as well, and I am presuming that perhaps that spending change is associated with the evaluation. Is that correct or not?

[5.20 pm]

Hon ALANNA CLOHESY: We are just looking for the information on the spending changes, honourable member.

Hon ALISON XAMON: I can tell you where I am referring. It is on page 340, under “Ongoing Initiatives” and “Other” and it has MHERL.

Hon ALANNA CLOHESY: The mental health emergency response line? Is that what you are asking?

Hon ALISON XAMON: Yes.

Hon ALANNA CLOHESY: It is about the mental health emergency response line and what is the spending change.

Ms McGRATH: This is the \$90 000 for 2019–20?

Hon ALISON XAMON: Yes.

Ms McGRATH: Okay. The Mental Health Commission recouped \$90 000 from the East Metropolitan Health Service for the cost of the evaluation. That was the actual cost of the evaluation.

Hon ALISON XAMON: In relation to the evaluation, what were the findings? Were any key issues identified?

Ms McGRATH: The evaluation is nearing completion. The steering committee has recently signed off on the final report. That is with me to finalise, and we hope to have that done within the next couple of weeks.

Hon ALISON XAMON: Are you able to identify any of the key findings around that here, because obviously in two weeks, Parliament will not be sitting, so I will not be able to ask?

Hon ALANNA CLOHESY: I think what the commissioner is saying is that she has just received it and she is looking at it now.

Hon ALISON XAMON: Am I able to get on notice—because this might be my only chance in the fortieth Parliament—any issues identified within the findings of that evaluation?

Hon ALANNA CLOHESY: Honourable member, that evaluation will be made public. We may request that, if we do provide information, that remain private. You might be better off waiting for the full

evaluation, because if we provide information in relation to the evaluation before the commissioner has had an opportunity to consult with stakeholders over the findings, and consult with East Metro, that would provide information early before all those other processes, and it would have a particular impact on the staff, which is what my main concern would be. We can undertake to provide you with a copy of the evaluation when it is released.

Hon ALISON XAMON: Thank you. When do you anticipate that is likely to occur?

Ms McGRATH: Within the next couple of weeks.

The DEPUTY CHAIR: Would you like that information provided as a supplementary?

[Supplementary Information No D6.]

The DEPUTY CHAIR: Member, I might do a quick whip around. In all likelihood, we will return back to you.

Hon ALISON XAMON: I still have more questions.

The DEPUTY CHAIR: I have no doubt.

Hon AARON STONEHOUSE: I refer to page 340, under the heading “Significant Issues Impacting the Agency”, and the subheading “COVID-19”. What I am interested in is if you can be specific about how COVID-19 is affecting mental health. What specifically about COVID-19 is affecting mental health, and what is the impact on the commission; for instance, social isolation—people who are unable to access their support network? I am wondering if you could give me a few specific examples, please.

Hon ALANNA CLOHESY: That varies over time, and particularly in Western Australia that varies whether you are talking about the general community or whether you are talking about very specific groups of people, because not all people experience this in the same way. I might just go to the commissioner in the first instance to talk about the very early phase and the task force and the way in which services responded to the needs of people with mental illness.

Ms McGRATH: Because I guess the period of lockdown that we had was quite short compared with other places in Australia and the world, the impact was varied across all the different services. For example, in our emergency departments and hospitals, we had a significant decrease in presentations because people were scared to actually go to hospital and were staying at home. All the data shows that we are way back to definitely pre-COVID levels, so that has all sort of come back. Then you have information that we have that has contributed to some of the phone lines that we have in place, whether it is Lifeline et cetera. Some of those in WA have increased, but not significantly compared with data from across all of Australia—for example, in Victoria, they had significant increases, as you would expect. The increases on the same period last year have not been as significant, but there has been a bit of an increase.

In terms of right at the beginning, when everybody was getting prepared and then there was that period of lockdown, working with all of our non-government service providers, there was a lot of work that we did with them to support them in moving from face-to-face to a virtual service. In most cases, that worked well for a lot of existing consumers. One of the difficulties there was that for new consumers, that probably was not the best for them.

