



West Australian
Wednesday 8/10/2014

Page: 6
Section: General News
Region: Perth, AU
Circulation: 160197
Type: Capital City Daily
Size: 1,252.00 sq.cms.



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Suicide scourge should provoke outrage

Mental health was top of the agenda when leaders met.

Cathy O'Leary reports

WA health leaders want "community outrage" over the number of suicides in the State and the rising tide of mental health problems swamping hospitals and services.

Government, industry and community groups attending a special health forum in Perth last week identified mental illness as one of the most pressing issues facing WA, as Lifeline reported a 30 per cent rise since 2012 in calls from people in crisis.

The meeting, organised by the Australian Institute of Management WA and *The West Australian*, also heard concerns about the impact of means-testing on private health insurance rebates, which HBF says has forced a third of its members to dump or downgrade their cover, and the sustainability of public hospital funding.

AIM WA chief executive Gary Martin said key challenges included the rise of mental health problems, workforce issues and uncertainty over the balance between the public and private health sectors.

MENTAL HEALTH

Lifeline WA chief executive

Fiona Kalaf said half of the service's 70,000 calls a year in WA were from people facing financial crisis.

"Financial crisis can drive anxiety and depression, but we need to take a step back as a community and work in terms of prevention, so it's not just a public health issue but also about social health and wellbeing," she said.

Bethesda Hospital chairman Neale Fong, who sits on WA's Ministerial Council for Suicide Prevention, questioned the amount of money the Federal Government was spending on anti-terrorism agencies when more was needed to address suicide.

"Where's the outrage with suicide, and the prevention," he said.

"We need to engender some sense of outrage in what's happening in our community, and that 360 people, or one a day, are dying in WA from suicide."

AIM WA president and Hollywood Private Hospital chief executive Peter Mott said suicide was the leading cause of death in those aged 15 to 44 and the leading cause of teenage death.

"That is something that just can't be tolerated," he

said.

"They are frightening facts and unless there is significant change and increased effort to tackle this, the burden on mental health illness may overwhelm us in the future.

"Organisations like Lifeline provide important work on shoestring budgets in providing crisis support for people at risk of self-harm or suicide, and without those services, people would fall through the cracks."

Mr Mott said mental health care was not the sole responsibility of governments and also had to be led by the community and employers.

Acting director-general of health Bryant Stokes said Graylands was an archaic hospital that would eventually close but in the meantime WA needed more support services in the community.

Chairwoman of Healthway and the Child and Adolescent Health Service's governing council Rosanna Capolingua said she was alarmed by teenage suicide statistics.

"I've got to say it's not good enough. Lifeline does a terrific job but we have to do more like talking about suicide at the family dinner table. We need more money for



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community care so people don't get discharged from hospital with no support."

Joondalup Health Campus chief executive Kempton Cowan said he found it hard to fathom that even very young children needed help for mental health problems.

HEALTH FUNDING

Mr Mott said the annual cost of running the public health system in WA had grown from about \$5 billion five years ago to more than \$8 billion.

"We have a fantastic system and great people providing very good care but it's hard to imagine future State Governments will allow that growth in health expenditure to continue," he said.

"The real concern is that unless something changes, current and future Governments will be forced to look for alternatives and unfortunately one of those could be a reduction in services."

Mr Mott said despite two or three structural changes over the past 20 years, Australia still had historical funding in its public hospital system.

Shadow health minister Roger Cook said the system of the Commonwealth funding GP appointments and the State Government funding hospital visits was "crazy" to outsiders.

Professor Stokes said most attention was directed at hospitals and little at primary care and preventive care.

"The shiny hospitals and the big machines are all fine, but the primary problem is people getting sick in the first place because they're ill-advised or don't have access to a general practitioner when they should," he said.

AMA WA president Michael Gannon said GPs could play a major role in keeping more people out of hospital but they were not supported

enough.

PUBLIC-PRIVATE

Mr Mott said it was not surprising governments across many States used private, public partnerships, or PPPs, to run their hospitals.

"The private sector can very efficiently run public hospitals on behalf of governments and it's difficult to see that the trend won't continue in the future, as an attractive option for governments who are facing increasing pressure on their health care dollars," he said.

AMA WA executive director Paul Boyatzis said governments were incapable of running hospitals at the same price and efficiency as the private sector.

"As a concept I don't agree with PPPs but a lot of our talent is in the private sector and I'm embarrassed to stay our Government is not good enough to do the job."

Australian Nursing Federation WA secretary Mark Olson said he did not like PPPs.

"I have great respect for the work done by the private sector, but I think you either go public or private," he said.

MEANS TESTING

Mr Boyatzis said politicians were too afraid to tackle Medicare but he believed people on higher incomes should not access public hospitals for free.

"It's a nonsense that I and others can go into Charlies (Sir Charles Gairdner Hospital) and get free health care when there are others who need the free care more than we do, but cannot pay so don't have the option of going somewhere else," he said.

"If I want to access the public health system, then I should pay."

GREYING WORKFORCE

Bethesda Hospital chief execu-

utive Yasmin Naglazas said a sleeping giant was the greying patient and workforce.

"We're facing a double whammy, we have patients with more chronic disease so increased stress on the system, but fewer people to look after them," she said.

Mr Olson said that in the next 10-15 years WA would lose 40 per cent of its current nursing workforce.

"If we can't fill those gaps the ageing population is going to be putting massive pressure on our hospital system," he said.

PRIVATE INSURANCE

Several health leaders raised concerns about any moves which would erode rates of private health cover.

HBF chief executive Rob Bransby said that since means testing was introduced for insurance rebates, 34 per cent of its members had dropped or downgraded their insurance. Half of people with private health insurance lived in households with incomes of less than \$50,000 so it was a major cost to them.

"The level of confusion about who pays what and where in our health system is also a nightmare for consumers," he said.

PUBLIC HEALTH

Curtin University professor of health policy Mike Daube said governments spent only 2 per cent of the health budget on prevention, even including cancer research.

"We know what to do, it's not rocket science, and what we need from our politicians and others is a change of direction so that prevention really does matter," he said.

If you or someone you know is thinking of suicide, phone Lifeline on 13 11 14

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More talking needed: Rosanna Capolingua