The information that we have from our providers in terms of demand for services was varied. Some services saw their services go down and some services saw them go up, depending on the types of service. The data was mixed, which is consistent with the National Mental Health Commission, which put out their pandemic response. One of their three top priorities talked about getting data to actually understand—really live data—about the impact that COVID was having. Australia-wide,

we are all struggling to actually have that data. There is a lot of work. We knew this pre-COVID, but really COVID has highlighted the need for us to get better information. So we have some things that we are working towards to get that. The long answer is it varied across services.

Hon AARON STONEHOUSE: I will list what I think might be some of those secondary health impacts. Social isolation due to hotel quarantine, I think it is pretty safe to say that that is one of them. Social isolation in having people separated from their families and their support networks; for instance, people who have not seen their friends or their families for going on almost 10 months now. There is also, of course, the anguish and the difficulty caused by people being out of work due to border restrictions and their inability to move around and find work. I gleaned from what you have just told me that those secondary health impacts will manifest in increased calls to mental health support lines—Beyond Blue, Lifeline et cetera. In your answer, you said that there was not any significant increase, although that seems at odds with paragraph 5 on page 340, which says —

... calls to Lifeline and Beyond Blue in Western Australia were significantly higher since March 2020 compared to the same period in 2019.

I think perhaps you meant not compared to other jurisdictions.

Ms McGRATH: For a period of time, yes.

Hon AARON STONEHOUSE: What I am wondering is when I look at paragraph 6 on page 341, under the subheading “Suicide Prevention”, there is mention of increased funding towards suicide prevention and the impacts of COVID-19. Is that an implicit recognition of the fact that the secondary health impacts of COVID-19 may increase demand on suicide prevention services and hotlines or may in fact create an increase in suicides and attempted suicides?

[5.30 pm]

Ms McGRATH: One of the things that we did early on when the government committed \$6 million to our NGOs and some of the public health services for immediate impacts, we did, as part of that package, provide some additional funding to five of our current suicide prevention counselling services, acknowledging that we knew there would be greater demand for their services over that period. We have provided that, and that funding is for the whole of this financial year. I am not sure if we have got data on the demand of the services that we have there. In addition, we provided some other services. We knew young people were probably going to be impacted more, so we provided PICYS with additional funding for this financial year to take on approximately 25 additional young people and have wraparound services for them. As part of that initial package, we did acknowledge and we knew there would be strain on some services, so there was additional funding provided to them. As I mentioned, there was additional funding provided to other services to assist them move from the face to face to virtual—for example, for some of the call services that we provide, we provided additional funding to ensure that their services were accessible by more people.

Hon AARON STONEHOUSE: The last question I have is around advice provided by the Mental Health Commission. Is your advice on matters of COVID-19 controls provided to the State Health Incident Coordination Centre—SHICC—or is it provided directly to the State Emergency Coordinator or the state emergency consultation group?

Hon ALANNA CLOHESY: I will get the Mental Health Commissioner to talk about the structure and the Mental Health Commission’s input into that.

Ms McGRATH: As mentioned earlier, we provide advice to SHICC through the Department of Health on mental health matters, but a predominant amount of the mental health advice comes from within the public health system on mental health into that as well.

Hon AARON STONEHOUSE: I find that interesting, because in July this year, the government appointed a new Chief Medical Officer, Mental Health. Now, that Chief Medical Officer, Mental Health reports to you as the Mental Health Commissioner. So you are telling me that this new post created is providing advice through the commission which then goes on to SHICC. The Chief Medical Officer, Mental Health, it sounds like, does not have a direct line to the State Emergency Coordinator. I understand that the State Emergency Coordinator may receive advice from WA Health on matters of mental health. That is concerning, and it is concerning because I am afraid that matters of mental health are not getting equal weighting when it comes to our COVID-19 restrictions. We have here a number of secondary health effects— isolation and separation from friends and family—that are causing a strain on our mental health services that will drive greater demand for suicide prevention services, and you are telling me that this new post created, Chief Medical Officer, Mental Health, does not give direct advice and the commission does not give direct advice to the State Emergency Coordinator, who is calling the shots.

Hon ALANNA CLOHESY: I think you probably misunderstood the information that the commissioner is providing you and also the reason why that new position has been created. I will ask the commissioner to address both why the position has been created and that this is not the only mechanism to provide information and input in relation to COVID-19; for example, the state welfare incident controller is also involved in that process. If you would like to talk briefly about the appointment, which is a new appointment created by this government, and then, secondly, other mechanisms for participation.

Ms McGRATH: Thanks. The Chief Medical Officer, Mental Health was a position that was created to actually give the commission that clinical technical perspective and expertise. When I say that the commission has been working with SHICC, that, in turn, the Chief Medical Officer position has been working and providing advice, as we do on a daily basis about all different things mental health across the public mental health system. So, that is no different from COVID issues through the SHICC. The commission has other roles that we play. I am a member of the state welfare committee that is headed up by Michelle Andrews of the Department of Communities. We have significant input through there into all the other social issues around COVID. As I said, with all the pandemic outbreak planning, we have had significant input and we are on all the different working groups, steering committees et cetera across government that has input into that.

Hon COLIN TINCKNELL: My first question is on page 340 of budget paper No 2. Under “Other” initiatives, there are a number of services that have been defunded. I would like to know what was the process behind that decision to defund these services. To give you some idea of what I am looking at is: have replacement programs been developed, and are there any figures on how many people access these services over the year of the last annual report? I am especially interested in the relation to the mobile clinical outreach team, the mental health emergency response line and the bloodborne virus treatment service. That is what I am looking at.

Hon ALANNA CLOHESY: Each of those probably requires someone different to respond. The commissioner has already talked about the mental health emergency response line and, in particular, an evaluation has been conducted in relation to that quite extensively. On other initiatives, the bloodborne virus treatment service, the commissioner will talk about.

Ms McGRATH: The Mental Health Commission will receive \$146 000 in 2020 from the Department of Health for staff located at Next Step Drug and Alcohol Services. This is for increased client testing, vaccination and treatment of the bloodborne viruses and sexually transmitted infections, and to increase the accessibility and uptake of hepatitis B and hepatitis C treatments. This is an agreement that we have with the Department of Health on an annual basis.

Hon ALANNA CLOHESY: The reason for the spending change in relation to the mental health emergency response line has already been discussed. The reason for the spending change for the mobile clinical outreach team of \$829 000—is that the one you are looking at?

Hon COLIN TINCKNELL: Okay.

Hon ALANNA CLOHESY: We will get the commissioner to talk about that as well.

Ms McGRATH: This service in 2019–20 for \$829 000 was funded under the National Housing and Homelessness Agreement through the Department of Communities, which had that portfolio. That is where it has been funded in the past. That is the adjustment there for that.

[5.40 pm]

Hon COLIN TINCKNELL: I would like to put it on notice if there are any figures for how many people access the services. Do you have that, from the past?

Hon ALANNA CLOHESY: We have some of that now, for the mobile clinical outreach team.

Ms McGRATH: For 2019–20, it provided support to more than 120 clients on the streets of Fremantle and Perth, and it manages approximately 48 individuals every six months in the reporting period.

Hon COLIN TINCKNELL: Okay, and the bloodborne virus treatment service?

Hon ALANNA CLOHESY: We will take the bloodborne virus treatment service question as a supplementary question.

[Supplementary Information No D7.]

Hon COLIN TINCKNELL: I refer to budget paper No 2 and page 341. Under “Strategic Priorities”, it states that the priorities align with the “Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025”. A specific priority of this plan is a reduction in the percentage of care delivered in hospital beds from 42 per cent to 29 per cent. Under this government, what number has actually risen to 47 per cent? Can you point out the specific initiatives in this budget that will address that failure?

Hon ALANNA CLOHESY: Sorry, member; I am not following.

Hon COLIN TINCKNELL: Under this government, that number has actually risen to 47 per cent. It was —

Hon ALANNA CLOHESY: Which number has risen by 47 per cent, member?

Hon COLIN TINCKNELL: It is on page 341. It went from 42 per cent to 29 per cent, and has now risen to 47 per cent.

Ms McGRATH: Sorry; I am a bit confused, too. Is this about inpatient beds?

Hon COLIN TINCKNELL: This is the reduction in the percentage of care delivered to hospital beds. This is a follow-up to a question I have asked previously, and the information has been given by the department. I am just wondering what initiatives the government has planned, considering that rise.

Hon ALANNA CLOHESY: You put a question on notice prior to the hearing?

Hon COLIN TINCKNELL: Yes.

Hon ALANNA CLOHESY: We might be able to work it out from that.

Okay; we think we understand what the question is; that is, the statewide mental health plan talks about a reduction in the number of acute beds.

Hon COLIN TINCKNELL: That is right.

Hon ALANNA CLOHESY: I will get Mr Axworthy to explain what the question is and then we will undertake to take that as a supplementary question, if you like.

Mr AXWORTHY: Thank you very much. My understanding of the question is that the plan was talking about the need to increase the number of acute beds. It also talks about the need to significantly increase investment in other areas within the plan—within community beds, for example, within prevention services and within community treatment—so that, overall, the proportion of expenditure that goes into inpatient activity reduces over time. The priorities document talks about a number of priorities that we have as a commission to try to implement those changes while still recognising that there remains a deficit in the provision of acute inpatient beds. For example, the development of the two specific proposals out of the Safe Place strategies that have been funded this year by the state government, the community care unit and the youth homelessness service, are two examples of services that have been funded to the tune, in total, of \$50 million over the forward estimates to try to reduce the demand for those acute beds. By reducing demand for those acute beds, we should be able to rebalance the system going forward.

Hon ALANNA CLOHESY: Are you happy with that answer?

Hon COLIN TINCKNELL: Yes.

I refer again to budget paper No 2 and paragraph 16 on page 342, which refers to forensic mental health bed capacity. It is stated on page 21 of the 2019–20 annual report of the Chief Psychiatrist of WA states —

The Inspector of Custodial Services reported in November 2018 that ~60% of all MHA 2014 referral forms for prisoners in WA were never enacted, and ~30% of prisoners on these forms didn't get to a psychiatric hospital for timely care: these are individuals with the most severe mental illnesses not getting access to care.

I ask on notice if the parliamentary secretary could supply the figures on which the eventual actions were for the 2018 and 2019 terms of mental health assessment referral forms to prisoners in WA.

The DEPUTY CHAIR: Sorry, member; have you submitted that question on notice previously or are you asking a question now?

Hon COLIN TINCKNELL: I can put that on notice, yes.

Hon ALANNA CLOHESY: That is actually a question for the Department of Health. The Mental Health Commission plans and funds services, but the forensic services are actually provided by the Department of Health.

Hon COLIN TINCKNELL: The mental health assessment forms are?

Hon ALANNA CLOHESY: The Department of Health operates the forensic service and provides the services, so it knows how many patients it had, which of them were on forms and which were not, and the total number of those. That would be a question on notice for the Department of Health.

The DEPUTY CHAIR: Member, I think your time has expired. I know there are some other members who would like to ask questions. I might just give myself the call temporarily.

I refer to page 347 of budget paper No 2 and the “Community Support” service. I note the allocation of \$54 112 000 for the 2020–21 budget year. Is the parliamentary secretary in a position to table a list of agencies funded to provide these community support services by the kind of support they provide and the regions in which they operate?

Hon ALANNA CLOHESY: We do not have that information down to that level of detail, so we will take that as supplementary information.

[Supplementary Information No D8.]

The DEPUTY CHAIR: It might be similar to the question posed by Hon Alison Xamon and afforded D4 status, so let us take that as being the case. Nevertheless, what assessment, if any, has been undertaken on community support gaps across the state?

Hon ALANNA CLOHESY: We will go first of all to the commissioner and then we will follow that up with Mr Axworthy.

[5.50 pm]

Ms McGRATH: Mr Axworthy will talk more about the high-level plan, the 10-year plan and the 2018 update, which identifies the gaps. But in particular what we are doing on a day-to-day basis throughout different parts of the organisation, an example is the work that we are doing right now around the young people priority framework. As part of that, that is identifying the gaps that we have across all the spectrum of services that are needed, right from prevention to acute services, so that includes community support services as part of that. That is an example of what we are doing ongoing. I will pass over to David, now, to give a bit more of the detail about that.

Mr AXWORTHY: Thank you very much. The plan update that was released at the end of 2018 provided some figures in relation to current levels of service. That was of the optimal mix of services as articulated within the plan, and that showed that for community support against actuals in 2017 the state was meeting 55 per cent of the optimal mix of services, and the projection up to 2025 was that without any significant change we would be meeting 19 per cent of the projected optimal mix. As the commissioner has mentioned, there are a number of areas of work that we are doing in that space at the moment. For example, the launch of the recovery college this year will provide some additional support into that space, particularly across regional and remote areas. The other areas that are really important to bear in mind in this space are the ongoing implementation of the NDIS in WA and its implications in terms of ongoing community support for individuals, and the other area that was highlighted yesterday by the Productivity Commission was the need to be able to articulate the gaps in services and to be able to publish information on those across the whole of Australia on a regular basis, and the Commission is already in that space with the original plan and its plan update and future iterations going forward.

The DEPUTY CHAIR: Thank you very much. My other stream of quick questioning relates to Safe Haven Cafés, as they are referred to on page 340 in the spending table, right at the bottom. There is a \$260 000 allocation for 2020–21 and 2021–22. I just note that on page 342, there is an indication that there are two of these cafes. Can I ask whether or not they are both operational yet?

Hon ALANNA CLOHESY: I will go to the Mental Health Commissioner for an update on that. The short answer is no, but these are two very new models of service and are fairly unique. We are waiting with bated breath for the opening of both of those. I will get an update on opening times. For the Safe Haven Café in Perth, the minister went to the building in which it will be allocated and announced the Safe Haven Café there just as COVID was commencing. That is how I know that it was the only time. Commissioner.

Ms McGRATH: Significant work was done, as the parliamentary secretary has mentioned. In 2019, we engaged CoMHWa to work with both of the two areas that we were looking at for a Safe Haven, one in the East Metropolitan Health Service and one through WACHS in Kununurra. There was a bit of a delay because of COVID in terms of the consultation and then the procurement. But what we are expecting is that the east metro service, the facility is all ready, as said, but they are currently recruiting for clinicians and peer workers at the moment. The NGO provider procurement process

is in place, so we are expecting the outcome of that very soon. This means that we are hoping the service will be operational in January 2021.

The DEPUTY CHAIR: Sorry, commissioner. Would that be both the east metro and the Kununurra —

Ms McGRATH: No, that is east metro. In regards to the Kununurra service, again, they are in the process of recruiting a manager and a peer workforce. They are also estimating that the opening will be in probably late January for that one. In both services, they have engaged Aboriginal community for the naming of the services.

The DEPUTY CHAIR: Sure. Can I ask, just quickly, what is the rationale behind the placement of these two facilities, one in Kununurra and one in east metro? What drove that decision-making?

Ms McGRATH: I will hand over to Ms Charles to answer that one.

Ms CHARLES: What we wanted to do was to be able to look at whether the Safe Haven needed to be different in a regional area than that based in a metropolitan area, so we asked the HSPs to provide us with their proposals and these two seemed to be really good proposals. Then we went through a process of co-design with the communities, also with Aboriginal specific co-design and consultation, and we think that, yes, they will be very different, what is happening in Kununurra versus what is happening in east Perth.

The DEPUTY CHAIR: I have two more follow-ups to this before I move on. I am making an assumption here with respect to the spending table on page 340 of \$260 000 for 2020–21 and 2021–22. Should I make an assumption that the funding will be split equally between those two facilities? I just want an understanding of what that funding is used to actually do.

Hon ALANNA CLOHESY: We will see if we can get the budget for each site and how that will be used.

The DEPUTY CHAIR: Thank you. I will take that as D9.

Hon ALANNA CLOHESY: No, sorry, we have the information here.

The DEPUTY CHAIR: You have the information, yes.

Mr BECHELLI: Thank you for the question. Initially, \$700 000 was provided to the Department of Health, which transferred across to the Mental Health Commission for this initiative, so, as part of that, that was an initiative for one of the sites. We have expanded it to two sites. So the eventual overall funding for both initiatives is roughly the same amount, so it is in the vicinity of about \$260 000 for east metro and then about \$260 000 for WACHS Kununurra site as part of that, so they are pretty much kind of aligned with the funding flows as part of that.

The DEPUTY CHAIR: As the final question, would you be able to tell us how many hours of operation that funding purchases?

Hon ALANNA CLOHESY: Ms Charles.

Ms CHARLES: Each of the sites has a pilot time of around 15 hours. Through the co-design process, when we did that, the community came together and they nominated which times would be right. So, for example, in Kununurra, they want to be able to open on a Monday after the weekend, because that is better for their community, whereas east Perth is more weekend related. So it is really a place-based co-designed model of service.

[6.00 pm]

The DEPUTY CHAIR: Thank you. Presumably, just for clarification, that is 15 hours per week?

Ms CHARLES: Yes.

Hon DARREN WEST: Thank you Chair. I will be very brief given the time. Back to the step-up, step-down issues, page 342 dot point 18, “Significant Issues Impacting the Agency”. Can we get an outline of the progress of the outstanding step-up, step-downs and some estimated operational commencement dates for those?

Hon ALANNA CLOHESY: Honourable member, as we discussed before, some of the dates and times for opening have varied, depending on the development of each site. Bunbury was able to come on fairly quickly and was a very quick build, and we are delighted that that was able to be opened this year. You will also be aware that these are significant election commitments from this government. I will hand over to the Mental Health Commissioner to give an update on the progress of each.

Ms McGRATH: As mentioned, Bunbury opened just prior to COVID. We have Karratha, which is a six-bed facility, that is estimated to be operational in late 2021. The Kalgoorlie facility is estimated to be operational in March next year, and the Geraldton facility in March next year as well. We do not have a date for the Broome facility yet. We are just finalising the location of that facility and we expect to know an estimated completion and operational date early next year.

Hon ALANNA CLOHESY: Of course, honourable member, we also brought online about August, I think, last year, the Albany step-up, step-down, which was able to be brought forward particularly because of the availability of an accessible and appropriate property, so it was able to be redeveloped very quickly. That is a six-bed service. We also operate, of course, the Joondalup and Rockingham services.

Hon DARREN WEST: Thank you, Chair; that was very extensive. Rather than ask more questions on that, with your concurrence can I throw my opportunity to Hon Pierre Yang for a question.

The DEPUTY CHAIR: With my concurrence, I call Hon Pierre Yang.

Hon PIERRE YANG: Thank you, Deputy Chair. First of all, I want to start by thanking everyone for the very important work you are doing at the Mental Health Commission. Thank you very much, especially given 2020 is a very difficult year and your task is very important to Western Australians.

I refer to page 340 item, number 2. I think a number of questions have been asked in relation to that, including one from Hon Aaron Stonehouse. I wish to approach this paragraph from a slightly different tack. As we know, Western Australians have been facing a difficult year and it demonstrates the importance of the work you guys do. Outside of COVID, could the parliamentary secretary outline some achievements of the Mental Health Commission, please?

Hon ALANNA CLOHESY: Outside COVID?

Hon PIERRE YANG: That is right.

Hon ALANNA CLOHESY: It is very difficult to move that away from COVID because the whole year appeared to be COVID, but, of course, a whole lot of work continued by the Mental Health Commission and you are right to thank and congratulate them. Thank you for your thoughtfulness in doing that. I will turn to the Mental Health Commissioner to outline some of those key achievements for the Mental Health Commission outside the COVID stream.

Ms McGRATH: Thank you. Early this financial year, we established a new governance structure for the mental health, alcohol and drug sector. This was in response partly to the clinical governance review outcome, which resulted in the creation of a new position which we talked about earlier—the Chief Medical Officer, Mental Health, which helped in strengthening our role across the sector. Two important committees were brought together—one being the Mental Health Executive Committee, which brings together the chief executives of all the health service providers across government with the director general of Health and chaired by myself. An important component of

that committee is the consumer and carer representative. Likewise, we also brought together a Community Mental Health Alcohol and Drug Council, which has significant stakeholders across the community sector and, again, a carer and consumer representative. We re-established the Mental Health Advisory Council and the Alcohol and Other Drugs Advisory Board with new membership. We also did some work within the commission reviewing how we operate to position ourselves to be in a position to implement the significant reforms that we want to achieve over the next four to five years.

In terms of prevention services, the “Alcohol.Think Again” young people campaign showed 73 per cent of parents and young people aged between 12 and 17 years recognised the campaign after its first year in operation, and 89 per cent of these parents correctly or partially correctly recalled the key messages as a take-out. We launched the Strong Spirit Strong Mind website, containing Aboriginal culturally secure resources. We partnered with the Western Australian Association for Mental Health to provide funding, strategic communications and advisory support for Mental Health Week in 2019–20. An important part that we mentioned a little bit earlier today was that we appointed the service provider for Australia’s first recovery college, and that is starting to be rolled out now across the state. As mentioned, the Safe Haven Cafes in both east metro and Kununurra are well underway. We opened the 10-bed step-up, step-down in Bunbury and we have the other step-up, step-downs on their way. We released “A Safe Place” the supported accommodation strategy that falls from our 10-year plan, which gives us the direction, and, as a result of that, in the recent budget processes, as mentioned by Mr Axworthy, will be opening two significant facilities in community support mid-next year, being the community care unit for adults and a youth facility. We extended the services through various providers to continue AAD treatment and prevention services in the Pilbara and the Kimberley. They are probably most of them.

The DEPUTY CHAIR: I think that is a comprehensive answer, commissioner. Anybody else who is interested in the accomplishments, I would direct them to the annual report. We did provide the parliamentary secretary with a brief opportunity to make a statement, but it has been taken by another means. In the seven minutes available to this hearing, I call again Hon Alison Xamon.

Hon ALANNA CLOHESY: Members are entitled to ask questions.

The DEPUTY CHAIR: And the Chair will chair.

Hon ALISON XAMON: I refer to page 342 regarding the forensic mental health planning. This is at point 16. I want to know what sort of funding has been allocated to this project and what is the anticipated time line for the finalisation of this project?

Hon ALANNA CLOHESY: The commissioner will answer the details of that.

Ms McGRATH: Thank you for that question. As we know, there is a huge high demand for inpatient forensic mental health services which has been identified in both plan —

Hon ALISON XAMON: I have limited time. All I want to know please is how much money has been allocated to the planning and when it is anticipated it will be delivered. Sorry; the previous question, of course, took up a lot of time. Can you just answer that question, please?

[6.10 pm]

Ms McGRATH: There was some money provided to the commission through the Department of Health in a previous budget—\$3 million¹.

Hon ALISON XAMON: Was that \$3 million?

¹ A letter of clarification about this part of the transcript can be accessed on the committee webpage.

Ms McGRATH: Yes.

Hon ALANNA CLOHESY: For 2019–20 and 2020–21, so \$3 million over two years.

Hon ALISON XAMON: Is it anticipated that that project will be completed by 2021? Is that in line with when the funding has been allocated?

Hon ALANNA CLOHESY: The question kind of relies on how long it will take. If it requires further funding, then that will go back through the budgetary process.

Hon ALISON XAMON: Okay. It is not anticipated that it is necessarily going to be completed next year?

Hon ALANNA CLOHESY: We actually do not know how long it will take to develop the plan. Part of that relies on the CLIMIA bill. It also relies on what business cases might need to be developed. We do not know that yet—about what business cases need to be developed, and, therefore, how long that will take, but it is anticipated that if more money is needed, it is in process.

Hon ALISON XAMON: Okay. Thank you. I just want to refer quickly to the annual report—page 25, “Community Services”, which is dot point six about the court diversion model of service for adult offenders. What I would like to know is: how is this model different from the current program and has it been launched?

Hon ALANNA CLOHESY: We will ask Ms Lombardini to answer that.

Ms LOMBARDINI: The model was reviewed and it was developed by the Department of Justice with input from a special dedicated advisory group, which contained consumers, and carers—including Aboriginal representatives. It is just to make it a simple pathway from the pre-sentence diversion to AOD treatment. It is meant to simplify everything. It is meant to be more efficient, more effective and it is meant to make use of the capacity that they do have. It will not change the capacity, but it will be more effective.

Hon ALISON XAMON: Where is it anticipated that it is going to be offered?

Ms LOMBARDINI: On 4 January —

Hon ALISON XAMON: No, where? Is there any one particular site or right across the system?

Ms LOMBARDINI: It will be statewide.

Hon ALISON XAMON: It will be statewide? Okay. Has any additional funding been allocated towards that model or is it simply a reconfiguring of the original?

Ms LOMBARDINI: It is a reconfiguration of the model.

Hon ALISON XAMON: A reconfiguration—okay. I am going to go back to the general appropriations, I think, because I cannot find a particular line item on page 339, and it is about the mental health network. Can I confirm how much money is allocated from the Mental Health Commission towards the mental health network? How does that compare with previous years and moving forward? The other part of the question I want to ask is whether that it is anticipated that any additional subnetworks are going to be formed—in particular, Aboriginal.

The DEPUTY CHAIR: Good question.

Hon ALANNA CLOHESY: In terms of the funding, we have not got information that could drill down to that level of specifics. The Mental Health Commission has increased that, but we will take that as supplementary information.

[Supplementary Information No D9.]

Hon ALISON XAMON: What I am after, please, is: how much money has been allocated; how it compares to the previous year, and also what it looks like in the forward estimates; and the second part of my question was whether there are any plans to create any additional subnetworks? I specifically want to know whether an Aboriginal subnetwork is likely to be established at any point.

Ms McGRATH: We do not have any current plans for an Aboriginal-specific one, but what we are doing as a second phase of the changes in our governance arrangements around the MHEC, and CMC et cetera is looking at the networks and seeing how we can strengthen those networks. It is not about reducing them or weakening them, but how can we actually strengthen their input into the advice and the direction of the commission.

Hon ALISON XAMON: Is that primarily through providing administrative support?

Ms McGRATH: No, it is about how it all fits within the system—the new governance arrangements.

Hon ALISON XAMON: Okay. Thank you.

Hon NICK GOIRAN: Parliamentary secretary, in answers to questions prior to today's hearing, it was revealed that the Mental Health Commission has allocated just over \$1.2 million to the Child and Adolescent Health Service for the gender diversity service for the coming year, and had allocated just under that amount for the previous period, and also that just over \$120 000 has been allocated for a 0.9 FTE research assistant funded by the Mental Health Commission to measure and research outcomes. Could you please take notice the following questions: (a) what type of research is being conducted; (b) is there an explanation for why the number of children receiving treatment from the clinic has increased exponentially from approximately one a week in the 2018 calendar year to approximately one a day in the most recent reporting period; (c) how many of the children being treated by the clinic for gender dysphoria have also been diagnosed with autism spectrum disorder; (d) do the clinic's guidelines for treatment require consent from both of the children's biological parents; (e) if no, how many children, during the reporting period, received treatment without the consent of both parents; and (f) how many children, during the reporting period, received treatment without the consent of any parents?

Hon ALANNA CLOHESY: Such that that information is able to be provided by the Mental Health Commission, we will take that as supplementary information, as it relates to the Mental Health Commission. Operational detail is probably better provided by the Child and Adolescent Health Service, but as it relates to MHC, we will provide those answers.

[Supplementary Information No D10.]

The DEPUTY CHAIR: That is it. On behalf of the committee, I thank you for your attendance today. I remind members that due to time constraints the electronic lodgement system will not be reopening for additional questions this year. For witnesses, I advise that the committee will forward the transcript of evidence, which includes the questions you have taken on notice highlighted in the transcript, as soon as possible after the hearing. Responses to questions on notice are due by 5.00 pm 10 working days after receipt. Should you be unable to meet the 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.

Hearing concluded at 6.16 pm
